



Developing a Continuing-Client Strategy

- **As continuing family planning clients outnumber new clients by a widening margin, programs can do more to serve their clients effectively by adopting a continuing-client strategy.**
- **A continuing-client strategy can help programs focus on clients not only when they first choose a contraceptive method but also as their reproductive and family planning needs change.**
- **When family planning providers establish and maintain good relationships, they can help their clients avoid unintended pregnancies throughout their reproductive lives.**

Life-stage perspective identifies continuing needs

Programs can provide clients with a continuum of care if they adopt a life-stage perspective. From the life-stage perspective, clients who want to switch contraceptive methods are not just discontinuers of one method or new users of another one but continuing users whose family planning needs have changed. Similarly, from the life-stage perspective women who stop contraceptive use in order to become pregnant can be viewed as clients whose reproductive intentions have changed, and who may use contraception again in the future.

Continuing-client strategy refocuses program goals

In a continuing-client strategy, programs realign goals and adapt activities to support continuing contraceptive users, as well as attracting new clients. The strategy focuses on reducing unintended pregnancies among current clients, extending follow-up and outreach within communities, integrating services and creating links with other organizations to avoid gaps in service delivery, and supporting these approaches with focused communication that encourages community support for continued contraceptive use.

Good-quality services encourage clients to continue

When programs support clients in their family planning choices, offer skilled counseling and good-quality service delivery, clients are more likely to continue to use family planning and thus avoid unintended pregnancies.¹ Effective service delivery requires a continuous supply of a range of contraceptive methods, backed by a strong logistics system. Training providers strengthens their ability to counsel and respond to the individual needs of both new and continuing clients. Often, reorganizing clinic procedures—particularly streamlining client flow and improving record-keeping systems—encourages continued contraceptive use by serving clients more quickly and efficiently.^{2, 3.}

How family planning providers can encourage continuation

Establishing a good connection with a client at the first visit is the basis for a continuing relationship. Providers can help new clients choose an appropriate method based on their reproductive intentions and contraceptive preferences. They can encourage continuation by:

- Assuring new clients that they can switch methods whenever they want to, and enabling them to do so conveniently;
- Helping clients to anticipate and manage common contraceptive side effects;
- Giving clients adequate supplies to avoid gaps in protection that often lead to unintended pregnancies;
- Inviting clients to return to the clinic at any time and for any reason.



Having an organized system in place to help clients return to the clinic and finding ways to strengthen follow-up help sustain a continued relationship. Providers can strengthen the continuing relationship by:

- Telling clients when to return to the clinic for resupply and other follow-up visits, if follow-up is recommended;
- Reaching out to communities to help clients who do not return for scheduled visits and to counsel others who stop using a method soon after starting use.

Providers should be aware of the variety of reasons for continuing clients to return to the clinic and be prepared to adjust counseling to the individual client based on their reasons for return. At the clinic, providers can individualize follow-up care by:

- Assessing the client's satisfaction with her or his method during resupply visits;
- Discussing and addressing any problems with the client's method;
- Determining if the client's reproductive desires and intentions have changed.

Program managers can learn more about a continuing-client strategy in the *Population Reports* issue, "Developing a Continuing-Client Strategy" (see below). Also, for information on how to monitor and evaluate a continuing-client strategy, managers can refer to the *INFO Reports* issue, "Measuring Success of a Continuing-Client Strategy." This tool includes 24 indicators that can help managers gauge the progress of a continuing-client strategy and adjust program operations as needed. Full text of the report can be seen online at: <http://www.inforhealth.org/inforeports/>.

References:

¹ Ramarao, S., Lacuesta, M., Costello, M., Pangolibay, B., and Jones, H. The link between quality of care and contraceptive use. *International Family Planning Perspectives* 29(2): 76-83. Jun 2003. (Available: <http://www.guttmacher.org/pubs/journals/2907603.pdf>)

² Management Sciences for Health. Reducing client waiting time. *Family Planning Manager* 1(1): 1-8. Mar.-Apr. 1992. (Available: http://erc.msh.org/TheManager/English/V1_N1_En_Issue.pdf)

³ Miller, R., Askew, I., Horn, M.C., and Miller, K. Clinic-based family planning and reproductive health services in Africa: Findings from situation analysis studies. New York, Population Council, 1998. 255 p. (Available: <http://www.popcouncil.org/pdfs/Cbfp.pdf>)

For more information: This brief is based on **Population Reports**, *Developing a Continuing-Client Strategy*. Full text of the report can be seen online at: <http://www.inforhealth.org/pr/j55/j55eng.pdf>. For printed copies of the report, send an e-mail to Orders@jhuccp.org or write to: Orders Department, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, MD 21202, USA. A web-based order form can be found at: <http://www.jhuccp.org/cgi-bin/orders/orderform.cgi>

Last Revised: 4/23/07

Produced in association with The Maximizing Access and Quality Initiative

Designed and produced by: The INFO Project at the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs



USAID
FROM THE AMERICAN PEOPLE