

The

# Family Planning Manager

## CASE SCENARIOS FOR TRAINING AND GROUP DISCUSSION

### Dr. Dupont Integrates MCH and Family Planning Services in Munda District

Dr. Dupont, the Regional Health Director in Munda district, looked at the letter from the Director-General of the Ministry of Health (MOH) instructing him to begin to integrate Maternal and Child Health services (MCH) provided by the MOH and family planning services currently provided by the Institute for Family Planning.

Dr. Dupont had been expecting this change in policy for several months and had already been thinking about how to bring about the transition from partially to fully integrated service delivery in the MOH facilities. In fact, he had just completed a tour of his region and had been surprised to find that Institute personnel in the region's clinics were working in quite different situations.

#### MINISTRY OF HEALTH

April, 1994

Dear Dr. Dupont,

*As you know, for some time the Ministry of Health has been discussing the full integration of family planning and maternal and child health services. The cabinet has agreed to move forward with this policy change immediately. The transition is to take place over a seven-year period and will begin next month.*

*As you are aware, family planning services are currently being provided by the Institute for Family Planning at all MOH Maternal and Child Health Clinics. I would appreciate any ideas that you might have about making the transition from partially integrated service delivery to fully integrated delivery of MCH and family planning services. Please contact me with any suggestions or questions that you might have.*

Sincerely,

*Dr. A. K. Rangara*

Dr. A. K. Rangara  
Director General, Ministry of Health

In Marasa, the MCH clinic director had little knowledge of family planning and no interest in the family planning program. Mrs. Bonnard, the nurse midwife from the Institute who worked in the clinic, had told him that the clinic director never spoke with her or supervised her work, and never invited her to participate in any other clinic activities. Dr. Dupont had questioned her about client referrals and she was unable to recall a single referral for services from the MCH staff across the hall. She had said she felt very independent from the MCH clinic. "It's like I work in a different clinic," she said. "But I like it that way—I've been practicing for a long time, I know my job well, and I have a wonderful supervisor at the Institute." Mrs. Bonnard had also brought up the fact that when she went on vacation or on her monthly field visits, there was nobody in the clinic who could provide family planning services. Clients were turned away and told to come back at a later date. The Institute was supposed to find replacements, but they lacked additional personnel and rarely succeeded in finding temporary replacements for clinic nurse midwives. When Dr. Dupont spoke with Mrs. Bonnard's supervisor from the Institute, she

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confirmed that Mrs. Bonnard was an excellent nurse midwife and that the program had been doing well under her direction.

The situation was quite different at the Besnini clinic. There, the clinic director was a woman who had some specialized training in family planning and was very enthusiastic about integrating family planning and other clinic activities. She had organized clinic activities to include the two Institute nurse midwives working in the clinic. She expected them to be part of the clinic team and took an active role in supervising their work. Dr. Dupont had asked the same question about client referral and both the nurse midwives had agreed that they got a number of clients referred to them by the MCH staff. "Since the new director started including us in the clinic activities," one nurse midwife said, "we receive lots of referrals from the MCH staff. Most of the time, they just send them across the hall after they have finished seeing them. It's something that the director really pushed."

At Luba clinic, situated in the remote northern corner of the district, Mrs. Geroux, the family planning nurse midwife, met weekly with MCH staff and felt well integrated with her MCH counterparts. Mrs. Geroux had told him that "she really relied on the support that she got from everyone at the MOH clinic." Because of her remote location, her supervisor from the Institute frequently canceled her supervisory visits and Mrs. Geroux had come to rely on Dr. Bruen, the clinic director, for support and supervision. Together they had arranged for Mrs. Geroux to see all post-partum patients and to give informal talks in the waiting area during well-baby clinics to inform mothers about the family planning services offered in the clinic.

Leaning back in his chair, Dr. Dupont thought about what advice he could give Dr. Rangara about the best way to integrate family planning services into the MCH clinic program.

## Case Discussion Questions: Dr. Dupont Integrates MCH and FP

1. What suggestions can Dr. Dupont make to Dr. Rangara on how to facilitate integration of family planning services provided by the Institute with other clinic services?
2. What kinds of things can be done to integrate MCH program staff and Institute staff?
3. How can the current supervision system for family planning providers be incorporated into the overall MCH/FP program without decreasing the quality of support the family planning providers receive?

## Case Analysis: Dr. Dupont Integrates MCH and Family Planning

### 1. What suggestions can Dr. Dupont make to Dr. Rangara on how to facilitate integration of family planning services provided by the Institute with other clinic services?

Dr. Dupont has already anticipated the MOH transition from partial to fully integrated service delivery. His recent trip provided him with a good basis for making recommendations to Dr. Rangara. Dr. Dupont understands well that any new policy change will be challenging to implement and will depend ultimately on his own leadership abilities and those of his clinic directors.

**Recognize the importance of leadership:** Successful integration of family planning services currently provided by the Institute with other health services provided in the MOH clinic will depend to a great degree on the leadership capabilities of clinic directors. As Dr. Dupont observed on his field visit, clinic directors who have a good understanding of technical issues related to family planning and who are aware of the benefits that integrating family planning services can provide to patients are likely to provide adequate support for an integration initiative. An enthusiastic and motivated clinic director, like the one in Besnini clinic, can transform the way people work together.

**Develop leadership skills:** A special program for developing the leadership capabilities of clinic managers is needed. Dr. Dupont decides to focus on creating technical competence for family planning service delivery and on developing the management skills necessary to lead and motivate staff to work together to provide integrated services. He could suggest that Dr. Rangara develop a program for clinic directors to help them to:

- create better awareness of the goals, objectives, and activities of the family planning program;
- understand the benefits of integrating services for family planning and health service users;
- develop the technical competence required to direct family planning service providers;
- develop a clear understanding of how integrated program services will be implemented.

### 2. What kinds of things can be done to integrate MCH program staff and Institute staff?

Dr. Dupont realizes that better integration in MOH clinics can be achieved by establishing new formal channels for staff communication, by creating systems that focus on the client rather than the provider, and by upgrading the training of all clinic staff.

**Improve Communication:** Managers must create opportunities for both formal and informal communication where staff can share ideas and information. Communicating effectively about client/patient needs can dramatically improve the overall quality of health and family planning services. Regular staff meetings with staff from both the Institute and the MOH clinic can provide an opportunity for all staff to consider ways to improve services and overall client care.

**Focus on the client:** When integrating services in a clinic, focusing on the client's needs provides a convenient starting place for considering ways of developing or improving integrated services. Dr. Dupont can develop systems in which staff can work together to assess client needs and use this assessment as the basis for developing better integration. One way to do this is by following a system of continuous quality improvement (CQI). For more information on CQI see Vol. II, No. 1 of the *Family Planning Manager*, Using CQI to Strengthen Family Planning Programs.

**Develop Referral mechanisms:** An interfacility referral system is essential for effective integration of services. MCH staff must systematically assess the family planning needs of mothers who come to the clinic for maternal services other than family planning, and also of mothers who bring their children to the clinic but may not be seeking care themselves. When MCH workers identify family planning service needs, they must have a clear and systematic way to provide these patients with family

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planning services, preferably on the same day. Clinic managers should work with their staff to develop a system for both identifying needs of mothers and children that come to the clinic, and for referring them for other services within the clinic as soon as these needs have been identified.

**Cross Train staff:** When developing a program of integrated services within a clinic, it helps to have staff who are technically competent in the entire range of services provided by the clinic. Training family planning service providers in MCH and MCH providers in family planning may eventually achieve greater integration. In addition, it may help provide back-up coverage for vacation or illness for either MCH or family planning service delivery, and thus prevent disruption of clinic services.

### 3. How can the current supervision system for family planning providers be incorporated into the overall MCH/FP program without decreasing the quality of support the family planning providers receive?

Dr. Dupont is aware that the major advantage of the current dual supervisory system is that it focuses providers on family planning services. Merging the two systems may reduce the attention on family planning by focusing on other MCH activities. However, in Luba clinic, where the dual supervisory system doesn't function well because the family planning supervisor visits very infrequently, supervision appears to be adequately performed by the MOH clinic director. The transition to integrated supervision will require streamlining the supervisory system, focusing on supervising specific aspects important to integrated service delivery, and upgrading the technical and supervisory skills of all supervisors.

**Streamline the supervision system:** The current supervisory system requires two supervisors who work independently. These supervisors have some obvious differences. First, each supervisor deals primarily with issues related only to the services provided by their supervisees in the specialized areas that they supervise. Secondly, the Institute supervisor visits infrequently, while the clinic supervisor is present in the clinic continuously. No formal mechanisms exist for collaboration or communication between supervisors, reinforcing the separation of services within the facility and among the staff. Formal communication between different supervisors should be established to increase collaboration between MCH and family planning supervisors.

**Develop integrated supervisory guidelines:** To achieve integrated supervision, supervisory guidelines will need to be developed that help all supervisors address the needs of the client visiting the clinic for either family planning or MCH services. Initially, family planning and MCH supervisors can develop supervision guidelines that emphasize a common philosophy of supervision and focus on a few critical elements needed to support integrated services.

For example, MCH and family planning supervisors could work together to develop guidelines for identifying both the family planning needs of MCH mothers and children and the MCH needs of mothers seeking family planning. The guidelines could specify the actions staff should take once these needs have been identified. Supervisors could then reinforce these guidelines with both MCH and family planning staff, ensuring that the guidelines were in place and being used effectively.

**Upgrade technical and supervisory skills of supervisors:** Supervisors will need to upgrade their technical proficiency in all service areas in order to be able to effectively support and encourage clinic staff to achieve greater degrees of integration. MCH supervisors will need training in family planning and Family Planning supervisors will need to improve their technical proficiency in MCH. If this process is successful, the current dual supervisory system could be eliminated in favor of single supervisors responsible for both MCH and family planning activities.