

# Family Planning Manager

MANAGEMENT STRATEGIES FOR IMPROVING FAMILY PLANNING SERVICE DELIVERY

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## Cairo and Beyond: Addressing the Critical Management Challenges

### Editors' Note

In September 1994, many thousands of men and women from every corner of the world—national leaders and representatives of governments, family planning organizations, women's groups, and health agencies—will meet in Cairo, Egypt to discuss what is probably the most important issue facing the world today: the limits to global survival resulting from rapid rates of population growth and slow rates of economic and social development.

To identify some of the major management challenges facing family planning managers in the future, the editors surveyed 100 key researchers, policy makers, and program managers in the international family planning field. These individuals identified as many as 30 different challenges facing family planning managers today.

This special issue of *The Family Planning Manager* provides a window on the ideas and experience of a cross-section of family planning managers around the world. It will be through the continued efforts of these managers, our readers, that high-quality family planning services will become accessible and affordable to all those who need them. These managers hold the key to making family planning services a global reality.

This issue was researched and written by the editors of *The Family Planning Manager*—Deirdre Wulf, James Wolff, and Janice Miller—with the assistance of their colleagues in the Family Planning Management Development project.

—The Editors

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## Identifying the Management Challenges of the Future

Preparations for the 1994 *International Conference on Population and Development (ICPD)* have been going on for several years. There have been official United Nations meetings in every region of the world and parallel meetings of non-governmental organizations (NGOs) to hammer out the agenda for the conference. Many thousands of statements have been made about the key issues surrounding population and development including reproductive health, population growth, poverty, the environment, the status of women, and north-south inequities.

Estimates based on findings from the Demographic and Health Surveys (DHS) indicate that even though couples in most regions of the developing world, with the exception of sub-Saharan Africa, would like to have two to four children, they are actually having an average of four to seven children. About one-third of all women of reproductive age in Latin America and Asia and about one-fourth in sub-Saharan Africa do not want to be pregnant but do not know about, do not have access to, or fear using effective family planning methods. These figures suggest that at least 100 million couples worldwide still do not have access to the services that would make it possible for them to plan their families. By the year 2000, it is likely that this number will have risen to 120 million.

These estimates of the current and future scale of the unmet need for family planning attest to the magnitude of effort required to meet the needs of the world's people. Family planning managers play a crucial role in this global effort to overcome the obstacles preventing couples from having the number of children they want, when they want them. Although, management is the backbone of any effective family planning program that makes quality services available and affordable to people around the world, it does not seem to have received as much attention as the broad global issues. This special issue of *The Family Planning Manager* is dedicated to our audience of family planning managers around the world who are working to solve the difficult management problems that limit the realization of this common goal.

In preparing this issue, the editors surveyed and interviewed representatives of international donor agencies, government family planning programs, private family planning agencies, and field workers at the local level to obtain their views on the obstacles and opportunities facing family planning managers today. These representatives identified six broad areas of concern: paying for family planning programs; improving the quality of services; reaching rural populations; integrating family planning into other health and development programs; coordinating public- and private-sector activities; and helping successful family planning programs to grow so

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that contraceptive use does not level off or “plateau.” In each of these areas, family planning managers are developing and using innovative management tools and techniques to respond effectively to the enormous demand for safe and effective contraceptives, and to improve their ability to deliver high-quality family planning services.

Good management is the key to connecting individual reproductive behavior with the larger public and global good—lower population growth and more sustainable world development. Full

achievement of reproductive rights for both men and women the world over will require managers to improve program performance, to satisfy existing demand, to create new demand for family planning services, and to link the practice of family planning with efforts to improve the status of girls and women and the well-being of families. Success in this endeavor will largely depend on the management skills and dedication of all those who are involved in providing affordable, accessible, and safe family planning services.

### **Managers Choose the Critical Management Challenges**

The editors of *The Family Planning Manager* conducted interviews with a wide range of family planning professionals, from international population experts to service providers, to gain their views on the critical management challenges they face in their work and what can be done to meet those challenges. These managers identified a broad range of management challenges, including building sustainable family planning organizations, improving service quality, addressing the reproductive health needs of refugees and displaced persons, managing the complications of incomplete abortion, and addressing the needs of youth and men. Of these challenges, the editors selected six that were most consistently cited by these managers as most important in their work:

- How can family planning programs be paid for now and in the future?
- What are the most important steps to take to improve the availability and use of family planning methods in rural areas?
- How can family planning programs provide high-quality services?
- How can family planning services be integrated into other health and development projects, and what aspects of program management can ensure that the family planning services in integrated programs remain visible and effective?
- How can family planning services be effectively coordinated to strengthen national programs?
- How can family planning managers help national programs serve greater numbers of people?

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## Financing Family Planning Programs

It is estimated that the annual cost of providing family planning services will rise to at least US\$ 11 billion in the year 2000. If, in the future, a more complete array of reproductive health services is to be provided in addition to contraceptive services, the total will almost double to equal an estimated 17 billion dollars.

To meet these costs, there will have to be substantial increases in government spending, client fees, and donor funding. Yet governments are already having difficulty meeting the other basic needs of their populations such as education, jobs, health services, housing, water, and sanitation. Charging fees for services may prevent poor people from using family planning services. Finally, donor emphasis on sustainable programs may reduce overall funding levels, rather than create true self-sufficiency. Dr. Carmencita Reodica, Assistant Secretary of Office for Special Concerns at the Department of Health in the Philippines, feels that government support for family planning services can be strengthened by “making family planning part of the national government investment package, and by making the government include a line item for family

planning in the national budget.” Although this will assure a specific allocation of resources for family planning programs, it will not necessarily provide additional funds for family planning programs.

Dr. Steven Sinding, Director of Population Sciences at the Rockefeller Foundation, notes that “up until now, developing countries have contributed about 75 percent of the total cost, and donor countries have provided the remaining 25 percent.” Sinding asks: “Is this the right ratio, or should the donors assume a larger responsibility? Some people think the donors should pay the lion’s share because the developing countries are having such problems with their economies. They’re being squeezed by structural adjustment policies and declining terms of international trade. Others believe that if the developing countries reduce their financial support for family planning programs, the risk is that they will also reduce their commitment to those programs.”

In their effort to increase financial support for family planning programs, family planning managers must develop multiple strategies that tap as many funding sources as possible, including national and international donor support, private commercial family planning services, cross-subsidization, and user fees for family planning services.

### Financing Family Planning Services

Family planning services can be financed through one or more of the following major sources of funding:

**Grants.** Funds from the government or from local or international donors.

**Third party payments (co-payments).** A system of paying for services whereby the client pays a portion of the fee and a third party (such as an employer, an insurance company, or a health plan) pays the balance.

**Cross-subsidies.** A method of transferring the income from one service to pay for other services. This technique can be used to reduce the cost of one service (such as sterilization) by charging more for services in locations where residents are able to pay more, and using the money to provide lower-cost services in poorer areas.

**Client fees.** Registration fees, fees for individual services at the time of delivery, or membership fees.

**Sales of other program services.** The sale of program services or products, such as training or educational materials, to clients or other organizations. This can include innovative techniques for generating income, such as running a food concession in a service facility.

The private commercial sector offers the potential for expanding and financing family planning services. To be successful, family planning managers must develop ways to make family planning or reproductive health services profitable enough to interest traditional business enterprises in providing services to their employees. So far, approaches such as employer-based clinics or training midwives and introducing them into private practices have not led to the financial breakthrough that was first anticipated. In the future, managers must find ways to make these initiatives cost-effective and compelling. This will require new managerial philosophies and new ways of doing business.

The cross-subsidization of existing clinics through diversifying services, building profit-making clinics, and introducing sliding fee scales can be successful if good management techniques and systems are implemented. Alfonso López Juárez, Executive Director of MEXFAM, the International Planned Parenthood Federation (IPPF) affiliate in Mexico, advocates cross-subsidization, “Some of our new general health centers even have dentists working in them. They give us 30 percent of their revenues, and we use the income to help subsidize other less profitable services.” Steven Sinding agrees that “where people are willing to pay for services like dentistry or optical care, that money should be used to defray the cost of providing things people are less willing to pay for.”

Other approaches to financing family planning services include user fees and private medical insurance. With regard to users fees, there is increasing concern that this strategy might instead reduce levels of contraceptive use, especially among

the poor. Margaret Thuo, Program Manager of the Family Planning Association of Kenya (FPAK), notes that this concern is real. “When FPAK studied whether clients would be willing to start paying something toward the cost of our services...we found they were willing, so long as the money was used to improve the quality of our services.” Medical insurance offers another way to finance services. Alex Zinanga, Executive Director of the Zimbabwe National Family Planning Council (ZNFPC), points out that “in Zimbabwe, some private medical insurance schemes cover the cost of family planning services. That

means that if the employee of one of the large companies that offers such insurance comes to one of our clinics for services, that person’s health insurance will reimburse us for the cost of the service. We use these payments to subsidize the cost of providing services to poor people.”

MEXFAM’s Alfonso López Juárez explains how his organization is restructuring to address cost-recovery challenges. “Our organization recently changed its strategic direction, transforming it from a small philanthropic organization dedicated to providing contraceptive services to a non-profit health agency offering a wide range of health services in addition to reproductive care.” Reflecting on MEXFAM’s new business-oriented strategy and the enormity of the changes required to bring this about, Mr. López Juárez notes: “We have completely reorganized the way we work. We didn’t just change our logo, we completely transformed our organization in the areas of administrative procedures and the use of computers and management information systems.

**“Some of our new general health centers even have dentists working in them. They give us 30 percent of their revenues, and we use the income to help subsidize other less profitable services.”**  
— Alfonso López Juárez

**“When FPAK studied whether clients would be willing to start paying something toward the cost of our services...we found they were willing, so long as the money was used to improve the quality of our services.”**  
— Margaret Thuo

Our organization is completely different and so are our methods, and it is showing results too.”

Despite all the emphasis on obtaining financial resources, other important components of financial sustainability must not be overlooked. Managers are

the key to creating and developing sustainable organizations because they provide organizational leadership and vision and because they can continue to champion the causes of the poor and underserved.

## How to . . .

### Create a Sustainable Family Planning Organization

Obtaining financing for family planning programs is only one component of sustainability. Creating a sustainable family planning organization requires that managers develop organizational stability through their leadership and vision and their continued commitment to serve the less-advantaged. Here are some of the crucial managerial actions that will lead to sustainability.

#### **To develop organizational stability:**

- Articulate a clear mission;
- Develop strong, innovative leadership;
- Recruit and reward excellence;
- Strengthen management systems at all levels;
- Develop an organizational culture that responds quickly to changing environments and client needs.

#### **To increase client demand and expand the client base to the poor and underserved:**

- Understand client needs and how to meet them;
- Introduce systems that ensure continuous quality improvement;
- Market family planning services effectively;
- Tailor information, education, and communication (IEC) messages to reach the poor and underserved.

#### **To achieve greater control over resources:**

- Diversify sources of financing;
- Find ways to reduce costs and increase cost efficiency;
- Develop accounting systems that provide information on the costs of various program areas;
- Plan and monitor expenditures;
- Base decisions on actual program data.

No simple solution will generate sufficient funds to meet the increasing demand for family planning services that can be expected in the next decade. But one thing is certain—family planning professionals worldwide will have to meet the rapidly growing need for contraceptive and reproductive health services by helping to mobilize

the combined efforts of governments, non-governmental organizations, the for-profit sector, and individuals. These efforts will have to be supported by managers with leadership qualities, a vision of the future, strong management skills, and an openness to new ways of doing things.

## Using Market and Cost Data to Create a Foundation for Self-Sustaining Family Planning Services

The Federación Mexicana de Asociaciones Privadas de Salud y Desarrollo Comunitario (FEMAP) is developing a comprehensive strategy for moving towards financial independence. At the same time it is working to preserve the social mission of the organization, which is to provide services to those most in need. This sustainability initiative is based on information gathered to assess the ability and willingness of current and potential clients to pay for services, and on data about the characteristics of the population in their organization's service area. To get this type of information, FEMAP conducted market and cost analyses of its program with support from FPMD and the INOPAL II project..

### Market Analysis

The market analysis consisted of three studies: a client survey, a community survey to develop a profile of potential FEMAP clients, and a survey of family planning service competitors.

**Client Survey.** The client survey provided a profile of the current clients in FEMAP's clinics and in its community-based distribution (CBD) programs. The profile included data on:

- the clients' average monthly income;
- their reasons for selecting FEMAP's services;
- client perceptions of FEMAP's quality of care;
- client perceptions of FEMAP's proposed service fees;
- clients' willingness and ability to pay a higher price for services;
- how the clinic clients heard about FEMAP's services.

**Community Survey.** The community survey assessed the potential for attracting more clients to FEMAP's services. It identified key characteristics of people residing within actual and potential areas of influence of FEMAP affiliate clinics. This information included:

- the community's perception of FEMAP's reputation and image;
- the respondents' current providers of health services;
- the respondents' average income.

**Survey of Other Family Planning Providers.** This study collected data on other family planning service providers that offer services similar to those provided by FEMAP affiliates. Through a series of observations and interviews, the following information was collected:

- types of services provided;
- location of services;
- pricing of services;
- quality of services;
- access, facilities, staff competence, and training.

*~ Continued on next page*

## **Cost Analysis**

FEMAP conducted a cost study to obtain information that would allow the organization to control costs, set prices, and monitor improvements in the cost-effectiveness of their programs. Trained accountants interviewed FEMAP staff, observed FEMAP operations, and gathered information on the direct and indirect costs of the main administrative and program areas.

### **Analyzing the Market and Cost Data**

FEMAP analyzed the information gathered in the market and cost studies to classify clients by socio-economic status, the price increases clients would be willing to pay, and the source of referrals to FEMAP, as well as to map out potential areas for service expansion. Information about other service providers is helping FEMAP reassess the organization's traditional assumptions about the service marketplace and to readjust prices and/or the volume of services provided to maximize income, while making sure to maintain a competitive price advantage.

In analyzing client and community survey data, FEMAP learned that their clients were happy with the quality of FEMAP's services and that, in general, their clients came from a higher socio-economic group than they had expected. They also learned that users of community-based services did not tend to use the clinics, and that there was a demand for family planning services that was not being met in areas served by FEMAP. In analyzing the services of other providers, the survey results showed that FEMAP's fees for services were consistently lower than those of other providers, and that in fact they could increase their fees and still charge less than other providers.

The analysis of the cost data showed that of the seven affiliates included in the study, one affiliate is making a profit (and reinvesting the income in other services), another is recovering 87 percent of its costs, and the others are recovering between 17 and 68 percent. Both of the affiliates with a high level of cost recovery provide hospital services, including laboratory services, in-patient care, birth and delivery services, and gynecological surgery. The income from these services helps to subsidize the cost of providing family planning services. In addition, the survey showed that of all the services offered, the number of family planning visits far outnumber any other type of visit, yet the income produced per family planning visit is less than other types of services. Lastly, in the affiliates providing maternity services, although the number of maternity visits are fewer, the fees received from these visits comprise approximately 45 percent of the total income because clients are willing to pay more for this type of visit.

### **Using the Market and Cost Study Information**

Using the results of the survey, FEMAP is looking into ways of expanding into new areas and attracting greater numbers of clients to affiliate clinics. For instance, FEMAP plans to improve the image of the clinics and urge promoters to promote the use of the clinics and actively refer clients for services not offered in the CBD program. FEMAP is using data from the cost study to compare FEMAP programs in different service sites, develop program performance measures, reduce costs, set new prices, and target promotional activities.

Over the next year, with assistance from FPMD, FEMAP will be conducting further analyses of the data to guide their revisions in operational plans, initiate new activities, and make changes in either the pricing or volume of their services to improve the level of self-sufficiency of their affiliates.

As this example illustrates, to work towards greater self-sufficiency, organizations need reliable data on their market and their costs. Once these data have been obtained, costs can be controlled, cross-subsidization programs can be developed, and new pricing strategies can be introduced. These actions are the key to gaining financial independence while continuing to serve the most disadvantaged sectors of the population.



## Providing Rural Populations with Better Access to Family Planning Services

Sixty-five percent of the population in the developing world, or approximately 2.9 billion people, live in rural areas where total fertility rates and infant mortality rates are often double that of urban areas. Even though rural-to-urban migration is increasing the size of the urban population, people living in rural areas will outnumber urban inhabitants until some time between 2010 and 2025, and most of the unmet demand for family planning services is in the rural areas and is likely to remain there into the foreseeable future.

Although levels of contraceptive use in rural areas are often half that of urban areas, family planning surveys indicate that the main reason that rural women do not practice family planning is not because they want larger families, but because they lack knowledge about family planning and have limited access to services.

Extending and improving family planning services in rural areas presents great challenges and opportunities for family planning managers in the next decade. As Dr. Peter Mokaya, Director of the Seventh Day Adventist Rural Health Services in Kenya points out: “In Kenya, 80 percent of the population is rural. This population doesn’t have as much access as urban populations, and is not as informed or as empowered as urban residents. This is the population that really needs our help.”

Earlier skepticism about whether family planning programs would be acceptable in rural areas, where children are valued for the contribution they make to family income, has slowly been dispelled as the average family size has declined in some countries with predominantly rural populations. In South Korea and Thailand, for example, the contraceptive prevalence rate (CPR) in rural areas is higher than 60

percent, and not very much lower than the prevalence rate in urban areas.

These results should encourage family planning managers to continue to focus on rural populations in the next decade. The family planning managers interviewed for this edition identified several critical issues for improving services to rural populations.

These issues included the importance of economic and social development in changing attitudes about family planning and family size; the need to identify key communication channels to spread knowledge about family planning; integrating family planning with other health services at the village level; and making sure that a sufficient number of qualified staff are working in the rural areas.

It is important to create economic confidence in a community and to facilitate the acceptance of family planning in settings in which children would otherwise be viewed as assets to support parents in their old age. Mr. Lofti Labbane, Executive Director of the Family Planning Association of Tunisia, advises that “managers must develop strategic plans that place family planning within the fabric of development, including all aspects of social, economic, cultural, and environmental efforts.” Social programs that provide increased opportunities for employment and for generating income will help to reduce the reliance on children for old-age security and will enable people to see the benefits of a smaller family size.

Managers must identify key communicators and communication networks in rural areas to spread knowledge about sources of contraceptive supplies and the use of family planning methods. Margaret Thuo of FPAK in Kenya stresses: “To change attitudes you have to have really good IEC campaigns that contain messages that make people say, ‘Yes, that’s about me and it’s talking about all the things I’m worried about.’ You’ve also got to improve the quality of programs in rural areas. You must treat a woman with dignity, with friendliness,

**“To change attitudes you have to have really good IEC campaigns that contain messages that make people say, ‘Yes, that’s about me and it’s talking about all the things I’m worried about.’”**

*– Margaret Thuo*

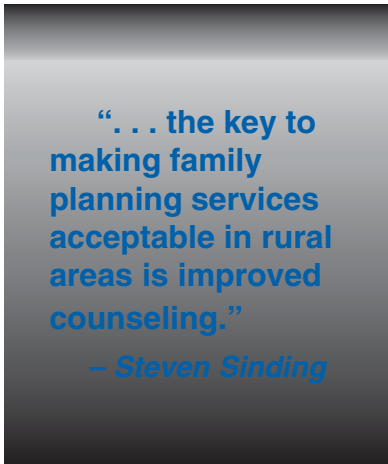
and in confidentiality. You must make her think ‘I can tell you all my secrets, and I know you won’t tell them to anybody.’ You must empathize with her, listen to her, communicate—really communicate—with her. We don’t fully understand how far communication can take us. But it requires proper training to do good counseling.” Dr. Reodica of the Department of Health in the Philippines also stresses the critical importance of an IEC strategy for increasing family planning acceptance in rural areas. “In the Philippines, almost all households own a radio and listenership is very high. Filipinos love drama that depicts events happening in their own lives. For easier understanding and appreciation, the message should be simple and true to life.”

Steven Sinding of the Rockefeller Foundation maintains, “As far as I’m concerned, the key to making family planning services acceptable in rural areas is improved counseling. Front-line workers must be trained to answer the hard questions, to allay people’s fears about side effects, to explain thoroughly how the methods work and what the risks and benefits are. In many cases, distributors can’t answer these questions credibly and convincingly, but we know that one of the major reasons why people don’t practice family planning is fear of the methods. I realize this is a difficult goal. It requires training and re-training and improved supervision, and it means much more emphasis on client/provider interaction. And all of that costs money.”

Institutions that provide services in rural areas will need to make organizational changes so that they can work together to provide more integrated health and family planning services at the village level. Dr. Mokaya advises that family planning managers must “try to establish clinics in rural areas in combination with community-based distribution of contraceptives. To attract prospective clients, these clinics must provide a wide array of quality services in primary and preventive health care. To develop and maintain

client confidence, rural clinics must be able to rely on a good logistics system so that they have adequate supplies of contraceptives on hand at all times.”

Local family planning managers, central level managers, and policy makers will need to work together to develop a corps of qualified family planning professionals in the rural areas who are trained in delivering a wider array of health and family planning services. Efforts will also have to be made to keep staff working in the rural areas, such as creating better work conditions and other attractive incentives. Margaret Thuo of FPAK advises: “We must also worry and care about our staff. Many of them are overworked, underpaid, and frustrated. Some of them are stuck in boring routines. We must think about what we can do to help them, what kind of incentives we can offer them.” Alfonso López Juárez explains MEXFAM’s efforts to provide such incentives. “The problems of Mexico’s rural population are very serious. MEXFAM started a program to encourage and help recent medical school graduates to set up health clinics in unserved rural areas. The only thing we ask in return is that they make contraceptive services available. We help find them an office, we sometimes subsidize the rent for the first year or two, and we help them set up their health facility. It takes a lot of dedication to stay working in some of these places. There is nothing there for urban people who are used to city amenities.” Mr. López Juárez advises: “We have found that it is best if the doctor is young, if he or she has a spouse who shares similar ideals, and if they have young children who help them become rooted in the community. I don’t think social change is going to happen among Mexico’s poor rural communities, except by example. If the community leaders like the doctor become trusted members of the village, and the doctor only has two children, its gets people thinking. It changes their attitudes. But it all has to start from a personal example.”



### **Involving the Community: A Key to Successful Rural Services**

The spread of family planning in Bali, Indonesia is a shining example of a successful family planning program in a predominantly rural setting. The results are encouraging:

- Women in Bali now have just over two children on average, which is close to the number they consider the ideal family size. Twenty years ago, the average family size was almost six children per woman.
- Today, almost all married women know of a modern contraceptive method and can remember where they learned about it.
- Slightly more than 70 percent of married women currently use a modern contraceptive method. This is a far higher level than in any other region of Indonesia. The level of contraceptive use in rural Bali is almost 20 percentage points higher than it is in metropolitan Jakarta even though the amount of time it takes women to reach a source of supply in Bali is practically the longest in the country.
- More than half of all women practicing family planning in Bali use the IUD—a much higher proportion than in other regions of the country.
- More than 70 percent of users pay for their contraceptive services. Though many people pay for services provided by the private sector, the majority pay for services provided by the government.

#### **Factors of Success**

The success of Bali's rural family planning program is due to a number of factors, including:

- The active involvement of the local community in all phases of planning and carrying out the family planning service;
- Information programs that make the local community aware of the problems associated with high population growth and high population density;
- The skill of program managers to make use of complex systems of membership in social and kinship groups. Through these membership groups, the people of Bali are drawn into community-based efforts to resolve the problems of over-population through fertility regulation.

### **Steps to Improve the Availability of Services in Rural Areas**

- Improve the design of rural family planning programs so that health and family planning services are integrated with other rural development and social welfare services.
- Create mechanisms, such as cross-subsidization or community financing, to keep prices affordable for rural residents.
- Support those social and cultural conditions that facilitate the acceptance of family planning among rural couples (such as improvements in the status of women and improvements in female literacy).
- Create conditions and incentives that ensure that a sufficient number of qualified and motivated staff continue to work in the rural areas.
- Deliver appropriate IEC campaigns that show the link between smaller family size and increased health and economic status.
- Demedicalize family planning services to overcome the shortage of health personnel in rural areas and create good referral systems.
- Use rural-urban migrants as key persons to carry messages about family planning from their new environment to their villages of origin.

## Improving the Quality of Family Planning Services

The major criteria by which the quality of a family planning service is judged are widely known, and most program managers would recognize that poor-quality services discourage program acceptance and expansion. Most managers also agree that for family planning services to be appropriate, safe, sensitive to the needs of the user, and acceptable to a wide range of populations, the following basic conditions should exist:

- The widest possible choice of contraceptive methods should be available.
- Service providers should be well trained in clinical methods and technically competent to prescribe other methods, and they should receive frequent refresher training.
- All clients should receive confidential and careful counseling that includes information about the health benefits and disadvantages of each method, how to use their chosen method correctly, and the possibility that the method could fail.
- Program personnel should treat their clients with understanding and respect, because if clients believe that they are not being treated with sympathy and courtesy they are less likely to return for services.
- Program planners should design strategies that make it easy for clients to continue using a given method. These can include mechanisms such as media campaigns about the benefits of a particular method, home visits (where appropriate) to women who cannot leave their houses, appointment

**“Quality of care involves such a lot of intangibles . . . The key, of course, is respect—being respectful of the woman as a person.**

*— Kalimi Mworira*

systems at the local clinic to avoid long waiting times, and reliable contraceptive supply systems.

- Program planners should try to provide a constellation of services that are acceptable to the client and that address the conditions of her daily life. Does the woman work long hours in the fields or factory? Can she afford to pay for services? Does she need the approval of her religious or community leaders, her husband, or her mother-in-law?

Some program providers have argued that criteria as specific as these might be too stringent for governments with limited health resources, for small non-governmental organizations trying to establish new programs, or for

small rural clinics. They question whether excessive emphasis on quality might discourage program planners from starting more basic services, and suggest that these standards might be attainable only in countries that already have high standards of medical care, few shortages in trained medical personnel, and generous levels of funding for family planning programs. Others argue that these criteria do not go far enough, and that family planning services are incomplete if they do not offer women the full range of reproductive health services including sex education, sexuality counseling, the diagnosis and treatment of sexually transmitted diseases (STDs), and infertility and abortion services.

In addition, representatives of activist health groups who promote greater participation by community residents in planning and monitoring family planning services believe that many national programs, especially large national programs, are not sufficiently responsive to local values and local

needs, and that many service providers are not sufficiently considerate of women and their special concerns. As Kalimi Mworira, Director of the Partnership Fund Challenges project at the International Planned Parenthood Federation points out: “Quality of care involves such a lot of intangibles, whoever the provider is. The key, of course, is respect—being respectful of the woman as a person. Some doctors tend to treat clients in the same way that they treat sick people. But people coming for family planning aren’t sick.”

Should programs focus on providing a few services that they can do well, rather than no services? Or should they operate on the assumption that only high-quality services that fulfil these criteria can gain the confidence and loyalty of new or continuing users? Jane Bertrand, a professor at the Tulane School of Public Health and Tropical Medicine states: “It seems clear that no single standard of high-quality family planning service can be applied universally. And the definition of quality will be different in different cultural and geographic settings. That does not mean that it is not useful to formulate some standards for an ‘ideal’ service, if only as a goal toward which program planners should aspire.” Kalimi Mworira points out that “if the pill is the

only method available, is it better to close down the service until ten methods are available, or to give the woman that method, tell her about its side effects, and possibly help her from dying as a result of a dangerous pregnancy?”

The issue of quality of care in family planning services, therefore, pinpoints a number of service problems that are difficult for many managers to resolve. Not the least of these is the question of how governments and NGOs with limited budgets can afford high-quality services. Dr. Peter Mokaya stresses: “The quality of your services must be put in the context of how they are perceived by the client. Services must be responsive

to the clients’ stated needs and match their expectations.” Dr. Mokaya goes on to emphasize “that way clients will both use the services and be

willing to pay for them. Even people with very little money can find a way to pay for something that they consider has value. In Kenya, Depo [Provera] is very popular, as are certain brands of the pill. We have found that there is a very high payment rate for services among clients accepting these methods.” Results such as these indicate that a high rate of client satisfaction should be one measure of quality, and that quality in the long run will often pay for itself.

**“It seems clear that no single standard of high-quality family planning service can be applied universally. And the definition of quality will be different in different cultural and geographic settings.**

*– Jane Bertrand*

**“The quality of your services must be put in the context of how they are perceived by the client. Services must be responsive to the clients’ stated needs and match their expectations.”**

*– Peter Mokaya*

## Steps that Providers Can Take to Increase Client Satisfaction

Service providers, more than any other family planning professionals, have the greatest impact on client satisfaction. Creating a satisfied client begins with improving the provider's attitude. Managers can use the following tips to help providers be more caring and sensitive.

**Put the client first.** Make the client feel as if she is the most important person and be aware that she may have other health needs in addition to her reason for coming to the clinic.

**Provide information.** Clients need to know how the service delivery process works, how long they can expect to wait for services and why, what services are being offered, and who is offering them.

**Be courteous.** Practicing common courtesy towards clients is a prerequisite to creating a satisfied client.

**Be responsive.** No matter how busy you are, never ignore your clients.

**Be clear and confident.** When providing information and education to your client be sure to give clear messages and correct instructions as to the use of a method, and make sure that you have answered all their questions satisfactorily.

**Value time.** Be acutely aware of the value of your clients' time, not just your own.

**Respect privacy and confidentiality.** Make it your personal responsibility to protect the privacy and confidentiality of every client you encounter.

**Respond to problems.** Listen to complaints, don't argue with clients, and try to find resolutions to problems either immediately or in the near future.

**Be efficient.** Excessive waiting time is a common complaint. Adopt management strategies to reduce client waiting times.

**Ensure access.** Make sure that your clients have access to your services when and where they need them.

**Create a positive ambiance/atmosphere.** Keep your facility clean and neat, and provide chairs or benches for clients to sit in the waiting area.

**Be sensitive to your client's feelings.** Be aware that your behavior affects how the client perceives your service. Avoid inappropriate laughter, joke-telling, or frivolous conversations on the side while clients are being served.

**Provide education.** Make good use of your clients time while they are waiting by showing videos or giving a brief talk on birth spacing, nutrition, or other health topics. The waiting time will seem shorter and they will learn about good health practices.

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## Integrating Family Planning Services with Other Health and Development Programs

More and more organizations are integrating health and family planning services. Integrated services are attractive because they offer managers the possibility of providing more convenient and comprehensive services to clients in a more streamlined and cost-effective fashion. Steven Sinding contends that “the debate about whether or not family planning services should be integrated is largely an academic one. At the field level most services are integrated, whether or not the policy makers intended it that way.”

The reasons for integrating programming for key maternal and child health and family planning programs are compelling. First, the resources for large vertical programs cannot be sustained year after year, and program sustainability is critical to future program success. Integrating family planning into the existing health infrastructures provides the best chance for sustained program growth and development. In fact, as Dr. Peter Mokaya of SDA Rural Health Services claims, “Integrating curative and preventive services has been the basis for our ability to sustain our rural preventive health service program.” Dr. Cristina Rentería, Director of the Caja Nacional de Salud’s reproductive health program in Bolivia, adds that “family planning should [at least] be integrated with maternal and child health services. More and more women are working, and a woman should be able to seek out multiple services in a single visit. This is our goal in our reproductive health program.”

Second, social, economic, and health development efforts are synergistic. For example, studies show that literacy in women is highly correlated with contraceptive use and that “for every

year of schooling a woman receives, her fertility rate is reduced by 10 percent.” [Hammond et al.] Unless women are empowered to make better decisions about their lives, they may not be able to act on their desire to limit their family size. Margaret Neuse, Deputy Director of USAID’s Office of Population, believes that “education, health, and family planning all need more money. These are important social sector investments. The real challenge is not to just move money around from one program to

another, but to find money to increase support for all the activities that improve opportunities for women.”

There is a growing expectation that the scope of family planning programs will broaden to provide more comprehensive reproductive health services. Margaret Thuo of FPAK qualifies the conditions for integrating new services by stating, “It makes sense for FPAK to get involved in things like cervical and breast cancer detection, and the treatment of STDs, including HIV/AIDS, because those areas are important to women.” Many managers have already established a reputation for providing services of a sensitive and intimate nature to women and men of reproductive age. In light of the spreading AIDS/STD

epidemic, managers will have to new develop strategies for integrating reproductive health services for men and women.

**“The debate about whether or not family planning services should be integrated is largely an academic one. At the field level most services are integrated, whether or not the policy makers intended it that way.”**

**—Steven Sinding**

**“Family planning should [at least] be integrated with maternal and child health services. More and more women are working, and a woman should be able to seek out multiple services in a single visit.”**

**—Cristina Renteria**

## Meeting the Challenge for Successful Integration

Integrated services must be effectively managed so that needed services do not become fragmented and unbalanced. A number of managerial challenges must be addressed for services to be effectively integrated. Managers have to:

- Link family planning education, referrals, and services with other development activities such as health, agriculture, water supply, education, and income generation;
- Include representatives from all administrative levels in the planning process and communicate your plans widely before initiating the integration process;
- Structure your integration process systematically and ensure the vital linkage between different administrative levels from the national level to the community level;
- Fully integrate budgets and financial management systems before integrating other systems;
- Redesign and integrate key management systems to effectively support and be consistent with the integrated service delivery system (systems include planning and budgeting, organizational structure, staff roles, training, supervision, logistics, information collection, and reporting);
- Standardize forms and requirements for collecting data and reporting;
- Promote an understanding among all levels of staff of the importance and value of integrating family planning into maternal and child health and primary health care programs;
- Modify the design and content of training curricula, provide training for existing staff to deliver a wider array of services, and even reorganize service delivery systems;
- Define staff roles and responsibilities for integrated programs, and develop indicators to measure the results of integrated program activities;
- Integrate IEC and family planning services into local community activities;
- Strengthen problem-solving skills of mid-level managers to ensure that local management problems can be addressed quickly and effectively.

For further discussion on managing programs in which family planning services are integrated with other health and development activities, please refer to Volume III, Number 3 of *The Family Planning Manager*, “Managing Integrated Services.”



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## Coordinating Service Delivery Activities to Strengthen National Programs

In an era when declining government and donor support and increasing demand have led to reduced per capita spending on family planning and health services, coordinating public- and private-sector activities can help to reduce the impact of declining resources. The private sector, consisting of a wide variety of organizations—large-scale profit-seeking corporations, small informal-sector entities, non-governmental organizations—plays a major role in both family planning service delivery and advocacy. However, the full potential of the private sector is sometimes compromised by the perception that public- and private-sector family planning organizations are competitors. As Abu Sayeed, Program Director of the Local Initiatives Program in Bangladesh, points out, “The working relationship between the public and private sectors needs to be collegial. Rather than compete, the private sector should complement and assist government family planning efforts and work together to achieve national goals.”

Coordination of activities within and between the public and the private sectors is critical. Coordination helps to reduce competition for clients and territory, support the decentralization of programs, create consistent policies and procedures, and increase demand through consistent IEC messages. Commenting on public and private coordination in Zimbabwe, Alex Zinanga recalls: “In 1982, when the government set up a parastatal family planning organization, the government gave it responsibility for everything. But now, the private sector is doing better. For example, it now provides most services in urban areas where contraceptive prevalence rates are high, and we found that we can rely on them to serve this population. The same thing is true for drug

procurement. Private companies are doing so well that there’s no point in competing with them. That leaves less profitable areas to the government. I honestly believe that the government should assume responsibility for helping the weakest elements of society. It should go into the most difficult areas. It’s the government’s responsibility to take care of the disadvantaged.”



**“We built coordination with the government into our program from the start, and operate within the existing government infrastructure to avoid competing for clients and wasting resources.”**

—Abu Sayeed

Through effective coordination, senior managers can help reduce wasteful inefficiency and fragmentation. Describing the successful Local Initiatives Program in Bangladesh, Abu Sayeed notes, “We built coordination with the government into our program from the start, and operate within the existing government infrastructure to avoid competing for clients and wasting resources.”

Another challenge for managers is to encourage the development and application of standard, universally accepted policies and procedures for the delivery of family planning services. In addition, coordination is critical to developing a consistent communication strategy that broadcasts one message with a single voice. This means that managers at all levels must work together to share their program plans, develop effective communication strategies, and coordinate their service delivery activities. Abu Sayeed points out: “In the Local Initiatives Program we are trying to ensure coordination by linking local-level administrators with family planning professionals and community leaders to develop action plans and to be involved in their implementation. This same principle could be applied at the district level where a district coordinating committee already exists. Managers at the district level could expand the role of the coordinating committee to be more forward-looking, to develop district program plans on an annual basis, and oversee the implementation of district activities.” Kalimi Mworira agrees that coordination among all provider groups at the district level is crucial to making quality family planning services available to

greater numbers of people. “At the district level, the district population officer must work closely with the district medical officer. Together, they need to collaborate with district hospitals and with all the various church groups and missions providing health and family planning services; that way, a CBD worker in any organization, in any part of the district will be able to appropriately refer clients to any government or private-sector programs within the district.”

True coordination will reduce competition between the public and private sectors and within

both sectors. Trust, however is a prerequisite for coordination. Abu Sayeed points out, “If we can rise above the competitive mentality, we can build trust. Trust is the critical element in good coordination.” Managers can play an important role in building trust by ensuring good communication about all service delivery activities. The role of program managers in making coordination work is critical. Good management practices will help to ensure that managers share common goals, understand their respective roles, share responsibilities and resources, and resolve potential conflicts fairly and decisively.

## Working Solutions—Zimbabwe

### Collaborating with the Private Sector

Over the last several years, the role of the Zimbabwe National Family Planning Council (ZNFPC) has gradually changed from providing services to also include coordinating service delivery activities in the public and private sectors. ZNFPC’s extensive experience in providing family planning services has positioned the organization to take on this important task. The collaboration covers several broad areas.

**Policy development.** ZNFPC has a board that sets policy. The board includes representatives from the private sector because it is not advisable to set policy without being aware of what is happening in the private sector or without their participation.

**Quality improvement.** ZNFPC has a private sector family planning committee made up of technical people who get together to decide how to improve services. When that committee identifies private sector training needs, ZNFPC does the training.

**Training.** ZNFPC works with the professional association of private general practitioners (GPs) to help them provide family planning services. For example, ZNFPC trains GPs to insert NORPLANT and do sterilizations, provides them with equipment, and helps them to set up services. Working with GPs is one of ZNFPC’s major activities.

**Integrating family planning and health services.** ZNFPC is working with large companies to help them offer their workers on-site primary health care and family planning services. Many of these companies are training first-aid workers to talk to their employees about family planning, STDs, and AIDS.

## What Managers Can Do to Improve Coordination

Coordinating program activities and services requires considerable effort, but the benefits of coordination make the effort worthwhile. Following are several ways that managers can coordinate with other programs, agencies, and donors.

- Gain donors' cooperation in coordinating information about quality of services, service expansion, and strategies for sustainability.
- Encourage donor agencies to develop consistent financial management and accountability requirements.
- Work with the government to formulate clear guidelines for coordinating and collaborating on all family planning activities.
- Develop common performance indicators for evaluating programs.
- Develop a variety of cooperative mechanisms for financing family planning and health services, including health insurance, risk coverage, pre-paid health systems, joint contributions by employee, employer, and government, social security coverage, and health maintenance organizations.
- Develop consistent policies and procedures for all service providers.
- Create and communicate consistent messages about family planning.
- Share resources, such as staff and materials for conducting staff training, vehicles (where possible) for transporting staff and commodities to clinic sites, and financial resources for IEC campaigns to inform people of the benefits of family planning and the location of service sites.
- Develop a formal mechanism, such as a quarterly meeting, for sharing information among representatives of government and NGO programs and for addressing problems and opportunities in family planning service delivery. Make sure that the meetings are conducted regularly and efficiently.
- List the major services provided by your program and those of other programs and chart the location of the services. Identify duplicated efforts and redistribute responsibility where feasible, so that clients have access to a full range of services.
- Coordinate efforts so that collaborating organizations and agencies take responsibility for activities that correspond to their strengths.

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## Helping National Programs to Grow

To bring about population stabilization in a country within a reasonable period of time, family planning managers must increase the demand for family planning services and then meet the demand for this larger population of clients. As family planning programs develop, they may go through periods of slow growth alternating with periods of rapid expansion. Managers sometimes find that although their program's infrastructure, personnel, and support services could sustain a higher level of performance, the number of people served remains static. This situation, called "plateauing," usually occurs when family planning programs have achieved contraceptive prevalence rates of between 40 and 50 percent. Getting to 40 to 50 percent contraceptive prevalence represents a major achievement. Unfortunately, to have a substantial effect on fertility and population stabilization, contraceptive prevalence rates must rise to levels of 70 percent.

Why does plateauing occur? A series of studies conducted by Management Sciences for Health in Bangladesh, Ecuador, and Zimbabwe, with funding from the Flora and William Hewlett Foundation, offer insights into the plateauing phenomenon. The study findings suggest that plateauing may occur because programmatic strategies do not match the new needs to sustain program expansion. Strategies that were helpful in the early stages of program development when contraceptive prevalence was low are not appropriate for programs that have successfully increased contraceptive prevalence to 40 and 50 percent. Plateauing signals a need for new policies, new strategies, and new management approaches. Alex Zinanga of ZNFPC notes that "programs go through various stages. Managers must keep their fingers on the pulse and look out for

ways to do things differently. A lot of programs tend to do the same things over and over again, but people's needs change. I must constantly ask myself, 'Should I also do things differently?'"

**"When contraceptive prevalence rates stop rising, research is critical. You learn things from research that you might never learn otherwise. For example, lots of people think that men are an obstacle to family planning. I think we've learned that that's not necessarily the case.**

**— Alex Zinanga**

First and foremost is the need to see the population as a combination of many different groups, each of which has special needs. To expand programs that have plateaued, managers must start to develop specialized strategies appropriate for each different segment of the population. Dr. Zinanga advises, "When contraceptive prevalence rates stop rising, research is critical. You learn things from research that you might never learn otherwise. For example, lots of people think that men are an obstacle to family planning. I think we've learned that that's not necessarily the case. Most men simply do not know the facts

and are vaguely informed. They also fear a lot of methods, so you have to spend a lot of time working with them to bring about positive change. But it is a painfully slow process."

Another strategy being used to help national programs grow is to mobilize resources for family planning from different levels of government through decentralization. Decentralization involves transferring planning, decision making, or administrative authority from higher to lower management levels within an organization, agency, or program. Margaret Neuse points out that "decentralization places responsibility for social service support on local-level government structures and on the community, and many governments are now looking toward decentralization to help them provide and expand services. . . whether decentralization will prove to be effective in increasing resources and expanding services has yet to be determined." Steve Solter, Principal Program Associate for Strengthening Health Services at

## Accelerate Program Expansion

Over the next decade, as more family planning programs reach the 40 percent contraceptive prevalence level, developing multiple, coordinated strategies will become even more important. The Management Sciences for Health study, “Transforming Population Policy into Effective Action,” provides some preliminary strategies for reinvigorating successful programs.

- **Develop service-delivery strategies to meet different client populations and give providers the skills to reach those groups.** As programs grow, service providers need to target specific clients who are not being adequately served. This will require managers to develop specialized training for providers working with these groups to help them respond effectively to the special needs of each underserved group.
- **Tailor IEC programs to reflect different stages in the demand for contraception.** To become satisfied and continuing users of modern contraception, people usually pass through several stages. This process begins with learning about modern contraception and trying a method, and ends with becoming a committed, satisfied family planning client. The process of transforming potential contraceptive users into satisfied clients can be accelerated by making IEC programs that are appropriate for each specific stage of client acceptance and demand.
- **Design programs that take into account regional variability.** National measures of contraceptive use often mask major regional differences. Family planning programs need to respond to the special characteristics of regions in which the growth in contraceptive use is stagnant.
- **Emphasize contraceptive services for the younger age groups.** Contraceptive prevalence rates of 40 to 50 percent have been achieved primarily among women over the age of 25, often after they have already exceeded their desired family size. Programs need to reach younger people, particularly adolescents and young unmarried men and women.
- **Focus programs on clients using less-effective methods.** Higher prevalence rates can conceal a significant portion of users relying on less effective methods. Although overall contraceptive use may increase over time, this increase is usually seen in the use of less effective or traditional methods. Therefore, it is important for IEC and service delivery programs to target users of less effective and traditional methods in order to increase program effectiveness.

Management Sciences for Health, suggests that “the reason you need to decentralize is because managers who are closer to the action are much more likely to know their problems and can devise better solutions than central-level officials who are hundreds of miles away.”

Government managers planning to decentralize the management of services need to pay attention to several critical issues. First, managers must be clear about their reasons for decentralizing services and realistic about the anticipated benefits. Second, managers must define who will have responsibility

for planning and implementing programs, authority for resource allocation and expenditure, and accountability for program performance. (These elements should not be widely separated in the organizational structure.) Third, managers should examine existing laws and regulations to find ways to transfer authority to lower levels of government and the community. Fourth, managers must be prepared to make fundamental changes in leadership and decision-making styles and operating procedures, and to develop institutional and staff management capabilities at the local level.

### The Philippines Decentralizes Services

In 1991, the Philippine Government passed the Local Government Code, transferring the responsibility for providing social services (with the exception of education) to local government units (LGUs). Within four years of implementation, the LGUs are to receive 40 percent of the federal government tax revenues. In addition, LGUs can now keep the taxes they raise, and have the authority to introduce new taxes. Key components of the Philippines decentralization plan include:

- Transferring responsibility for the provision of most government services, including family planning services, from the central government to local government units—provinces, cities, and municipalities (districts);
- Transferring staff from the Department of Health (DOH) to the LGU health offices;
- Providing specific guidelines detailing the responsibilities of the DOH, as well as the functions of the local health authorities;
- Making the LGUs responsible for developing their own plans (including targets and budgets), and monitoring and coordinating activities at the local level;
- Giving provinces and cities the responsibility for planning and managing programs, and coordinating the population activities and family planning services that are provided through provincial and city hospitals;
- Giving municipalities the responsibility for providing services;
- Keeping the responsibility with the DOH for monitoring and evaluating local programs, setting standards for service delivery, and providing technical support services including logistics, training, and aspects of IEC and MIS.

#### Making Decentralization Work

To make decentralization successful in the Philippines, managers at the central and local levels are devising strategies to carry out their new responsibilities. Some management issues that they are addressing are:

- Establishing population and family planning programs with broad-based support at the local level. This requires developing well-trained, capable local staff that can act as advocates for the program, and creating a base of support among local civil servants;
- Training local managers in planning, coordinating, and implementing family planning programs, and in budgeting, financial accounting, target setting, and using program information to make management decisions;
- Building the capability to collect, analyze, and use simple demographic data;
- Creating the opportunity for local governments to obtain additional funding from central-level sources;
- Creating accounting procedures that minimize the opportunities for misuse of resources;
- Changing the focus of the central ministry from implementing programs to assisting in policy formulation and providing technical assistance in planning and monitoring programs.

[Source: McGirr and Smith]

## Meeting the Challenges of the Next Decade

The family planning field is rich in valuable lessons from countries and programs that have made significant gains both in expanding access to services and improving the quality of programs. There are many well-documented examples of successful programmatic strategies and interventions that can stimulate demand and expand the reach of family planning services.

Family planning managers are working hard to provide access to services that offer low-cost, high-quality, culturally-acceptable contraceptive methods to people in places where they live and work. Family planning managers are increasingly tailoring interventions to meet the changing needs of their clients, targeting appropriate services and family planning messages to special population subgroups, employing special strategies—IEC campaigns, CBD programs, social marketing, and postpartum and post-abortion counseling—to expand access and reach special populations. Their hard work has:

- Increased resources for development and population programs;
- Improved human resource capacity at the central and local levels;
- Integrated research findings into the decision-making process;
- Upgraded general management systems, particularly information systems;
- Increased user participation in the design and implementation of programs;
- Expanded partnerships between the public, private, and voluntary sectors in program planning and implementation.

This special issue of *The Family Planning Manager* has examined six crucial management

challenges facing the international family planning community, and has discussed management strategies for meeting those challenges. The next ten years will be marked by renewed efforts to obtain additional resources, address new concerns, and use new approaches to family planning, reproductive health, human sexuality, social and economic development, and the environment. This new thinking will have important implications for how future programs are designed, planned, implemented, coordinated, monitored, and evaluated.

The next decades will be marked by a broadened agenda that links:

- Reproductive health with reproductive rights;
- Population growth with the protection of the environment and sustainable development;
- Family planning services with education, empowerment, human sexuality, and relations between men and women;
- Urbanization, international and internal migration, and a burgeoning number of displaced persons with changes in the delivery of health and family planning services.

The broadened agenda of concern for the environment, for more equitable gender relations, and for reproductive rights will require managers to examine more closely the organization and delivery of family planning and reproductive health services. Creating demand for and supplying reproductive health services are mutually supportive processes. Improving performance will depend on the family

**“A principal challenge for managers will be to think about things differently and to get people to do things differently. First, governments need leaders who can imagine a different future. Then, the government needs to be able to communicate this vision in a clear, inspirational, and carefully articulated mission.”**

— Margaret Neuse

planning manager's ability to make services more available and accessible. Improving quality will require identifying and solving problems creatively. Managers will be called upon to think strategically and to build organizations with vision, community orientation, and fiscal integrity. Margaret Neuse stresses that governments will need to go beyond their current role of service provider and become visionaries and resource facilitators for all aspects of health and family planning program development. Ms. Neuse points out that "a principal challenge for managers will be to think about things differently and to get people to do things differently. First, governments need leaders who can imagine a different future. Then, the government needs to be able to communicate this vision in a clear, inspirational, and carefully articulated mission." To help managers meet these challenges, donors, international organizations, and national governments must increase their commitment to supporting the development of a critical mass of family planning

managers who can provide quality reproductive services to increasing numbers of people.

Family planning managers have been the unsung heroes of the past. They have designed and operated new service delivery systems such as community-based distribution, found innovative ways to finance programs, developed creative partnerships among different sectors, and established logistics and information systems that have helped couples and individuals to improve their reproductive health and exercise choice in bearing children. In the next decade, family planning managers will continue to be pioneers in improving the responsiveness of programs to the changing needs of the next generations of men and women, and in making family planning an integral component of the development process. These family planning managers around the world will implement this broadened agenda, translate the agenda into specific policies, and turn these policies into action. ■

## Reviewers' Corner

*A forum for discussing additional applications of FPM concepts and techniques*

**On the importance of integration in gaining acceptance for family planning...** *One reviewer adds,* "Family planning should be promoted in the context of women's health, safe motherhood, and child survival. This type of integrated approach makes it easier to gain acceptance for family planning in situations where there is strong opposition to it."

**On the importance of logistics. . .** *One reviewer points out,* "Although logistics was not featured as a major management challenge for the future, a functioning logistics system is critical to providing effective family planning services. In fact I noted that logistics was a key component of meeting the challenges of providing effective rural services, improving service quality, integrating services, and helping national programs to grow."

**On using fees to enhance client services and staff morale. . .** *One reviewer comments,* "Experience shows that when clinics collect fees for services, the whole process is enhanced if the fees stay with the service site that collects them. The income can then be used to enhance client services or the clinic facility. This way both the clients and the service providers can experience the benefits derived from the fees."

**On time spent with the client and quality of care. . .** *One reviewer suggests,* "In terms of quality of care, I think that there should be a balance between time spent with the client and the efficient use of time. In small clinics where there may be only one nurse provider, the amount of time spent with the client becomes a key issue; it is important to find the right balance based on the situation in each clinic."

**On sharing the cost of family planning programs. . .** *One reviewer warns,* "A more realistic portion of the cost of family planning programs that developing countries must bear needs to be determined. Currently, the developing countries will pay two-thirds of the cost whereas the donor countries pay one-third. This ratio must change if targets contained in the World Programme of Action are to be achieved."



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## Contributors to this issue of *The Family Planning Manager*

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*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 to:



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