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MANAGEMENT STRATEGIES FOR IMPROVING FAMILY PLANNING SERVICE DELIVERY

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Reducing Discontinuation In Family Planning Programs

Editors' Note

Anyone who has ever worked in a family planning program will be all too aware that efforts to attract and recruit new clients will be only partially successful if the program fails to *keep* those new clients. How can the universally troubling problem of discontinuers best be addressed by program managers?

This issue of *The Family Planning Manager* offers some practical suggestions on ways to measure and reduce the discontinuation rate in your clinic. It then describes how you can analyze the data that you have collected to find out both the characteristics of women who stop using contraception and why they have chosen to discontinue. It also examines the common factors associated with high levels of discontinuation, and explores changes managers can make in service delivery that can help to reduce the proportion of men and women who make an initial visit, or several visits to the clinic, but then don't come back.

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Using Information on Discontinuation to Improve Services and Retain Clients

Losing clients is a serious problem—for the women themselves, for program managers, and for the community as a whole. It can lead to high numbers of unwanted pregnancies and births in women for whom unplanned childbearing may pose a serious health risk. It also affects a clinic's ability to meet its projected targets, and will often decrease the impact of even the best client recruitment efforts.

If family planning clinics paid as much attention to keeping existing clients as to trying to enroll new ones, they could achieve a greater impact on contraceptive prevalence with less effort and at lower cost. Yet, clinic managers are continually pressured to increase numbers of new acceptors. If managers put more effort into finding out why clients leave their programs, they could make necessary service improvements to reduce the number of clients who discontinue using contraception, and thereby increase the overall number of continuing users.

There are a number of practical ways that clinic managers can measure discontinuation and determine whether there is a significant problem in their clinic. Developing and using such a measure can help managers determine how many clients do not return after the first visit, or stop coming after several visits.

Statistics Reveal the Problem

- In Niger and Gambia, it has been estimated that almost 30 percent of clients stop practicing family planning within the first seven months of using a contraceptive method. [Finger, ed., 1991]
- In India, one study showed that 35 percent of IUD users discontinued using contraception altogether after using the IUD for less than 4 months. [Prabhavathi, 1988]
- A study of a clinic in East Java, Indonesia, revealed that while the overall drop-out rate was 18 percent among all new users, it was as high as 72 percent among women who did not receive the contraceptive method they had asked for. [Pariani, 1991]

Because there are many aspects of discontinuation that are important to clinic and program managers, managers must decide which aspects are most useful to their own program or clinic. *For example, in one clinic the manager might want to know how many clients don't return to the clinic for resupply or checkups when they should. In another clinic, the manager may want to determine what proportion of new acceptors who have been given a contraceptive method stop using it within the first three or six months, what proportion of all clients stop coming to the clinic in the first year, or which methods have the highest discontinuation rates.*

Often concerned about their own clinic performance, managers want to answer questions like:

- What proportion of the clinic's new acceptors stop coming to the clinic within one year?
- Why do some clients fail to return to the clinic for resupply or follow-up services?
- What are the characteristics of the clients who don't return to the clinic?
- What types of contraceptives are most frequently discontinued?

To answer these questions, family planning managers need more program- or clinic-specific data that will allow them to estimate the size and nature of the discontinuation problems at the clinic level. Further, measuring clinic discontinuation can be combined with a system to track and follow up individual clients who don't show up for an expected clinic visit. With this kind of information in hand, managers can make changes in their program that will improve services and increase the number of clients using contraception.

Understanding the Reasons Why Women Might Stop Using Contraception

There are many reasons why a client might discontinue using contraception, some of which may have nothing to do with the quality or types of services your clinic provides. On the other hand, some of the reasons that clients discontinue using contraception or stop coming to your clinic may be related to the quality of your services. You need to distinguish between those reasons that your clinic may have some control over, and life events that your clinic cannot control. Understanding what aspects of clients' decisions can be influenced by clinic services will help you make effective service delivery improvements in your clinic.

Reasons Clinics Can Control	Reasons Clinics Cannot Control
Dissatisfaction with current method	Planning a pregnancy
Dissatisfaction with clinic services	Infertility
Concern over side effects	Widowhood
Unintended pregnancy due to incorrect use of method	Death
Lack of money	Divorce or dissolution of union
Stock-outs at the clinic	Beyond reproductive age
Bad rumors in the community	Relocated to another area
Objection by family member	Transportation problems*
Use of another clinic that offers more convenient hours	Change to method not offered by clinic*
Use of another source for resupply*	

* Whether a clinic has control over changing these reasons for discontinuing will depend on the resources that are available to that clinic.

Defining Clinic Discontinuation

It is up to you and your staff to determine how long a client can stay away from the clinic before being considered a discontinuer. It is not advisable to decide that as soon as a client has missed an appointment, or failed to return for contraceptive resupply, she or he is automatically lost to the clinic. For all sorts of understandable reasons, a client might fail to keep an appointment one month but return to the clinic a month later. The key decision you must make is how long a continuing user be can absent from your clinic before you decide that she or he has left the clinic for good. That is, what is a reasonable period of time by the end of which a **"no show"** (a client who doesn't show up for a visit) can be considered to have become a **clinic discontinuer**?

The decision about the best time period to use to classify a client as a discontinuer will vary according to each contraceptive method and your own clinic protocols. For example, if a pill user is given supplies that will last her three months, she should be given a return appointment to get a new supply *before* the end of the third month, or, if you don't use an appointment system, she should be told to return to the clinic before her supply runs out. Your records should then indicate when she is due to return to the clinic. However, if she does not return for resupply exactly when that revisit is scheduled, she should not automatically be classified as a clinic discontinuer because she might easily return a week or two later. If she doesn't return for two or three months after her current pill supply has run out, it is probably safe to assume that she will not return at all. In the same way, if a client using the three-month injectable does not come back after that time period has elapsed, it probably makes sense to wait another two or three months before assuming that she has stopped using the clinic (and the method) altogether. ■

Defining "No Shows" and Discontinuers: Examples from Rwanda and Thailand

Different clinics may use different time periods for determining when a client should be classified as a discontinuer.

In some clinics in Rwanda, a user is put on a list for a follow-up visit at the end of the month in which she or he did not return for a scheduled appointment (which coincides with the time when monthly clinic statistics are compiled). The client is not classified as a discontinuer (or "lost" client) until a whole month later.

In some clinics in Thailand, no shows are followed up within one week of a missed visit, but they are not considered to be "discontinuers" until another three months have passed.

Deciding Which Types of Discontinuers to Track

You, as a clinic manager, will need to decide which types of discontinuers are most useful to track for your clinic. You may want to determine what proportion of your clients who were using pills and/or injectables have stopped coming to the clinic for resupply. You may want to know what proportion of your new acceptors stop coming to the clinic within the first 6 months of contraceptive use. Or you may want to analyze the discontinuation rate of each different type of contraceptive to determine which methods have the highest discontinuation rates.

Deciding which aspects of discontinuation you will be measuring will determine what time period the rate will represent and what data will need to be collected and included in the calculation. It is probably most useful to begin by calculating the discontinuation rate of a specific method, such as the pill or injectables. Since the use of either of these contraceptive methods requires that the client return to the clinic for resupply on a *regular* basis, these measures are easiest to obtain and are most useful to the clinic manager.

While the same measures pertain to discontinuers of barrier methods (condoms and diaphragms), or spermicides (foam and tablets), these measures are often less useful because they may not accurately reflect discontinuation. This is because multiple sources of supply are available for these methods, and in many countries clients using these methods often seek, or are encouraged to seek, resupply at other types of service delivery outlets. As commercial sales become more popular, it is expected that many clients who use clinical and non-clinical methods will purchase methods through local vendors.

Because women using the IUD or the long-term implant (Norplant) probably continue to use those methods even after they have stopped coming for checkups or counseling, you may wish to exclude these women from the count of discontinuers. Instead, you may want to determine what proportion of clients do not show up for their first required checkup (or other annual checkups), and then follow up several of these clients to find out why they are not returning to the clinic when expected. ■

Some Simple Ways to Identify "No Shows"

Using Existing Client Records

Many clinics use client records that contain sufficient information to allow staff to track clients who haven't returned for a scheduled appointment, or who haven't come back within a recommended time period. If your clinic schedules appointments (for a given hour, day, or week), the registration clerk can be instructed to pull the records of every client who is expected to come to the clinic during that time period. If a client fails to show up for an appointment, the registration clerk can then file the record separately from the records of returning clients. The file in which the records of no shows are kept can be called the "no show" file, or "late" file, so that the registration clerk will know where to look for the client's record if she comes back for a checkup at a later date, but before she is officially classified as a discontinuer.

The "no show" file should have a separate section for each contraceptive method, and the records within each section should be filed in alphabetical order by last name so that the records can be located easily if the client returns for services. It is helpful to clearly mark each section, noting both the type of contraceptive and the length of time (in months) after a missed appointment that the clinic considers a client using that method to be a discontinuer. Periodically, maybe every six months, someone should go through the no-show file for each method, remove the records of those clients who have passed the designated time period for that method, and place those records in the "discontinuers" file in alphabetical order by last name.

If your clinic does not maintain an appointment system, client records should be filed after each visit, using a filing system that has sections organized by subsequent **months** of the year. The client's file should be placed in the section that corresponds to the month when she is expected to return for a resupply of contraceptives or a follow-up visit. Within each section the records should be filed alphabetically by last name. *For example, the record of a pill user who left the clinic in February with three months' worth of supplies should be placed in a file that is maintained for all clients expected to return in May of that year. The record of a woman who has had an IUD inserted and has returned for her first checkup in August can be placed in a file maintained for all clients expected to return in August of the following year (if you have decided that yearly checkups are advisable).* When the month in question is over, all records for that month that are still in the file can be put on a list for follow up. A month later, if after receiving a follow-up visit a client does not return for services, her record can be moved to the "discontinuers" file.

Using a Special Daily Register Tracking System

Family planning daily activity registers can be used to track clients over several years. If your clinic's daily registers combine family planning clients with other clients, you can develop a separate register just for family planning clients, such as the Sample Daily Activity Register shown on page 7.

This daily activity register is used to record selected data about each client who visits the clinic. It is not a substitute for the client record, which contains detailed information about the client's medical and reproductive history. This system can be used for tracking users of any method. However, for users of methods that do not require regular resupply visits, such as the IUD and Norplant, you may want to indicate on the register when they are due for annual or semi-annual checkups. If these clients do not return for their regular checkups you can have an outreach worker provide follow up to ensure that the clients are satisfied with the method.

How to . . .

Use a Daily Register to Track No-Show Clients

1. Give each new client a serial registration number when she registers for her first visit. Enter the client's name, registration number, and date of the first visit in the spaces provided.
2. At the end of the client's visit, in the columns to the right, fill in the appropriate letter or symbol indicating which method was provided to the client at that visit. Repeat that symbol under the month headings to show the number of months' worth of supply you have provided the client. *For example, if a client is given a one-month supply of pills, enter a "P" for the month of her visit. If a client is given a three-month supply of pills, enter a "P" for the month of her visit and also for the next two months. For a client receiving a three-month injection, enter three "IJ's," one for each month that the injection would protect her. In the Sample Daily Register, client number 414 received a three-month dose of an injectable contraceptive on her first visit, which was on Feb. 6, 1993, so an "IJ" was entered under each of the months of February, March, and April, indicating that she is protected through April. She is due to return to the clinic in May for another injection.*
3. At each subsequent visit, locate the client's name on the register (by the date of her first visit, or registration number), and again enter the number of months' worth of contraceptive supplies you have provided the client in that visit. If the client changes methods, mark the new symbol for that method and repeat the symbol to show how many months the client will be protected. When a client does not return in the month in which she is due for a new supply of pills or for another injection, leave the box under that month blank. This will indicate that she is no longer protected from getting pregnant and can immediately be classified as a no show.
4. Determine the number of no shows by counting the number of clients who have blank or incomplete boxes at the end of the month in which you are performing the tally. If after several more months the boxes are still blank, indicating that the client has not returned, you can then designate that client as a discontinuer. *For example, if you were performing a tally in April 1993 using this sample register, you would find that there were 6 blank boxes indicating the clients had not returned for a resupply of contraceptives—3 of these clients are no shows for March (clients #280, #381, and #413), and 3 appear to be discontinuers because they have not been back to the clinic for many months.*
5. The daily register can be designed to cover whatever period of time you choose. The Sample Daily Register is designed to cover 36 months. If you use a form such as this you can continue to use the same form for three years. At the end of three years you should start a new register by transferring all continuing users' names, registration numbers, and dates of their first visits to a new register. *For example, the Sample Register was started in January 1992 and shows several continuing users from 1991 whose names were transferred from the previous 3-year register to the new register. (In reality there would be many more names transferred from one register to the next at the end of the three-year time period.)* Discontinued clients should not be recorded on the new register, but the client records should be located and then placed in a file designated for discontinued clients. The records should be filed alphabetically by last name in the discontinuers' file so that, if the client does return at some future date, her medical record can be found more easily and she can again be listed on the new daily register.

Note: A registration system in which the client receives a registration card and the clinic retains a duplicate is very helpful when using this type of daily register. The registration cards should be pre-printed with registration numbers and should show the name of the clinic and its address. When a new client comes to the clinic, the registration clerk writes the name of the client and the date of her first visit on the card, and files the duplicate in a card box alphabetically by the client's last name. The client should be instructed to bring the card with her each time she comes to the clinic, making it much easier for the registration clerk to find her name in the master register (since it is organized by date of first visit). The date of the client's next visit can also be marked on the card—another reason for the client to keep, use, and refer to the card.

Sample Daily Activity Register

Reg. No.	Client Name	Date of first visit (dd/mm/yy)	Year: *1992* Months protected												Year: *1993* Months protected					Year: *1994* Months protected					Remarks
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	[redacted]	Sep	Oct	Nov	Dec	
250	*Nkwakuzi, M*	*2/3/91*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*						
262	*Rukundo, R*	*7/8/91*	*IU*	*IU*	*IU*	*IU*	*IU*	*IU*	*IU*	*V*	*IU*	*IU*	*IU*	*IU*	*IU*	*IU*	*IU*	*IU*						
280	*Hakiruzizara, C*	*2/11/91*	*C*	*C*	*C*	*C*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*								
283	*Batalingaya, A*	*10/12/91*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*						
286	*Gatebuke, V*	*15/12/91*	*P*	*P*	*P*	*P*	*P*	*P*	*C*	*C*														*became pregnant*
311	*Muhawenimana, G*	*2/1/92*	*P*	*P*	*P*																			*side effects*
351	*Munyakazi, S*	*8/1/92*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*	*IJ*						
363	*Bajanyi, P*	*15/1/92*	*C*	*C*	*C*	*C*	*C*	*P*																*no reason given*
369	*Hakizimana, C*	*3/3/92*			*C*	*C*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*	*P*						
381	*Kamanzi, M*	*10/5/92*					*P*	*P*	*P*	*P*	*P*	*P*	*P*	*IJ*	*IJ*	*IJ*								
412	*Bucyana, J*	*2/2/93*														*P*	*P*	*P*						
413	*Mivumbi, I*	*4/2/93*														*C*								*reason unknown*
414	*Munyambuga, C*	*6/2/93*														*IJ*	*IJ*	*IJ*						
etc.																								
Total No Shows			*~*	*~*	*~*	*1*	*~*	*~*	*1*	*~*	*1*	*~*	*~*	*~*	*~*	*~*	*3*	*~*						
Total New Acceptors			*3*	*~*	*1*	*~*	*1*	*~*	*~*	*~*	*~*	*~*	*~*	*~*	*~*	*3*	*~*	*~*						

Methods

IJ = Injectable
P = Pill
C = Condom
F = Foam
IU = IUD
V = annual visit or check-up

Advantages and Disadvantages of Using Existing Client Records or a Daily Client Register to Track No Shows and Discontinuers

	Existing Client Records	Special Daily Register
Advantages	• Client forms don't have to be redesigned. • Staff training is quite simple—they only need to learn where on the record to mark the date of the client's next expected visit, and how to file the record according to the month of the next visit.	• The numbers of continuing clients and no shows can be quickly and easily counted. • This is a good system for a clinic that serves a small client population.
Disadvantages	• In a large clinic, client records kept in a number of different filing areas can take up a lot of room. • If the records are not well managed, they might get lost, damaged, or filed out of order.	• As a clinic's client load increases, the registration clerk will need to flip through numerous pages in the register to find each client's name. • If the client has not brought her family planning card with her to the clinic (which shows her registration number and date of first visit), the registration clerk may need to consult the client's record to find the date of her first visit so that she can then find the client's name in the register. • At the end of the last year covered by the register, the registration numbers, names, and date of initial visit for each client need to be copied over to a new register.

Working Solutions—Kenya

Developing a Client Tracking System in a Community-Based Distribution Program

The Diocese of Maseno West provides community-based health care as part of its development activities. By recently adding an existing rural health project to its own health program, the Diocese now has 400 community health workers, 8 clinics, and 29 mobile clinics. As part of this program consolidation, two family planning community-based distribution (CBD) programs, each with its own information system, were combined. The information system of the expanded CBD program was reviewed to develop a record-keeping system that was consistent across the entire program and to improve the reporting and use of service data for program management.

During their review, the program managers became interested in following up on discontinuing clients as one way to monitor quality of care. But they found that the space for discontinued clients in the original data forms had rarely been filled in by agents or used by managers.

Continued on next page

Improvements in the Information System. To turn discontinuation data into a management tool, the managers **developed program definitions** for a **continuing user** and a **discontinuer**. A **continuing user** is a client whom a CBD agent expects to resupply on a regular basis, not a person whom the CBD agent only contacts once or to whom the agent provides supplies sporadically. A **discontinuer** is a client whom the agent has not been able to resupply on the client's resupply date or during the two months following that date, despite two additional attempts to contact the client.

As a second step, the program managers **changed the program data collection forms** to include a diary and a new monthly reporting form. In the back of the diary, CBD agents now record the following information for each client: date of first visit, name, age, sex, parity, method given, and next scheduled resupply date. They also use the diary to note pertinent health information about the client and if a client has been referred to a clinic for special services. When an agent cannot supply a client for two months despite three attempts, she or he strikes out the name of the client from the diary, and records the client's name as a discontinuer on the monthly reporting form.

The Supervisor's Role. Each supervisor of the CBD program **monitors trends** in numbers of discontinuing clients and **compares numbers of continuing users and discontinuers** for different agents. If the numbers of discontinuers for a single agent are high by program standards or are increasing, the supervisor **makes a follow-up visit** to a sample of discontinued clients to record their reason for discontinuing. The supervisor then distinguishes reasons for discontinuation that are positive (such as the client's decision to switch to a more permanent or long-term clinical method) or acceptable (such as a couple's decision to have a child) from reasons that are not acceptable (such as complaints about discourteous service or irregular supplies of chosen brands of pills). After the follow-up visits, the supervisor and other program managers develop appropriate strategies to reduce the number of discontinuers that result from service delivery problems. Strategies to reduce the discontinuation rate might include providing greater support and training for CBD agents who are not performing as well as their peers, or making changes in the contraceptive ordering system.

Calculating Discontinuation Rates

There are several ways that managers can measure discontinuation in their clinics. Discontinuation can be measured for discontinuers of:

- **each specific contraceptive method** offered by the clinic;
- **several types of methods** offered by the clinic;
- **all the methods** offered by the clinic.

For each measure, you will have to decide which types of discontinuers to include. The first step is to decide which measures will be most useful to you in your clinic. As a general rule, the broader the measure, the less accurate it will be. Narrower, method-specific measures will be more exact and useful to the clinic manager for monitoring clinic performance, but will be more difficult to use for comparing the performance of one clinic to that of other clinics.

When calculating any discontinuation rate you must take into consideration three important factors:

- The **denominator**: The total number of users of specific methods, against which the number of discontinuers will be compared.
- The **numerator**: The number of discontinuers for the types of methods you have chosen for your measure.
- The **time period** that the rate will represent.

How to . . .

Calculate a Method-Specific Discontinuation Rate

To determine the discontinuation rate of pill users in your clinic, identify all the clients who have failed to return to the clinic for a resupply of pills for the period of time that you have chosen to study. Defining which clients are discontinuers should be based on your predetermined guidelines for classifying discontinuers of each method. This will allow you to count the total number of discontinuers of the pill for the period of time you are studying.

For example, to calculate the discontinuation rate of pill users in your clinic for 1992, include in the numerator the total number of pill discontinuers for 1992. For the denominator you will need to count the total number of users of pills who were served in your clinic in 1992. (Thus, without counting any client twice, the denominator will include any new acceptors of the pill, any continuing users of the pill, as well as any pill discontinuers who did not come back for a resupply of pills during the time period under study.)

Formula for Calculating Pill Discontinuation Rate

$$\frac{\text{[Numerator]}\quad \textbf{All pill discontinuers in 1992}\ \text{[All pill clients who are not expected to return and are considered discontinuers during 1992]}}{\text{[Denominator]}\quad \textbf{All pill clients in 1992}\ \text{[All clientswho were provided with pills during 1992, including all pill discontinuers in 1992]}} \times 100 = \textbf{Pill Discontinuation Rate for 1992}$$

Remember: The types of clients that you include in the numerator and the denominator *must* be consistent. Also, the number of discontinuers noted in the numerator **must** be included in the denominator in order for the measure to show a relative proportion. *For example, if you want to calculate the annual discontinuation rate of injectables, make sure that you include only the number of discontinued injectable users in the numerator for a 12-month period. In the denominator, record the sum of all clients who were given injectables during the 12-month period, which includes those who discontinued during the same period.* The period of time covered by the count must be consistent—if you intend to have the discontinuation rate represent only the last 6 months, then you can only include the numbers in the numerator and the denominator that pertain to the same 6-month period.

Calculate a Discontinuation Rate for Several Methods

The formula used to calculate the discontinuation rate in your clinic of a single method can also be used to calculate the discontinuation rate of several methods. If you decide to include the discontinuers of *all the methods* that your clinic offers, then you will be calculating your overall **clinic discontinuation rate**, for whatever period of time you specify.

Use Your Calculations to Track Trends Over Time

Whatever period of time you use to measure your rate, there will be an arbitrary cut-off that will exclude some discontinuers from the calculation. For that reason, it is important to realize that the most useful rates you come up with will not be one hundred percent accurate. However, if you calculate the rate in exactly the same way each time (at quarterly, six-month, or yearly intervals), the figures you obtain will show you the trends in discontinuation over time. ■

Sample Formula for Calculating Discontinuation Rate for Several Methods

$$\frac{\text{All discontinuers of pills and injectables for the six-month period (July 1–December 31, 1992)}}{\text{All clients using pills and injectables during the six-month period (July 1–December 31, 1992)}} \times 100 = \text{Discontinuation Rate for Pills and Injectables (July 1–December 31, 1992)}$$

[All users of pills and injectables who are not expected to return and are considered to be discontinuers during the period July 1–December 31, 1992]

[All clients who were provided with pills and injectables during between July 1–December 31, 1992, including all discontinuers for these methods, in the same time period]

Interpreting Discontinuation Rates

Once you have determined the various method-specific discontinuation rates for your clinic, you must decide what the rates mean. Are the rates acceptable or unacceptable? Do they identify an weakness in your program or indicate success? The first step is to meet with clinic staff and discuss the data and see what your staff think. Are there areas for improvement? What changes can be made to improve the situation? How long will any proposed changes take to show results? Should the clinic develop targets for reducing the discontinuation rates of specific methods?

Compare Your Rates with Those of Other Clinics

It may be helpful to compare your discontinuation rates with those of similar clinics in your region. This is only useful, however, if the other clinics have calculated their discontinuation rates in the same way that you have. By comparing your discontinuation rates with those of other clinics you will be able to see whether your discontinuation rates are above or below the average. If your discontinuation rates are considerably higher than the average, you should make a careful investigation of the quality of the services you are offering to your clients. On the other hand, if your clinic has lower discontinuation rates

than others in the region, you may want to identify what approaches your clinic is taking to keep such a high proportion of clients enrolled in your program. This information can be used to provide assistance to other clinics that are not performing as well as yours.

Monitor the Effect of Your Changes

Re-calculating discontinuation rates at regular intervals is an effective way to find out whether standards of care in your clinic are improving, declining, or staying constant. The changes in the discontinuation rates at a single clinic can be charted (using a bar or line chart). If your rates don't fluctuate widely, you can at least be satisfied that the quality of care in your clinic is not undergoing any major changes, even though you might find that level to be less than satisfactory. If the rates show an upward trend, you have reason for concern. If they vary widely from one year to the next, or from one quarter to the next, you might try to look at social and economic conditions in the community that might be creating these unstable patterns. *For example, if your clinic services a rural area in which many married men emigrate seasonally to work elsewhere, the out-flow of males might be a reason for the drop in contraceptive use.* ■

Illustrating the Negative Impact of Clinic Discontinuers

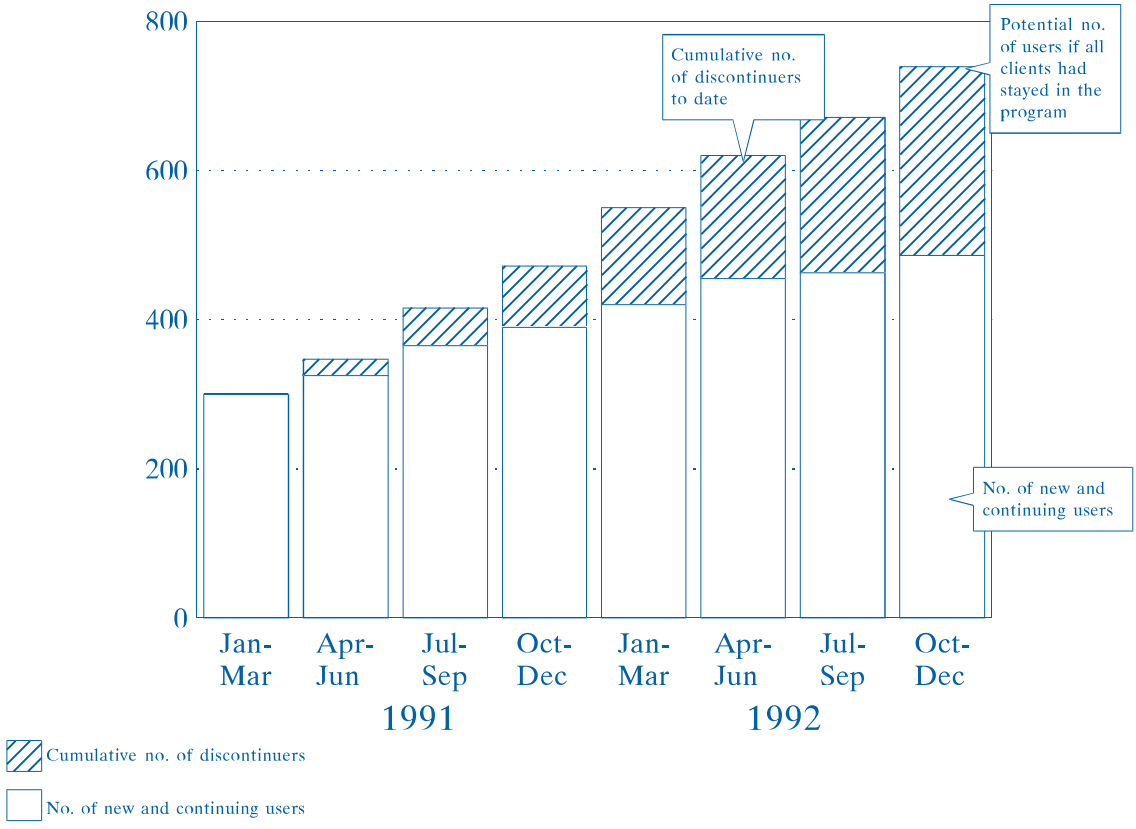
If you want to show your clinic staff the dramatic impact that the discontinuation rate is having on your family planning program, you can plot a stacked bar chart that shows, for every three-month period over a number of years, the number of new and continuing users served by your clinic, plus the cumulative number of discontinuers over time. Using the numbers in the table below, and charting the numbers from Columns A, B, and C in a stacked bar chart, you can help your staff see what the total acceptor rates in your clinic would have been if the discontinuers had in fact stayed in the program.

Quarter and Year	A No. of new acceptors	B No. of discontinuers in the quarter	C No. of continuing users	Cumulative no. of discontinuers
Jan-March 1991	—	—	300	0
April-June 1991	47	22	325	22
July-Sept 1991	69	29	365	51
Oct-Dec 1991	56	31	390	82
Jan-March 1992	78	48	420	130
Apr-June 1992	70	35	455	165
July-Sept 1992	51	43	463	208
Oct-Dec 1992	63	40	486	248
Total	**434**	**248**		

To calculate the figures in Column C "No. of continuing users," take the number of continuing users from the end of the previous quarter (in this case 300), add the number of new acceptors for the quarter (Column A) and subtract the number of discontinuers for the quarter (Column B). The result is the number of continuing users at the end of the current quarter (in this case 325). Continue these steps for each new quarter.

In this example, which represents a two-year period, the clinic actually lost more than half the number of clients it gained (248 discontinuers vs. 434 new acceptors). In that same period, if none of those new or continuing clients had discontinued, the clinic's overall number of clients would have been 734 instead of 486. This means that the clinic would have achieved an increase of 145 percent in the overall number of clients over a two-year period, instead of 62 percent. The graph shown below illustrates the dramatic impact that discontinuers have on a clinic's performance.

Potential Number of Users if Clients Do Not Discontinue



Using Information on Discontinuers to Find Out Who Is Leaving Your Clinic and Why

One simple way of determining how discontinuers differ from continuing users is to compare some of the basic characteristics of the two groups. This type of information is usually available on the clients' individual records (such as the client's age, her marital status, the number of children she has, the contraceptive method she chooses, and the length of time she has used that method). To learn about the characteristics of continuing users and discontinuers, you can look at a sample of records and, using a tally sheet, record basic information about each client in the sample.

How to . . .

Develop and Use a Tally Sheet to Study the Characteristics of Discontinuers

1. Develop a tally sheet for tracking characteristics of discontinuers similar to the Sample Tally Sheet for Discontinuers shown here. (A separate tally sheet should be used for tracking the characteristics of continuing users.) Decide what kind of information you want to know about the clients in your sample. At a minimum you should have columns for: the client registration number, age, number of living children, age of youngest child, current contraceptive method (include a sub-column for each method that your clinic offers), duration of method use, and the reason for discontinuing (if it is noted in the record). Each of these primary categories should have sub-categories that will cover all possible ages, number of children, etc. *For example, in the Sample Tally Sheet under of age of client, there are six sub-categories: under 20, 20-24, 25-29, 30-34, 35-39, 40 and over.*

2. Retrieve the client records from the files that will be make up the sample. Once you have your two piles of records, go through each one and record the information needed for each tally sheet. Use one line for each client number.

   To obtain a reliable picture of discontinuers and continuing users, it is not necessary to examine every client record from both groups. You can pick a random sample of each by pulling every 10th record among continuing users and every 10th record among discontinuers. Because the total number of records of discontinuers will be less than the total number of continuing users, the sample, for a clinic that serves about 1,000 clients, should consist of a total of 70-120 records of discontinuers, and 100-250 records of continuing users.

3. After you have completed the tally sheet(s) you can create a **summary table** (also known as a **cross-tabulation**) to compare the characteristics of continuers with the characteristics of discontinuers (see Sample Characteristics Summary Table). The summary table will enable you to more easily compare the characteristics of the two groups. *For example, the Sample Characteristics Summary Table on page 15 shows that discontinuers are much more likely than continuing clients to be under 25 (91 percent vs. 8 percent), to have no children (70 percent vs. 4 percent), to be using barrier methods (such as condoms or foam, 80 percent vs. 17 percent), and to have used a method for 3 months or less (60 percent vs. 3 percent).*

Sample Tally Sheet for Discontinuers

Date: *2 April 1993*

Page No. *1* of *3*

Fill in one row for each discontinuer

Client Registration Number	Age of Client						Children				Youngest (mos.)				Method				Duration of Use (mos.)					Reason discontinued						Remarks
	<20	20-24	25-29	30-34	35-39	>40	0	1-2	3-4	>4	<12	12-23	24-35	>36	IJ	P	C	F	0-3	4-6	7-9	10-12	>12	1	2	3	4	5	6	
127	X						X										X		X											*reason unknown*
130		X					X										X			X										"
135		X						X			X					X			X					X						
145	X						X									X			X											*reason unknown*
175		X						X			X						X		X											"
190			X					X				X			X				X											*desires pregnancy*
192		X					X											X	X											*reason unknown*
200		X					X										X			X					X					
202	X						X										X		X											*reason unknown*
205				X					X			X				X				X										"
etc.																														
Total this page:																														

Methods

IJ = Injectable
P = Pill
C = Condom
F = Foam

Reasons for Discontinuing

1. Side effects
2. Pregnant
3. Stock-outs
4. No money
5. Social pressure
6. Moved away

Sample Characteristics Summary Table

Characteristics		Discontinuers		Continuers	
		Number	%	Number	%
Age	<20	20	22	10	6
	20-24	62	69	4	2
	25-29	3	3	20	11
	30-34	4	5	70	39
	35-39	1	1	48	27
	>40	-	-	28	15
	Total	90	100	180	100
Number of Children	None	63	70	7	4
	1-2	27	30	25	14
	3-4	-	-	104	58
	>4	-	-	44	24
	Total	90	100	180	100
Age of Youngest Child	None	63	70	2	1
	<12 mos.	17	19	40	22
	12-14 mos.	4	4	104	58
	24-36 mos.	6	7	20	11
	>36 mos.	-	-	14	8
	Total	90	100	180	100
Method	Injectable	3	3	124	69
	Pill	15	17	26	14
	Condom	43	48	30	17
	Foam	29	32	-	-
	Total	90	100	180	100
Duration of Method Use	0-3 mos.	54	60	6	3
	4-6 mos.	18	20	6	3
	7-9 mos.	15	17	12	7
	10-12 mos.	3	3	16	9
	>12 mos.	-	-	140	78
	Total	90	100	180	100

Analyzing the Summary Table and Taking Effective Action

Findings such as those in the table above, should make you aware that your clinic does not seem to be very successful in keeping younger, childless women in the program. These results also indicate that discontinuers tend to use the less effective, temporary contraceptive methods. This information could lead to a number of program changes. You might create special clinic hours for teenagers or, since many of these women may be unmarried, you might try to find out whether single women are being treated by your staff with less respect than married women, or you might try to interview some of the married younger women with no children to find out whether their husbands or mothers-in-law are exerting pressure on them to become pregnant, even though they themselves might prefer to wait for a

couple of years. If this is so, you could train your community outreach workers to explain to the village elders the value of a couple's postponing their first birth until they feel they have enough income to be able to raise that child comfortably.

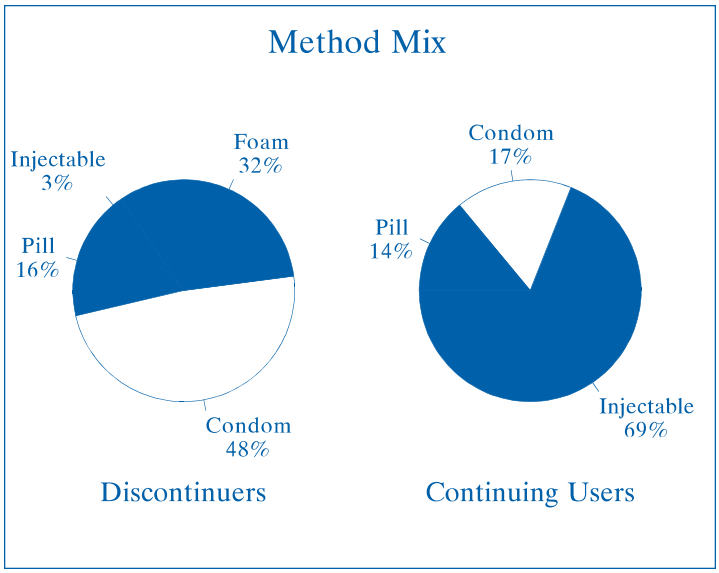
You might also decide that following up on no-show clients and clinic discontinuers should be a much higher priority for your clinic. Outreach workers could focus their efforts on visiting the no shows and discontinuers to see whether they are being served by another clinic, or whether they had experienced side effects and were afraid to continue with the method. By showing your clients that you care about their reproductive health and their satisfaction with an effective method of contraception, you will ultimately retain more clients, and they will become more satisfied and consistent users of contraception.

Determining What Methods Are More Likely to Be Associated With High Discontinuation Rates

You can also use the information in the summary table to compare the method mix of discontinuers with that of continuing users. Drawing a pie chart is good way to easily see the differences. In this example, the pie charts reveal that continuing users are much more likely than discontinuers to have selected an injectable method, and much less likely to be asking their partners to use a condom. You might also want to compare the method mix of your continuing users with the method mix for your country or region. For more information on method mix in your country, method use by age group, and other information on characteristics and practices of continuing users, you can consult the Demographic and Health Survey (DHS) report for your country (see References, page 23).

Analyzing How Long Clients Use a Method Before Discontinuing Services

Another useful analysis of the characteristics of discontinuers could focus on how long they used a particular method, or any method at all, before they became discontinuers. This type of information is particularly valuable because it will tell you whether the problems the women encountered were so severe that they quit almost immediately after the first visit, or whether they tried to practice family planning for at least six months but then gave up attending the clinic for reasons that perhaps were unrelated to any side-effects or discomfort with the method.



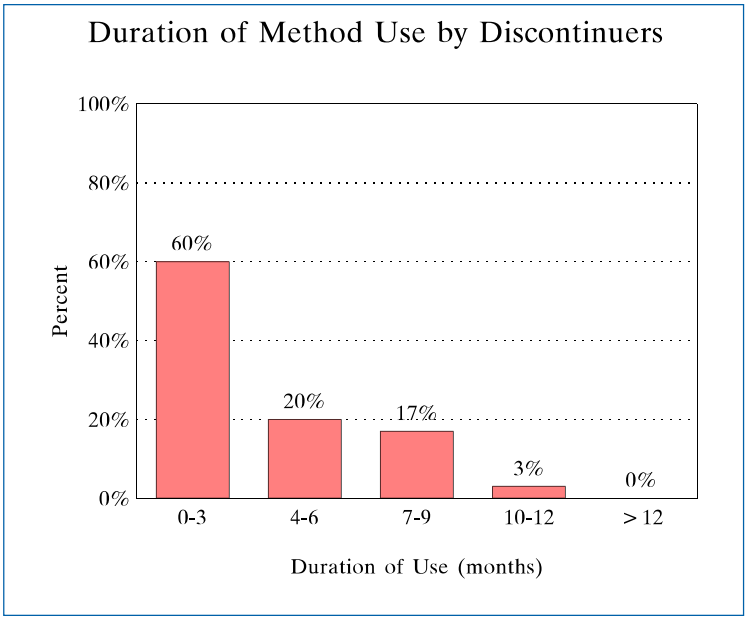
The duration of method use can be estimated in a number of different ways, each of which may be incomplete in some respect but will provide you with enough information to suggest patterns or trends. One way is to simply take the length of time between the woman's first visit and her last recorded visit to the clinic. If she only comes to the clinic once, receives contraceptive supplies at that first visit but then never returns, then you will need to make some assumptions about the length of time that she used the method. *For example, if she was given three months' worth of condoms or pills, you could assume that she and her husband practiced family planning for three months, even though she never returned to obtain more supplies and you do not know for sure whether the contraceptive was used for that period of time.*

Another way of calculating how long discontinuers used a contraceptive method supplied by your clinic is through historical data. This technique relies on the client's record being clearly marked with the date that the record was placed in the discontinuers file, or the use of a daily register similar to the Sample Register on page 7. The dura-

tion of use could be estimated by measuring the length of time between her first visit and the date on which she became classified a discontinuer.

Once you have determined how you are going to measure this characteristic, you must decide what categories of duration are of interest to you (such as 0-3 months, 4-6 months, 7-9 months, etc.) and allocate all discontinuers to one of them in a simple cross-tabulation or summary table.

The data in this table can then be turned into a graph that will reveal how soon clients are discontinuing use of contraceptives after starting. Using the data from the Sample Characteristics Summary Table on page 16, the bar chart below shows that most discontinuers left the clinic within the first three months, and after that the decline was slower. That information should alert you to the fact that there is some problem in either the type of contraceptive method the women are choosing or the effectiveness of the counseling about the method they are being given.



Other Ways of Looking At Characteristics of Discontinuers

You can perform many other analyses of discontinuer data. You can compare the method mix among younger discontinuers (those under 25) with that of older discontinuers (25 and older). If your analysis reveals that the most common method used by the young discontinuers was the pill, you can go back to your staff and conduct a "brainstorming" session to find out the possible causes of dissatisfaction with this method among younger women.

If the same analysis of method mix among discontinuers shows that large proportions of older discontinuers were using the condom, you should then ask yourself why this temporary method is being provided to women who have probably had all the children they want and who might be eligible for, and wanting, more permanent or long-lasting methods.

You can also look at the reasons that clients discontinue using a method. This information is usually only available for clients who have switched methods and remained in your program, but it can provide meaningful information from the client's perspective on whether changes in method are primarily due to side effects, lack of money (if you charge for contraceptives), stock-outs, social pressure, pregnancy, or other factors. Although there are numerous personal reasons for discontinuing contraceptive use that are acceptable, dissatisfaction with services or methods is never acceptable and should always be addressed. Such information should motivate you to change or improve counseling techniques, ordering schedules, fee scales, or other aspects of service delivery.

Another way to look at discontinuers is in terms of the number of children that discontinuing users have had. If they have none, or few, this probably suggests that contraception is being practiced for the purpose of child-spacing rather than limiting family size. Discontinuing use of a contraceptive method in order to become pregnant is behavior that is to be expected among these low-parity women. If, on the other hand, most of your discontinuers have already had 4-5 children, they might be older women who believe that they are no longer fertile, or will no longer be sexually active, and who may think that they are no longer in need of contraceptive protection. These are all personal decisions and viewpoints that the counselors in your clinic must make certain of raising and discussing with their clients. ■

Developing a System to Reduce the Number of No-Show Clients

The National Office of Population in Rwanda, ONAPO, has recently developed a system for identifying and tracking no-show clients, known in their program as "missing" clients. The system is based on using a register to indicate when clients are due to return to the clinic—either for a resupply or a follow-up visit. The register identifies both the continuing users and the clients who do not show up when they are in need of a new supply of contraceptives or a planned checkup. This system has enabled ONAPO to quantify the no show and discontinuer problem, and has demonstrated the importance of putting more effort into trying to retain clients, not just recruiting new clients.

The Family Planning Service Delivery System. Rwanda's national health system is the main provider of family planning services and contraceptives through approximately 300 integrated health facilities. There are currently no non-governmental organizations (NGOs) in the country that offer clinical family planning services, the pharmacies charge high prices for contraceptives, and community-based distribution of contraceptives will not begin until mid-1993.

The Overall Picture. The National Office of Population, ONAPO, looked at the reported client figures for 1990 and saw that there had been 80,000 new acceptors during the year and a total of 100,000 clients (both continuing users and new acceptors) at the end of the year. Recruitment was going well. Then ONAPO compared these figures with available data on the total number of clients at the end of 1989 (60,000). They realized that the total number of clients had increased by only 40,000 (100,000 - 60,000) even though 80,000 new acceptors had been recruited. In other words, the program had to recruit approximately **two new acceptors** to add **one continuing user**. This finding drew attention to the fact that the loss of clients was a sizable problem for the program, and led to efforts to further analyze and actively monitor this loss.

Detailed Data Collection and Analysis. Rwandan clinics use monthly activity registers to track family planning clients. Clinics report to the regional level monthly statistics on new acceptors and continuing users by method. For regional monitoring purposes, the number of no-show clients is computed in the following way:

	Last month's continuing users (of any method offered by the clinic)
+	**Last month's new acceptors** (of any method offered by the clinic)
–	**This month's continuing users** (of any method offered by the clinic)
	Total no shows for the month (includes no shows for any method)

In other words, it is assumed that if all clients return during the month in which they are expected (making the total no shows equal to 0), then the total number of continuing users for the current month equals the total number of continuing users plus new acceptors for the previous month.

To obtain more detailed data on no-show clients, ONAPO surveyed a sample of clinic activity registers looking at the most commonly used contraceptives and determined both the rate of no shows for those methods and the duration of contraceptive use. ONAPO found that 23 percent of pill acceptors in 1989 discontinued all contraception within 6 months of their first visit. This figure rose to 33 percent in 1990. New acceptors of injectables showed lower percentages of discontinuation within their first six months of service—14 percent in 1989 and 18 percent in 1990. These no-show rates seemed higher than desirable for a program that was trying to increase contraceptive prevalence.

The rates indicated that clients had stopped using the services relatively soon after beginning services, suggesting service-related reasons for discontinuing services, rather than personal factors such as the client's desire to become pregnant. The increase in no shows from 1989 to 1990 was also a warning that the situation

Continued on next page

could become worse. ONAPO noticed, however, that a significant proportion of the clinics in the sample had no-show rates within the first six months of services that were much lower than the average. This indicated that lower rates were possible within the country, and even within the same region.

Feedback. ONAPO began to communicate information on no shows back to the 10 health regions in the country. ONAPO sent graphs and tables to inform each region how it was doing relative to other regions and how each region's clinics were performing compared to one another. This information was communicated to the clinics during supervisory visits. Based on local knowledge, the regions and clinics could interpret whether the no-show rate reflected a temporary situation in a clinic (such as recent staff turnover), a background situation (such as normal mobility among the local population), or whether the rate might indicate a clinic situation that required further investigation.

Feedback included sending a bar chart showing, for each clinic in the region, the number of no shows, the number of new acceptors, and the increase in clients for the clinic (new acceptors minus no shows = increase in clients). This information graphically reveals which clinics may be successful in recruiting new acceptors but may not be able to retain them. Also, it allows smaller clinics to compare their performance with that of larger clinics. In some cases, a smaller clinic may recruit fewer new acceptors, but may successfully retain a higher proportion of those clients.

Management Improvements. An impressive number of changes in record keeping, client follow up, counseling, and supervision are occurring as a result of the ongoing analysis on no shows.

- In addition to introducing a daily activity register to track their clients, ONAPO is assisting clinics in setting up a new record-keeping system in which they **file their family planning client records by next appointment month**. Within the appointment month, the records or cards are filed by client registration number. Each time a client returns to the clinic for her appointment, her record is pulled from the file and updated, and after the visit the record is moved to the file for her next appointment month. At the end of each month, the remaining records (of clients who missed their appointment for that month) are moved to a section for no shows and filed by registration number. This method of filing facilitates follow up. After another month, if the no-show clients still have not returned, these records are moved to a third section for discontinuers. It is easy to use these records to analyze characteristics of clients who have not returned for two or more months.

- Clinic managers are **establishing linkages with family planning promoters for follow up.** Clinic managers are beginning to hold monthly meetings with the family planning promoters who serve their clinic service area. At these meetings, they pass their lists of no shows to the promoters. The promoters try to find out why these clients have stopped coming to the clinic and encourage them to return for services. They record the result of each follow-up visit in their notebooks and relay the information to the clinic manager at the next monthly meeting. The reasons for not returning are recorded on the register next to each no-show client's name, under a column labeled "Comments." The promoters' visits are resulting in clients returning to the clinic. They are also providing information that the district supervisors can use to help clinic managers reduce their numbers of no shows.

- Clinic staff have requested more **training in counseling** in order try to reduce numbers of lost clients by minimizing the number of clients who end up with unsuitable methods or who are not properly informed about possible side effects. As a result, extensive training in counseling is planned for the next year.

- **Supervisors of regional family planning activities now take data with them about no-show clients and new acceptors on their supervisory visits.** They discuss this information with regional and clinic staff and try to find ways to reduce the level of clinic discontinuers.

In the future, a study will be done to see whether staff training in family planning reduces the number of no-show clients. ONAPO has generated a list of all recently trained staff, organized by clinic. It will compare this list with individual clinics' data on no shows to see whether there is a difference between clinics that don't have trained staff and clinics that do. As this country example shows, the analysis of simple and easily obtainable data on no shows has already generated a number of valuable service improvements.

Using the Data to Improve Family Planning Services

Improvements in Clinic and Outreach Protocols

It is critical that clinics have established **medical standards of care** and **standards for client counseling**. Maintaining these standards helps to ensure that the services are consistently of high quality and responsive to clients' needs. If your clinic is not delivering high-quality contraceptive services based on the needs and concerns of the client, then you should not be surprised by high discontinuation rates. Even though the unmet demand for family planning services is high throughout the world, women who are desperately in need of contraceptive services are not likely to remain in a clinic that is not clean, and not staffed by highly trained, caring personnel, and where they are not treated with respect.

Written **protocols** should also be developed **for outreach workers** to contact clients who have not returned when expected. They should set forth clearly established procedures for:

- respecting the clients' privacy;
- recording no-show clients' reasons for missing the appointment;
- encouraging no shows to return;
- keeping track of the number and results of follow-up contacts
- checking on whether no shows have any contraceptive supplies left and have knowledge about the correct use of the method.

Improvements in Follow Up

A well designed follow-up system for contacting no-show clients will benefit the individual client and will provide information that can be used for making service improvements.

In clinics with very limited resources, simple follow-up systems can be developed. *For example, in integrated health facilities, staff can ask no-show family planning clients who come to the clinic for non-family planning services why they are no longer returning for family planning services. The registration clerk can be given a list of no-show family planning clients. The list can be updated once a month. When these clients register for a non-family planning visit, the registration clerk or the nurse can then ask them the reason for their missed appointment.*

A more systematic follow-up method would involve using community workers to do follow-up. If a clinic has **outreach workers or a CBD program** linked to it, then it already has the staff who can be used to do follow up. If a clinic does not have community workers, the clinic manager or supervisor will need to **build linkages to other community groups** who may be able to do such follow up. Some possible groups include: separate community-based distribution programs, women's groups, community health workers, or other health or development workers who are likely to make house calls. By sending community workers to the homes of clients who have not come back to the clinic within a certain number of weeks of their expected visit, a clinic can reach out to these clients soon after they have stopped coming to the clinic.

For a follow-up system to work, clients should be asked at their first visit how and where they could be contacted should the clinic need to do so. This information should be noted in the client's record. At least once a month, a staff member from the clinic should review the record of each no show and make a list of the no shows for follow up, noting where they can be contacted or visited. The staff member can then meet with the community workers to go over the list and initiate the follow-up visits for that month. The follow-up task of the community worker is to contact these former clients, ask them why they did not return to the clinic for a revisit, and, if appropriate, encourage them to come back to the clinic. The name and answers of each no-show client can be recorded on a form, which is coded with reasons for discontinuing services and returned to the clinic at the next monthly meeting. The information from the community workers' forms can then be recorded on the client family planning records and, if appropriate, also on the client register.

Improvements in Training

By analyzing the characteristics of discontinuers and interpreting the data, clinic managers may realize that the

clinic has a serious need for improvements in staff training, especially the training of medical providers and counselors. *For example, high numbers of unwanted pregnancies among clients who used the pill may point to a need for more staff training in how to educate clients better about the correct way to take the pill.*

Improvements in Counseling

In programs where side effects, fear of side effects, and opposition of spouses or partners are found to be the main reasons that women discontinue using contraception, staff can help to reduce discontinuation rates by creating supportive and respectful relationships with their clients. Good counseling is a critical aspect of developing trust between clients and providers. Staff need to let clients know that they will carefully monitor the client's use of a method, help identify side effects, and recommend another method if a client is unhappy with the first one.

If staff guarantee from the outset that they will work with a client until she is satisfied with her method and then follow through on that promise, a client is likely to keep returning to that clinic. Through sensitive discussion, a provider can either help a client find ways to deal with side effects or advise her to change to a different method. Counseling can help clients to feel positive about the method they select and help them deal with any negative attitudes of spouses or other relatives. Open discussion about negative rumors can also help clients distinguish fact from fiction. ■

Reviewers' Corner

A forum for discussing additional applications of FPM concepts and techniques

On the timing of appointments and follow up . . . *One reviewer stresses*, "It is perhaps safer if the appointment for resupply is set for two to three weeks before the client's initial supply runs out. This way if the client is only a few days or weeks late for her appointment, she will still be protected against pregnancy. Further, when a client does not show up for an appointment and no longer has contraceptive supplies (according to your records), it is precisely at this time when it is most important to provide follow up, since this is when unplanned pregnancy often occurs."

On deciding which methods to measure . . . *One reviewer offers*, "Contrary to your example in Rwanda, where there is a single provider of contraceptives, in our area clients often go to commercial outlets for resupply of pills, so it is not as useful to calculate the pill discontinuation rate. Clinic managers should be careful to decide which types of users to track and for which methods the measurement will be useful."

On the defining your reason for measuring discontinuation . . . *One reviewer points out*, "Clinic managers need to decide the primary reason for counting discontinuers and calculating rates. In some clinics it may be less useful to calculate a rate than to institute a filing system for following up on clients who do not return to the clinic. Then you could determine whether these clients have discontinued or whether they are continuing users who obtain their contraceptive supplies from another outlet."

Continued on next page

On the accuracy of quarterly rates . . . *Several reviewers suggested*, "It should be noted that because the number of discontinuers in a three-month period of time may be small, quarterly discontinuation rates may fluctuate widely from quarter to quarter and may reflect a random variation rather than a true trend. For this reason, managers should view quarterly data with caution and make note of any conditions or circumstances during the previous six months that may have affected the calculation."

"It may be more useful to measure discontinuation rates over a longer period of time such as semi-annually or annually. Rates that pertain to a longer period of time will have the effect of averaging out these fluctuations and will be more representative of the overall clinic discontinuation problem. They can also be used for monitoring the discontinuation trend in your clinic and for making comparisons with those of other programs. Above all, managers should remember that the underlying reason for tracking discontinuers is to help them identify clients who are at risk of having an unintended pregnancy so that clinic staff can provide follow-up visits and make every effort to encourage clients to continue using contraception."

On the importance of protecting the privacy of clients . . . *Several reviewers cautioned*, "Frequently, women decide to use contraception without informing their husbands, partners, or parents, so a follow-up visit or a letter arriving my mail violates their right to privacy, and causes problems at home. Clinic staff should ask the client at her first visit how she should be contacted if the clinic needs to reach her, and her response should be noted on her record. Some clients may need to be reached through a friend, and met at an agreed upon location."

References

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Checklist for Reducing Discontinuation

For Clinic Managers

- ☐ Work with your staff to establish definitions for discontinuers of each method you provide in your clinic. Communicate these definitions to your supervisor.
- ☐ Set up a system for tracking no shows and discontinuers on a regular basis.
- ☐ Develop an active filing system for filing the records of all no shows and discontinuers.
- ☐ Design and implement a follow up system to visit clients soon after they fail to return to the clinic.
- ☐ Work with your staff and supervisors to determine the method-specific discontinuation rates in your clinic.
- ☐ Use tally sheets to analyze the characteristics of discontinuers.
- ☐ Discuss the findings of your analysis with your clinic staff and together design changes in your service delivery systems that will help to reduce the discontinuation problem.

For Supervisors

- ☐ Work with the clinic managers to analyze discontinuation rates in the clinic.
- ☐ Share the mathematical formulas used by other clinics that have conducted discontinuation analyses, so that your clinic managers can use or refer to them as they conduct their own analyses.
- ☐ Facilitate the acquisition of regional or national data by getting necessary information from upper level managers at the regional or central level.

For Mid- and Senior-level Managers

- ☐ Encourage clinic managers and their supervisors to analyze discontinuation rates in their programs and clinics.
- ☐ Support the efforts of clinic managers and supervisors by providing them with information on discontinuation rates in other regional clinics, so that they can compare their performance with that of other clinics.
- ☐ Communicate successful strategies for reducing the problem of discontinuation so that other programs can use them.

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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The Family Planning Manager

CASE SCENARIOS FOR TRAINING AND GROUP DISCUSSION

The Tapong Clinic:
Deciding Whether to Measure Discontinuation

Nurse Chiraphan, the manager of Tapong Family Planning Clinic, looked at her watch, and was irritated. She was expecting Mr. Howe to arrive at ten o'clock and he was late. It seemed that all consultants from the family planning program's Central office showed up late. She wondered if there would be enough time now to explain about the Tapong Clinic. Last week she had received a circular from the Central office informing her of a new program initiative to improve the quality of the program's services. Mr. Howe, an international consultant who specialized in improving the quality of family planning services, had been hired to collect information from several clinics so he could make recommendations for the design and set up of a system to monitor client discontinuation.

Nurse Chiraphan was reviewing service statistics reports when Mr. Howe finally arrived. She concealed her irritation and welcomed him to the clinic. "Good morning," she said. "I am delighted to meet you, and I am ready to help you in any way that I can."

Mr. Howe was a small man who spoke rapidly and who apparently did not see any need to engage in the customary formalities. "I have a number of questions about your clinic," he said. "I'll get right to the point." He opened his notebook and, reading from his notes without looking up, he continued, "I understand that this clinic offers oral contraceptives, IUDs, injectables, and condoms. Let me begin by asking whether any of these methods are available from any other sources in your district."

Nurse Chiraphan was somewhat astonished by Mr. Howe's rapid speech and abrupt manner, but the question was one she was happy to answer. The Tapong clinic had been the first, and until recently the only, provider of family planning services in the area. Her pride in her clinic's achievements was clearly evident in her voice. "We are the only family planning service provider in this area," she responded. "We provide all the IUDs and injectables in our area. There aren't any other providers for these methods. Thanks to a special program initiated by one of our staff, condoms are available for a very small fee at a number of other places, although we still provide them free at our clinic. Until last month we were the only source for pills in this area. But the Central program has begun distributing pills to the three rural pharmacies in our area, where they can be purchased at subsidized prices."

"What resupply polices does your clinic follow?" asked Mr. Howe.

"Of course, we follow the policies that are developed at the Central office," Nurse Chiraphan replied, wondering why he would ask such an obvious question. "At a client's first visit, we give her a three-month supply of pills and at her next visit, and at each subsequent visit, we give her a six-month supply. In our clinic we use a three-month injectable and ask clients using this method to return just before the three months are over. We provide condoms on request, and clients are not required to register at the clinic for resupply of this method."

Case Scenario: The Tapong Clinic

Nurse Chiraphan was somewhat amused by the way Mr. Howe wrote every word in his notebook. "How often do you ask people to come back for IUD checkups?" he inquired.

"Each new IUD user is asked to return for an initial checkup at three months and then annually thereafter," replied Nurse Chiraphan.

"How do you know if your clients are late for their resupply visit?" asked Mr. Howe, still bent over his notebook. "Do you have an appointment system?"

"No," she said. "We don't have an appointment system. That would never work here. We just remind our clients as they are leaving the clinic that they absolutely must come back to the clinic about two weeks before their contraceptive supplies run out." After a brief pause she added, "We file our records by the month that the client is expected to return for resupply. This way we can tell who hasn't returned to the clinic as expected."

Mr. Howe shifted in his seat and for the first time in several minutes looked up from his notebook and glanced at the wall clock. Just as Nurse Chiraphan had expected, there wouldn't be enough time to tell him about all the things her clinic was doing. Abruptly, he stuck out his hand and said, "Thank you for your time today, Nurse Chiraphan. I expect that I'll see you again in two weeks, after I have visited all of the clinics and had a chance to look at the data I have collected. I will be making a recommendation to the Central office on whether you and the other clinic managers in the district should measure discontinuation in your clinics. If I do recommend that each clinic should begin measuring discontinuation, then you will be invited to a meeting so that I can get reactions from all the clinic managers to my preliminary design of the system."

Having gathered all the information he needed from Nurse Chiraphan, Mr. Howe set off to visit several other clinics before returning to the Central office where he would begin drafting plans for the tracking system, make recommendations on whether or not the Tapong clinic should measure discontinuation, and develop a system for following up discontinuers.

Case Discussion Questions: The Tapong Clinic

1. **Several factors must be considered when deciding whether to measure discontinuation and selecting which contraceptive methods to track. Considering the environment of the Tapong Clinic described in the case, what factors should be considered and would you recommend measuring discontinuation? If so, what methods would you recommend that they measure, and why? If you choose not to measure certain methods, explain why not.**
2. **For each method that you have selected to measure, recommend a definition that the clinic could use to identify "no shows" and discontinuers, (that is, how long a client can stay away from the clinic before she is considered a discontinuer).**
3. **If Tapong clinic wanted follow up on clients who are at risk of discontinuing, what system would you recommend that they use to identify these clients and follow up on them?**

Case Analysis: The Tapong Clinic

1. Several factors must be considered when deciding whether to measure discontinuation and selecting which contraceptive methods to track. Considering the environment of the Tapong Clinic described in the case, what factors should be considered and would you recommend measuring discontinuation? If so, what methods would you recommend that they measure, and why? If you choose not to measure certain methods, explain why not.

The decision as to whether to measure discontinuation is influenced by the following factors:

- program policies for resupply and check-ups;
- availability of supplies from other sources;
- competing service providers in the area;
- types of contraceptive methods provided (some are easier to track than others),
- ability to use the discontinuation data for follow up or program planning (including improving quality, assessing client satisfaction, determining suitability of method mix, and assessing the characteristics of discontinuers in order to make programmatic improvements);
- ability to obtain data on discontinuers from existing clinic data sources.

For Tapong clinic, Mr. Howe might decide not to measure discontinuation for condoms because there are a number of sources of supply where condoms are sold at minimal cost. In fact, clinic policy encourages clients to seek condom resupply in these retail outlets.

For the IUD and injectables, however, the clinic is the only source of supply, and both require a clinic visit. Because injectables require regular clinic visits, they are easy to track for discontinuation. High discontinuation rates might indicate poor quality services, dissatisfaction with the method, inadequate counseling, or restricted access to services either due to pricing policy, location, or clinic hours. For IUDs, the clinic policy requires IUD users to return on a yearly basis for a check up. Their failure to return for the annual visit would classify them as no shows. If no show rates for annual IUD check ups were high, follow up visits to clients could be made to obtain more information on this problem.

The decision on whether to track pill discontinuers is not clear cut in this case. Because pills are also available from pharmacies, the discontinuation rate could look high even though clients may still be using the pill. An analysis could be done of a subgroup of discontinuers to determine whether they might be obtaining their supplies from a pharmacy. If, however, most pill clients are still being resupplied by the clinic, then the clinic might want to track pill discontinuers, perhaps on a semi-annual basis, to monitor the trend.

2. For each method that you have selected to measure, recommend a definition that the clinic could use to identify "no shows" and discontinuers, (that is, how long a client can stay away from the clinic before she is considered a discontinuer).

It may be helpful to develop a chart similar to the one shown on the next page that indicates what methods are provided by your clinic, the protocols for dispensing that method, when a client becomes a no show, and when the client is determined to be a discontinuer. This chart can then be referred to by all clinic staff.

Case Analysis: The Tapong Clinic

Method	Protocol/months of supply given	Appointment/ expected date of return for resupply	When client becomes a no show	When client becomes a discontinuer
Pills 1st visit	3 months	2.5 months from date of first visit	As soon as client misses expected return	One month after pill supply is due to run out
Pills Subsequent visits	6 months	5.5 months from date of last visit	As soon as client misses expected return	One month after pill supply is due to run out
Injectables	3 months	2.5 months	As soon as client misses expected return	3 months after expected return
IUDs 1st vist	IUD inserted	3 months after insertion	1–2 months after scheduled check up	Not applicable
IUDs Subsequent visits	None	Annual checkup	6 months after scheduled annual checkup	2 years after most recent checkup

The definitions you chose for no shows and discontinuers will depend on clinic protocols and on assumptions about contraceptive use in the area. The information in the discontinuers column above is based on the protocols followed by Tapong clinic. The date in the no-show column is based on how long the contraceptive method will remain effective. However, clients are asked to return several weeks prior to running out of contraceptives in order to provide adequate time to follow up clients who do not return on time, and before they are at risk of becoming pregnant. In this case, once this time has passed they are considered discontinuers. Your definitions may vary slightly.

3. If Tapong clinic wanted follow up on clients who are at risk of discontinuing, what system would you recommend that they use to identify these clients and follow up on them?

Since Tapong clinic already has a system of filing records by the month in which the client is expected to return for resupply, it would be easy to identify the clients who were at risk of becoming discontinuers. At the end of each month, all records remaining in the file for that month can be put on a list for follow up. The client should be contacted during the next month and, if after receiving a follow-up visit a client does not return for services, her record can be moved to the "discontinuers" file.

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