

# Family Planning Manager

MANAGEMENT STRATEGIES FOR IMPROVING FAMILY PLANNING SERVICE DELIVERY

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## Working Solutions Worldwide

### Editors' Note

Results of a survey of readers of *The Family Planning Manager* suggest that management strategies and techniques can be successfully communicated and replicated across regions. These results also indicate that working collaboratively with an international review board of experienced family planning managers is critical to developing a management publication that both communicates effective strategies and techniques and is relevant to a wide range of family planning professionals around the world.

In the readers' survey, we promised to publish an issue of *The Family Planning Manager* that would focus on our readers' solutions to management problems. Many readers have written to us about the management problems they face in their work and the approaches they use to solve them. In tribute to our readers, this special issue of *The Family Planning Manager* features their efforts to address many common management problems and shows that when family planning managers have access to management materials written specifically for them, they use them not only to increase their personal knowledge, but also to train staff and introduce new management strategies into their programs.

The guest editor for this issue is Ann Buxbaum, Senior Associate in the Population Program at Management Sciences for Health. In developing this issue, she interviewed many of our readers to learn more about their management problems and the results of their efforts to solve those problems. Donna Monahan, Senior Program Assistant of FPMD's Evaluation Unit, provided the data analysis of the reader survey, and the members of our International Review Board and other contributors to this issue of *The Family Planning Manager* gave us new insight into the day-to-day challenges that are critical to making family planning programs work.

—The Editors

## The Family Planning Manager

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## Sharing Solutions to Common Family Planning Management Problems

Since launching *The Family Planning Manager* three years ago, the editors have received many unsolicited letters from readers describing the management challenges they face in their work and how *The Family Planning Manager* has helped them to meet those challenges. This enthusiastic and continuing dialogue with readers has allowed the publication to serve as a forum for introducing new management concepts and techniques for managing family planning programs, and for sharing the experiences of managers with other readers around the world.

Impressed with this interest and experience, the editors of *The Family Planning Manager* conducted a survey of its readers in June of 1993 to learn more about them and their work. This issue highlights the results of the survey and presents who our readers are, where they live and work, and what management problems they face in their work. In addition, this issue presents a number of examples of management challenges and the steps that managers have taken to address those challenges.

The "Working Solutions" presented in this issue attest to the fact that managers throughout the world are working hard to make sound strategic decisions, expand access to services, and improve the quality of their services. Eighteen examples from our readers are featured in this issue. Among them are examples from Belize, Zimbabwe, and Senegal that illustrate the importance of good information and a solid strategic planning process. Experience in Mexico in reaching new clients and in Nigeria, India, and Haiti using maps, shows how managers are expanding access to services. Contributions from Ethiopia and Uganda describe simple management interventions for improving service quality.

The value of *The Family Planning Manager* is based in part on being able to provide managers with innovative management tools that they can adapt and use in their own programs. An exciting example of this adaptability is presented in the "Working Solutions—South-to-South," which describes how *The Manager* has facilitated the transfer of management technology *between* countries, in this case, between Bangladesh and Kenya.

These real-life experiences are innovative and exciting. But for every "Working Solution" printed in this issue, there are hundreds more in many other programs around the world. The work of managers documented in this issue emphasizes the key role that management plays in providing quality family planning services to ever increasing numbers of people. But even more, these examples demonstrate that when managers work together with their staff to plan programs, solve problems, and make decisions, they make their programs work. ■

## **The Making of *The Manager***

*The Family Planning Manager* is designed to focus on specific management topics that are pertinent to family planning programs around the world and to discuss issues that are relevant to multiple levels of a family planning program. In this way, *The Family Planning Manager* aims to:

- Raise awareness of management issues within an organization;
- Share effective and practical management techniques, tools, and experiences;
- Fill the gap in the availability of practical family planning management materials in developing countries;
- Discuss complex management techniques and strategies in a concise format and in clear, uncomplicated language;
- Create a forum for the exchange of ideas and solutions across regions.

### **Developing the Issue**

Each issue of *The Family Planning Manager* is developed in collaboration with individuals who work in health and family planning programs around the world.

### **Networking with Managers in the Field**

Each issue is reviewed by an international review board of senior-level family planning managers. With their help, *The Family Planning Manager* has created a worldwide network of family planning managers and service providers, and provides up-to-date, practical information on management technologies. The members of the International Review Board are key to achieving the publication's objectives because they:

- Provide direct communication with family planning program managers and service providers;
- Bring fresh ideas and a field perspective to each issue;
- Make management issues and applications relevant and useful;
- Link management concepts with management practice.

### **Distributing *The Manager***

The distribution strategy for *The Family Planning Manager* involves mailing the publication directly to individual subscribers and also to distribution agents within an organization. These agents represent their organization and distribute *The Family Planning Manager* to their colleagues. This strategy has resulted in building a powerful in-country distribution base and in effectively reaching managers at different levels in family planning programs.

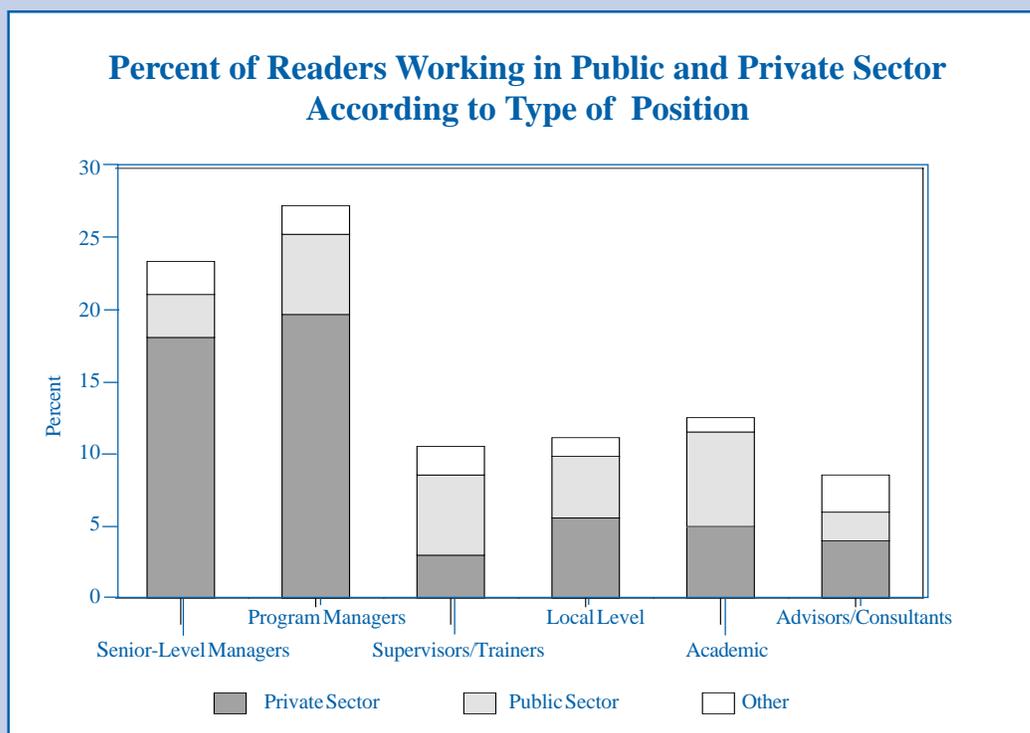
## ***The Family Planning Manager* Readership Profile**

To better understand their audience of readers and address topics relevant to their work, the editors designed a survey consisting of thirty questions that asked: where readers work, what types of jobs they have, how they use *The Family Planning Manager* in their work, whether the topics are relevant to their

work, and what types of problems the publication has helped them to solve. The survey also inquired about the readability of the publication, the demand for foreign language editions, and suggestions for future topics. The next section summarizes the responses and profiles important facts about the readers of *The Family Planning Manager*.

## Who are Our Readers?

Based on those readers who responded to the survey, results show that 53 percent of *The Family Planning Manager* readers are men and 41 percent are women (6 percent did not respond to this question). The majority of readers work in private organizations (59 percent), and the balance work in public sector programs (29 percent) and donor or other types of organizations (12 percent). Our readers include program managers, physicians, nurses, administrators, trainers, and technical advisors and researchers. The majority supervise ten or fewer people in their work.



*The Family Planning Manager's* readership has grown substantially since this survey was conducted and French- and Spanish-language editions have since been published. At the time of the survey, 80 percent of the readers preferred receiving *The Manager* in English, even though for most readers (78 percent) English was not their native language. Ten percent of the respondents would have preferred to receive the publication in Spanish, nine percent in French, and four percent in Arabic. Overall, our readers speak over 140 other languages, including Bangla, Bengali, Hausa, Hindi, Ibo, Portuguese, Shona, Swahili, and Yoruba.

## Where Do Our Readers Live and Work?

*The Family Planning Manager* reaches readers in 175 countries around the world including many small island nations and newly-formed nations. Forty-two percent of our readers live in Africa, 24 percent in Latin America and the Caribbean, 15 percent in North America, and 14 percent in Asia and the Near East. The majority of *The Family Planning Manager* readers (79 percent) work in organizations or agencies that provide health and/or family planning services, and 61 percent state that they themselves are primarily service providers. Fifty-six percent of all readers work at the central level and 43 percent at the regional/provincial level.

## What Management Problems Do Our Readers Face in Their Work?

The editors were particularly interested to learn about the types of problems managers were encountering in their work and what steps they had taken to address those problems. This information has been important for selecting topics for future issues and for sharing those solutions with the other readers of *The Family Planning Manager*.

Based on reader response, the following list summarizes the types of management challenges readers face in their work in order of priority.

**Strategic issues in family planning and reproductive health.** Many readers cited the need to look beyond the current activities of their programs, identify new initiatives, and educate themselves on the technical and management aspects required to introduce new activities in their programs. Many readers were interested to know more about how to introduce new contraceptive methods, such as NORPLANT, and how to integrate HIV/AIDS information and services into their programs. Others were particularly concerned with marketing their services to particular client groups, such as adolescents and men, and making male contraceptive services available, such as vasectomy.

**Communicating information about family planning.** A principal concern among readers was how to develop and manage information, education, and communication (IEC) programs more effectively. Readers were particularly interested in ways to improve training for family planning educators and counselors, ways to evaluate IEC efforts, and ways to measure the cost and quality of IEC programs.

**Personnel management.** Issues involving personnel management were frequently cited as areas in which managers were challenged in their jobs. Among the personnel issues they specified were: dealing with interpersonal problems, developing personnel policies, analyzing staff roles, developing job descriptions, using methodologies to determine staffing requirements, working with volunteers, and motivating, supervising, and supporting staff.

**Management information systems.** In this area, readers were most interested in learning more about how to collect and use information about their programs and how to communicate the importance of their information system to their staff.

**Program management.** Many readers wrote that they needed continuing management education to strengthen their capabilities in program planning and evaluation. These included skills in setting clear program goals and objectives and developing effective ways to evaluate programs, including methods that would allow greater participation from field-level staff.

**Generating revenues.** Developing fund raising skills to acquire local and international funding was a topic that interested many readers who felt a need to be able to respond to decreasing support from their traditional funding sources. They also were interested in knowing more about attracting clients who could pay for services.

## Finding Solutions to Management Challenges

The management challenges that readers of *The Family Planning Manager* are facing span almost every area of management. However, the greatest concern among readers was in the area of strategic decision making, closely followed by operational issues that include improving service quality and managing human and financial resources. The next section presents ways in which readers have attempted to solve some of these management challenges. Their approaches have been grouped into four broad categories:

- Planning and managing programs strategically;
- Providing outreach and greater access to services;
- Championing quality services;
- Managing resources.

## Planning and Managing Programs Strategically

Today, managers are becoming increasingly attuned to the importance of looking at their programs from a strategic perspective. As government policies and cultural and religious attitudes towards family planning change and organizations grow and expand, so must the programs that provide client services. Jewel Quallo, Executive Director of the Belize Family Life Association, writes that in their effort to meet the challenges of program sustainability, “we went through strategic planning exercises with the Board of Directors, staff, and other volunteers.” Ms. Quallo emphasizes the importance of a systematic and structured approach to strategic planning that includes both training and data collection. “Training was required in strategic thinking and planning. This included learning how to conduct cost studies to determine the actual cost of providing services, prepare a business plan, and write proposals.

### Working Solutions—Nigeria

#### Developing and Using a Client Profile

Dr. A. B. Sulaiman, Executive Director of the Planned Parenthood Federation of Nigeria, writes that they did not have adequate knowledge of who their clients were, what services they wanted, whether they were satisfied with the services, or whether the services were affordable to their clients. Using one clinic as a test case, they collected data about their clients in order to develop a client profile.

**Developing the client profile.** Staff training was conducted in proper counseling techniques, data collection and reporting, and use of information. Data used to create the client profile included age, sex, parity, place of residence, educational level, occupation and economic status, source of referral, reason for visit, method chosen, services provided, other services requested, and any comments on the clients’ satisfaction or dissatisfaction with their contraceptive method.

**Results.** Client information was collected and analyzed over a one-year period and client profiles for new, continuing, and revisit clients were developed. Dr. Sulaiman writes, “we now know who our clients are, what services are provided most frequently, how clients found us, and what other services they would like us to offer. We also know who is not likely to use our services, these being primarily youth and uneducated or unmarried men and women. We have used these results to focus our efforts on improving clinic management, addressing the needs of youth, providing STD/HIV education, serving the needs of men, and placing more emphasis on women’s health and child survival.”

## Potential Benefits and Problems of Decentralization

Potential Benefits	Potential Problems
<p>Allows central level to focus on national issues such as service standards and norms, program evaluation criteria, etc.</p> <p>Allows central level to pay more attention to improving inter-sectoral coordination and collaboration at all levels</p> <p>Places greater emphasis on strategic planning and program performance</p> <p>Reduces government subsidization of family planning programs</p> <p>Can enhance program expansion and revenue generation</p> <p>Greater opportunity for local level participation and coordination among local-level service providers</p> <p>Local-level staff set and agree upon performance objectives and are held accountable for meeting those objectives</p> <p>More accurate determination of funds needed for IEC, clinic services, logistics, supervision at local level</p> <p>Procurement is simplified and can be quicker at the local level</p> <p>Decisions are made more quickly with less bureaucratic restrictions and are often more appropriate to regional/local programs</p> <p>Supervisory results can be directly linked to and influence program planning at the local level</p> <p>Staffing recruitment can be done at the local level and within the communities served by the program</p> <p>Permits the development of family planning programs tailored to specific client groups</p> <p>Opportunities are greater for developing new, innovative services or service delivery mechanisms</p> <p>Services can be integrated more easily and organized better to meet client needs and convenience</p>	<p>Standards and norms may be inappropriate or non-implementable at the local level</p> <p>Too many organizations working at the local level can make coordination unmanageable and create chaos</p> <p>Ownership at the regional/local level can conflict with leadership from the central level</p> <p>Less money may be available for programs. Can worsen regional and local inequities</p> <p>Local level may not have skills to manage finances and corruption may prevail</p> <p>Inept or counterproductive participation in family planning program</p> <p>Objectives may not be consistent with national program goals and may require more resources than are available locally</p> <p>Central level may not agree on local priorities and may not have sufficient funds to support local initiatives</p> <p>Procurement mechanisms might not exist at the local level. Commodities and equipment purchased from local sources may be more expensive, of lower quality, or not readily available</p> <p>Decisions may not support the national family planning program goals. Decisions may be strongly influenced by local politics</p> <p>National norms and standards of care might not be followed by local-level supervisors. Supervisory skills may be weak</p> <p>Local loyalties and affiliation may compromise standards of equity</p> <p>Some groups may be left out or there may be an inequitable distribution of resources</p> <p>Inadequate local capacity for appropriate testing and planning can lead to decreased performance</p> <p>Providers may not have access to training for introducing new contraceptive methods or service delivery systems. Outreach activities may be cut if local level doesn't have sufficient funds or if it is not a priority.</p>

### Laying the Groundwork for a Successful NGO

What does it take to turn a family planning project supported by foreign donors into a local non-governmental organization (NGO)? After learning that the private sector in Senegal was largely inactive in family planning, Mr. Alpha Dieng and his associates launched an effort to establish a private organization that would become a leading force in the national family planning program. Thus, SANFAM (Santé de Famille) was created and Mr. Dieng and his associates began to develop a solid, independent future for their organization by identifying some important strategic issues.

Working together in an intensive strategic planning exercise, SANFAM senior managers established their basic organizational principles, identified their special niche working in the private/commercial sector in the Senegalese national family planning program, determined their major areas of concentration and their staffing and management needs, and developed a realistic work plan and budget. Looking back, one can see how their imagination, talent, and patience laid the groundwork for the dynamic organization that exists today. SANFAM managers attribute their success to several key strategic decisions and activities:

- Establishing a relationship of trust with the medical directors of sugar, phosphate, fishing, and transport companies;
- Creating a demand for their expertise in technical assistance and training in clinical service delivery, IEC, and logistics management by showing company executives how family planning would help them improve employee health, reduce absenteeism, and increase production;
- Providing contraceptives, drugs for treating sexually transmitted diseases, and gynecological supplies and equipment to companies;
- Training medical staff (physicians, nurses, midwives, and auxiliaries) of the companies to provide family planning services;
- Devising creative strategies to motivate the staff of company clinics to provide accurate and timely service statistics by encouraging friendly competition between companies for numbers of new clients and by designing, testing, and revising reporting forms.

Today, SANFAM continues to pay attention to its role with respect to that of other organizations and agencies working in the Senegal Family Planning Program. SANFAM places a high priority on strengthening its relationship with the companies it serves and on demonstrating to new companies the financial benefits of introducing family planning in company clinics, so that family planning services may be offered to a growing number of people nationwide. These initiatives have resulted in assisting twenty-seven company clinics in establishing family planning services for their employees.

For more information about planning programs with a strategic perspective, please refer to Volume III, Number 1 of *The Family Planning Manager*, “Learning to Think Strategically.”

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## Providing Outreach and Greater Access to Services

Providing greater access to services will continue to be one of the biggest challenges of family planning managers in urban and rural areas alike. Although the urban and rural environments pose different types of problems for managers, all managers must develop mechanisms to effectively reach out to and educate all potential clients about the benefits of family planning and the services that are available. To meet the challenge of providing greater access, managers need to create active community-based outreach activities, develop effective counseling and referral systems, and establish fees that are affordable so that clients are not discouraged from using family planning services.

**Reaching out by communicating.** When MEXFAM, the International Planned Parenthood Federation (IPPF) affiliate in Mexico, first opened a new clinic in an urban area where the organization and its services were completely unknown, access to the clinic became a priority. Managers realized that in order to attract new clients to the clinic they needed to let people know about the types of services they offered and why clients should use their services. To make their services more visible and to attract clients, the clinic staff worked with a public relations firm to develop a marketing campaign to create awareness and attract clients to the clinic. Ms. Elvia Salazar Antónez, Executive Coordinator of the new clinic, described two techniques that proved to be particularly effective.

- **Communicating by radio.** Rather than directly advertising the clinic and its services, a series of 30-second radio messages provided concrete, useful health information and an invitation to call the clinic for further details. Many new clients first telephoned the clinic and then came to the clinic for services. Others who did not call in advance mentioned the radio messages when they came for services.

- **Organizing in-home discussion groups.** Several women in the clinic area agreed to invite their friends to their homes to meet some of the clinic staff. In a relaxed atmosphere with general conversation and refreshments, these meetings allow staff to present information on topics requested by the guests, hand out clinic brochures, and distribute coupons that entitle the recipient to a discount on clinic services. These home meetings have addressed topics such as pregnancy, family planning methods, menopause, sexuality education, and cervical and breast cancer. At one meeting in which they discussed prostate cancer, several men attended.

Ms. Salazar Antónez stresses, “Our idea was not only to emphasize the description of the clinic and its services, but also to provide information that people could use right away to improve their health.” Clinic staff point out that building a client base takes more than imaginative outreach—it depends equally on clients having a positive and helpful experience when they come for services. “In the last three months, we have attracted many new clients who come to the clinic because they have heard about us through personal recommendations from friends, family, and neighbors. This means that the quality of our services has begun to have a positive impact.”

**Improving access through client referrals.** Strengthening the links between outreach workers and clinic services makes outreach more effective. For example, having an effective referral system in a community-based distribution (CBD) program gives clients access to the full range of services offered by the program. Developing and strengthening a referral system requires training staff in making appropriate referrals, organizing your program to encourage referrals and meet the needs of referred clients, and providing ongoing support to outreach workers. The following “Working Solution” from Zimbabwe provides an excellent example of how one organization strengthened their referral system.

### Improving Client Referrals through Analysis and Training

In 1989, Anna Eniya Mashiri was appointed Provincial Nursing Officer by the Zimbabwe National Family Planning Council (ZNFPC). One of the first things she noticed was the virtual absence of referrals of family planning clients from CBD agents to clinics. To analyze the problem, Mrs. Mashiri visited, observed, and talked with CBD agents and clinic nurses. Her investigation revealed several underlying problems:

- The CBD agents and clinic staff each tended to see themselves as being in separate parts of the program, rather than as part of a larger family planning organization.
- The clinic nurses were primary health care providers who had received very little family planning training and felt uncertain of their ability to deal with contraceptive side effects. They would often send clients back to the CBD agents without addressing the clients' problems.
- When CBD agents did make a referral for a longer-lasting contraceptive method, they often "lost" the client to the clinic. Clients were not encouraged to return to their agents for follow-up.
- CBD agents didn't get credit from their supervisors for making referrals. In fact, when they did make referrals, they were often criticized for not handling the cases themselves.

Although these factors emerged quickly from her observations and discussions, Mrs. Mashiri realized that they could not be alleviated in an instant. It took four years of thoughtful, careful innovations to strengthen the referral system. The innovations included:

- Introducing family planning information and skills in the nursing training syllabus and reinforcing these skills through in-service training.
- Holding joint workshops for CBD agents and nurses to impart a common body of knowledge and create a sense of shared involvement in a single program. Case studies from *The Family Planning Manager* are used to foster group discussion of family planning management issues.
- Training CBD supervisors to encourage referrals. Referred clients are now entered in the agents' case books, and in meetings there is public acknowledgment of the agents who have the highest referral rate in a given time period.

Despite occasional individual resistance, the marked increase in understanding and confidence between agents, supervisors, and clinic staff has led to an effective and expanding referral system.

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**Improving outreach by using maps.** Another aspect of providing effective outreach is to work with volunteers and other members of the community. Many of our readers have found that simple mapping techniques can help program managers, community-health workers, volunteers, and even semi-literate workers to plan their work, identify potential clients and their needs, and keep accurate records about the services provided.

Our readers have developed many ingenious ways of using locally-drawn maps to target informational campaigns, distribute contraceptive supplies efficiently, and improve the quality of services. From the Holy Cross Clinic in Natal, South Africa, Desideria Priscilla Dlamini, Project Organizer, writes that “maps help field workers take the easiest route to clients without wasting time. They also make it easy for me to supervise the field workers and locate the clients they identify who have problems.”

In Tanzania, Alphonse Mkini, the Area Service Delivery Manager of the Family Planning Association of Tanzania, uses maps to ensure that “community-based distribution agents plan their work and maintain correct entries of when to visit, what was supplied, and when to revisit their clients.”

In the Dadra and Nagar Haveli Territory in India, mapping was introduced to village health workers at the headquarters of a union territory surrounded by hilly terrain and widely-dispersed tribal villages. Dr. L. N. Patra, State MCH Officer, says that people living in these “scattered tribal villages were very hard to reach, but by introducing the mapping technique, village health workers can now focus on serving the eligible couples.”

Ezekiel Ibrahim, Public Health Officer at the Police Clinic in Plateau State in Nigeria, writes that he used to receive complaints from clients who felt they were not being visited often enough. He has

used the mapping method to “locate my clients’ residences and know the current contraceptive methods used by each client.” The result has been that Mr. Ibrahim can more efficiently plan and pace his visits and keep track of his clients’ needs. In this way, he has been able to increase the satisfaction of clients to the point where “they are willing to discuss the services they need right at their doorsteps.”

Susan Igras, of CARE International’s RICHES project in Haiti, writes that community maps were the tool of choice to develop a more systematic approach to reaching potential clients. Staff and volunteers went together to the field to gather information and draw maps showing the numbers and locations of houses, the time required to walk to the health post, and key institutions (schools, markets, water sources, churches, and other landmarks). Based on the location of her home, each volunteer was assigned an area within which she would make home visits. But the power of the maps went well beyond simply charting the route and location of clients. Using the maps, new sites for community vaccination posts were set up, which meant that no one had to walk more than two hours for vaccination services.

The maps also helped to identify areas where similar services were also being provided by other NGOs. RICHES staff then began discussions with these other NGOs to reduce the duplication of services. “The maps have created a change in staff and volunteer perception in what coverage means and have helped us to move away from a clinic-based focus. Maps have been a key factor in our effort to develop a better outreach system for home visits and community family planning promotion.”

For more information on mapping, please refer to Volume I, Number 5 of *The Family Planning Manager*, “Using Maps to Improve Services.”

### From ELCO Maps to MWORA Maps: Improving Quality and Access

Many development experts believe that technical assistance is most successful when developing countries provide technical assistance to each other. Yet many countries have been slow to adopt technologies employed in other developing countries, and opportunities have been missed in communicating successful experiences between countries.

#### From Indonesia to Bangladesh

Community participation techniques used in the Indonesian family planning program have been successfully adapted to the Bangladesh environment. This example of south-to-south collaboration began in 1980 when several teams of Bangladeshi family planning officials went to Indonesia to observe the community participation and local management of the Indonesian family planning program. This early south-to-south program has evolved into the Local Initiatives Program (LIP), managed since 1987 by the Family Planning Management Development project with funding from USAID/Dhaka.

At the center of locally-managed family planning programs in Indonesia and Bangladesh is a simple but effective management tool called an ELCO map. An ELCO map is a hand-drawn map that shows where the **ELigible COuples** (married couples of reproductive age) live, whether they are using a method of contraception or not, and if so, the specific method that they have chosen to use. In Indonesia and Bangladesh, volunteers draw the maps and record information about each couple through pictures and color coding. The maps are particularly useful for volunteers who are pre-literate. Supervisors use the maps to monitor the volunteers' performance, to maintain up-to-date information about contraceptive use and trends in the community, and to involve both volunteers and the community in managing the family planning program. ELCO mapping is now used in about ten percent of all Unions in Bangladesh, and is being expanded rapidly in other parts of the country.

#### From Bangladesh to Kenya

ELCO mapping is now being adapted for use in the family planning programs in Kenya. After reading about ELCO mapping in *The Family Planning Manager*, the Family Planning Association of Kenya (FPAK) wanted to introduce ELCO mapping into their program. Since community-based workers often tried to keep track of too much data and did not have a simple record-keeping tool that would allow them to use the information to serve their clients effectively, the mapping system suited their needs perfectly.

So that FPAK could learn from someone with direct experience in drawing and using maps, a Bangladeshi LIP staff member traveled to Kenya to train FPAK field-level staff to prepare and use ELCO maps. During the training, the FPAK staff renamed the maps MWORA maps (Men and Women Of Reproductive Age) to include all women and men of reproductive age, irrespective of their marital status. MWORA mapping has now been in use since April 1994. To demonstrate their enthusiasm for this technique, a number of FPAK volunteers have composed songs about mapping that they sing in the villages, which is a traditional means of spreading information. While the FPAK staff continue to shape the mapping tool to fit their program needs, it has greatly enhanced their work and allowed them to serve their clients more effectively.

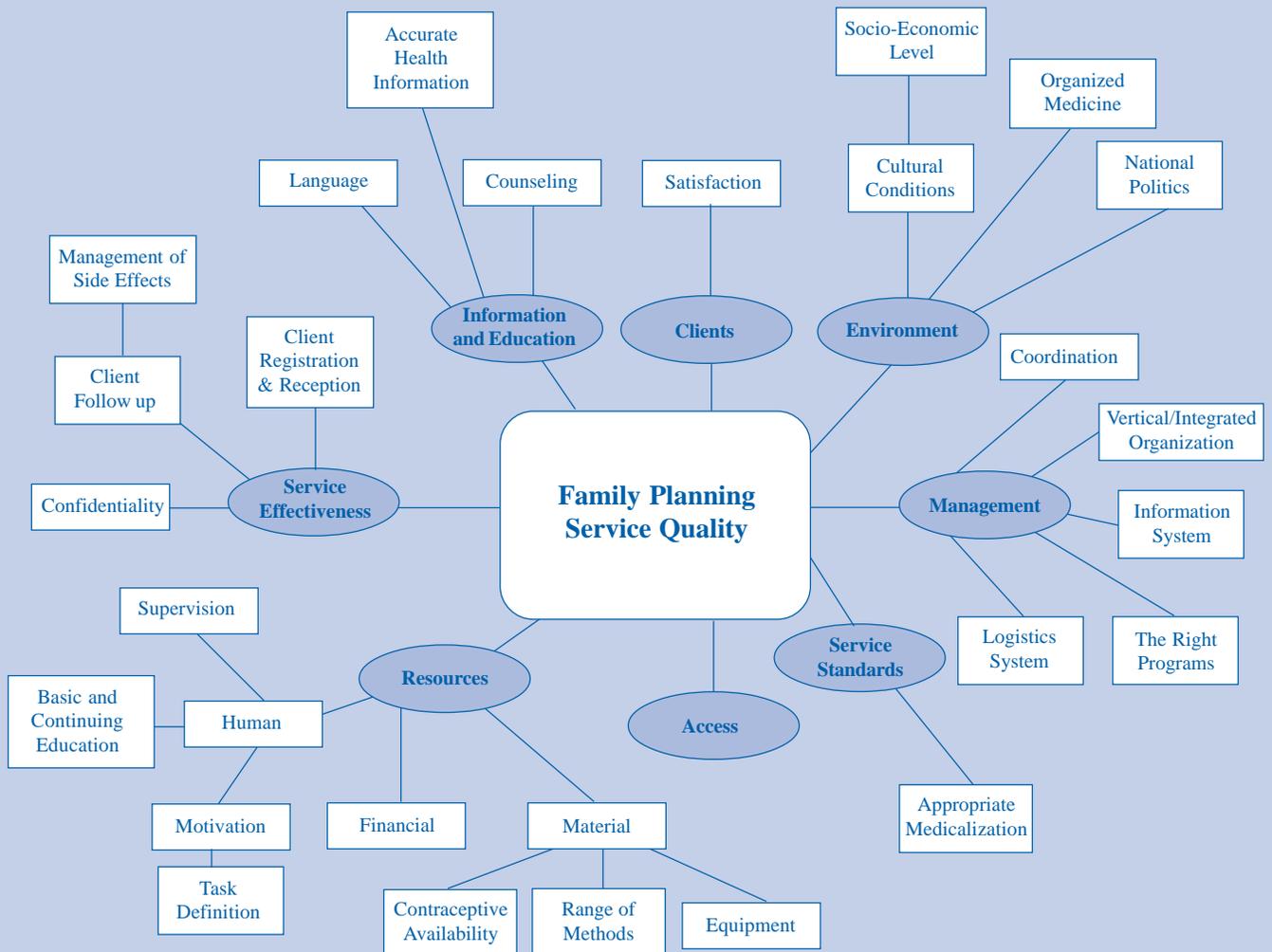
## Championing Quality Services

The ultimate goal of any family planning program is to provide safe and effective contraceptive methods and to continue to provide family planning services to an increasing number of satisfied clients. To turn family planning users into satisfied clients,

managers need to continually think about ways to improve the quality of their programs. By developing and using systems to monitor client satisfaction and service effectiveness, managers are responding to signs of potential client dissatisfaction or poor program performance.

### Family Planning Managers Identify Quality Issues

The Francophone Regional Advisory Committee (FRAC) is a network of senior family planning managers and policy makers from Haiti and French-speaking countries in Africa. Established in 1987 in response to an expressed need among Francophone family planning program managers to share experiences and learn from each other, FRAC members meet annually to discuss a specific management topic of common interest that is directly related to improving family planning program performance. One of their recent annual meetings focused on improving the quality of services in family planning programs. During this meeting, FRAC members analyzed the factors that influence the quality of family planning services. A graphic representation of the topics that they focused on in their discussions is presented below.



Many readers of *The Family Planning Manager* wrote to us about problems they have encountered in their efforts to provide high-quality services. Three of the most common problems they have worked to address are:

- Client waiting time;
- Education and counseling;
- Staff training and supervision.

**Client waiting time.** An increase in the number of clients attending a clinic often brings problems which, if not quickly addressed, can affect the quality of services and ultimately result in a loss of clients. The most common and obvious consequence of rapid growth is longer client waiting time. Improving client flow and reducing waiting time is one of the greatest challenges of a clinic manager. The following example from Ethiopia describes a number of ways to streamline clinic procedures.

## Working Solutions—Ethiopia

### Streamlining Clinic Procedures

The success of the Marie Stopes clinic in Addis Ababa, Ethiopia, resulted in greater and greater numbers of clients coming to the clinic for services. When more than 120 clients per day were visiting the clinic, waiting times became so long that clients often had to return home at the end of a day without being seen. Sometimes they would even be turned away the following day as well. The project's director, Getachew Bekele, mobilized his staff to resolve this problem and told us about their solutions.

To improve the client registration procedures and appointment system, they:

- Assigned an additional staff member (in addition to the receptionist-collector) to register clients;
- Registered new clients at any time of the day (instead of during fixed hours), and collected the registration fee at the same time;
- Made arrangements to screen continuing contraceptive users separately and to refer them directly to the dispensary without having to wait to be seen by a nurse;
- Gave clients using oral contraceptives a three-month supply of pills, instead of only a one-month supply.

To reduce the number of return trips a client needs to make to the clinic, they:

- Reviewed the protocols for ordering lab tests and then reduced the number of lab tests they ordered.

To make better use of waiting time, they:

- Provided information on family planning, maternal and child health, AIDS prevention, and population issues by playing pre-recorded radio programs in the waiting area.

Since these policies and procedures have been in place, waiting times have been reduced and clinic efficiency and client satisfaction have greatly improved. Mr. Bekele states that the clinic staff are pleased with the new procedures, which they themselves developed and carried out.

For more information on ways to reduce waiting time, please refer to Volume I, Number 1 of *The Family Planning Manager*, "Reducing Client Waiting Time."

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**Education and counseling.** To solve a potential problem caused by a change in the brands of pills available in his clinic, Joshua Arasomwan, State Manager with the Planned Parenthood Federation of Nigeria (PPFN) in Benin City, introduced client education and counseling to help clients deal with the brand changes. “Because we were unable to obtain our previous brand of oral contraceptive, our stocks ran low and we were forced to purchase another brand of the same oral contraceptive. But our clients were not willing to change to another brand. After exhausting all possibilities to obtain our previous brand of oral contraceptives we turned to client education and counseling to solve our problem.” PPFN quickly devised an educational strategy so that they would not lose their clients. “First of all, we made sure no new client was provided with the brand whose supply was dwindling. Then we started a massive educational campaign to explain to our old clients the need to change to another available brand and to allay their fears that the new brand might not be good for them. As a result of this campaign, many women tried out the new brand and found no adverse side effects. They were satisfied with the switch and even helped us by talking to other women.”

**Staff training and supervision.** To improve the performance of their CBD agents, the Family Planning Association of Kenya (FPAK), in collaboration with other agencies, developed a special program that allowed poor-performing CBD agents to learn from the experiences of high-performing CBD workers. Samuel Thuku Gachukia, Assistant Program Officer for CBD, wrote about how this innovative program works to help CBD agents who are having trouble meeting expectations to bring their work up to acceptable standards. FPAK supervisors selected their least effective agents—those who were serving few clients and

who appeared to need more training about their job—and developed a training course for these agents to bring them together with their supervisors and a group of highly effective agents. The course focused on counseling, recruitment, and reporting. During the course, the trainers paired low- and high-performing CBD agents together and fostered an open dialogue about their problems and frustrations. In this setting, the less productive agents were able to express their concerns, improve their knowledge and skills, and benefit from the ideas of those who were working more effectively.

Before their return to the field, supervisors and their agents set challenging but realistic targets and developed personal action plans for reaching these targets. The workshop trainers helped supervisors recognize their responsibility to provide ongoing support and encouragement to their supervisees. Mr. Gachukia quotes one supervisor who expressed the spirit of the training: “If the agent I selected for this workshop isn’t performing, then *I’m* not performing.”

An important follow-up activity to the workshop was to bring visitors to the CBD agents’ work sites. Mr. Gachukia recalls that this same supervisor enjoyed bringing visitors to see his agent at work because it gave the CBD agent the opportunity to explain her job and demonstrate her growing counseling skills. These follow-up site visits were critical to reinforcing the skills learned at the workshop. Mr. Gachukia notes that “CBD agents now consider it an honor to be visited.”

Remarking on the results of this program, Mr. Gachukia concludes that a combination of well-designed training and creative supervision has improved CBD performance. As evidence, he cites the progress of one CBD agent: “She moved from the least productive to the third highest performer among the forty CBD agents at her work site.”

### Improving Service Quality Through a Team Approach

When the Young Women's Christian Association (YWCA) of Uganda inaugurated its first family planning project in 1992, the staff and board of directors realized that the quality of services would depend to a great extent on how well family planning providers were trained and supervised. The YWCA/Uganda, with assistance from the Centre for Development and Population Activities (CEDPA), introduced an innovative package of training, follow-up, and supervision for field workers in two pilot sites, one urban and one rural. Mrs. Mary Kairu, Regional Program Coordinator for CEDPA's Nairobi Region Office, described the sequence and the rationale for it.

Community-based distribution workers and their supervisors were trained together in an initial six-day course that presented general family planning concepts and basic skills in communication, education, and motivation. For four months after the course, the newly-trained CBD workers worked in their communities. They had weekly meetings with the supervisors who had been in the course with them, and they and their supervisors met every two weeks with one or more of the trainers from the course. These meetings enabled the trainers to observe the application of course content in the field, to provide support for CBD workers and supervisors alike, and to establish a problem-solving approach to supervision.

The practice period was followed by a second course, lasting two weeks. During the first two days of the course, participants shared their field experience and reviewed what they had learned in the first course. During the rest of the course, the CBD workers and their supervisors learned and practiced skills in counseling, making referrals, and record-keeping.

Throughout this sequence, the trainers stressed the importance of adapting messages and counseling approaches to local ethnic and cultural norms, a central theme in all of the YWCA's community activities. Mrs. Kairu explained, "The participants were encouraged to begin a home visit by introducing themselves to the most respected person in the household. In some cases, this would be the oldest man in the family, in other cases the mother-in-law. Generally, the CBD worker would keep this person actively involved throughout the visit, with questions and comments directed to him or her. This approach ensured continued support from the head of the household and made the CBD worker's task easier in recruiting the eligible clients in that household."

The YWCA has been pleased with the enthusiastic reception of field workers, supervisors, and trainers alike and has shared their experience with other NGOs in Uganda in the hope that future family planning projects will incorporate the key features of their approach. These key features are:

- Training field workers and supervisors together, so they learn the same concepts and skills and begin working as a team;
- Providing a closely-supervised and supportive field experience immediately following basic training;
- Requiring trainers to make regular follow-up visits to participants at their service sites so they can clearly see the impact of their training, provide ongoing support to participants, and gather information that helps them to design future courses;
- Recognizing and adapting to ethnic and cultural differences.

Supervising staff in remote, rural areas is a challenge to managers even under the best circumstances. Because travel to these areas is expensive, time consuming, and difficult due to long distances and poor road conditions, supervisory visits are infrequent. One solution to this problem is a self-evaluation tool that service providers in remote areas can use to assess and improve their own performance. The following “Working Solution”

from Angola describes the development and use of a self-assessment checklist in a situation in which regular supervisory visits were impossible. For more information about supervision and the use of self-evaluation checklists, please refer to Volume II, Number 5 of *The Family Planning Manager*, “Improving Supervision: A Team Approach,” and its accompanying supplement, the *Pocket Guide for Service Improvement*.

## Working Solutions—Angola

### Supervising Family Planning Service Delivery in a Country Torn by War

When war engulfs a country, it diverts energy and resources from the usual social support systems. Health and family planning programs cannot function as they did in peacetime, and managers must struggle to find alternative ways to maintain quality services in a chaotic context.

Over the last twenty years, Angola has been engaged in civil war with only intermittent periods of peace. Battles took place in the countryside, roads were mined, and transportation was almost non-existent, making regular supervision of rural family planning clinic nurses impossible. To confront this dilemma, the United Nations Population Fund (UNFPA) worked with Angolan family planning program staff to design a self-assessment checklist for clinic nurses working in isolated areas. Dr. J.W. Harnmeijer, Reproductive Health and Family Planning Advisor for UNFPA in southern Africa, told us how national family planning staff joined with provincial nurses to identify key indicators of quality (privacy, equipment, attitudes of nurses, etc.), and agree on a numerical rating scale for each indicator. This process helped to:

- Bring together staff who oversee rural programs and those who carry out the program’s day-to-day activities;
- Promote thoughtful and often heated discussion of important issues, resulting in new understanding on the part of participants at all levels;
- Facilitate negotiation and compromise in areas of disagreement;
- Give credibility to the experience, knowledge, and concerns of those who would ultimately use the instrument.

Dr. Harnmeijer explained that the provincial nurses were enthusiastic about taking a checklist back with them and were motivated to use it because it was their own creation, rather than one that was developed by senior managers and imposed on them. This simple tool will support their efforts and help them to maintain a sense of direction and purpose under the most disruptive conditions.

## Managing Resources

Today, managers are engaged in serious efforts to both improve the efficiency of their management systems and increase general revenues. Improving management systems allows an organization to do more with less, while increasing revenues provides opportunities for expanding services.

### Strengthening management systems.

Continuous quality improvement (CQI) is an effective system-wide approach used to strengthen management systems. Implementing a CQI program can help managers review work flow and systems in an organization, and to identify and make changes that will improve productivity and reduce costs.

Managers can also make more money available for service delivery by improving a specific management system. For example, managers can improve the procurement, distribution, and use of contraceptive commodities, medicines, and laboratory supplies. Dr. Emmanuel Nkodo Nkodo, Deputy Director of Family Health in the Cameroon Ministry of Public Health, writes that shortages in contraceptive supplies and poor distribution systems

resulted in reduced clinic visits, poor service delivery, and higher drug costs. “To address these problems, we trained staff in logistics management, analyzed the contraceptive supply system, integrated contraceptives in the essential drug supply system, and organized a workshop for central level staff, other NGOs, and staff of international organizations to gain support for making changes to the logistics system. It has now been a year since these initiatives began and we have recently seen an increase in clinic attendance, the cost of drugs has been reduced, and clients are much happier with the services.”

**Generating Revenue.** Many managers are facing decreases in donor funding with no indication that their local governments will be able to make up the difference. These managers are engaging in serious efforts to cover a greater proportion of their expenses with funds they generate themselves and to reduce costs by improving productivity and efficiency. The following example illustrates how PROFAMILIA, in Colombia, has successfully increased revenues without reducing coverage or putting an unacceptable burden on the poor and underserved people who need services.

## Working Solutions—Colombia

### Seeking Financial Self-Sufficiency

In working toward self-sufficiency, PROFAMILIA, the IPPF affiliate in Colombia, has been successful in raising 70 percent of its annual budget through local sources. The five components of PROFAMILIA’s financial strategy are charging fees for services; diversifying services; conducting social marketing; implementing assorted small income-generating initiatives; and cutting expenditures.

#### Charging Fees for Services

PROFAMILIA believes that even the very poor are willing to pay for services when the services are of high quality. This belief is based on the assumption that clients gain a sense of dignity and entitlement from paying what they can. Thus, PROFAMILIA charges for every service that it offers. Fees have been introduced cautiously, however, to maintain the delicate balance between raising needed income and providing services to all members of society. Service fees account for 16 percent of the money raised through local sources.

#### Diversifying Services

Recognizing that women have reproductive health needs that go beyond family planning services, PROFAMILIA has expanded the medical and surgical services it offers to women. By expanding the scope of reproductive health services, they have attracted new clients who can pay slightly more than the actual cost of providing the services. Payments received from these services account for 40 percent of the locally-generated income. Donors have been willing to fund this initiative, recognizing that the potential for generating additional revenue exceeds the initial expense.

## Conducting Social Marketing

Twenty-five years ago, PROFAMILIA began distributing contraceptives through community-based programs. Since that time, the program has developed a strong commercial component. The present social marketing program involves selling contraceptives at a profit to pharmacies, supermarkets, drug stores, private physicians, and anyone else in the private sector who wishes to sell them. This component of the financial strategy accounts for about 10 percent of PROFAMILIA's locally-generated income and requires no additional financial investment.

## Implementing Assorted Small Initiatives

There are a number of specific additional activities that produce another 10 percent of locally-generated revenue. These activities include investing money to obtain a return on the capital, renting out unused areas of PROFAMILIA clinics, raising local donations, and charging small fees for lectures and other educational activities.

## Cutting Expenditures

The last strategy involves cutting expenditures as a way to increase net revenue, rather than increasing income from outside sources. By carefully determining which activities and supplies are essential to providing quality services and eliminating non-essential expenses from the budget, PROFAMILIA has been successful in reducing its operating costs.

Although financial self-sufficiency is only one aspect of sustainability, this is an excellent example of how one organization has achieved greater control over its financial resources, while continuing to expand its programs to serve those in need.

## Reflecting on the Crucial Role of Managers

Family planning managers work with many people at different levels in the service delivery chain. Ultimately, they provide the foundation for delivering family planning services and facilitate the work of the many people involved in providing family planning services to clients. The result of the work of these many managers is a satisfied, continuing, and motivated family planning user. Although it sometimes seems that management is removed from the interaction between provider and client, the family planning manager plays a key role.

It is the manager who develops the service delivery strategy, trains the provider, sets the program's standards for quality, ensures that services meet those standards, develops systems for keeping track of program data, and makes sure that the necessary supplies and money are available when needed for providing services to the client.

This issue has focused on the important role that family planning managers play in the delivery of family planning services. The approaches and solutions to the problems described are relevant because they are real. As each "Working Solution" has illustrated, behind every management problem and every solution is the face of a client. ■

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