

Family Planning Manager

MANAGEMENT STRATEGIES FOR IMPROVING FAMILY PLANNING SERVICE DELIVERY

In This Issue

<i>Editors' Note</i>	1
<i>Developing Local Data Systems for Decision Making</i>	2
<i>A Model for Using Information to Make Decisions</i>	3
<i>Collecting Service Data</i>	3
<i>Basic Clinic Forms</i>	4
<i>Using Service Data</i>	4
<i>Reviewers' Corner</i>	5
<i>Conducting Staff Training</i>	6
<i>Monitoring Clinic Performance Using New Acceptor Data</i>	6
<i>Summarizing New Acceptor Data</i>	6
<i>How to Strengthen Data Analysis</i>	6
<i>Sample Monthly Summary of Family Planning Activities</i>	7
<i>Analyzing New Acceptor Trends</i>	8
<i>Analyzing Contraceptive Method Mix</i>	9
<i>Analyzing Sources of Information</i>	10
<i>Working Solutions—Thailand</i>	11
<i>Checklist for Using Service Data</i>	12

Case Scenario

*Mrs Obi's New Acceptors:
A Case for Analyzing Service
Summaries*

Using Service Data: Tools for Taking Action

Editors' Note

Family planning managers need a simple information system to help them monitor, improve, and expand services. Creating a practical decision-making system for the local level of a family planning program requires the participation of managers at all levels of the program.

This issue of *The Family Planning Manager* focuses on analyzing service data, making decisions, and taking action to improve your program. It provides clinic managers and their supervisors with simple monitoring techniques and decision-making methods, using client data common to most family planning clinics. It shows how managers can use the process of graphing, interpreting, and taking action on data as a powerful management tool to strengthen program performance.

Beginning with this issue, we are including summaries of important comments from our International Review Board. The "Reviewers' Corner" will serve as a forum for expanding applications of the concepts and techniques presented in the issue. We hope that the "Reviewers' Corner" will help you adapt and use the ideas presented in *The Family Planning Manager*.

Supplements to this issue include two management tools. The first, a *Guide to Graphing Data and Taking Action*, is a step-by-step guide to presenting data graphically and to interpreting and using the data to improve your program. The second, *The Family Planning Data Manager*, is a laminated, erasable wall chart that managers can use and reuse to display critical clinic service data for daily reference.

Guest Editors for this issue are Robert Timmons and Mike Egboh. Dr. Timmons is Deputy Director of Management Sciences for Health's Management Information Systems (MIS) program in international health, and a consultant in MIS for Family Planning Management Development. Mr. Egboh is Director, Public Sector Division of the USAID-sponsored Nigerian Family Health Services Project (FHS) for Pathfinder International, Nigeria. Dr. Timmons and Mr. Egboh have been helping the Nigerian Federal Ministry of Health develop a Primary Health Care Monitoring and Evaluation System for the FHS.

The Editors

The Family Planning Manager

Editorial Review Board

(English Language Edition)

Med Bouzidi, International Planned Parenthood Federation, England

Kimeli Chepsiror, National Council on Population and Development, Kenya

G.E. Ezeogu, Planned Parenthood Federation of Nigeria

Dr. Najmul Haq, Directorate of Family Planning, Bangladesh

Dr. Semra Korak, Family Planning Association of Turkey

Kalimi Mworira, Family Planning Association of Kenya

Prof. G. Narayana, Administrative Staff College of India

C.R. Nwuforo, Planned Parenthood Federation of Nigeria

Promboon Panitchpakdi, Thailand

Ms. Maria Isabel Plata, PROFAMILIA, Colombia

Jewel Quallo, Belize Family Life Association

Dr. Jovencia Quintong, Philippines Department of Health, Family Planning Services

Dr. A.B. Sulaiman, Planned Parenthood Federation of Nigeria

Dr. Haryono Suyono, BKKBN, Indonesia

Rose Wasunna, Mkomani Clinic Society, Kenya

Alex Zinanga, Zimbabwe National Family Planning Council

The Family Planning Manager (ISSN 1060-9172) is published bimonthly by Family Planning Management Development (FPMD), a project of Management Sciences for Health in collaboration with The Centre for Development and Population Activities (CEDPA).

Recommended citation: Management Sciences for Health. "Using Service Data: Tools for Taking Action." *The Manager* (Boston), vol. 1, no. 2 (1992): pp. 1-12.

Editor-in-Chief

James Wolff

Managing Editor

Claire Bahamon

Senior Editors

Janice Miller

Linda Sutfenfield

Associate Editors

Susanna Binzen

Dee Wulf

Design and Production - *Alan Yost*

Marketing and Distribution

Sarah Fenstemacher

FPMD is supported by the U.S. Agency for International Development under Project No. DPE 3055-C-00-0051-00. This publication does not represent official statements of policy by the U.S. Agency for International Development.

Family Planning Management Development
Management Sciences for Health
400 Centre Street
Newton, Massachusetts 02158, U.S.A.

Phone: (617) 527-9202

Fax: (617) 965-2208

Telex: 4990154 MSHUI

Developing Local Data Systems for Decision Making

Does your clinic serve increasing numbers of new family planning acceptors each month? Are your new acceptors given a choice of the contraceptive methods most suitable to their needs? Is your community learning about family planning services so that they may benefit from them? The data you collect in your program should be used to answer such questions about your family planning services, so that you can then make the needed improvements.

Data Flow in Organizations. Because delays in receiving information back from central and regional offices can be expected, managers must develop a system to use the data they collect as they collect it. As a clinic manager, you cannot wait for senior managers or supervisors to analyze your data. If you want to make decisions quickly, you need to develop a system to regularly review your own program data and take timely informed action.

Local Decision Making in Organizations. It takes commitment from mid- and senior-level managers to encourage local decision-making which functions as an integral part of a program when decisions are often made at central levels. A principal advantage of local decision making is that services can be monitored and modified in ways that are more timely and responsive to client needs. In order to create an environment for local decision making, as in the "Model for Using Information to Make Decisions," on the next page, service delivery managers will need encouragement and support from their supervisors and senior managers. This support includes 1) simplifying local data collection so that only useful data are collected, 2) training staff in collecting, analyzing, and using data, and 3) developing a simple system in which managers can regularly communicate their analyses, decisions, and actions, and receive timely feedback.

Information Sharing at Each Organizational Level. The Model also shows how managers at each level can share data and decisions with other managers and take action to assist each other. When decisions are being made at each level within an organization or program, active communication among all levels is essential. For example, managers at the service delivery level can share information with managers at the regional level. Both regional and central level managers may use data, make decisions, and take actions that affect the service delivery level. All their decisions in such areas as policy, planning, finances, logistics, quality control, and supervision must be communicated clearly to all levels so that appropriate action can be taken at the appropriate level. ■

A Model for Using Information to Make Decisions

At every level of a program, managers should go through a process of using information to make decisions. The steps in this process are:

Collecting Data - Gathering numerical and descriptive facts from client records, activity registers, financial and commodity reports, surveys, and other sources.

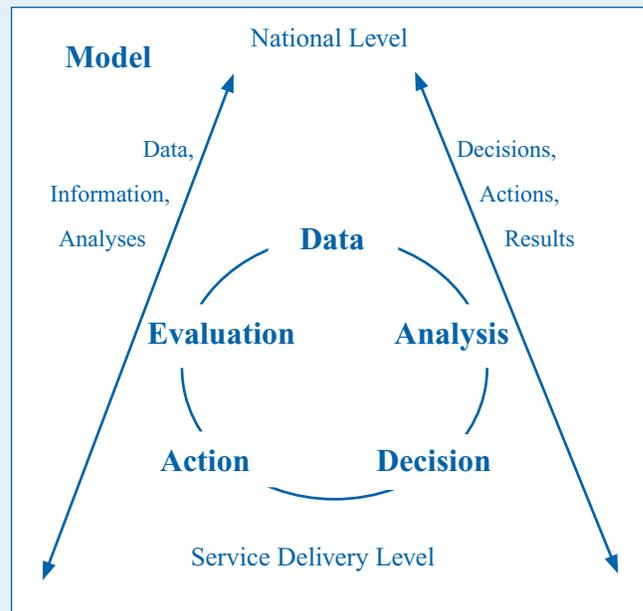
Performing Analysis - Interpreting and organizing data (in graphs, tables, etc.) to identify patterns and determine explanations for the patterns.

Making Decisions - Using data analysis to determine that 1) services are operating well and require no change, or 2) services are operating well but can be improved through increasing support, or 3) services have problems that require specific strategies for removing constraints or providing support.

If a decision requires the cooperation of other staff to implement it, then the decision-making step includes communicating to staff what the data analyses show and reaching agreement with staff on a plan of action.

Taking Action - Performing tasks according to the agreed-on plan.

Conducting Evaluations - Measuring periodically the progress towards achievement of program objectives (both qualitatively and quantitatively). An evaluation will show whether and to what extent the desired results are being achieved and examines the effectiveness and impact of program activities.



The flow of data and decisions to all levels of the program provides the basis for creating effective communication and feedback.

Data, Information, and Analyses are continually generated at every level of the program and passed to other administrative levels to provide both information and feedback on program performance.

Decisions, Actions, and Results, whether positive or negative, are communicated both upward

Collecting Service Data

Clinic managers need to monitor data on both client visits and contraceptive supplies.

Client Data. Programs collect several types of client data. It is important to know whether the client is a new acceptor or a continuing user. New acceptors are typically defined as new users of contraceptives or new clients to the clinic. Upon the clients' return to the clinic, they are recorded as continuing users or as revisits. Programs often have strict definitions for new or continuing users or revisits. It is important to know and to use the appropriate definitions. After each visit, the type of contraceptive method a client selects and the quantity

dispensed are always recorded. New acceptors can be asked how they learned of a clinic's family planning services. Some clinics also track clients who have stopped coming to the clinic and send outreach workers to the clients' homes to follow up. If these clients are determined to be dropouts, their records are placed in a file for inactive clients.

Contraceptive Supply Data. Clinics must maintain a sufficient inventory of unexpired contraceptive supplies. To do so, staff must record the commodities dispensed to clients, forecast their need for more supplies, and request the appropriate quantities of contraceptives from the warehouse. ■

Basic Clinic Forms

Family Planning Client Record - Completed for each client and includes (at a minimum) name, address, sex, age, parity, reproductive health history, and contraceptive method used. This medical record is kept at the clinic and is updated by the staff each time a client returns. It is also useful to record how the client learned of your services.

Client Referral Card - Given to a potential client who wants or needs services that your clinic does not provide and is referred to another service facility. The card gives the address and directions to the appropriate service facility.

Appointment Card - Given to the client to remind her of the date of her next appointment.

Complication Card - Used to record any complications a client has with a contraceptive method. Information from this card is also recorded on the **Family Planning Client Record**. By using this card to compile data on complications by method, a clinic can identify needs for training staff in better techniques for taking client histories and for dispensing contraceptives.

Daily Family Planning Activity Register - Used to record visits (for both new acceptors and revisits) and the quantity of contraceptives dispensed. The number of client visits and contraceptives dispensed should be totaled daily.

Family Planning Activities Worksheet - Used in busy clinics (200 or more family planning clients per month) as an intermediary form between the **Daily Family Planning Activity Register** and the **Monthly Summary of Family Planning Activities**. The totals from the Activity Registers are transferred to the Activities Worksheet each day. Then they are totaled for the month, and transferred to the **Monthly Summary of Family Planning Activities**.

Monthly Summary of Family Planning Activities (see example, page 7) - Used to record the monthly totals for all the data on the **Daily Family Planning Activity Records**. The clinic manager keeps one copy and another copy is sent to the program supervisor who aggregates the monthly data for all the clinics in the district.

Commodities Request/Receipt Form - Used to maintain an unexpired supply of contraceptives at the clinic. It contains information on the quantities of contraceptives received, dispensed, and on hand at the end of the month. It is also used for computing the quantities of contraceptives needed for resupply. It is filled out on a monthly or quarterly basis, depending on the clinic's storage capacity and the level of demand for contraceptives.

Using Service Data

The data you routinely collect can be used to learn more about your clients, the kinds of contraceptives they request, and the sources of information that encourage them to seek your services.

Uses of New Acceptor and Revisit Data. Most family planning programs are interested in data on their new acceptors. An analysis of new acceptor data can show whether a family planning program is becoming more popular and whether it is achieving its program objectives; one of which could be (for example) to increase the number of new family planning acceptors by a certain percent per year.

Programs can also use data on continuing users to get a picture of the continuity of contraceptive use, which may also reflect the quality of the services. However, data on continuing users may be difficult to interpret. For example, in a community with many contraceptive distribution sites, decreasing numbers of revisits in a clinic may indicate that clients have gone elsewhere to obtain their contraceptives, rather than that they have stopped using contraceptives altogether. A clinic manager won't know which inter-

pretation is correct unless he or she can get information by contacting clients who have stopped coming to the clinic.

Focus on New Acceptors. This issue focuses on using new acceptor data, but the concepts and techniques described can be used to analyze trends in continuing clients as well, including their choice of contraceptive method and sources of information about family planning services.

Family planning programs define new acceptors differently. One program may define new acceptors as clients who *visit a program or clinic for the first time*. Another program may define new acceptors as clients who *are given a contraceptive for the first time*. Whatever definition of new acceptor your program uses, you can still apply the following suggestions for presenting and analyzing your data.

Presenting clinic data in graphic form can give you a good picture of your clinic's performance. A graph that depicts trends of new acceptors at your clinic can show you how well your program is continuing to expand. You can also graph and use information on contraceptive method mix and on how your clients learned of your services. ■

A forum for discussing additional applications of FPM concepts and techniques

What about Performance Targets...

One reviewer suggested that this issue could have said more about the connection between data analysis and performance targets. "Service data can be analyzed monthly at all levels of family planning organizations and compared with the targets for each level to determine if performance objectives have been achieved. Actual numbers of clients served can be graphed (in contrasting colors or patterns) on a bar chart next to the target number of clients. Review of performance through bar graphs can help to identify clinics which need support in solving problems."

What about Continuing Users...

Reviewers mentioned the importance of analyzing data on continuing users. "Concentrating on new acceptors is important because it is an easy and cost-effective way to assess program performance in emerging programs and programs with large numbers of potential clients. However, mature programs should also focus on continuing user data in order to look at the quality as well as the expansion of their services. To track continuing users and the methods they select, managers can first analyze their data on revisits."

What about Dropouts...

Many reviewers commented about the importance of using information on dropouts. "Collecting and using data on dropouts on a continuing basis is difficult because data that describes them is usually obtained from the medical record and is difficult to extract. In communities where people often move, it can also be costly and sometimes impossible to follow up clients who are no longer coming to a clinic. Several reviewers felt that: "Each program needs to develop its own way of collecting summary data on dropouts and following up on clients who have left the program." Based on the interest in dropouts, FPM will devote a future issue to this topic.

Beyond Decision-Making...

Several reviewers noted that well-organized local information systems could be used to motivate staff. "Clinic managers and service providers derive satisfaction from evaluating what is happening in their clinic and making changes themselves, before their supervisor points out what they need to change. Supervisors who praise their clinic managers for submitting their monthly summaries on time are using effective nonfinancial means to motivate their staff. These unexpected benefits of collecting, analyzing, using, and transmitting data were extremely satisfying."

Continued on page 11

Conducting Staff Training

To manage information well, all staff members need to understand how the system works, how it can be used to improve clinic services, and what tasks the staff members need to perform. You can do this by conducting staff training in data collection and analysis.

Increase Staff Awareness. Review organizational objectives for your clinic's performance with your staff and explain the process of collecting and analyzing data, making decisions, and taking action. It is important for your staff to understand how the data they collect can be used to benefit their clients and achieve clinic performance objectives. That way, they are more likely to enter data correctly and legibly on clinic forms. They are also more likely to be interested in what the information means.

Train in Data Collection. Hold on-the-job staff training on data collection. Emphasize data that are often incorrectly recorded. Provide staff with train-

ing guides that they can refer to for complicated data entries and show them how to use the guides. Make sure that staff understand why each category of data is important and how they will be used to analyze the quality of your services.

Before you train your staff, review your data collection forms to make sure they contain the data you need for making decisions. Discuss with your supervisor ways to simplify the forms so that you only collect useful data. When a form is revised, go over the new form with staff.

Train in Data Analysis. Train your staff in how to prepare and analyze graphs. Interpret graphs of your clinic's performance with your staff and get their ideas for appropriate actions. Implement these actions as a team. If you take the above steps, staff will be able to see the connection between collecting and analyzing data, making decisions, and taking action. They will also understand how using information can improve the performance of the clinic. ■

Monitoring Clinic Performance Using New Acceptor Data

Monitoring Clinic Performance. You can assess your clinic's performance by checking to see whether there has been a steady flow of new acceptors and continuing clients to your clinic each month, whether clients are choosing effective contraceptive methods, and how they are learning of your services. If your clinic staff regularly complete daily records on your clients and total these records on the monthly summary form, *it will only take a short time to monitor the performance of your family planning program.* After you have collected this information, you will need to present it in graph form, analyze it, and then make decisions and take action based on the results of your analysis.

Seeing Patterns in Client Data. When you introduce family planning services into a community or conduct an information campaign about family planning, you will probably have an increase in the number of new clients coming to your clinic. Eventually, as everyone who is interested in family planning begins to use contraceptives, the number of new clients may begin to decrease while the number of continuing clients will hopefully continue to increase. Because there will always be young people entering their reproductive years who will be seeking family planning services, you should always have a flow of new clients. By presenting the data in a graphic form, you will more easily be able to see the patterns in your clinic's new (and continuing) clients and their contraceptive practice, as well as the effects of your information, education and communication (IEC) campaigns. ■

Summarizing New Acceptor Data

The monthly summary form of family planning activities can give you all the basic data you need to analyze the trend in new acceptors at your clinic. In the sample monthly summary on the next page, the new acceptor data are found in sections A and D. Data for this summary are compiled from daily family planning activity registers.

Total of New Acceptors. Monthly summaries usually show the total number of new acceptors for a month. In the sample form under the column labeled "No. (Number) of Visits" and in the row marked "A. New Acceptors," the sum total of all new acceptors has been recorded.

Methods Used by New Acceptors. The monthly summary should contain information on the total number of new acceptors for each contraceptive method. In the sample form, the methods offered by the clinic are noted at the top of each column. Here, eight new acceptors received Lo-Femenal pills, and twelve received Micro-Gynon pills, etc. Row C shows the total number of each type of pill cycle that was dispensed to both new acceptors and revisits.

Information Sources Among New Acceptors. The monthly summary may also indicate how new acceptors learned about your clinic's family planning services. In the sample form, this information is recorded in the box labeled "D. Sources of Information Among New Acceptors." In this example, one source of information for each new acceptor was recorded. Therefore, the numbers in this box total 72, which matches the total number of new acceptors for the month. ■

How to...

Strengthen Data Analysis Using Additional Information

Consider:

- **External environment** such as national laws or policies (promoting or restricting family planning), donor support and supplies, increase or reduction in the number of distribution outlets.
- **Internal environment** in your program such as staffing, training, contraceptive stockouts, introduction of a new method, IEC campaigns, changes in organization or management of a clinic or a program.
- **Client characteristics** such as age, number of pregnancies, literacy rates, incidence of sexually transmitted diseases (STD), preference for spacing births or for ending reproduction.
- **Random variations** in the data. Small month-to-month variations may be insignificant and should be disregarded.

Sample Monthly Summary of Family Planning Activities

Total number of New Acceptors, includes all contraceptive methods

Total visits for all clients

Total number of New Acceptors of Copper T IUDs

	No. of Visits	Orals				Injections		Implants		IUDs		Barriers		VSC	Other
		Lo-Femenal	Micro-Gynon	Neo-Gynon	Other	Depo-Provera	Noris-terat	Nor-plant	Other	Copper T	Other	Foam Tablet	Condoms	Tubal Ster.	
A. New Acceptors	72	8	12	4	0	6		2		5	0	7	26	2	0
B. Revisits	119	27	4	3	3	13		11		10	3	17	27	0	1
Total Visits = A + B	191	35	16	7	3	19		13		15	3	24	53	2	1

Commodities Beginning Balance (a)	604	120	160		19		65		200	0	1,300	5,654		
Amount Received (b)							24							
C. Quantity Dispensed (c)	89	24	13		19		2		5	0	640	1,112		
Ending Balance (a + b - c = d)	515	96	147		0		87		195	0	660	4,542		

D. Sources of Information of New Acceptors

Codes and Totals	
Program clinic personnel	CP 17
Program outreach personnel	OP 0
Radio	RD 6
Television	TV 2
Print media	PM 2
Friend, relative	FR 21
Other clinic	OC 6
Community health worker	CH 8
Other	OT 0
No response	NR 10

E. Other Client Methods

Diaphragm	DP	0
Rhythm, Natural	RN	0
Vasectomy	VA	1
Other	OT	0

Number of condoms available at the beginning of the month

Number of Copper T IUDs remaining in supply for the next month

Number of vasectomies performed

Total of New Acceptors who said they learned about the clinic's family planning services from a community health worker

Number of Lo-Femenol cycles dispensed

Total Norplant implants received from warehouse shipments that month

Analyzing New Acceptor Trends

Data presented in graphic form can be more easily interpreted and used to identify appropriate actions for improving service delivery. To know if your clinic is attracting a steady flow of new acceptors, examine the trend in new acceptors over several months. The best way to see a trend is to plot the total number of new acceptors each month on a line graph.

A line graph will clearly show whether the number of your new acceptors is increasing, decreasing, remaining stable, or fluctuating significantly from month to month.

Below are two different line graphs presenting new acceptor data, and interpretations of these graphs. You will also find some suggested actions that a clinic manager could take to help the trend in new acceptors make a sustained upward turn. ■

Possible Interpretations

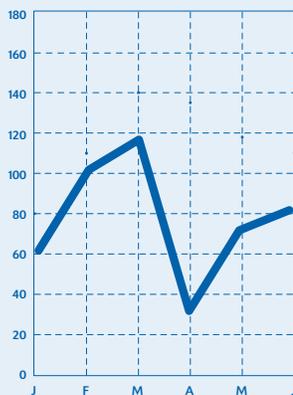
Possible Actions to Take



Why was there a steady increase in new acceptors followed by a gradual decline over the last three months?

- Potential clients may not have learned of your family planning services.
- Long waiting times or other factors at your clinic have led to clients complaining to friends, relatives, and neighbors.
- Clients have not received good counseling, which has led to clients complaining to friends, relatives, and neighbors.
- Charges for services have been introduced which has made them less affordable for some families in the area.
- Competition from pharmacies, other clinics, or market vendors is cutting into your area's share of potential clients.
- Medical complications associated with IUD insertions, pill use, injections, or implants may have led to clients complaining to friends, relatives, and neighbors, thus discouraging potential new acceptors from seeking family planning services.

- Conduct a promotional campaign in the surrounding communities.
- Conduct a survey to see why people have stopped coming before assuming it's due to long client waits.
- Interview clients and dropouts to determine whether they received good counseling on contraceptive methods.
- Interview clients and dropouts about the affordability of your services, and evaluate the costs of services and commodities in other local outlets.
- Find out whether and why clients are going elsewhere by conducting a survey in your community.
- Evaluate the number of complications from IUD insertions, pill use, and other methods.



Why was there a steady increase in new acceptors followed by a drastic decrease and another rise?

- The increase could have been caused by mistakenly counting recipients of contraceptives during promotional campaigns as new acceptors.
- The decrease could have been caused by misinformation and bad rumors about family planning circulating in the community.
- The decrease could have been due to community health workers running out of IEC materials to distribute to the community.

- Retrain clinic staff on the uses of the client and service records; develop separate recording forms for promotional campaigns.
- Determine whether there are bad rumors circulating in the community and launch an IEC campaign to dispel the rumors.
- Make sure that community health workers have a constant supply of IEC materials.

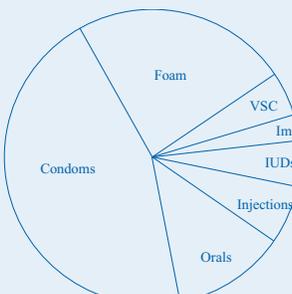
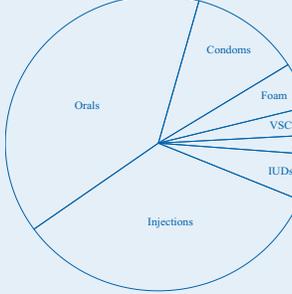
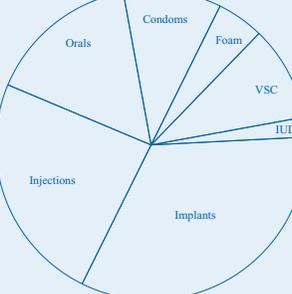
Analyzing Contraceptive Method Mix

One way to compare the use of contraceptive methods among new acceptors is to draw a pie chart to show the methods your new acceptors are choosing (method mix) in relative proportions. It may also indicate how well clients are being counseled on all the available methods.

National or local data for your country may be available which will allow you to look at your clinic's method mix in the context of cultural val-

ues, client practices, and specific client characteristics and preferences. Consider these factors when trying to determine the desirable method mix of new acceptors for your clinic. The three pie charts below represent different method mixes using monthly summary data on new acceptors. The interpretations and suggested actions may be helpful in improving the method mix in your clinic.

Draw a pie chart, using monthly summary data, at least once every 3 months to monitor how your actions are changing the method mix. ■

	Possible Interpretations	Possible Actions to Take
 <p>Why do condoms, orals, and foam account for most contraceptive use?</p>	<p>Stockouts of IUDs and injectables have caused prospective clients to be turned away.</p> <p>Service providers have not received clinical training for IUD insertions or surgical procedures.</p> <p>Medical equipment for IUD insertions or surgical procedures may be damaged or unavailable.</p> <p>Counseling has been biased toward more familiar, non-prescription methods.</p>	<p>Evaluate commodities inventories over the past six months for evidence of stock outs or expired goods.</p> <p>Work with your supervisor to obtain clinical training for staff.</p> <p>Inventory clinic equipment and request replacement of any damaged equipment.</p> <p>Interview clients and dropouts to determine whether they received good counseling on contraceptive methods.</p>
 <p>Why are orals and injectables so popular, but condom and IUD use is so low?</p>	<p>Stockouts of IUDs have caused prospective clients to be turned away.</p> <p>Service providers have not received training in IUD insertions.</p> <p>Counseling has been biased in favor of pill and injectable use.</p>	<p>Evaluate commodities inventories over the past six months for evidence of stock outs or expired IUDs.</p> <p>Evaluate the number and types of complications from IUD insertions.</p> <p>Interview clients and dropouts about their first visit to the clinic to determine whether they received good counseling on contraceptive methods.</p>
 <p>Why is there a more even distribution of the more effective methods?</p>	<p>The community is becoming more knowledgeable about the benefits of modern contraceptive methods.</p> <p>The clinic is regularly providing a full range of contraceptives but implants are still experimental; potential clients are being counseled on the relative benefits of all methods.</p>	<p>Make sure that the increase in more effective methods is not a result of declining use of other methods.</p> <p>Identify and report to your supervisor significant events such as promotional campaigns, that may have contributed to favorable changes. Successes should be replicated.</p>

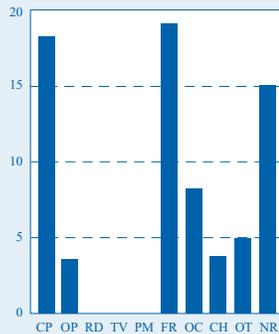
Analyzing Sources of Information

Changes in the numbers of new acceptors coming to your clinic may be strongly affected by your IEC efforts. A good way to see not only how new acceptors are learning of your services, but also the effectiveness your IEC campaign, is to draw a bar chart to show how your new acceptors learned of your family planning services. You can quickly see which sources of information in your community

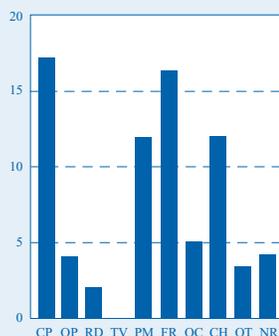
are the most helpful in attracting new clients and whether, for example, radio advertising more helpful in attracting new clients than printed materials.

Below are two bar charts and their possible interpretations, along with some suggested actions a clinic manager could take to more effectively promote his or her clinic's family planning services.

Draw a bar chart, using monthly summary data, at least once every three months to monitor the effectiveness of your IEC campaigns. ■



Why have friends and clinic personnel been so successful in reaching new clients but the radio, television, and printed materials have not been successful?



Comparing this graph with the top graph, what programmatic changes may have been implemented to make it show that printed materials and community health workers are being more successful in reaching new clients?

Possible Interpretations

- Providers of other health services at the clinic are informing clients of your family planning services.
- New acceptors are pleased with the clinic's services and reporting favorably to their community.
- Radio, television, and print media are not available or no IEC campaigns have been programmed.
- Community health workers are not being effective in promoting family planning.

Possible Actions to Take

- Thank clinic health providers for referring potential clients to the clinic and ask them to continue their good efforts.
- Motivate family planning service providers to continue providing high quality services.
- Evaluate radio, television, and print media as potential vehicles for IEC campaigns.
- Provide training to community health workers to familiarize them with clinic services.

Key:

- | | |
|-------------------------------|---------------------------------|
| CP = Program clinic personnel | OP = Program outreach personnel |
| RD = Radio | TV = Television |
| PM = Print Media | FR = Friend, relative |
| OC = Other clinic | CH = Community health worker |
| OT = Other | NR = No response |

- New acceptors are pleased with the clinic's services and reporting favorably to their community.
- Providers of other health services at the clinic are informing clients of your family planning services.
- Community health workers are reaching new acceptors.
- Radio advertising has not been effective in reaching potential new clients.
- A poster, pamphlet, and logo campaign has been successful in attracting new acceptors.

- Congratulate family planning service providers for providing high quality services to motivate them to continue.
- Motivate clinic health providers to continue referring potential clients to the clinic.
- Motivate community health workers to continue promoting the benefits of family planning, and give them materials and resources to do so.
- Evaluate the radio messages in your IEC campaign and make changes to increase the effectiveness of your advertising.
- Identify promotional campaigns and advertising that may have contributed to favorable changes and report them to your supervisor. Successes should be replicated.

Analysis in Action

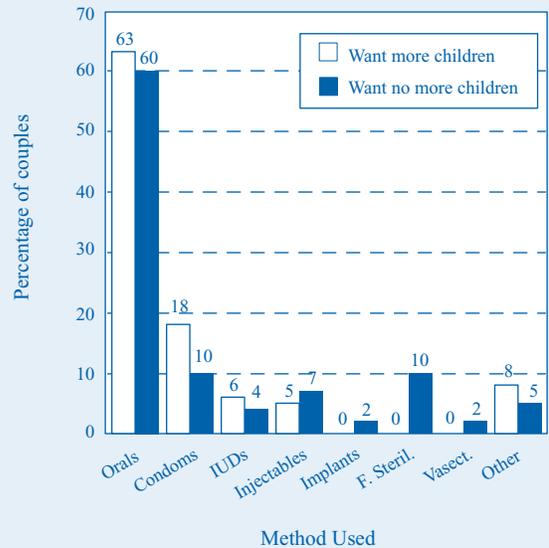
In Thailand, a non-governmental family planning program has developed a simple and practical way for clinics to use information from their client cards to learn more about their clients and improve services. Each client coming to the clinic for the first time is issued a client card, which contains information that includes the client's age, number of living children, desire for additional children, and ever-use of contraceptives. The client card is updated at each visit.

Here is an example of how a clinic manager and supervisor graphed, interpreted, and used data to better meet the contraceptive needs of their clients who did not want anymore children.

Using information from the client card, these managers compared the contraceptive method breakdown of those clients who no longer wanted more children with those that still desired children. The expectation (though not the rule) is that clients who do not want more children may prefer longer term methods such as the IUD or permanent methods such as sterilization. Clients who plan to have more children would probably use a temporary method such as the condom or the oral pill.

The graph shows that there was no difference in choice of contraceptive method between those clients who wanted no more children and those which did. From examining this graph, the manager and the supervisor realized that a large proportion of the clients who did not want more children were using temporary methods such

Comparison of Methods Used Among Couples who Want No More Children and Couples who Want More Children



as condoms and pills. As a result, they decided to provide more counseling on long-term methods and strengthen the clinic's system for referring clients to the government hospital for sterilization services.

Graphs which present service data from basic clinic forms are routinely displayed on the wall of the clinic so that staff can see and discuss their clinic's performance.

Reviewers' Corner *continued*

From Ideas to Action

Setting up a System...

One reviewer suggested the following steps for setting up a system to use service data in local decision making:

- 1) Review the basic forms for collecting clinic data;
- 2) Review the use of service data for client benefit and for improving services;
- 3) Retrain clinic level staff in collecting, processing, and interpreting service data for improving services;
- 4) Emphasize the importance of monitoring trends;
- 5) Hold semi-annual or annual seminar for senior managers to review clinic performance and give feedback to the service delivery level.

Using Data in Performance Review...

The whole information system can strengthen performance review. One reviewer writes: "I will encourage my clinic managers to analyze the data they collect at their level. They have been collecting service data for onward transmission to our national headquarters without taking time to evaluate these three important areas of family planning client data: new acceptors, method mix, and source of information. By developing this approach of using information collected at the local level, clinic managers and staff will be able to review clinic performance and stay better informed about their own situation."



Checklist for Using Service Data

For Clinic Managers

- Decide what information you will be collecting, analyzing, and using at your level, such as new acceptors, revisits, method mix, or how your clients learned of your services.
- Decide how (and how often) you will present, analyze, and take action on the data that you have selected to use.
- Involve supervisors in the development of your plan and conduct staff training in data collection and analysis.
- Discuss with your staff what actions should be taken to maintain or improve acceptance of your family planning services and your method mix. Select actions and implement them.
- Evaluate the effect of your actions by totaling, graphing, and analyzing your data monthly.
- Forward copies of your service summaries, graphs, and analyses each month to your supervisor. Let your supervisor know the actions you are taking and indicate what kind of support you need from them.

For Supervisors

- Review each clinic's service summaries and graphs, or encourage managers to create them if they currently don't do so.
- Provide regular feedback by discussing decisions and setting priorities with your staff.
- Discuss with your clinic managers what actions they might take and what support they need that would help them to improve the performance of their clinics. Consider incorporating these discussions into your supervisory visits.

For Mid- and Senior-level Managers

- Clarify the procedures for data collection, analysis, presentation, and use of information.
- Review and simplify data collection forms.
- Monitor and support clinic decisions and actions, and support clinics' growth with IEC materials and campaigns and contraceptive supplies.
- Program occasional site visits to evaluate the effectiveness of your information system.

The Family Planning Manager is designed to help managers develop and support the delivery of high-quality family planning services. The editors welcome any comments, queries, or requests for free subscriptions. Please send them to:



The Family Planning Manager
Family Planning Management Development
Management Sciences for Health
400 Centre Street
Newton, Massachusetts 02158, U.S.A.
Phone number: (617) 527-9202
Fax number: (617) 965-2208
Telex : 4990154 MSHUI

The FPMD project is funded by the U.S. Agency for International Development. This project provides management assistance to national family planning programs and organizations to improve the effectiveness of service delivery.

The Family Planning Manager

CASE SCENARIOS FOR TRAINING AND GROUP DISCUSSION

Mrs. Obi's New Acceptors: A Case for Analyzing Service Summaries

Mrs. Obi unlocked the door to the Yena Women and Children's Health Clinic where she was the manager. Inside the door, she noticed a package from the national family planning office that had arrived in the morning post. It contained a number of new family planning posters and pamphlets. Mrs. Obi looked at the posters. They were very well done. She thought they would be an excellent addition to the clinic waiting area.

Mrs. Obi liked to arrive at work before the rest of the staff so that she could get organized for the busy day ahead. She pulled the records of all the family planning clients who had scheduled an appointment and looked to see what contraceptive methods they used. Then she went to the clinic stock room to see if she had enough supplies, since the quarter was ending on Friday and the clinic sometimes ran out of supplies at the end of the quarter. Today the clinic was almost out of injectables, so Mrs. Obi made a note to herself to request larger quantities for the next quarter.

Returning to the main clinic area, Mrs. Obi saw that most of the staff had arrived. She showed them the new pamphlets and posters. They like them immediately and discussed where to put them so that clients would see them easily.

A few minutes after the clinic opened, Mrs. Obi's supervisor, Mrs. Falade, arrived for her regular supervisory visit. Mrs. Obi was very surprised to see Mrs. Ambe, the provincial family planning coordinator was with her. Mrs. Obi was glad to see Mrs. Falade, as she would probably be able to give her some supplies of injectables, but she wondered why Mrs. Ambe had come. She asked a nurse midwife to take over registering a client so she could

talk with her visitors.

"I know this is a bit of a surprise," said Mrs. Falade as they sat down. "But Mrs. Ambe has been studying data on new acceptors at all the clinics in the province and she has a new technique to show you. I think you might find it useful."

Mrs. Ambe placed several sheets of paper on the table. "I want to begin by complimenting you, Mrs. Obi, on the excellent job you have been doing in submitting your monthly reports on time and making sure that the summaries are complete and legible. We really appreciate your good work. However, I am concerned that the clinic is not attracting as many new acceptors as in the past. Looking at your data, it seems that the demand for family planning is beginning to fall off."

Mrs. Obi looked quite surprised. It had always seemed to her that family planning was becoming more popular in Yena. Mrs. Ambe smiled. "When you make your report every month and you see the number of new acceptors, the number probably seems similar every month," she said. "What I have done is to take all the numbers for twelve months and plot them on a graph so we can see the trend. Look, these are the numbers of new acceptors." She pointed to a sheet of paper. Mrs. Obi looked at it and saw the following:

New Acceptor Data: Yena Clinic - 1991

<i>Jan.....89</i>	<i>May 98</i>	<i>Sept.... 82</i>
<i>Feb.....91</i>	<i>June... 101</i>	<i>Oct..... 83</i>
<i>Mar ...97</i>	<i>July..... 95</i>	<i>Nov 77</i>
<i>Apr.....96</i>	<i>Aug 92</i>	<i>Dec 72</i>

~ continued on page 2

~ continued from page 1

“And here,” continued Mrs. Ambe, “I have plotted each of these numbers on this graph paper. Can you see how the numbers have been decreasing recently?”

“Yes indeed,” responded Mrs. Obi, “I hadn’t noticed the decrease in the monthly numbers, but this graph shows it very clearly. This graph will be helpful in explaining the situation to my staff. Maybe I can prepare simple graphs like this to help me monitor my clinic’s performance in other areas as well. I

think this graph will be easy to prepare and helpful in presenting the situation to my staff.”

Excited by this graph, Mrs. Obi spent the next hour talking with her supervisors about possible reasons for the decline, what she could do to reverse the trend, and how she could graphically present and use other information that the clinic collected. She asked Mrs. Falade whether they could do a staff training session on creating and using different kinds of graphs during her next supervisory visit.

Monthly Summary of Family Planning Activities at the Clinic

Date of Report December 1991 Clinic Yena
 Region State/Province
 Reporting period: 1 / December to 31 / December 1991
 (day) (month) (day) (month)

	No. of Visits	Orals				Injections		Implants		IUDs		Barriers		VSC	Other
		Lo-Femenal	Micro-Gynon	Neo-Gynon	Other	Depo-Provera	Noris-terat	Nor-plant	Other	Copper T	Other	Foam Tablet	Condoms	Tubal Ster.	
A. New Acceptors	72	8	12	4	0	6		2		5	0	7	26	2	0
B. Revisits	119	27	4	3	3	13		11		10	3	17	27	0	1
Total Visits = A + B	191	35	16	7	3	19		13		15	3	24	53	2	1
Commodities Beginning Balance (a)	604	120	160			22		65		200	0	1,300	5,654		
Amount Received (b)								24							
C. Quantity Dispensed (c)	89	24	13			19		2		5	0	640	1,112		
Ending Balance (a + b - c = d)		515	96	147		3		87		195	0	660			

D. Sources of Information of New Acceptors

Program clinic personnel	CP	<input type="text" value="17"/>
Program outreach personnel	OP	<input type="text" value="0"/>
Radio	RD	<input type="text" value="6"/>
Television	TV	<input type="text" value="2"/>
Print media	PM	<input type="text" value="2"/>
Friend, relative	FR	<input type="text" value="21"/>
Other clinic	OC	<input type="text" value="6"/>
Community health worker	CH	<input type="text" value="8"/>
Other	OT	<input type="text" value="0"/>
No response	NR	<input type="text" value="10"/>

E. Other Client Methods

DiaphragmDP	<input type="text"/>
Rhythm, NaturalRN	<input type="text"/>
VasectomyVA	<input type="text" value="1"/>
OtherOT	<input type="text"/>

Prepared by (name): Mrs. Obi Date: January 7, 1992

Signature: Mrs. L. Obi

Case Analysis: Mrs. Obi's New Acceptors

Case Discussion Questions

1. How can Mrs. Obi find out if her clinic is attracting more new acceptors to family planning each month? What actions might she take?
2. How can Mrs. Obi determine if her new acceptors are given an opportunity to choose from a range of contraceptive methods? What actions might she take?
3. How have the new acceptors heard of the family planning services available in Mrs. Obi's clinic? What might she do to more effectively inform prospective clients in her community about the available family planning services?

1. How can Mrs. Obi find out if her clinic is attracting more new acceptors to family planning each month? What actions might she take?

A line graph showing the number of new acceptors for each month is a good way to see how well a clinic is attracting new clients. Ideally, the line should show a stable or upward trend in an emergency program.

Trend Analysis of New Acceptors
January-December 1991



Mrs. Ambe's graph, shown above, indicates a downward trend with some variability from month to month. Mrs. Obi and her supervisors might look into factors that may have contributed to the downward trend. They might

discover that long waiting times at the clinic or possible side effects from IUDs or pills have caused clients to complain to their friends and relatives. She should also do a trend analysis using data from revisits to see what the trend has been with continuing clients.

2. How can Mrs. Obi determine if her new acceptors are given the opportunity to choose from a range of contraceptive methods? What actions might she take?

A pie chart showing the mix of contraceptive methods selected by new acceptors will help Mrs. Obi compare the relative popularity of different contraceptive methods selected by new acceptors. The pie chart may also reflect whether her clients are getting adequate counseling in all the available contraceptive methods and whether the methods are always in stock. In general, she should expect all the methods she stocks to be accepted by her clients in differing proportions. Mrs. Obi might decide to draw a pie chart every three months to analyze the method mix which would allow her to see significant variations during the year. Her supervisor could also review the pie charts of other district clinics for comparison.

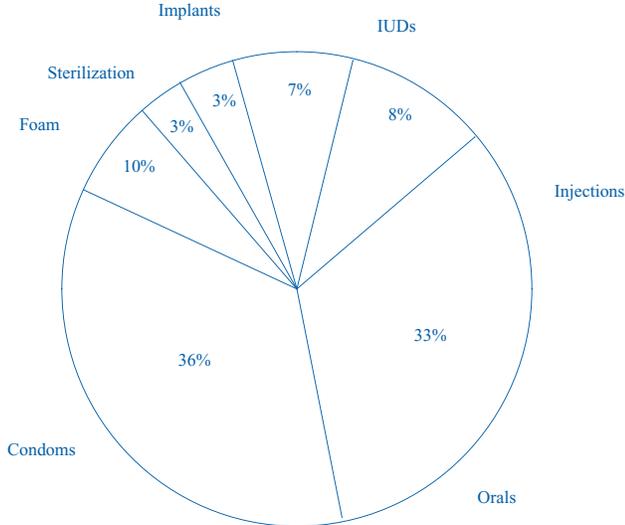
Looking at the pie chart on the next page, Mrs. Obi can see that most of her new acceptors in the month of December 1991 have chosen to use pills and condoms. Mrs. Obi should be aware that the method mix will be affected by local cultural norms, by male attitudes towards

Case Analysis: Mrs. Obi's New Acceptors

family planning, by the ways in which clients are counseled, and by good or bad publicity.

Method Mix of New Acceptors

December 1991



From the data in the pie chart, Mrs. Obi and her supervisors might decide to conduct staff training on the benefits of more effective methods, such as injectables and IUDs, to ensure that service providers are prepared to counsel clients on all the methods. Mrs. Obi may also want to draw a pie chart using data on revisits to analyze the method mix of continuing users.

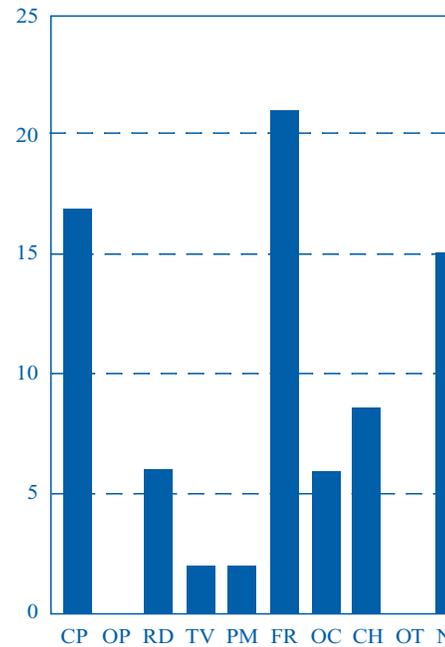
3. How have the new acceptors heard of the family planning services available in Mrs. Obi's clinic? What might she do to more effectively inform prospective clients in her community of the family planning services?

A bar chart is a good way for Mrs. Obi to find out how new acceptors have heard of the family planning services she provides. In order to attract a steady flow of new acceptors, she needs to make potential family planning clients in her community aware of the benefits of family planning and inform them of the services that her clinic provides.

The bar chart that Mrs. Ambe drew shows that most of the new acceptors heard of the Yena Clinic's family planning services from other clinic personnel and from friends and relatives. This may mean that families in the area do not own televisions and radios, that they do not read newspaper advertising, or that the IEC campaigns using these media are ineffective. On the basis of this information, Mrs. Obi might decide to train community health workers to provide more comprehensive family planning information and to supply them with the new pamphlets she had just received. In addition, she might survey people in the community to find out their reaction to the media advertisements.

Source of Information Among New Acceptors

December 1991



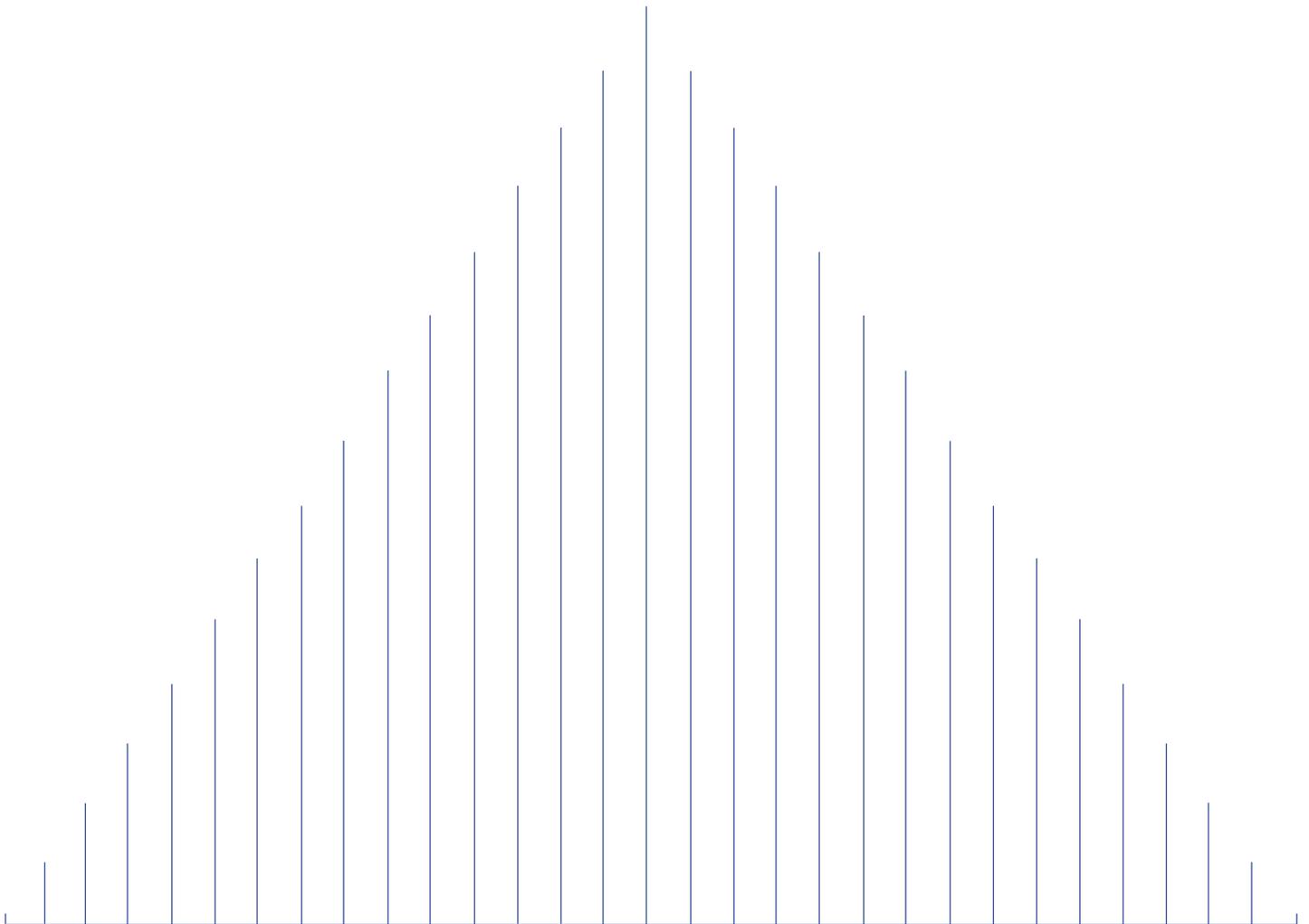
Codes used:

CP = Clinic Personnel	OC = Other Clinic
OP = Outreach Personnel	CH = Community Health Worker
RD = Radio	OT = Other
TV = Television	NR = No Response
PM = Print Media	
FR = Friend, Relative	

The

Family Planning Manager

GUIDE TO GRAPHING DATA AND TAKING ACTION





FPMD is supported by the U.S. Agency for International Development and implemented by Management Sciences for Health, in collaboration with The Centre for Development and Population Activities (CEDPA).

FPMD
Management Sciences for Health
400 Centre Street
Newton, Massachusetts 02158
U.S.A.

Phone: (617) 527-9202
Fax: (617) 965-2208
Telex: 4990154 MSHUI

This supplement, "Guide to Graphing Data and Taking Action," was written by Janice Miller, Senior Editor of *The Family Planning Manager*. Ms. Miller is Senior Publications Manager for the Family Planning Management Development (FPMD) project at Management Sciences for Health.

Guide to Graphing Data and Taking Action

This guide contains instructions for making three graphs that will help you analyze and use the data that you collect in your family planning program. Below is a summary of the guide. It indicates the service data you will need to collect in order to make the graphs, and suggests ways in which you can use the graphs to make decisions about improving your family planning program.

- The *first* graph will allow you to monitor new acceptor trends.
- The *second* will provide information about your clients' choice of a contraceptive method.
- The *third* will tell you how your new acceptors learned of your family planning services.

These graphs can also be used to analyze data on other types of clients, such as continuing clients, though the examples presented here refer to new acceptors.

Graph N° 1: Trend Analysis of New Acceptors

Data Required: Monthly summaries showing the number of new acceptors served by your clinic. If you summarize your records quarterly you can follow your clinic's performance by plotting the quarterly summary data on your graph instead of monthly data.

Interpretation and Use: This graph will show you the trend in new acceptors in your clinic—whether there has been an increase, decrease, or variation in the trend over a period of time. The graph can also be used to evaluate a trend in new acceptors for each contraceptive method you offer, by drawing a line for each method on the same graph and updating the graph each month.

Once you identify these trends in your clinic, you will know better what actions to take to change the trends and move toward achieving your program goals.

Graph N° 2: Method Mix of New Acceptors

Data Required: Monthly summaries of the methods chosen by the new acceptors in your clinic.

Interpretation and Use: After completing this graph, you will be able to easily compare the relative popularity of contraceptive methods chosen by your new acceptors. Knowing this will enable you to take actions which might include expanding the choices of contraceptives available to your clients and reinforcing or adding counseling activities to serve your clients better.

Graph N° 3: Sources of Information Among New Acceptors

Data Required: Data on how new acceptors learned of your clinic's family planning services.

Interpretation and Use: This graph will allow you to evaluate how new acceptors learned of your family planning services. Using this information, you can develop strategies to strengthen Information, Education, and Communication (IEC) activities in your community, which will help you attract potential acceptors to your clinic.

*This guide will help you monitor your program's performance
and improve your family planning services*

How to...

Draw a Line Graph – to show the trend in new acceptors at your clinic

Step #1. Label the small boxes below the horizontal line on the blank graph to correspond to the months of data that your graph will represent. There are 18 boxes, so your graph will show a trend of new acceptors covering a period of 18 months. *In the example below, data on new acceptors have been given for the period January - December 1991. Thus, the horizontal line on the graph is labeled to correspond to data from the monthly summary: “J” (for January) “F” (for February), and so on.*

Step #2. Starting at zero in the lower left corner, label the marks on the far left vertical line in increments of 5, 10, 20, or 100. The numbers on the vertical line represent the number of new acceptors. Choose a scale that will accommodate the largest number of new acceptors your clinic has had in a month, or might expect to have in the near future. *In the example below, the largest number of new acceptors the Yena clinic has had over the past 12 months is 101. The graph has been labeled up to 120 (in increments of 10) in order to accommodate an increase in new acceptors.*

Step #3. Plot the total number of new acceptors from each monthly summary that you have collected over the past 10-12 months. For each month, put a dot on the graph to show the total number of new acceptors for each month of the period your graph will cover. *In the example, a dot was marked on the vertical line at 89 (above “J”). Next a dot was made at 91 on the vertical line (above “F”) and so on until all the data on new acceptors from the previous year were plotted on the graph.*

Step #4. Connect all the dots that you have plotted on the graph. This line will show the trend in the number of new acceptors over the past 12 months. Next month you only need to make a dot showing the total number of new acceptors for that month and then connect it to the previous month’s dot. Continue to do the same for each month to monitor the trend of new acceptors and to see whether any changes you make have an effect on this trend.

Example: How to Analyze the Trend in New Acceptors

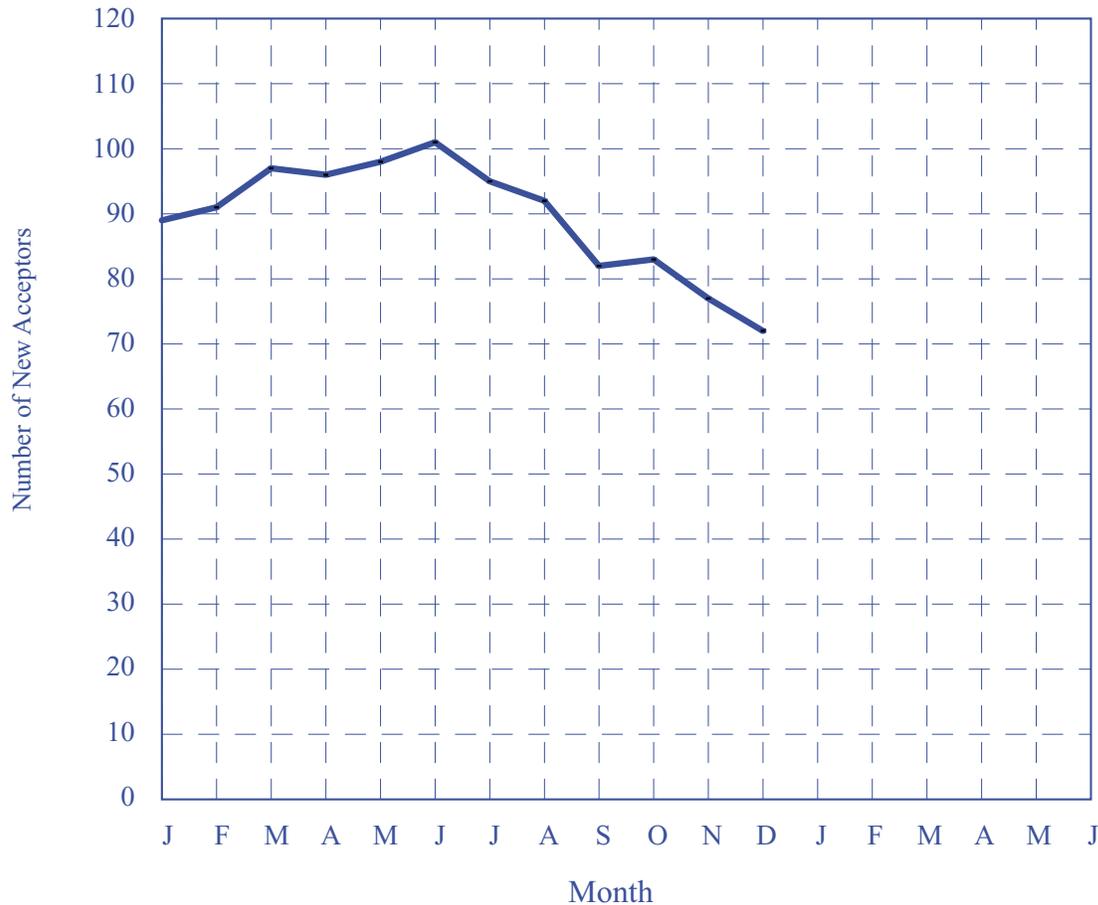
In this example, the data listed represents data on new acceptors that were collected in the Yena clinic over a 12 month period.

Data: Number of new acceptors: Yena Clinic - 1991

January	89	May.....	98	September	82
February	91	June.....	101	October.....	83
March	97	July	95	November.....	77
April	96	August	92	December	72

Example: Line Graph

Trend Analysis of New Acceptors



Clinic: Yena

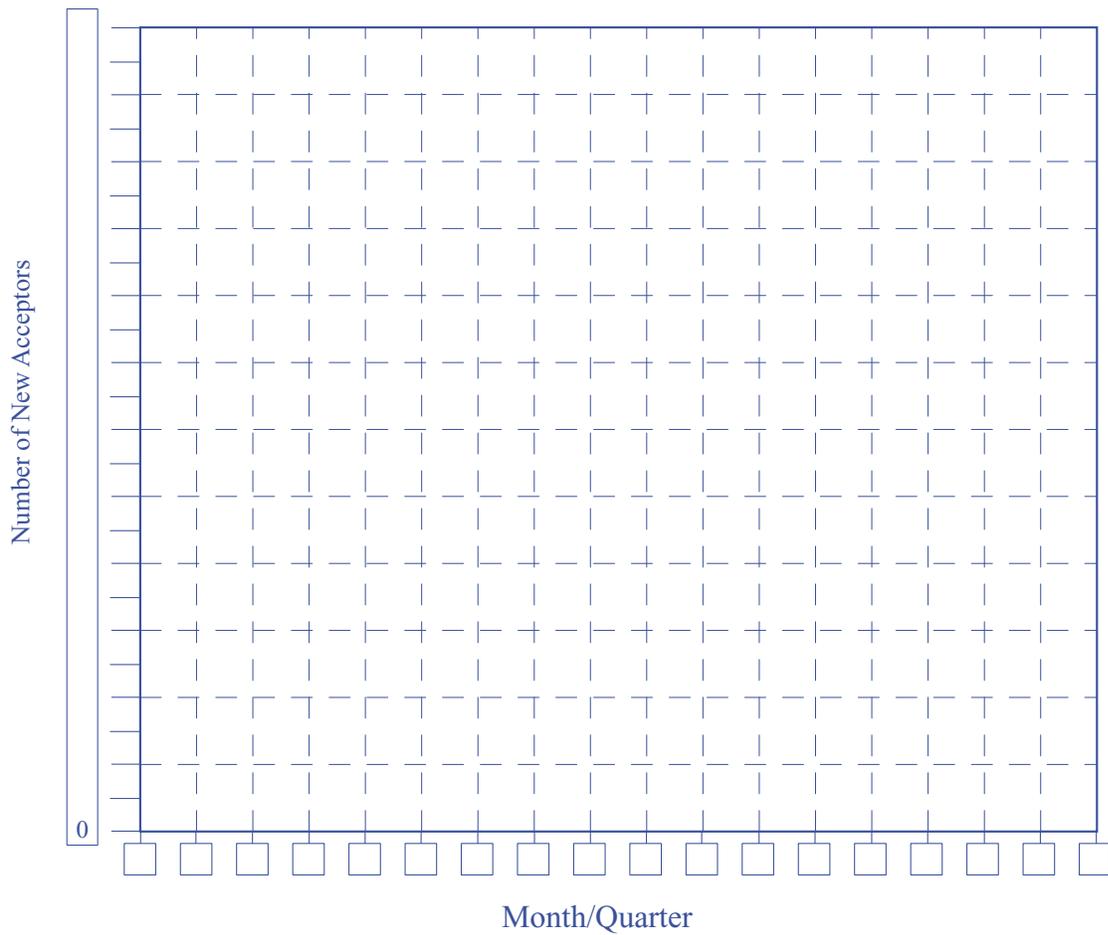
Period Covered: Jan 1991 - Dec 1991

Observation: The number of new acceptors has declined over the last 6 months.

Possible Interpretations	Possible Actions
<ul style="list-style-type: none"> The clinic has started charging for services, making it less affordable for some clients. Active opposition to family planning has raised doubts about safety of family planning methods. This is an established program and may be serving a larger number of continuing clients rather than attracting new clients. 	<ul style="list-style-type: none"> Evaluate costs of services and contraceptives at other local facilities and interview clients about the affordability of the services. Check the origins of opposition propaganda and develop and distribute materials assuring the safety of contraceptives. Analyze the trend of continuing clients served by the clinic over the past year by using monthly summary data on revisits.

Graph N° 1: Line Graph

Trend Analysis of New Acceptors



Clinic: _____

Period Covered: _____

Observation:

Possible Interpretations

Possible Actions

How to...

Make a Pie Chart – of your clinic’s contraceptive method mix

To use the data worksheet shown on page 7, follow steps #1 through #4. To make a pie chart, follow Step #5.

Step #1. Fill in the blanks under “A” with the total number of new acceptors for each contraceptive method for the month you have chosen to analyze. Add up this column of numbers; the total (“B”) should be equal to the total number of new acceptors on your monthly summary report. *In the example below, the total is 72.*

Step #2. Divide the number of new acceptors **for each method** (in column “A”) by the **total number of new acceptors for the month** (“B”). Fill in the results in the spaces provided in column “C.” The results in “C” will always be decimals (fractions). *In the example, the total number of new acceptors for the month of December 1991 is 72. Each number in “A” was divided by “B” (72) to equal the decimals shown in “C.”*

Step #3. Multiply each number in column “C” by 100 to obtain a percentage and round to the nearest whole percent. Enter the percentages in column “D.” Each number represents the percentage of the total number of new acceptors that chose each method.

Step #4. Check your calculations by totaling the percentages listed in column “D.” The sum of the percentages should equal 100. (Note: Due to rounding, the numbers might not total 100. For ease in drawing the pie chart, you may want to adjust one of the percentages so that the numbers do total 100.)

continued

Example: How to Determine Method Mix of New Acceptors

Data Worksheet

Methods	A (number of new acceptors for each method)	C (fraction of total new acceptors for each method) [A ÷ B = C]	D (percent of total new acceptors for each method) [C x 100 = D]
Orals	24	.333	33%
Condoms	26	.361	36%
Foaming Tabs	7	.097	10%
Injectables	6	.083	8%
Implants	2	.027	3%
IUDs	5	.069	7%
Sterilization	2	.027	3%
Other	0	0.000	0%
Totals:	B 72		100%
	(total number of new acceptors for the month)		

Clinic: Yena Month: December Year: 1991

How to...

Make a Pie Chart (continued)

Step #5. Choose one mark on the circle and draw a line connecting it to the center; this will be your starting point. Your blank pie chart has 100 marks; each mark represents one percentage point. To make a pie chart, you will be drawing a wedge for each type of contraceptive method selected by new acceptors in any given month. Each wedge represents one of the percentages you calculated in “D” above.

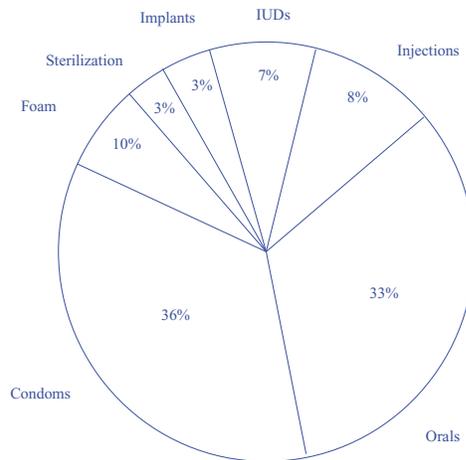
In the example below, oral contraceptive users represent 33% of the total number of new acceptors for the month of December 1991. This wedge was drawn by counting off 33 marks on the circle, and connecting the beginning and ending marks to the center of the pie. Condom users represent 36%. Starting where the wedge for orals ended, 36 more marks were counted to make another wedge representing 36%. In this way all the percentages from “D” were drawn to complete the pie chart.

Example: Pie Chart

The following pie chart was drawn using the data on the types of contraceptives selected by the new acceptors in December 1991. (See the calculations from the data worksheet on page 5.)

Method Mix of New Acceptors

Clinic: Yena
 Month: December
 Year: 1991



Observation: Condoms and orals are more popular than IUDs and injectables.

Possible Interpretations	Possible Actions
<ul style="list-style-type: none"> The doctor/nurse responsible for inserting IUDs and providing injectable contraceptives is at the clinic on only a limited basis. Clinic staff are more familiar with pills and condoms and have focused their counseling on these methods. Condoms distributed during a promotional campaign were mistakenly recorded as client data for the month. 	<ul style="list-style-type: none"> Begin a system for making appointments for clients who require services provided by the doctor/nurse. Provide staff training on the other more effective contraceptive methods. Record supplies used for promotional purposes separately, making sure to note the quantities dispensed.

Graph N° 2: Data Worksheet and Pie Chart

Data Worksheet

Methods	A	C	D
	(number of new acceptors for each method)	(fraction of total new acceptors for each method) [A ÷ B = C]	(percent of total new acceptors for each method) [C x 100 = D]
Orals			
Condoms			
Foaming Tabs			
Injectables			
Implants			
IUDs			
Sterilization			
Other			
Totals:	B		100%
	(total number of new acceptors for the month)		

Clinic: _____ Month: _____ Year: _____

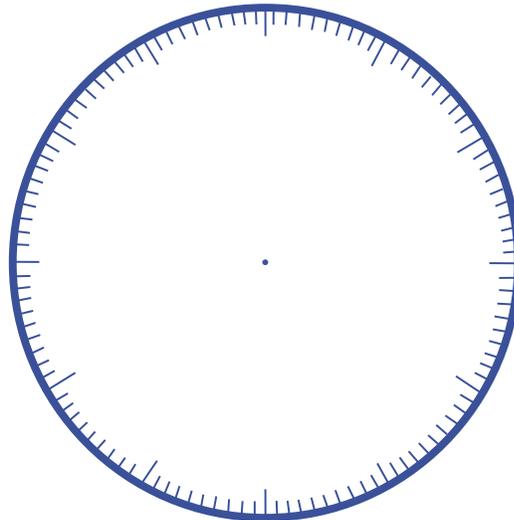
Pie Chart

Method Mix of New Acceptors

Clinic: _____

Month: _____

Year: _____



Observation:

Possible Interpretations

Possible Actions

How to...

Make a Bar Chart – to show how new acceptors learned of your family planning services

Step #1. Label each small box, below the horizontal line on the blank chart, with an abbreviation of each source of information of new acceptors, used in your monthly summary report. There are 10 boxes, so your chart can show up to 10 different sources of information. If you collect data on more than 10 sources, consider combining some sources. *In the example below, CP was used for clinic personnel, RD for radio, and so on.*

Step #2. Starting at zero in the lower left corner, label the marks on the far left vertical line in increments of 5, 10, 20, or 100. The numbers on the vertical line represent the number of new acceptors. Identify the largest number of new acceptors for a single source of information, and choose a scale that will accommodate this number. *In the example, the numbers of new acceptors range between 0, for outreach personnel, and 21, for friend/relative; therefore the marks on the vertical line are labeled in increments of five ending with 25.*

Step #3. Mark the chart to show the number of new acceptors for each source of information. Draw a vertical bar for each source. Fill in the bars with colors or some design to distinguish them from the background. *Looking at the example, clinic personnel, and friends or relatives, are primarily responsible for attracting new acceptors to the Yena Clinic in December 1991.*

Example: Bar Chart

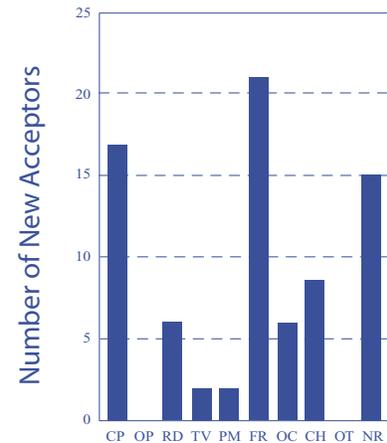
Codes used:

Program clinic personnel	CP	17
Program outreach personnel*	OP	0
Radio	RD	6
Television	TV	2
Print media	PM	2
Friend, relative	FR	21
Other clinic	OC	6
Community health worker	CH	8
Other	OT	0
No response	NR	10

*not applicable, no outreach program

Sources of Information Among New Acceptors

Clinic: Yena
 Month: December
 Year: 1991

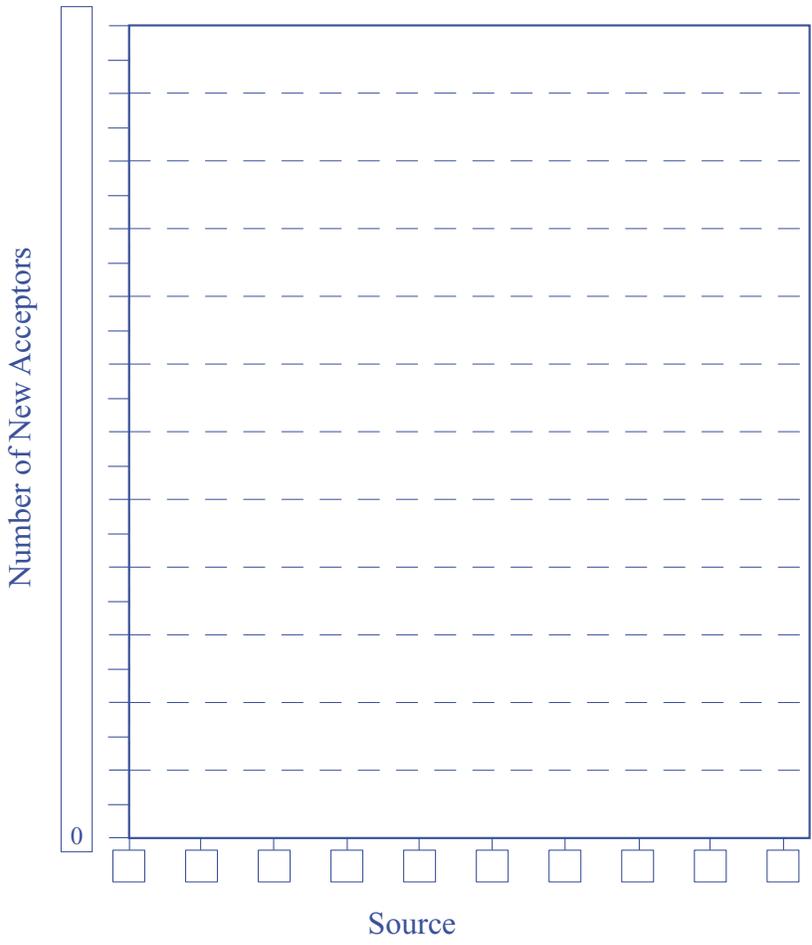


Observation: Friends and clinic personnel have been more successful in attracting new clients to the clinic, while IEC materials have been less successful.

Possible Interpretations	Possible Actions
<p>The community health workers are not actively referring potential clients to the clinic or may not have IEC materials.</p> <p>IEC messages on the TV and radio are not effective means of reaching new clients.</p> <p>New acceptors are pleased with the clinic's services and are encouraging their friends to come to the clinic.</p>	<p>Provide training to community health workers to familiarize them with the clinic services and provide them with IEC materials.</p> <p>Use types of media to which the community has better access or review IEC messages to see how they could be improved.</p> <p>Motivate clinic staff by praising them for providing high quality services.</p>

Graph N° 3: Bar Chart

Sources of Information Among New Acceptors



Clinic: _____
 Month: _____
 Year: _____

- Codes used:**
- _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

Observation:	
Possible Interpretations	Possible Actions



Checklist for Graphing Data and Taking Action

- Look at your program objectives and decide what information you need in order to track progress in achieving these objectives.
- Make sure that the forms you use for collecting data are designed to collect the information you must have about your clients and your program performance. At a minimum, the data should include medical history, age, number of pregnancies, type of contraceptive chosen and quantity dispensed to the client, and how the client learned about your clinic.
- Make sure that the forms are easy to fill out and designed so that the data can be easily aggregated for monthly or quarterly summaries.
- Decide what data you will be tracking over a period of time (such as numbers of new acceptors who come to your clinic each month).
- Decide what data you will be analyzing on a monthly basis (such as contraceptive methods of new acceptors for a given month).
- Develop an easy-to-use system (such as a wall chart) for regularly plotting and displaying data that will help you track service delivery trends over time.
- Use line graphs to analyze trends in new acceptors, continuing clients (revisits), or drop-outs. Each category of client can also be analyzed by method, such as the “trend of new acceptors using IUDs.” Line graphs (updated every month) allow you to follow a trend over a period of time and take actions to manage the trend.
- Use pie charts to analyze the method mix (of any type of client) or any data that is more useful when expressed in percentages. Pie charts allow you to compare proportions and represent summary data for a specific period of time, such as one month, quarter, or year.
- Use bar charts to analyze the effectiveness of IEC activities, or the numbers of clients served by different service delivery systems (CBD, fixed or mobile clinics). Bar charts can be used to analyze most types of service data and emphasize the differences between several means of accomplishing an objective. Bar charts represent summary data for a specific period of time, such as one month, one quarter, or one year.
- Use your analyses as a first step, to investigate the reasons for any significant changes in demand. Discuss these changes with your staff and decide on a course of action.

The Family Planning Manager is designed to help managers develop and support the delivery of high-quality family planning services. The editors welcome any comments, queries, or requests for free subscriptions. Please send them to:



The Family Planning Manager
Family Planning Management Development
Management Sciences for Health
400 Centre Street
Newton, Massachusetts 02158, U.S.A.
Phone number: (617) 527-9202
Fax number: (617) 965-2208
Telex : 4990154 MSHUI

The FPMD project is funded by the U.S. Agency for International Development. This project provides management assistance to national family planning programs and organizations to improve the effectiveness of service delivery.