

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 policies 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 visit	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.