The Story of Martha and Helen

Martha and Helen grew up together in Mwara, a village without a primary health care program. Helen married a native of the same village. Martha married a man from Mazari, a village that is covered by a primary health care program. Martha and her family are fairly well off and have four healthy children. Helen has seven children, and she and her husband have trouble finding enough resources to care for them adequately. Consequently, Helen and the children are often very ill.

After a long time apart, Martha meets Helen during a visit to Mwara. Martha cannot believe how Helen has changed. She is very thin, her face looks tired, and her color is not good. Helen explains to Martha that since the birth of her ninth child, which was a difficult village delivery, she has felt increasingly weak and ill. Moreover, the child died during delivery just like the one before.
She added that, in the last few years, their situation has deteriorated, and they can no longer meet even the basic needs of the family. Martha was surprised to see that Helen was pregnant again. She said to Helen, “So you’ve been pregnant ten times and delivered nine times in 15 years of marriage! That is too many pregnancies in such a short time.”

Helen explained that, in the village, women are valued only for the housework they do, the help they provide to their husbands in the fields, and the number of children they deliver. She added that she and her husband recognize that her pregnancies are too close together, but no woman can prevent a pregnancy except by refusing her husband, which is not part of the marriage customs. Martha agrees, but asks Helen why she has not visited the health center to get advice on family planning and to treat the children’s illnesses.

Martha kindly explained that a midwife from the village health center brought methods for spacing pregnancies so a woman is able to choose when she wants to become pregnant. She explained that this was the reason she has only four children, yet is the same age as Helen. These family planning methods helped her and her husband decide when to have a child without having to sacrifice sexual pleasure.

Helen agrees to talk to her husband about it and contact the nurse, Esther, at the Mazeras health center, which is 30 km from Mwara. When Helen and her husband contact Esther, she informs them about the different methods of family planning and helps them choose the one that best suits their needs. She explains that there are many couples like Helen and David who have not learned about the benefits of family planning. Esther decides to examine the health records to determine whether family planning adoption is increasing or decreasing.
Reflection

This story shows that despite the attention that family planning programs have received in recent years, there are still many people who are not using family planning methods to space or limit pregnancies. Health workers deal with the effects of multiple pregnancies, lack of birth spacing, and large families on a daily basis. However, efforts to encourage more people to adopt family planning may be hindered by:

♦ A lack of knowledge of family planning or understanding of its benefits;
♦ The fear of the side effects;
♦ The difficulty of traveling to the health center; and
♦ The quality of the care and counseling provided at the health center.

There may also be other reasons. To reduce these constraints, health workers must work closely with the community and try to improve service quality and encourage more couples to adopt family planning.

Consider these questions:
♦ How does this story relate to your work at your health facility?
♦ Do most women come to your health center for family planning?
♦ Do they continue to use family planning after the first visit?
♦ Do you know how many eligible women in the community are not using family planning?
♦ Do you know where these women are located?
♦ Why don’t women in your community use family planning?
♦ What can you do to encourage more women to use family planning regularly?

To answer these questions, begin by looking at the data you collect at your health center and the data available about the community. Then follow the five steps of self-evaluation.
Self-Evaluation

Step 1: Choose and Define an Appropriate Indicator

From community and facility data you can calculate indicators of the strengths and weaknesses of the family planning service. There are two basic indicators that health workers can use to conduct self-evaluation of family planning services (see box). To begin, the health worker should select only one indicator and analyze it. Here we suggest starting with the first indicator in the box—family planning recruitment rate—which is an important indicator for improving family planning services.

Key Indicators for Family Planning

- Family planning recruitment rate
- Ratio of new adopters by method

Define the Indicator for the Family Planning Recruitment Rate

The indicator compares the number of women who have actually adopted family planning methods for the first time to the total number of women of reproductive age.

\[
\frac{\text{Number of women who used family planning methods for the first time last quarter}}{\text{Number of women of reproductive age (between the ages of 15 and 49 years) last quarter}} \times 100
\]

REMEMBER! The numerator and the denominator can cover any period of time (quarter, year, etc.). However, the time period related to the numerator and the denominator in a single indicator must always be the same.
STEP 2: Analyze the Data (Calculate—Interpret—Present)

Calculate the Indicator

The Numerator

The numerator is calculated with information recorded in the family planning register. Use your tally sheet or quarterly report form to find the number of new adopters of family planning last quarter. This should include adopters of all methods that are offered at the health center.

Example: 24 women adopted family planning last quarter.

The Denominator

The denominator is calculated by estimating the number of women of reproductive age in the community. This is generally estimated at 24% of the total population. The figure can be calculated from the information provided by the district health office or local government.

Example: Total population of 10,000 multiplied by 0.24 (equal to 24%, or the percent of women of reproductive age each year) = 2400.

This means that there are an estimated 2400 women of reproductive age each year for a population of 10,000 people. Since the numerator relates to only one quarter, the denominator should be divided by four. 2400/4 = 600 women of reproductive age per quarter.

Recruitment Rate

Using examples from above, divide the numerator by the denominator and multiply by 100: (24/600) x 100 = 4%.

Interpret the Indicator: What Does this Indicator Tell You?

You can use this indicator to:

- Describe the problem: Is it big or small?
  - 4% of eligible women in the community adopted family planning last quarter.
  - 96% of eligible women are either already using family planning or did not come to the health center to adopt family planning for the first time.

If you have reliable information on the contraceptive prevalence rate in your area from a national or local survey, such as the DHS, it will help you interpret the meaning of the family planning recruitment rate. The recruitment rate is
likely to be rather small, since adoption of family planning methods often proceeds slowly. As a health worker, you should try to ensure a steady rate of increase in this indicator. Do not expect dramatic changes in short periods of time.

**Compare the Indicator with the Target**

♦ Did you reach the target? Is coverage improving?
There may be an annual target for family planning recruitment that has been set for your district. Is your indicator for the last quarter higher or lower than the target? What does that indicator tell you about your family planning service? If the annual target was set at 10% for this year, what can you do to ensure that the rate reaches this level?

♦ Determine who is affected most by this problem.
You may want to know where the majority of family planning adopters live and whether there are some areas where few people are adopting family planning. To identify these areas, look at the recruitment rate per village or collection of villages.

**Presenting the Data**

It is sometimes helpful to make a picture with the data (a graph or table) to illustrate changes in recruitment rate, discover where recruitment is the lowest, and compare recruitment rates to the target. These pictures can be used to explain the data to others, such as members of the management committee, other community leaders, and your supervisors.
Making a Graph or Table

You can make a graph that shows changes in family planning recruitment rate over time. To depict the cumulative adoption rate for the year, record a marker or dot across from the total number of adopters for the first quarter. For the next quarter, add the total number of adopters to that of the first quarter, and so on for the rest of the year. You can then compare one quarter to the next to see if your total recruitment rate is improving. Each point is connected with a line until the year is complete.

You can also place markers or dots on the graph relating to the recruitment rate target set for your area. Using the example above, if the total annual target is 10%, then each year 240 women must adopt a family planning method. Each quarter you would expect about 60 visits. Connect the dots to make a line that shows the cumulative progress of the target throughout the year. Compare the two lines to compare your actual numbers to the target. In Graph 1 below, the family planning recruitment rate is below the target and only increasing slowly each quarter.
A second way of illustrating the data is to make a table that shows the actual number of family planning adopters per village, the total number of expected adopters (100% of the target), and the actual recruitment for each quarter. You can only complete this table if you collect the name of each woman’s village when you fill in the forms or the register. If you do not collect this information, you might consider changing the patient record form or the register. From your register, you tally up the number of women from each village who adopted family planning for the first time. The tally sheet might look like Table 1.

### TABLE 1: Tally Sheet—Family Planning Adopters

<table>
<thead>
<tr>
<th>Village</th>
<th>Quarter 1 Family planning adopters</th>
<th>Quarter 2 Family planning adopters</th>
<th>Quarter 3 Family planning adopters</th>
<th>Quarter 4 Family planning adopters</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Villages less than 5 km</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Mazeras</td>
<td>III</td>
<td>II</td>
<td>III</td>
<td>III</td>
<td>15</td>
</tr>
<tr>
<td>2. Mazari</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>5</td>
</tr>
<tr>
<td>3. Dambara</td>
<td>III</td>
<td>II</td>
<td>I</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>4. Keriya</td>
<td>II</td>
<td>I</td>
<td>II</td>
<td>II</td>
<td>7</td>
</tr>
<tr>
<td>5. Sambari</td>
<td>III</td>
<td>II</td>
<td>III</td>
<td>III</td>
<td>12</td>
</tr>
<tr>
<td>6. Kota</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>II</td>
<td>5</td>
</tr>
<tr>
<td>7. Bissi</td>
<td>II</td>
<td>II</td>
<td>I</td>
<td>III</td>
<td>8</td>
</tr>
<tr>
<td>Total &lt;5 km</td>
<td>18</td>
<td>12</td>
<td>13</td>
<td>17</td>
<td>60</td>
</tr>
</tbody>
</table>

| Villages 5 km or more | | | | | |
| 1. Basoro | I | I | II | II | 6 |
| 2. Kafundi | II | I | II | II | 7 |
| 3. Mwashanga | III | II | III | III | 12 |
| 4. Mgandini | – | – | I | I | 2 |
| Total >5 km | 6 | 4 | 9 | 8 | 27 |
| Total by period | 24 | 16 | 22 | 25 | 87 |
When you finish the tallies, you can fill in the numbers in Table 2 (page 98) and calculate the recruitment rate for each village and the total catchment population in the same way you calculated the recruitment rate above. Next, look at the information carefully to see what it tells you. From this table, you can see that the recruitment rate in Mazari is lower than it is in Mazeras. Based on this data, you may want to make an extra effort to encourage women from Mazari to adopt family planning.

**STEP 3: Assess the Situation**

Now use the indicator, the graph, and the table to **assess the situation and decide what to do.**

**The indicator** tells you the overall size of the problem at a specific time. The recruitment rate last quarter was 4%, and the target is 10%.

**The graph** tells you whether there have been improvements over time and how actual recruitment rates compare to the target.

**Table 2** tells you where the problem is greatest.

**WHAT IF...**

- If the overall recruitment rate is acceptable (getting closer, equal to, or exceeding the target), then you may decide that you do not need to make any additional effort to improve the family planning recruitment rate.

Give this information to the community and tell them that things are going well.

- If the indicator is too low, or improvements are not happening fast enough to meet your target by the end of the year, you may want to consider possible **causes and solutions.**

**The cause of low family planning recruitment rate** may be found in the community, in the health center, or in both.

**In the community,** you might consider:

- The distance women live from the health center and the time it takes them to reach it;
- The lack of information or understanding about the importance of family planning;
- Cultural constraints; and
- The cost of family planning (in terms of fees or time lost away from work to visit the health service).
TABLE 2: Family Planning Recruitment Rate by Village

**Health center:** Mazeras  
**Indicator:** Family planning recruitment  
**Target:** 10%  
**Year:** 2002

<table>
<thead>
<tr>
<th>Village</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Villages less than 5 km</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Mazeras</td>
<td>5</td>
<td>81</td>
<td>6</td>
<td>3</td>
<td>81</td>
</tr>
<tr>
<td>2. Mazari</td>
<td>1</td>
<td>47</td>
<td>2</td>
<td>1</td>
<td>47</td>
</tr>
<tr>
<td>3. Dambara</td>
<td>4</td>
<td>55</td>
<td>7</td>
<td>2</td>
<td>55</td>
</tr>
<tr>
<td>4. Keriya</td>
<td>2</td>
<td>51</td>
<td>4</td>
<td>1</td>
<td>51</td>
</tr>
<tr>
<td>5. Sambari</td>
<td>3</td>
<td>62</td>
<td>5</td>
<td>2</td>
<td>62</td>
</tr>
<tr>
<td>6. Kota</td>
<td>1</td>
<td>50</td>
<td>2</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>7. Bissi</td>
<td>2</td>
<td>53</td>
<td>4</td>
<td>2</td>
<td>53</td>
</tr>
<tr>
<td><strong>Total &lt;5 km</strong></td>
<td><strong>18</strong></td>
<td><strong>399</strong></td>
<td><strong>5</strong></td>
<td><strong>12</strong></td>
<td><strong>399</strong></td>
</tr>
<tr>
<td>Villages 5 km or more</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Basoro</td>
<td>1</td>
<td>53</td>
<td>2</td>
<td>1</td>
<td>53</td>
</tr>
<tr>
<td>2. Mwara</td>
<td>2</td>
<td>54</td>
<td>4</td>
<td>1</td>
<td>54</td>
</tr>
<tr>
<td>3. Banango</td>
<td>3</td>
<td>57</td>
<td>5</td>
<td>2</td>
<td>57</td>
</tr>
<tr>
<td>4. Hamissa</td>
<td>0</td>
<td>37</td>
<td>0</td>
<td>0</td>
<td>37</td>
</tr>
<tr>
<td><strong>Total &gt; 5km</strong></td>
<td><strong>6</strong></td>
<td><strong>201</strong></td>
<td><strong>3</strong></td>
<td><strong>4</strong></td>
<td><strong>201</strong></td>
</tr>
</tbody>
</table>

| Total per period | **24** | **600** | **4** | **16** | **600** | **3** | **22** | **600** | **4** | **25** | **600** | **4** |

* Blank tables are located in Annex 2 at the end of the document.
**In the health center**, you might consider:

- Whether women are received politely and how long they wait for services;
- The perceived quality of the family planning (Do women believe they will benefit from the service? Do they believe their discussions about family planning will be confidential?); and
- The technical quality of the family planning service. (Are basic supplies available, such as family planning methods and IEC materials?)

There may be many other causes of low recruitment rates. These are only examples. To explore the possible causes and solutions, you should discuss the problem with other health staff, the management committee for the health center, your supervisor, district managers, and especially the community. Key sources of information in the community are village health workers and traditional birth attendants. During the meeting, use the data you have analyzed to explain the problem. Use the tables and graphs that you have made to illustrate the problem. Then hold a discussion about possible solutions.

Depending on the cause, these are steps you could take to improve the family planning recruitment rate:

- Improve the quality of the service by ensuring that all methods are available at all times and that women receive counseling on family planning.
- Organize the service differently. For example, combine the family planning service with vaccination days and provide family planning services every day that the health center is open.
- Avoid interruptions in inventory of contraceptives by ordering supplies earlier and collecting them to ensure that they do not run out.
- Improve the way in which women are treated at the health center. Communication is important. Make the woman feel welcome. Invite her to sit down and tell her that your conversation will be confidential. Encourage her to ask questions. Listen attentively to her concerns. Encourage her to come back again.
- Conduct IEC (information, education, and communication) activities in remote villages with the support of the management committee. During these sessions, emphasize the importance of family planning and its availability at the health center.
- Provide family planning in remote villages either with an advance strategy or by forming networks with the trained birth attendant to follow up.
- Get support from village representatives as well as women’s groups and associations to promote family planning.
**STEP 4: Finding a Solution**

**Hold a Meeting**

To begin to address the problem, you may want to hold a meeting with other health workers or community members. These meetings should follow the steps indicated below:

**Set Priorities**

First, decide what is the most important and easiest step to take. Start with something that relates to your direct responsibilities in the health facility and then move on to the community. For example:

1. **If you have run out of essential supplies, such as pills or condoms:**
   - **Order** supplies immediately and, in the future, order them on a regular basis to ensure that they arrive before you need them.

2. **If you have learned from your discussions in the community or in the health center that more women are likely to come for family planning if curative care was offered on the same day:**
   - **Change** the way you provide family planning services and let people know about it!

3. **If women do not accept the importance of family planning:**
   - **Find out why** and learn more about local customs and beliefs; and
   - **Speak** to women who use the service and ask them why other women may not want to attend.

4. **If the population does not have enough information about the importance of family planning and all the services offered at the health center:**
   - **Conduct** IEC activities in the villages with women’s groups and associations, village representatives, and networks to increase local knowledge of the benefits of family planning and encourage utilization of these services.

5. **If some women say they cannot come to the health center because they live too far away or cannot find appropriate transportation:**
   - **Form** a network of local groups to provide services such as IEC and identification of potential family planning users;
   - **Supervise and support** the networks; and
   - **Conduct outreach services** regularly in the villages.
6. *If cultural beliefs may be influencing women and preventing them from seeing the advantages of family planning:*

- **Respect** cultural differences, but **find out** more about them;
- **Choose** health messages that reflect local beliefs;
- **Collaborate** with local leaders to encourage them to accept the importance of family planning and promote it in their communities; and
- **Involve** women’s groups and associations and others to help improve the family planning recruitment rate.

Only you and the community together can decide the best steps to take to address the problem in your community.

---

**Develop an Action Plan**

Work with other health staff or community members to make a plan. A plan is an agreed set of activities that will be conducted to address a problem or achieve a result. This plan might include improving the health service, setting a new target for the next few quarters, or introducing new activities to encourage more women to adopt family planning. The plan should list all the activities that will be done, when they should be completed, and who is responsible for completing them.

---

**Action Plan for Improving Family Planning Recruitment Rate**

<table>
<thead>
<tr>
<th>Activities to improve family planning recruitment rate</th>
<th>Date to be completed?</th>
<th>Who is responsible?</th>
<th>Results achieved or not? Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order family planning supplies</td>
<td>3/3/02</td>
<td>Esther</td>
<td></td>
</tr>
<tr>
<td>Begin to provide family planning everyday</td>
<td>When family planning methods arrive</td>
<td>Esther</td>
<td></td>
</tr>
<tr>
<td>Start IEC activities and promote outreach</td>
<td>21/3/02</td>
<td>Esther Management committee Women’s group</td>
<td></td>
</tr>
</tbody>
</table>

* Blank tables are located in Annex 2 at the end of the document.
**Work with the Community**

Next, continue to work with the community to implement the plan. While both the health workers and the community can take responsibility for implementing the action plan, the community may need your help to do their part.

**Seek Support**

If you need help, you could request support from the district health management team, a local NGO, local government, or other community groups. Teachers can help spread health messages. A local NGO might let you borrow essential supplies while you wait for yours to arrive. Solving health problems in the community is everyone’s responsibility.

---

**STEP 5: Monitoring the Results of the Action Plan**

It is important to monitor what happens as a result of your action plan. Did your activities lead to an improvement in the family planning recruitment rate?

**Fill In the Action Plan and Note the Results That Were Achieved**

- **Assess** the same indicator after a period of time to see if there has been any change. Be sure to share that information with all those involved in identifying and addressing the problem.

If you reach the target or make any improvement:
- **Inform** the management committee and the community of this success, congratulate them, and thank them;
- **Ask** them to make an effort to maintain or even improve on this good result; and
- **If necessary, work** with the community to reach a higher target for the next period and define activities that will help you reach it.

If you do not reach the target, or your indicators remain low:
- **Identify** the villages in the area with the lowest participation; and
- **Hold** a meeting with the committee to help identify the causes for the low rate of family planning recruitment and find solutions.
The Results of Self-Evaluation

Esther constructed a table and a map that demonstrated that most family planning adopters were young women from villages near the health center. She also reviewed information on the residents of Mwara and visited the village to discuss their health problems. Esther discovered that several families from Mwara and the surrounding areas have come to the health center with problems that could be related to closely spaced pregnancies and large family size including anemia, infection, neonatal mortality, and childhood malnutrition. She relays this information to the women’s organization in Mazeras and asks them to assist in spreading the message of the benefits of family planning to the women of Mwara. The women’s organization and Esther requested resources from the health center management committee to develop an information campaign and regular outreach clinics for Mwara. The management committee was convinced of the severity of the problem and granted a small amount of funds to support this activity. Esther agrees to provide the committee, the village, and the woman’s committee with regular reports of the family planning recruitment rate in Mwara as well as the entire catchment area of the health center.