Mrs. Chege was preparing for her year-end visit with Mrs. Njoroge, the State Family Planning Coordinator for Makzo State. As zonal supervisor for family planning in Zone 3, Mrs. Chege is responsible for overseeing family planning services in the zone’s four clinics. The Coastal Clinic, located in Kura, a port city, is staffed by a nurse who provides all the family planning methods offered by the program—IUDs, pills, injectables, and condoms. Clients seeking sterilization services are referred to the central hospital in Kura. The clients served by the Coastal Clinic have smaller families, and a majority of the women have completed secondary school. The Highland Clinic is located in Wukali, a city with a population size close to that of Kura. The nurse there is also trained to provide all the methods offered by the program and refers clients seeking sterilization services to the hospital in Kura. Approximately half of the clients served by the Highland Clinic have recently migrated to Wukali from rural areas. The two rural clinics—the Western and Northern—were started in 1995 in an effort to reach the rural population. Both clinics serve women who tend to have large families, and who are less educated than those at the urban clinics. The nurse at each of these clinics provides pills, injectables, and condoms and refers clients seeking sterilization services to the hospital in Kura. The Western Clinic is located in a medium-size town in the largest geographic region of the zone. The roads are passable nine months of the year, but can be closed for days at a time during the rainy season. The Northern Clinic serves a region that is smaller than that of the Western Clinic, but with a slightly larger population.

Mrs. Chege turned around when she heard a knock on her door. “Ah, Mrs. Njoroge, please come in and sit down,” began Mrs. Chege. The two women chatted for several minutes over a cool drink and then they began to discuss the program’s performance during the last year.

“When we met to discuss things at the beginning of the year,” began Mrs. Njoroge, “we agreed on two long-term objectives for the program—to increase the number of clients using longer-acting methods, and to get better coverage in the rural areas. From what you know, how well do you think the program is meeting those objectives?”

“Well, as you know I’ve focused on evaluating our program this year,” replied Mrs. Chege. “I have reviewed all the service statistics collected since the Coastal and Highland Clinics opened in late 1993. I also asked each of the clinics to conduct exit interviews on client satisfaction, and everyone has been involved in reviewing clinic figures, so we have quite a bit of data. I’ve just completed another round of visits to the clinics. At each one, I’ve held a staff meeting to discuss how things were going and how well the staff felt their clinic was meeting the program’s long-term objectives.”

“Let’s look at the service statistics first to see what the overall performance has been for this year,” suggested Mrs. Njoroge. After looking over the statistics for a while, Mrs. Njoroge inquired, “What
did you learn about the performance of the individual clinics?’”

“I am so glad that we developed baseline numbers for pill acceptors and injection users. Now we have something to measure our progress against. We anticipated that during 1996, at each of the rural clinics, we would see around 100 new pill users and 65 new injectable users,” continued Mrs. Chege. “As you can see from the data, we didn’t meet those objectives. During my meetings with the clinic staff, we discussed the findings from the various evaluation efforts, such as exit interviews, analyses of service statistics, and staff observations. The staff of the Western and Northern Clinics have just completed a month-long series of exit interviews. Their findings help to explain why they did not reach their targets. Many of the women interviewed complained about how hard it was for them to return to the clinic so often for their new pill supply or for an injection. The women served by the Western Clinic said it usually took them half a day to make the trip and that many of their friends said that they were interested in using family planning, but they didn’t have the time to make the trip to the clinic. You can see from the service statistics that performance is somewhat consistent between the two rural clinics, but not at all consistent between the two urban clinics. The performance at the Highland Clinic has been particularly poor. The staff thinks this is because they serve a large migrant population from the rural areas and they are generally not well informed about family planning in general, and our services in particular. The Coastal Clinic is very well attended and has surpassed its targets related to family planning. However, the prevalence of STDs and AIDS is a source of great concern to the staff, as more and more cases are diagnosed each month.

“Excellent,” Mrs. Njoroge said enthusiastically, “Congratulations on your evaluation efforts. It looks like you did a thorough job of planning and implementing the evaluation. I wonder if you had a chance to hear the staff’s opinions about how to respond to these problems, and if you think we need to make any changes in the program.”

“At each clinic we spent some time talking about what changes the staff would like to see in the future,” said Mrs. Chege. “During our discussions at the Western Clinic, the staff suggested starting a community-based distribution program to respond to the concerns clients have expressed about getting to the clinic. I think it is certainly something for us to consider if we want to meet our goal of providing better coverage in the rural areas. The staff at the urban clinics suggested more client education and outreach, in particular about STDs and AIDS. They have also had women asking if we offered NORPLANT®.”

Mrs. Chege brought out a summary table (see the case insert) showing the service statistics collected for the past three years and the two women discussed the future of the program.

### Case Discussion Questions:Mrs. Chege Conducts an Internal Evaluation

1. Reviewing the information provided in the case and the data Mrs. Chege has presented, what factors would Mrs. Chege and Mrs. Njoroge consider when deciding whether to design and implement a community-based distribution (CBD) program? What additional information should they get in order to make this decision?

2. Looking at the summary data, what issues might Mrs. Chege discuss when making her next supervisory visit to the Highland Clinic?

3. What is important about how Mrs. Chege has implemented the evaluation process?
1. Reviewing the information provided in the case and the data Mrs. Chege has presented, what factors would Mrs. Chege and Mrs. Njoroge consider when deciding whether to design and implement a community-based distribution (CBD) program? What additional information should they get in order to make this decision?

The staff of the two rural clinics—the Western and Northern Clinics—have suggested introducing a CBD program. They have collected qualitative data from the exit interviews conducted at both clinics indicating that women are complaining about having to return so often for a pill resupply or Depo Provera injection, and about the amount of time it takes to travel to the clinic. The quantitative data in the service statistics suggest that in addition to having problems reaching baseline objectives, new clients are not returning for contraceptive resupply. A CBD program would be able to serve clients who are now unable to make the long trip to the clinic. A CBD program could also provide education about other services such as STDs and AIDS, possibly reaching people who will migrate to the urban areas at some point in the future.

Setting up a new CBD program requires a major commitment of financial and human resources. Mrs. Njoroge will have to review her budget carefully to see if she can find additional resources. She may also want to see whether there are any state or local funding sources available to support the program. Together, Mrs. Chege and Mrs. Njoroge might decide to shift some resources from one clinic to another. The current staff of the Northern and Western Clinics may need to be expanded to adequately serve the potential increase created by the CBD referrals. CBD has generally been found to be expensive because of the cost of supervision needed to maintain a high standard of service, so the clinic staff will need to develop a strategy for supervising the program. Mrs. Chege may also want to talk with staff of other programs who have implemented CBD services in order to learn from their experience. There are a number of factors to consider when setting up a CBD program. These include the:

- availability of a cadre of potential CBD agents;
- type, ease, and cost of transportation for the CBD volunteers in their districts;
- availability of qualified staff to supervise the new CBD volunteers;
- means for recording and reporting service statistics by CBD workers;
- capability of the program to provide supplies to the volunteers reliably;
- training resources that are available for CBD training and refresher courses;
- availability of appropriate IEC materials;
- local laws and regulations pertaining to contraceptive distribution.
2. Looking at the summary data, what issues might Mrs. Chege discuss when making her next supervisory visit to the Highland Clinic?

In comparing the data for the two urban clinics there are a number of differences between their performance. During a supervisory visit to the Highland Clinic, Mrs. Chege might want to examine the clinic closely to see whether:

- the population is too transient to be reached by the current program (are people moving on to another location before making a return visit?);
- there are rumors spreading that could be negatively affecting the Highland Clinic (is misinformation about the side effects of certain contraceptives being discussed outside the clinic?);
- clients are being counseled about contraceptive choices (are new clients being counseled on the full range of contraceptive choices before making their final selection?);
- the nurse is comfortable with performing IUD insertions (is refresher training required?);
- contraceptive supplies are always adequate (are they experiencing stockouts?);
- there are other sources for obtaining condoms (are they available at a full-service health center, local pharmacies, at the work place?);
- there is a competing program (are clients getting family planning services or contraceptives elsewhere?).

3. What is important about how Mrs. Chege has implemented the evaluation process?

The program has set two long-term objectives and during the course of the evaluation has been collecting data that will help Mrs. Chege and Mrs. Njoroge measure the program’s progress in meeting those objectives. By using multiple approaches—service statistics analyses, exit interviews, staff meetings, individual observations—more information is being collected and a number of different perspectives are being considered, which is likely to produce more feasible, well thought out solutions.

The process Mrs. Chege has used is highly participatory. She involves the staff responsible for implementing the program, creating a sense of ownership and responsibility. Clinic staff have generated a number of good ideas that are being seriously considered by their supervisors. The way in which Mrs. Chege has implemented the evaluation process shows that she is receptive to learning from the staff and that she values their ideas and experience. The rapport she has established with staff will be extremely valuable when trying to implement changes to the program.
### Summary Service Statistics for Zone 3
#### 1994-1996

<table>
<thead>
<tr>
<th>Services</th>
<th>Urban Clinics</th>
<th>Rural Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD Insertions</td>
<td>18</td>
<td>57</td>
</tr>
<tr>
<td>IUD Removals</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Baseline objective for IUD insertions</td>
<td>15</td>
<td>40</td>
</tr>
<tr>
<td>New pill users</td>
<td>68</td>
<td>139</td>
</tr>
<tr>
<td># cycles distributed</td>
<td>437</td>
<td>1505</td>
</tr>
<tr>
<td>Baseline objective for new pill users</td>
<td>50</td>
<td>125</td>
</tr>
<tr>
<td>New injectable users</td>
<td>46</td>
<td>82</td>
</tr>
<tr>
<td># injections</td>
<td>81</td>
<td>332</td>
</tr>
<tr>
<td>Baseline objective for new injectable users</td>
<td>40</td>
<td>75</td>
</tr>
<tr>
<td>STDs treated</td>
<td>15</td>
<td>41</td>
</tr>
</tbody>
</table>

Note: NA indicates that these services were not offered by the clinic in that year.