



# Measuring Success of a Continuing-Client Strategy



INFO Project  
Center for Communication  
Programs



**H**ow can program managers know whether a continuing-client strategy is succeeding in reaching its objectives? How can they decide what parts of the program's operations need to improve, or when to change direction to better meet client needs, if necessary? Establishing a monitoring and evaluation system provides a powerful tool for program managers to determine program strengths and weaknesses (see p. 3).

The approach described in "Developing a Continuing-Client Strategy," the issue of *Population Reports* that this supplement accompanies, points to several key program components that, when delivered effectively, can ensure that clients are able to continue using family planning as long as they want to—not only when they first visit a family planning facility but also as their reproductive intentions and health needs change (15).

Establishing a system for monitoring and evaluation at the start of the continuing-client strategy is essential for measuring how well it is succeeding. The system should include indicators that measure key components of the strategy (see





p. 4). Managers can collect and analyze information about these indicators and use them to identify problems in service delivery, assess trends in client care, and adjust the program's approach to ensure that they are reaching strategic goals.

The key components of a continuing-client strategy can be grouped into two major categories:

**1. Program readiness** (including availability of contraceptives and other supplies, staff training and attitudes, and job aids and training materials);

**2. Quality of care** (including choice of methods, client-provider interaction, technical competence, and mechanisms for follow-up) (14).

Monitoring these indicators is important because they have a direct effect on a continuing client's reproductive health outcomes—including client satisfaction with care and continued use of family planning to avoid unintended pregnancy (11, 14).

**Program readiness.** Program readiness indicators measure activities that prepare facilities to meet client demand and to provide good-quality services (14). For example, programs can set up a record-keeping system to capture information related to contraceptive continuation—including each client's stated reproductive intentions, contraceptive side effects or other problems with a method, method switching, method discontinuation, and date of next follow-up visit (17). Managers can analyze information collected through a program-wide or facility-level record-keeping system and use it to identify and monitor potential contraceptive continuation issues related to service delivery.

**Quality of care.** Indicators of quality of care assess providers' medical and counseling skills and the appropriateness and acceptability of clinical services. Clients who are treated with respect, given sound medical care, and are offered options for continued care are more likely to be satisfied with services, to continue contraceptive use, and to avoid unintended pregnancies (11, 14). For example, tracking client flow through the

## How to Use This Tool

This tool offers program managers a quick reference to measure how well a continuing-client strategy is succeeding. It includes 24 key indicators organized into three areas: program readiness, quality of care, and reproductive health outcomes. By measuring these indicators, managers can track changes in program performance and fine-tune operations as needed to achieve the objectives of a continuing-client strategy. This tool is a companion to the "Developing a Continuing-Client Strategy" *Population Reports* issue.

**This report was prepared by  
Tara M. Sullivan, PhD and  
Deepa Ramchandran, MHS.**

Bryant Robey, Editor  
Rafael Avila/Francine Mueller, Designers

The INFO Project appreciates the assistance of the following reviewers: Yasmin H. Ahmed, Joy Noel Baumgartner, Gloria Coe, Sian Curtis, Anrudh Jain, Jan Kumar, Robert Lande, Enriqueito R. Lu, Isaiah Ndong, Theresa Norton, Saumya RamaRao, Ward Rinehart, Vidya Setty, J. Joseph Speidel, John Townsend, Marcel Vekemans, Mary Beth Weinberger, Nancy E. Williamson, Taylor Williamson, and Vera Zlidar.

Suggested citation: Sullivan, T. M. and Ramchandran, D. "Measuring Success of a Continuing-Client Strategy," *INFO Reports*, No. 11. Baltimore, INFO Project, Johns Hopkins Bloomberg School of Public Health, Mar. 2007.

Available online:  
<http://www.infoforhealth.org/inforeports/>



**INFO Project**  
**Center for Communication Programs**  
**Johns Hopkins Bloomberg**  
**School of Public Health**  
111 Market Place, Suite 310  
Baltimore, Maryland 21202 USA  
410.659.6300  
410.659.6266 (fax)  
[www.infoforhealth.org](http://www.infoforhealth.org)  
[infoproject@jhuccp.org](mailto:infoproject@jhuccp.org)

Earle Lawrence, Project Director  
Theresa Norton, Associate Editor  
Linda Sadler, Production Manager

*INFO Reports* is designed to provide an accurate and authoritative report on important developments in family planning and related health issues. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development (USAID) or the Johns Hopkins University.

Published with support from USAID, Global, GH/PRH/PEC, under the terms of Grant No. GPH-A-00-02-00003-00.

clinic can help managers and providers minimize clinic waiting times and thus encourage contraceptive continuation. Long waiting times often discourage clients from returning to a clinic for follow-up care (12, 15).

**Reproductive health outcomes.** To best assess the effect of a continuing-client strategy, managers should measure indicators not only of program readiness and quality of care but also programmatic impact on reproductive health outcomes, such as the percentage of pregnancies that are unintended. Helping clients avoid unintended pregnancies is a key objective of a continuing-client strategy. Meeting the family planning needs of continuing clients by helping them sustain contraceptive use can reduce their exposure to unintended pregnancy (3, 10, 11).

Programs will not be able to assess all the outcomes, however, often for reasons such as limited resources and technical expertise. For example, measuring the all-method contraceptive continuation rate at the program level can be expensive and time consuming because it requires follow-up with new acceptors (1). Thus for programs, measuring indicators of program readiness and quality of care that have a recognized association with reproductive health outcomes is often a more feasible way to assess the effect of the program's continuing-client strategy (11, 14).

### **What is Monitoring and Evaluation?**

Monitoring and evaluation is a fundamental component of all health programs. It involves collecting key data related to program objectives and operations and analyzing these data to guide policy, programs, and practices.

**Program monitoring** collects data at a number of points during program implementation to ensure that the program is running smoothly and achieving its objectives according to plan. By tracking changes in performance, managers can fine-tune program operations to reach desired outcomes most efficiently and effectively.

**Program evaluation** generally involves more rigorous research methods than does monitoring. The purpose of evaluation is often to determine the degree to which changes in health outcomes, such as contraceptive prevalence or continuation rates, are the result of program activities. Evaluations typically include measures both at the beginning and the end of a program and, when possible, include a control or comparison group to help determine whether changes in outcomes result from program activities themselves, not from other influences outside the program (8).

Developing a strong evaluation design requires specialized technical skills that some programs may not have. If resources allow, an evaluation expert can be brought in to provide assistance. In contrast, program monitoring usually can be carried out by program managers themselves.

Managers should develop a plan for monitoring and evaluation during the design phase of a program to ensure strong commitment to and adequate resources for carrying it out. The plan should describe the goals and objectives of the program and include a framework that shows how program components will work together to reach the intended outcomes (8). The plan then should set forth the indicators that will measure these key components. As data about these indicators are collected and analyzed, managers can use them to monitor trends and adjust the program as needed.



The indicators presented here are described in more detail in the pages that follow. Many of these indicators and definitions are adapted from the *Quick Investigation of Quality: A User's Guide for Monitoring Quality of Care in Family Planning* (13). The sections on the relevance to a continuing-client strategy draw from the conclusions made in the "Developing a Continuing-Client Strategy" *Population Reports* issue (15).

<b>Program Indicators for a Continuing-Client Strategy</b>	
<b>Program Readiness</b>	
<b>1</b>	All approved contraceptive methods are available
<b>2</b>	Logistics Management Information System is in place
<b>3</b>	Up-to-date guidelines are in place
<b>4</b>	Client record-keeping system is in place
<b>5</b>	Monitoring system is in place
<b>Quality of Care</b>	
<i>Choice of contraceptive methods</i>	
<b>6</b>	Discuss a range of methods
<b>7</b>	Provide client with method of choice
<i>Interpersonal relations</i>	
<b>8</b>	Treat client with respect
<b>9</b>	Tailor information to client needs
<b>10</b>	Encourage active client participation
<b>11</b>	See client in private
<b>12</b>	Assure client of confidentiality of visit
<i>Information exchange with client</i>	
<b>13</b>	Discuss reproductive intentions
<b>14</b>	Give accurate information
<i>Technical competence</i>	
<b>15</b>	Follow infection-prevention procedures
<b>16</b>	Screen clients using medical eligibility criteria
<b>17</b>	Perform clinical procedures according to medical standards
<i>Mechanisms to ensure continuity</i>	
<b>18</b>	Give clear instructions for follow-up
<b>19</b>	Inform client of alternative sources of care
<i>Appropriateness and acceptability of services</i>	
<b>20</b>	Ensure acceptable waiting time
<b>21</b>	Make information and services available to the community
<b>Impact on Reproductive Health Outcomes</b>	
<b>22</b>	Percent of clients who believe family and community approve of contraceptive use
<b>23</b>	All-method continuation rate
<b>24</b>	Percent of clients who have an unintended pregnancy

# Program Readiness

## (1) All approved contraceptive methods are available

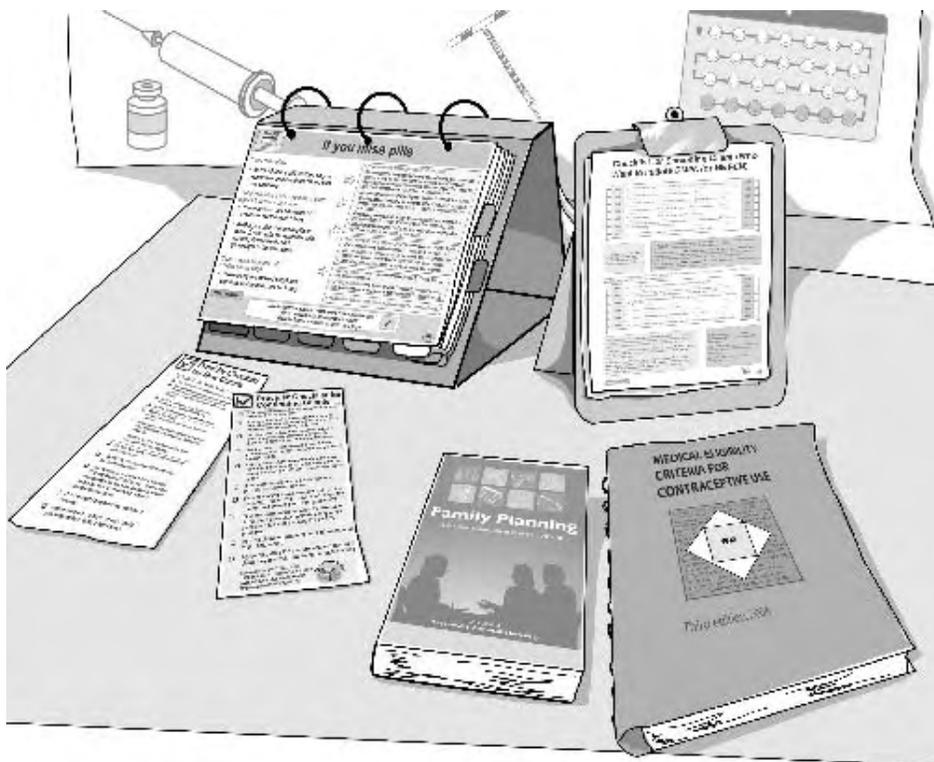
- **Definition:** Facilities that are fully stocked with all contraceptive methods approved for the site are available to provide good-quality services to clients.
- **Relevance to a continuing-client strategy:** Having a range of contraceptive methods available is a key factor in meeting the needs of clients as they may change over their reproductive lifetimes. Facilities that are well stocked are better able to meet the range of client demand and thus facilitate continued contraceptive use.

## (2) Logistics Management Information System is in place

- **Definition:** A Logistics Management Information System (LMIS) tracks data in three areas: contraceptive stock on hand, rate of contraceptive consumption, and losses and adjustments due to expiration, theft, damage, or transfer (4, 6, 9).
- **Relevance to a continuing-client strategy:** Maintaining a LMIS can assure a continuous supply of a range of methods and minimize contraceptive stockouts, enabling clients to continue receiving their contraceptive methods of choice.

## (3) Up-to-date guidelines are in place

- **Definition:** Programs that have up-to-date guidelines demonstrate that standards are in place. Acceptable procedures and practices that reflect the most current evidence-based research are more likely to be used if clinic personnel have convenient access to service-delivery guidelines. Written guidelines should specifically include what information a provider should cover during clients' initial and return visits.





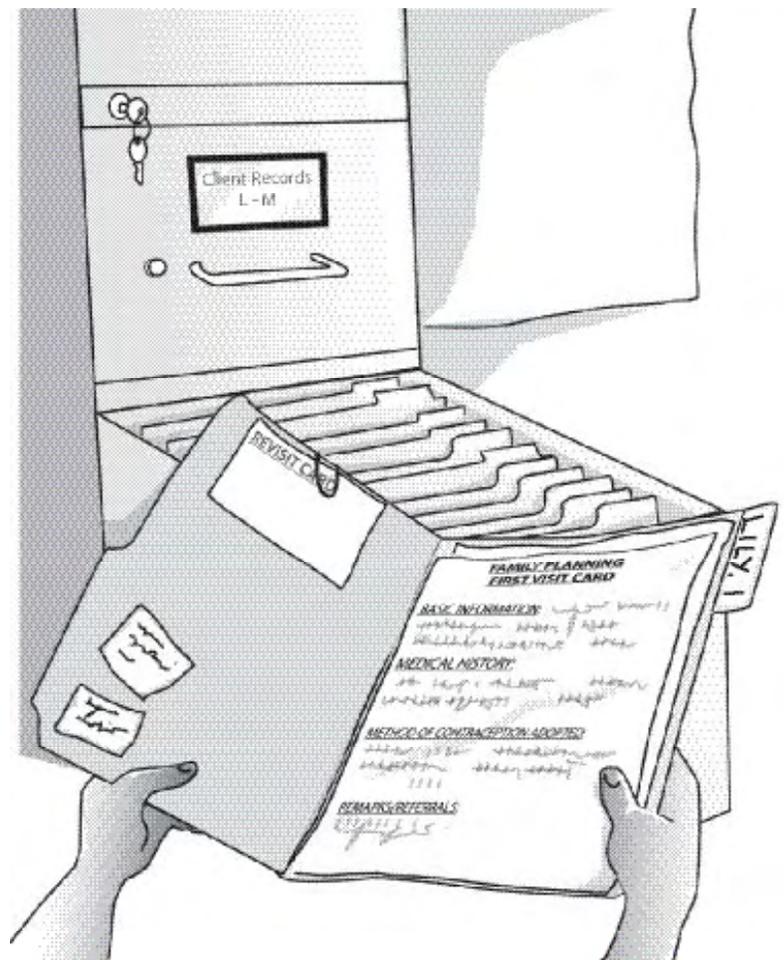
- **Relevance to a continuing-client strategy:** Written evidence-based guidelines can help providers deliver good-quality services by presenting medical eligibility criteria, infection-prevention procedures, and effective counseling methods, both for initial and follow-up visits. Providers who receive adequate guidelines can better provide sound medical care and tailor counseling to a continuing client's needs.

#### (4) Client record-keeping system is in place

- **Definition:** Record-keeping systems store crucial information about clients, including medical history, clinical information, and experience with family planning. Record-keeping systems can be set up to collect information related to contraceptive continuation—including side effects or other problems with a method, method switching, method discontinuation, and date of next follow-up visit. Managers and providers can track method-specific continuation at the program or facility level.
- **Relevance to a continuing-client strategy:** Tracking this type of information can give managers and providers a way to monitor a client's return visits and keep track of the client's health problems, contraceptive interests, reproductive intentions, and other issues that can require counseling and follow-up. Record-keeping systems can also help providers offer outreach to clients, encouraging follow-up when needed.

#### (5) Monitoring system is in place

- **Definition:** A monitoring system captures information that can be used to make sure a program is achieving its goals and objectives. By periodically assessing progress, a program can make appropriate and timely adjustments. A monitoring system can include both routine and non-routine data collection. Routine data collection is ongoing and includes clinic service statistics and vital records. Non-routine data collection occurs periodically and includes facility audits and observation of client-provider interactions.
- **Relevance to a continuing-client strategy:** A monitoring system tracks progress in achieving the objectives outlined in a continuing-client strategy, including the indicators listed on p. 4.



# Quality of Care

## Choice of contraceptive methods

### (6) Discuss a range of methods

- **Definition:** Providers should tell clients about a range of family planning methods, including how different methods can help them achieve their reproductive intentions. Providers can include in this discussion both clinical and supply methods and methods that do not require supplies or a medical procedure. This includes the Lactational Amenorrhea Method (LAM) for postpartum women and fertility awareness methods. They should also discuss methods that are available from other sources, such as pharmacies, shops and other private sector providers, as well as from clinics. The majority of the discussion should be spent on the methods in which the client is most interested.
- **Relevance to a continuing-client strategy:** For continuing clients who have a concern about their current contraceptive method, a discussion of the range of available methods helps them learn about and consider switching to another method that they might prefer.

### (7) Provide client with method of choice

- **Definition:** A new or continuing client may have a preferred family planning method. As long as the client is medically eligible to use this method, a provider should offer it.
- **Relevance to a continuing-client strategy:** Clients who receive their method of choice are more likely to continue contraceptive use.

## Interpersonal relations

### (8) Treat client with respect

- **Definition:** A provider should treat clients with respect and consideration. Showing respect

includes greeting the client in a friendly manner, actively listening, and understanding and responding to the client.

- **Relevance to a continuing-client strategy:** A client who feels respected and well cared for is more likely to continue to seek services at the clinic and respond to provider counseling.

### (9) Tailor information to client needs

- **Definition:** Providers should determine client needs based on the client's clinical history, reproductive intentions, and whether the client is a new or continuing family planning user. Providers who are familiar with their client's background will know better what to cover in a session and how to present the information clearly and effectively.
- **Relevance to a continuing-client strategy:** For continuing clients, a provider should focus the discussion on any new health conditions that the client has developed since the previous visit, any problems with use of the method, including side effects, and whether the client's reproductive intentions or life situation have changed.

### (10) Encourage active client participation

- **Definition:** Clients should feel comfortable asking questions and should be able to participate in a discussion with the provider. An active participant initiates some of the topics of discussion, seeks information from the provider, and participates in choosing a contraceptive method.
- **Relevance to a continuing-client strategy:** By actively participating, continuing clients will gain the confidence to make good choices, including whether to switch contraceptive methods when they experience a problem or their reproductive intentions change.



### (11) See client in private

- **Definition:** Clients should feel that their privacy is protected during the clinic visit. Seeing a client in a separate room or in an area enclosed by curtains where they cannot be seen or heard during counseling and physical exams can help ensure privacy.
- **Relevance to a continuing-client strategy:** Clients whose privacy is respected are more likely to be satisfied with the services they receive and to return for follow-up care.

### (12) Assure client of confidentiality of visit

- **Definition:** Providers should assure clients that their personal information will be kept confidential. Assuring clients of confidentiality can encourage them to mention sensitive personal issues about which providers can offer counseling.
- **Relevance to a continuing-client strategy:** Clients who are assured that the information they share will be kept confidential can develop a more trusting and open relationship with their providers, leading them to discuss their needs, experiences, and concerns more openly.

## Information exchange with client

### (13) Discuss reproductive intentions

- **Definition:** Providers should determine their client's reproductive intentions—particularly whether the client wants to have more children, and if so, when. This information will help the provider respond better to the client's contraceptive needs for spacing and limiting births, both now and in the future.
- **Relevance to a continuing-client strategy:** When providers discuss reproductive intentions with continuing clients, they can assess whether the client's family planning needs have changed or will soon change and thus be better able to offer effective counseling.

### (14) Give accurate information

- **Definition:** To use a method effectively, clients should know how to use it correctly and consistently and should understand its potential side effects and the possibility of medical complications. Discussing rules for proper use of the method can help ensure that the client will use the method effectively and will know when to seek timely treatment. Discussing potential side effects in advance often reassures clients who experience them, while discussing possible complications ensures that clients can recognize symptoms that might put their health at risk.
- **Relevance to a continuing-client strategy:** A client who receives accurate information about a chosen method, including its side effects, is more likely to manage normal side effects and to continue using the method consistently and correctly.

## Technical competence

### (15) Follow infection-prevention procedures

- **Definition:** Infection-prevention procedures protect client and provider health. These procedures vary by contraceptive method but in general include: using aseptic techniques, washing hands, correctly processing instruments and gloves (e.g., decontamination, cleaning, sterilization, high-level disinfection), putting on gloves before an exam, wiping contaminated surfaces with a disinfectant, properly using and disposing of sharps, and properly disposing and handling waste (7).
- **Relevance to a continuing-client strategy:** Following standards and procedures of infection prevention protects the health and safety of new and continuing clients.

### (16) Screen clients using medical eligibility criteria

- **Definition:** Providers should check for and be able to recognize the conditions that determine when a user can start or continue using a specific contraceptive method. Screening clients for medical eligibility criteria ensures the safe provision of appropriate methods (16).
- **Relevance to a continuing-client strategy:** Determining who can use which contraceptives safely can protect client health and avoid the problem of clients starting to use an unsuitable method that they later have to discontinue. By correctly applying medical eligibility criteria providers can avoid imposing unproven medical barriers on clients' contraceptive use.

### (17) Perform clinical procedures according to medical standards

- **Definition:** Providers should follow standards for the delivery of each contraceptive method to safely and comfortably provide them to clients.
- **Relevance to a continuing-client strategy:** When providers deliver contraceptive methods according to standards, they help to ensure the comfort, health, and safety of the continuing client and make sure that clients receive good-quality services.

## Mechanisms to ensure continuity

### (18) Give clear instructions for follow-up

- **Definition:** Providers should discuss the reasons for clients to return to the clinic. Reasons include resupply or removal of their current contraceptive and consultations if problems occur while using the method. Providers should schedule the next appointment with the client and give an appointment reminder card. Clients should be encouraged to return whenever they have questions or concerns, but should not be required to make unnecessary visits.
- **Relevance to a continuing-client strategy:** By explaining to clients when follow-up is essential, where follow-up services are located, and what problems require immediate follow-up, providers can encourage continuation by making contraceptive use more understandable and convenient.

### (19) Inform client of alternative sources of care

- **Definition:** Alternative sources of care outside of the clinic include community-based distribution, pharmacies, or referrals to other health programs that provide contraceptive services.
- **Relevance to a continuing-client strategy:** Giving clients information on alternative sources of supply and making referrals can help ensure that continuing clients have access to contraception not only from clinics but from a variety of other sources available in the community or elsewhere in the health system, assuring that they do not experience any gaps in protection.

## Appropriateness and acceptability of services

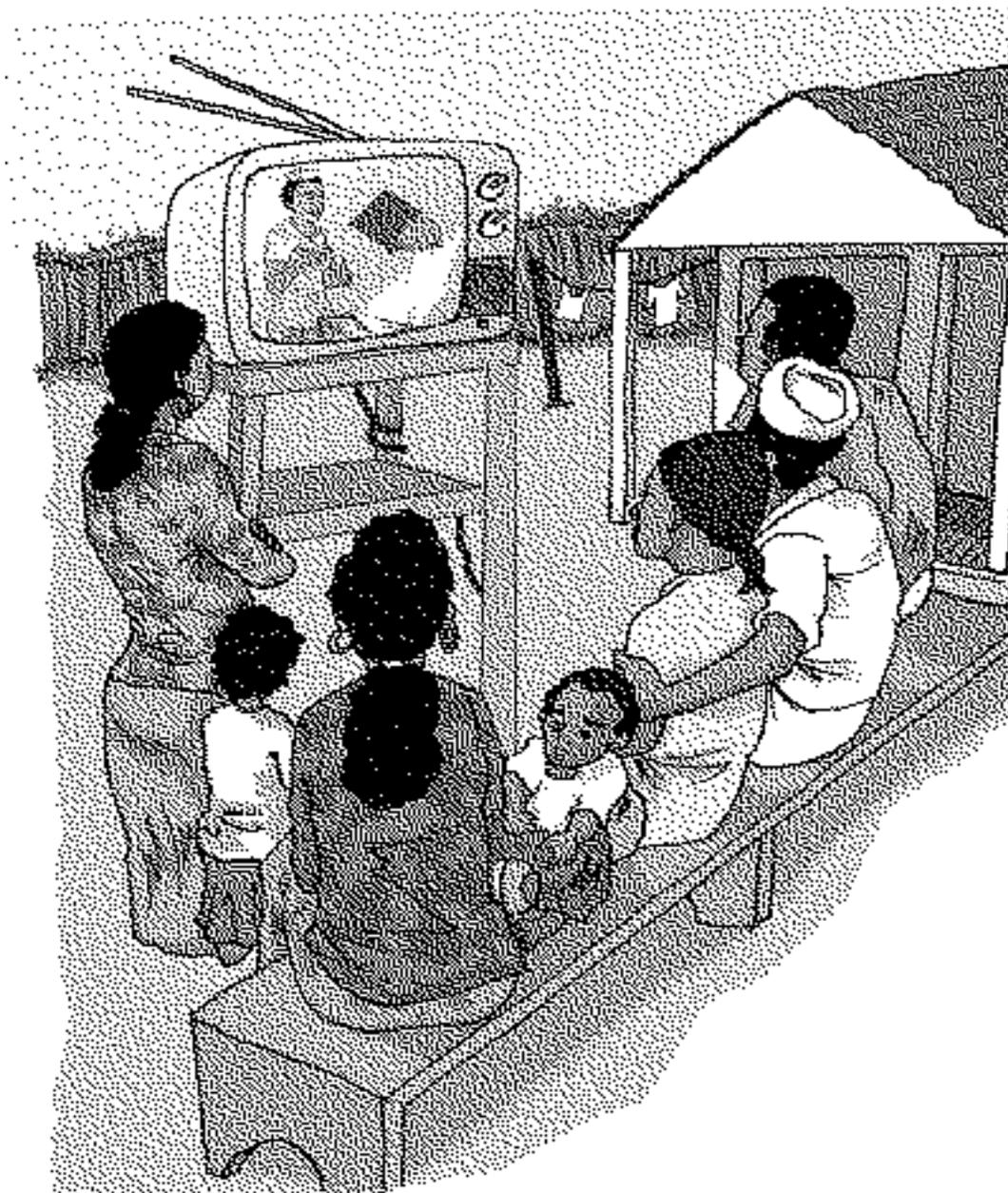
### (20) Ensure acceptable waiting time

- **Definition:** In general, waiting more than one hour to see a clinic provider can be considered unacceptable.
- **Relevance to a continuing-client strategy:** Long waiting times can discourage continuing clients from returning to a family planning clinic. Analyzing and streamlining client flow can help identify bottlenecks, resulting in more efficient service delivery, including reduced waiting times. If a long wait is unavoidable, clinic staff should courteously acknowledge the client and give an estimate of the waiting time and the reason for it.



## (21) Make information and services available to the community

- **Definition:** Programs can involve the community to support and encourage continued contraceptive use, including reaching men and community members with contraceptive services and information.
- **Relevance to a continuing-client strategy:** Women often discontinue contraceptive use because husbands, other family members, friends, or neighbors disapprove of family planning. Involving the community can counter false rumors and myths about family planning and help make contraceptive use more acceptable.



# Impact on Reproductive Health Outcomes

## (22) Percent of clients who believe family and community approve of contraceptive use

- **Definition:** This indicator measures the extent to which the family planning user's family and social network have positive attitudes toward contraceptive use (1).
- **Relevance to a continuing-client strategy:** Contraceptive users who are supported by their family and community are more likely to adopt and continue contraceptive use because they do not have to go against other people's opinions or use contraception clandestinely.

## (23) All-method continuation rate

- **Definition:** The all-method continuation rate is defined as the cumulative probability that acceptors of a contraceptive method will still be using any contraceptive method offered by the program after a specified period of time. An all-method continuation rate measures the change from using any method of contraception (including those who have switched contraceptive methods) to using no contraceptive method (1). (To calculate all-method continuation rates, see "Compendium of Indicators for Evaluating Reproductive Health Programs," [http://pdf.usaid.gov/pdf\\_docs/PNACR080.pdf](http://pdf.usaid.gov/pdf_docs/PNACR080.pdf))
- **Relevance to a continuing-client strategy:** All-method continuation rates provide a summary of the extent to which the service environment enables clients to maintain contraceptive use, including switching from one contraceptive method to another. Calculation of continuation rates is typically made using population-based data, such as Demographic and Health Surveys. Using these data, researchers can determine reasons for discontinuation. These reasons can be related to reduced need (for example, a woman's desire to become pregnant) or to other reasons such as dissatisfaction with

service quality (2). Obtaining accurate continuation rates at the programmatic level can be a challenge because programs typically collect this type of information only on clients who return for follow-up. Consequently, if contraceptive continuation rates dip, managers will not know why—whether clients are seeking services elsewhere, no longer need services, or are discouraged from contraceptive use because of poor quality of care or other reasons that could put them at risk of unintended pregnancy (5). More accurate measurement of all-method continuation rates requires programs to follow-up with new contraceptive users after a specified time period once they have adopted a method. Such follow-up is often expensive and logistically difficult, however (1). Nonetheless, programs should measure contraceptive continuation to the extent possible, and complement their findings with data from population-based surveys or follow-up studies with new acceptors (5).

## (24) Percent of clients who have an unintended pregnancy

- **Definition:** A woman has an unintended pregnancy if it is mistimed (she wanted to be pregnant later) or unwanted (she did not want to become pregnant at any time).
- **Relevance to a continuing-client strategy:** Focusing on the needs of continuing clients has been proven to reduce unintended pregnancy. Ensuring good-quality care for contraceptive users can reduce their exposure to unintended pregnancy by helping them sustain contraceptive use as long as they do not want to become pregnant.



## Subscribing to *INFO Reports*

There are three ways that you can make sure to receive ALL future issues of *INFO Reports*:

1. By e-mail: To receive *INFO Reports* issues fastest, please send an e-mail message with "Electronic subscription to *INFO Reports*" in the "Subject" line to [orders@jhuccp.org](mailto:orders@jhuccp.org) and include your full name, complete mailing address, e-mail address, and client id (if known; found on top line of mailing label). We will send you future issues electronically, as e-mail attachments. (If you would prefer to just receive an e-mail notification that a new issue has been published online, please type "Electronic notification to *INFO Reports*" in the "Subject" line.)
2. By surface mail: To receive print copies of *INFO Reports*, please send an e-mail message with "Print subscription to *INFO Reports*" in the "Subject" line to [orders@jhuccp.org](mailto:orders@jhuccp.org) and include your full name, complete mailing address, e-mail address, and client id (if known; found on top line of mailing label). English reports are available in print or electronic format; non-English reports are available in electronic format only. Alternatively, write to: Orders, INFO Project, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, MD 21202, USA.
3. By the INFO Web site: Go to <http://www.infoforhealth.org/infoeports/infoelectsub.php> and follow instructions for subscribing.

Please Note: If you do not want to subscribe but wish to order INDIVIDUAL issues of *INFO Reports* and other publications from the INFO Project, Johns Hopkins Bloomberg School of Public Health, please send an e-mail message to: [orders@jhuccp.org](mailto:orders@jhuccp.org), or go online to our order form at: <http://www.jhuccp.org/orders/>, or write to Orders, INFO Project, Center for Communication Program, Johns Hopkins Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, MD 21202, USA.

## To order the companion *Population Reports*, "Developing a Continuing-Client Strategy":

Please send an e-mail message to: [orders@jhuccp.org](mailto:orders@jhuccp.org), or go to our online order form at: <http://www.jhuccp.org/orders/>, or write to: Orders, INFO Project, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, MD 21202, USA.

## Sources

The links included in this report were up-to-date at the time of publication.

1. BERTRAND, J.T. and ESCUDERO, G. Compendium of indicators for evaluating reproductive health programs. Chapel Hill, North Carolina, Carolina Population Center, University of North Carolina at Chapel Hill, MEASURE Evaluation, Aug. 2002. 350 p. (Available: [http://www.dec.org/pdf\\_docs/PNACR080.pdf](http://www.dec.org/pdf_docs/PNACR080.pdf))
2. BLANC, A.K., CURTIS, S., and CROFT, T. Does contraceptive discontinuation matter? Quality of care and fertility consequences. Chapel Hill, North Carolina, Carolina Population Center, University of North Carolina, Nov. 1999. (MEASURE Evaluation Technical Report Series No. 3) 59 p. (Available: <http://www.cpc.unc.edu/measure/publications/pdf/tr-99-03.pdf>)
3. BRUCE, J. and JAIN, A. Improving the quality of care through operations research. Myrna Seidman and Marjorie C. Horn, eds. Proceedings of the International Conference and Workshop on Using Operations Research to Help Family Planning Programs Work Better, Columbia, Maryland, Jun. 11-14, 1990.
4. CHANDANI, Y. and BRETON, G. Contraceptive security, information flow, and local adaptations: Family planning Morocco. *African Health Sciences* 1(2): 73-82. Dec. 2001.
5. CURTIS, S.L. (Carolina Population Center, University of North Carolina) [Contraceptive continuation and discontinuation indicators] Personal communication, Feb. 2007.
6. DELIVER Project. The logistics handbook: A practical guide for supply chain managers in family planning and health programs. Arlington, Virginia, John Snow Inc., 2004. 192 p. (Available: [http://www.dec.org/pdf\\_docs/PNADE317.pdf](http://www.dec.org/pdf_docs/PNADE317.pdf))
7. ENGENDERHEALTH. Infection prevention: A reference book for health care providers. New York, EngenderHealth, 2001. 75 p. (Available: <http://www.engenderhealth.org/res/offc/safety/ip-ref/pdf/ip-ref-eng.pdf>)
8. FRANKEL, N. and GAGE, A. M&E fundamentals: A self-guided minicourse. Chapel Hill, North Carolina, Carolina Population Center, University of North Carolina at Chapel Hill, MEASURE Evaluation, 2007. 78 p. (Available: <http://www.cpc.unc.edu/measure/publications/pdf/ms-07-20.pdf>)
9. HART, C. No product? No program! [Commentary] *Public Health Reports* 119: 23-24. Arlington, Virginia, John Snow Inc., DELIVER Project. Jan./Feb. 2004.
10. JAIN, A. Should eliminating unmet need for contraception continue to be a program priority? *International Family Planning Perspectives* 25 (Supplement): S39-43, S49. Jan. 1999. (Available: <http://www.guttmacher.org/pubs/journals/25s3999.html>)
11. JAIN, A.K. Fertility reduction and the quality of family planning services. *Studies in Family Planning* 20(1): 116. Jan./Feb. 1989.
12. 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](http://erc.msh.org/TheManager/English/V1_N1_En_Issue.pdf))
13. MEASURE EVALUATION. Quick Investigation of Quality (IQI). A user's guide for monitoring quality of care in family planning. Chapel Hill, North Carolina, Carolina Population Center, University of North Carolina at Chapel Hill, MEASURE Evaluation, Feb. 2001. 195 p. (Available: <http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf>)
14. 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>)
15. RAMCHANDRAN, D. Developing a continuing-client strategy. *Population Reports*, Series J, No. 55. Baltimore, INFO Project, Johns Hopkins Bloomberg School of Public Health, Mar. 2007. 28 p.
16. WORLD HEALTH ORGANIZATION (WHO). Medical eligibility criteria for contraceptive use. 3rd edition. Geneva, WHO, Department of Reproductive Health and Research, 2004. 186 p. (Available: <http://www.who.int/reproductive-health/publications/mec/mec.pdf>)
17. WORLD HEALTH ORGANIZATION, UNITED NATIONS POPULATION FUND, and UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR). Reproductive health in refugee situations: An inter-agency field manual. Geneva, UNHCR, 1999. 135 p. (Available: <http://www.unfpa.org/emergencies/manual/index.htm>)

Illustrations by Rafael Avila/CCP