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MANAGEMENT STRATEGIES FOR IMPROVING FAMILY PLANNING SERVICE DELIVERY

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Editors' Note

This issue concludes Volumes I through IV of *The Family Planning Manager*. As a final issue to the series, it provides readers with an easy reference to the definitions of management terms used in the twenty-two issues and supplements that make up the series, relates the terms to the context of managing a family planning program, and, in doing so, reinforces important management concepts presented in the series. The issue also includes a brief summary of each past issue of *The Family Planning Manager* as a convenient reference.

As this issue of *The Family Planning Manager* goes to press, important advances in communications technology have been introduced in the Family Planning Management Development (FPMD) project. Management Sciences for Health and the staff of FPMD are pleased to announce our presence on the Internet's World Wide Web. Readers with Internet access may now order issues of *The Family Planning Manager* on the Web, read about project initiatives in other countries, and communicate directly with FPMD and colleagues around the world through electronic mail. Please look for us at http://www.msh.org on the World Wide Web, or send us e-mail at fpmdpubs@msh.org on the Internet.

As the FPMD I project draws to a close, we would like to thank our readers for their enthusiasm and interest in *The Family Planning Manager*. We would especially like to thank the members of the International Review Board for the constant and professional advice that they have given us over the last four years. Without their continued commitment and input *The Family Planning Manager* would not have been able to reflect the breadth of experience represented by our readership. In the future, making full use of our new electronic communications systems, we plan to expand our collaboration with family planning managers around the world so that future issues of *The Family Planning Manager* will continue to be practical, relevant, and useful to our readers.

—The Editors

The Family Planning Manager

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Management–a System, a Process, an Act, or an Art: By Whatever Name–a Necessity

Ask people to define management, its elements, and why they are important, and you will get a range of different descriptions, explanations, and definitions. But most everyone would agree that management is a necessity.

Management deals with everything from organizing a day's work to long-range strategic planning, both of which are carried out to help organizations and programs achieve their goals. Management means that people must develop, guide, control, communicate, evaluate, and report on plans and programs that involve complex tasks, which lead to the production of a product or service. They must communicate with and supervise people, plan and implement activities, track progress toward objectives, and productively use and account for human, financial, and material resources. Organizations, therefore, cannot function well without competent managers, and indeed, in their absence, organizations are often paralyzed or chaotic.

As the Italian economist, Vilfredo Pareto, concluded, in managing systems a limited number of factors are responsible for producing most of the results (whether those results are positive or negative). Although there are many different factors that have varying degrees of influence on the achievement of results, managers must learn to identify the vital few that need to be addressed in order to accomplish the organization's objectives and achieve the greatest impact. In order to make these vital factors or systems function effectively, managers have to develop strong and capable teams. To do this, managers must build a shared understanding of organizational objectives and promote a common working vocabulary so that team members can more easily work together to achieve organizational goals.

This glossary of terms helps to build a common working vocabulary by providing managers around the world with useful definitions of management terms and concepts used in managing family planning programs, whether they are directing and implementing programs in Asia, Africa, Latin America, the Near East, the Pacific, Europe, or North America.

This issue was written by Janice Miller, Senior Publications Manager for FPMD and Editor of *The Family Planning Manager*. Expert review was provided by Saul Helfenbein, Deputy Director of MSH's Population Program; David Collins, Director of MSH's Health Financing Program; Sallie Craig Huber, Evaluation Consultant to FPMD; Terrence Jezowski, Acting President and Director of Planning, AVSC International; John Ross, Senior Fellow, The Futures Group; Lynne Gaffikin, Director of Research and Evaluation, JHPIEGO Corporation; Robert Magnani, Evaluation Specialist, The EVALUATION Project; and technical staff of the FPMD project.

Acceptance Rate: The number of new users who have begun using any method of contraception, measured among a designated population (community, district, program area), covering a specific period of time (month, quarter, or year). An acceptance rate can be measured for all methods or for a single, specific method. *For example, in a clinic, the acceptance rate for oral contraceptives measured over the three-month period (January through March) could be expressed as 100 per 1000 clients, or 10 percent of visiting clients accepted an initial supply of oral contraceptives—a 10 percent acceptance rate during the first quarter of that year.*

Accounting System: A system for collecting, recording, processing, and reporting all financially related transactions. Two common systems are cash accounting and accrual accounting.

Accrual Accounting: An accounting system that records revenue when it is earned, expenses when they are incurred, and costs of using fixed assets such as buildings or equipment (as opposed to **Cash Accounting**).

Action Plan: Developed by a manager and his or her staff, an action plan lists program goals and objectives, and activities that will be implemented in order to achieve the objectives. An action plan often covers a time period of a year, indicates the person(s) responsible for implementing each activity, shows when each activity is due to be completed, and indicates the financial resources required. (See also **Operational Plan**.)

Activity Planning: The process of defining activities, planning the sequence of those activities, and identifying the resources (human, financial, and material) that will be used to carry out those activities to achieve the desired results.

Advisory Board: A group of external, experienced professionals who are charged with the responsibility of advising the senior management of an organization or program. An advisory board is usually structured more informally than a board of directors but may have similar responsibilities, such as helping senior management to formulate the organizational mission and policies, defining strategic directions, and providing general oversight of the financial health of the organization or program.

Appointment Card: A card provided to the family planning client showing the date and time of her next scheduled visit to the clinic, the address (and telephone number, if available) of the clinic, and often the name of a contact person. Using an appointment system helps clients remember when to return for a follow-up visit, helps the clinic staff to plan and provide services more efficiently, and can help to reduce the time a client spends waiting for services.

Assessments: Studies used for analyzing a present situation against an ideal situation, identifying areas for improvement, or learning more about the situation in order to define a course of action. (See also **Situation Analysis**.)

Average Lead Time: The average length of time between placing an order for contraceptives or commodities and receiving the supplies ordered.

Average Monthly Consumption (AMC): The average number of units of a specific type or brand of contraceptive that are dispensed in a month. The average is usually based on quantities that have been dispensed over a period of six months.

Balance Sheet: The financial report that summarizes the value of the assets, liabilities, and reserves of an organization at a specific point in time.

Bar Chart: A graph that represents data or sets of data in vertical or horizontal bars so that the relationship between the data can be seen and interpreted more easily. Bar charts can be used to analyze most types of service data and help to show the differences between several different categories of data such as number of contraceptive users, non-users, and discontinuers.

Barriers to Services: National or local governmental laws or policies, professional practices and procedures, administrative regulations, or other official or unofficial rules that block people from receiving services because of age, gender, marital status, parity, financial ability, residence, etc.

Baseline Survey: A survey that is conducted at the start of a project to determine the level of key indicators against which future results are compared.

Benchmarking: A technique in which a set of indicators and sub-indicators are established, against which performance or progress towards obectives can be measured. Benchmarking can also be used to compare a process or activity in one organization with similar processes or activities in another similar organization or program for the purposes of improving the effectiveness and efficiency of a program.

Benchmarks: Established objectives or criteria that must be achieved over a specific period of time. Benchmarks are often set as incentives for a program to reach its short-term objectives which, when reached, qualify the program to receive additional funding or other forms of program support.

Bin Card: See **Stock Card**.

Board of Directors: Often a legal requirement for a nonprofit or for-profit organization, a board of directors is generally composed of a group of professionals with diverse skills and experience and is charged with the responsibility of overseeing the stability of the organization. Because board members are not employees of the organization and their membership is generally voluntary, boards can effectively and objectively guide an organization since no financial gain is involved. Areas of responsibility include: developing a strategic plan, supporting the leadership and growth of the organization, providing financial oversight, maintaining community and government relations, ensuring that high-quality services are provided, and managing its own board activities.

Brainstorming: A group activity which allows people to quickly generate ideas, raise questions, and propose solutions on issues.

Business Plan: Often developed for the purposes of finding funding for a program or project, a business plan details the goals, activities, income sources, other financial resources, and expected revenue that will be generated from the business or activities.

Capital Costs: Costs of acquiring, constructing, or renovating fixed assets such as land, buildings, and large equipment (as opposed to **Operating Costs**).

Cash Accounting: An accounting system that records revenue when it is received and expenses when they are paid (as opposed to **Accrual Accounting**).

Cash Flow Projection Worksheet (also known as Cash Flow Forecast): A monthly projection of cash receipts and disbursements used to identify potential excess and shortages of cash funds.

Working with Boards of Directors (Vol. III, No. 5)

This three-part issue discusses the major roles and responsibilities of volunteer boards and provides advice on how executive directors and board members can create productive working relationships. The case scenario, "Mr. Mwangi Versus the Board: Conflict in Kanapi," presents a situation in which the board and senior management of a family planning organization are in conflict about the need to offer competitive staff salaries, their respective roles in the development of a new program, and the board's role in supervisory visits.

A special supplement to this issue, the *Pocket Guide for Improving Board Performance*, is designed to assist board members of family planning organizations to build active and effective boards of directors and provides guidelines and checklists to help board members carry out their responsibilities and strengthen the effectiveness of the board as a whole.

Cause-and-Effect Diagram: A tool often used in a continuous quality improvement program to group people's ideas about the causes of a particular problem in an orderly way. This tool is also known as a "fishbone" diagram because of the shape that it takes when illustrating the primary and secondary causes of a problem.

Chronogram (also known as a Gantt Chart or Project Activity Timeline): A project planning tool that summarizes the major project activities listed in chronological sequence. It shows the month or quarter that each activity will be completed and the person or persons responsible for carrying out each activity. It helps managers to monitor activities and short-term results, keep a project on schedule, and manage project resources.

Client Characteristics: Information about client traits and needs that is used for analyzing a program's client base in order to provide high-quality client care based on clients' needs. Client characteristics include: age, marital status, number of pregnancies, presence of sexually transmitted diseases (STDs), literacy, preference for spacing births or ending reproduction, etc.

Client/Clinic Data: Summary information about the clients served by a clinic or community-based program. Types of clinic/client data typically include: types of contraceptive methods used by a program's clients (method mix), number of continuing users served by a clinic or program per month or year, number of new acceptors of a contraceptive method in a clinic or program, number of discontinuers of a method or clients who have dropped out of the program, and summary information on average age, marital status, and number of children of the clients.

Client Fees: Charges made to a client as payment for services provided to him or her, such as the provision of contraceptive supplies, counseling, clinical or laboratory services, and others. Client fees include registration fees collected at each visit, service fees collected for individual services provided, and membership fees collected on a yearly basis. Many programs charge clients a small fee to help cover some of the cost of providing services and to encourage clients to place a value on the services provided.

Client Flow Analysis (also known as Patient Flow Analysis): The process of determining the efficiency of service delivery operations in a health facility. It is based on observations made of the movement of clients through the health facility and tracks, in particular, the amount of time a client spends waiting to be seen by a provider and the amount of contact time a client has with each of the clinic's service providers.

Client Flow Chart: The chart that summarizes the information obtained from the client flow form. It shows the total time spent in the clinic, including time spent waiting and time spent with staff, as well as the percentage of the total time in the clinic that clients spent waiting for services.

Client Flow Form: The form used to record the information needed to perform a client flow analysis. The form records the client number, family planning method, type of visit, clinic arrival time, and the time and duration of each contact with staff.

Reducing Client Waiting Time (Vol. I, No. 1)

This issue of *The Family Planning Manager* describes a simple Client Flow Analysis that managers and their staff can use to assess client waiting time. It provides forms for analyzing client flow and discusses how this information can be used to identify organizational factors that contribute to waiting time. It also suggests ways to promote a smooth and efficient flow of clients through the clinic. Designed for group discussion, the case scenario, "Mrs. Manumbu's Wait: A Case for Reducing Client Waiting Time," addresses potential solutions for long waits at a rural clinic.

Client Motivation: Information, education, discussion, or promotional activities that serve to encourage a client or potential client to use, or continue to use, contraceptives and reproductive health services on a regular basis.

Client Profile: A representation in numbers and/or percentages of the main characteristics of a program's clients. A client profile allows managers to gain a better understanding of the types of clients the program serves and (in some cases) the high-priority needs of those clients, so that the program can better serve its clients and potentially attract new clients who have similar needs.

Client Record (also known as Medical Record): The file or form completed for each client containing information on the client's medical and family planning history, health status, and physical exams. The file should include (at a minimum) the name, address, sex, age, parity, reproductive health history, and contraceptive method used by the client. The file is kept at the clinic and is updated by the staff each time a client returns for services.

Client Referral Card: A card given to a client or potential client by a community-based agent, outreach worker, or clinic provider that refers the client to another service facility for specific services that are not provided by the issuing agent or clinic. The referral card provides the name and location of the facility to which the client is being sent, the program or clinic making the referral, the name of the client being referred, and the reason for referral.

Client Satisfaction: The benefits or value of the services (as perceived by the clients) provided by a program or clinic, often measured in terms of the quality of interpersonal interaction with providers, the range of contraceptive choice, and the efficiency and responsiveness to individual client needs.

Client Survey: A survey, often conducted through interviews, used to determine what clients' needs are, whether their needs are being met, what their perceptions are of the quality of care, their ability to pay for services, and other characteristics of a given client population.

Client Waiting Time: The time clients spend waiting to be seen by providers in a clinic. (See **Client Flow Analysis**.)

Clinic Management: All aspects of managing a clinic effectively, including planning activities and services, organizing the clinic space and work process for serving clients, managing financial and programmatic resources (including clinic and contraceptive supplies), managing information, monitoring progress toward objectives, and supervising clinical and non-clinical staff.

Clinic Performance: Clinic performance is often measured by counting the number of clients served by the clinic, and/or the number of new acceptors and continuing users served by the clinic over a specific period of time, and is evaluated relative to objectives set for the clinic.

Clinic Protocol: The list of medical standards that staff are expected to follow, which describes in detail the medical procedures and quality of care standards that ensure the safety and health of family planning clients.

Cluster Survey: A population-based survey technique that allows managers and evaluators to survey small population groupings and use the results to represent a larger portion of the overall population, thereby providing more rapid feedback on the impact of program activities. Stratified sampling techniques, by which the population is divided into different categories that are of interest to the program (such as age, parity, residence, and education), can be used in cluster surveys to improve the accuracy of the results.

Cold Chain Maintenance: The management of a system of freezers, refrigerators, dry ice carriers, and other devices used for maintaining the proper temperature for vaccines from the point of manufacture to the point of administration.

Community-Based Services (CBS): Health and family planning information and services provided to women and couples where they live or through locally-based depot holders. Services are organized through community-based activities where outreach

workers, from a local clinic or the community, provide selected contraceptives (usually pills and condoms) to clients, follow up with clients who have questions, complaints, or side-effects, and make referrals to area clinics as appropriate.

Community Participation: A critical component of family planning programs, community participation can take many forms; it occurs when members of the community and local government play a significant role in managing the local family planning program and contributing money or materials, or volunteer time, thus deriving a sense of ownership of the program and accepting responsibility for achieving stated objectives.

Community Survey: A survey of a community that is the focus of a new program or an existing family planning program. In a community survey, interviewers/researchers often collect information on current knowledge, attitudes, and practices regarding contraception. Additional information can be collected as appropriate on the perception of a program's services (whether or not the respondents use those services), their source of services, income, and other socio-economic indicators that will help managers plan or improve the program.

Comparison Table: See **Matrix**.

Consolidation Stage: The third stage of organizational development during which the organization focuses on developing and refining its systems to increase management effectiveness, including its internal abilities to mobilize and control resources for organizational and program sustainability. (See **Stages of Organizational Development**.)

Contact Time: The amount of time that a client spends with clinic staff during a visit to a service facility. This is one of the elements that is analyzed in a **Client Flow Analysis**.

Continuation Rate: The number of users who continue to use any method of contraception, measured among a designated population (community, district, program area), covering a specific period of time (month, quarter, or year). A continuation rate can also be measured for one specific method.

Continuing Users (also known as Active Users): Continuing users are contraceptive users who are practicing family planning on a given date. They are usually counted and reported on separately from new clients of a program and new users of a method.

Continuous (Perpetual) Review System (also known as Variable Order Interval System): A system of inventory control and resupply whereby stock levels are constantly reviewed and orders are placed when the stock reaches or falls below the predetermined reorder level. In this system, the reorders are usually for standard quantities but do not occur on a scheduled basis.

Increasing Community Participation in Family Planning Programs (Vol. III, No. 2)

"Increasing Community Participation in Family Planning Programs" discusses the benefits of having the community participate in the local family planning program and explores ways to organize people so that they can participate in a program effectively. Drawing on experiences from Indonesia and Bangladesh, this issue presents the conditions needed for successful community participation, and discusses approaches to planning, monitoring, and supporting community teams so that they can actively be involved in local family planning program activities. The case scenario, "Male Leaders Participate in Mrs. Ndere's Family Planning Program," presents a program that plans to involve local male leaders in IEC activities. Readers are asked to describe the potential benefits to the program and to the community, and to suggest the kind of training and orientation the male leaders might need.

Using CQI to Strengthen Family Planning Programs (Vol. II, No. 1)

"Using CQI to Strengthen Family Planning Programs" introduces the Continuous Quality Improvement (CQI) approach to management, and guides the reader through the steps involved in carrying out the CQI process in a family planning setting. Unlike traditional management approaches, which focus on improving only the processes that are not functioning well, CQI assumes that any process within an organization can benefit from some improvement. Based on the belief that anybody at any level of an organization can make valuable suggestions about ways to improve operations, this issue emphasizes a process of continuous improvement, accomplished through organizational commitment and teamwork. The three-part case scenario "Pursuing Quality at the Santa Rosa Clinic" asks the reader to work through several CQI steps, including developing a flow chart that details the process an IUD client follows to receive services in a clinic, identifying problem areas, and proposing corrective actions to improve the process.

A supplement to this issue, the *Manager's Toolbox for CQI*, contains nine important tools and techniques for implementing the CQI process, and describes how each technique can be applied in a family planning program and under what circumstances each tool or technique should be used during the CQI cycle.

Continuous Quality Improvement (CQI): A structured, cyclical process for improving systems and processes in an organization or program. It involves identifying an area where there is an opportunity for improvement, defining a problem within this area, outlining the sequence of activities (the process) that occurs in this area, establishing the desired outcomes of the process and the requirements needed to achieve them, selecting specific steps in the process to study, collecting and analyzing data about the process, taking corrective action, and monitoring the results of those actions. CQI is based on a team approach, and requires developing teams composed of staff from different functional areas and levels in the organization. It assumes that any system can always be improved and therefore emphasizes a process of constant improvement, which requires long-term organizational commitment and effective teamwork.

Contraceptive Data Analysis Chart: A worksheet used (for each method of contraception) to track the stock on hand and the amount of supplies ordered, received, and dispensed on a monthly basis. This worksheet helps managers to monitor changes in the quantities of stock on a month-by-month basis and provides a summary of the stock transactions over a one-year period.

Contraceptive Prevalence: The percentage of all women of reproductive age (WRA) or married women of reproductive age (MWRA), typically age 15 to 49, who are using a method of contraception. Contraceptive prevalence usually refers to the use of all methods, but may be given separately for modern methods (pills, IUDs, implants, injectables, condoms, diaphragms, cervical caps, and voluntary sterilization). It is calculated by dividing the number of WRA or MWRA who are using a method (numerator) by the total number of WRA or MWRA (denominator).

Contraceptive Product Cost: Used when determining the cost of services, the contraceptive product cost is the unit cost of a contraceptive product. If contraceptives are donated, then the contraceptive product cost will need to be estimated. The cost normally includes any expenditures on international and local transportation, customs, and taxes.

Contraceptive Supply Management (also known as Logistics Management): The management of all aspects of the supply cycle: product selection, forecasting, procurement, storage and inventory management, distribution, and use, so that a supply of unexpired contraceptives is available to clients in sufficient quantities when they need them.

Control Systems: All procedures and rules that guard against corruption, theft, and inappropriate utilization of funds or other resources.

Coordination: The planned collaboration of the different individuals, departments, and organizations concerned with achieving a common goal.

COPE (Client-Oriented, Provider Efficient): This is a low-technology technique to improve services for clients. COPE enables local service delivery teams to assess their own work in order to identify and find solutions to problems in their facility.

Cost Analysis: A study of the costs (personnel, products, equipment, etc.) associated with implementing a project, program, service, or other activities.

Cost-Effectiveness: A method of measuring the relative efficiency of a program by comparing the cost with the impact, using an indicator such as the contraceptive prevalence rate (CPR). One purpose of a cost-effectiveness study is to identify program strategies and operational modes that achieve the greatest impact for the least cost.

Cost Per Year of Use (also known as Cost per Couple-Year of Protection): The cost of supplying an average client with a contraceptive for one year. The cost is calculated using the total cost per visit (personnel cost plus supplies), the average number of follow-up visits per year, and the average length of use of that method. The cost per year of use is a measure of output—the total cost of one couple-year of protection (CYP).

Cost Variance: The difference between the expected and actual expenditures for a product, service, or program.

Couple-Years of Protection (CYP): A measure representing the total number of years of contraceptive protection provided by a method. For each method, the CYP is calculated by taking the number units distributed and dividing that number by a factor representing the number of units (of that method) needed to protect a couple for one year.

CQI Core Group: Used in a continuous quality improvement (CQI) program, the core group is a group of people designated to lead the CQI process. The group is responsible for planning the implementation of the process, getting it started, developing training materials, organizing and providing training for all staff, and supporting it at all levels of the organization.

Cross-Functional Team: A group of individuals made up of people from different programs or departments, such as nursing, laboratory services, administration, and outreach who work together to achieve a common goal.

Cross-Subsidization/Cross-Subsidies: The system of using monies generated in one service to support the cost of another service within the same program. *For example, monies generated from sales of contraceptives in one clinic can be used to subsidize the cost of providing services to clients who are unable to pay for services or contraceptives in that same clinic or at other program sites.*

Cross-Tabulation: A table or chart used for simultaneously displaying summary data pertaining to two or more different sets of variables.

Cross-Training: Training staff to perform the functions of other staff members, so that when some staff are too busy or sick, other staff can help perform their job functions.

Daily Activity Register: The daily log of the number of client visits to a clinic, sub-divided into the types and quantities of contraceptives dispensed to each type of client (new or continuing user). The number of client visits and the number of each type and brand of contraceptive dispensed should be totaled daily.

Decentralizing Health and Family Planning Services (Vol. IV, No. 2)

"Decentralizing Health and Family Planning Services" addresses the opportunities and the risks inherent in decentralizing health and family planning services. The issue explores both the changing roles of local- and central-level managers and the management skills that they need in order to function effectively in a decentralized environment. The issue stresses the critical role of community participation in furthering the goals of decentralization and improving family planning program performance. The case scenario, "Angelino Clinics Deal with Decentralization," presents a case in which a ministry, as part of a decentralization initiative, authorizes clinics to collect service fees and use the fees to support their programs. Readers are asked to describe how the central level can support the local level in generating revenues and managing finances, what main advantages the managers of the district clinic will have when they have the authority to manage and use their own program money, and what skills the local-level managers may need to implement the decentralization initiative.

Data Analysis: The process of examining data and finding patterns or trends. This provides managers with new information about their programs and services and helps them to make better management decisions.

Decentralization: A process of transferring responsibility, authority, control, and accountability for specific or broad management functions to lower levels within a organization, system, or program. (See **Deconcentration**, **Delegation**, **Devolution**, and **Privatization**.)

Deconcentration: In program decentralization, deconcentration means that some management functions, such as developing program budgets, are transferred from the central level to *lower-level field units within the same agency or organization*, but the overall control of the program remains at the central level.

Delegation: In program decentralization, delegation means that the central level transfers the responsibility for specific managerial functions, such as developing and conducting management training, to *organizations or agencies that are outside the regular bureaucratic structure*, and thus these functions are only indirectly controlled by the central government.

Depot Services: A type of community-based service, this arrangement relies on having a person in a permanent location within the community who is available to provide information and contraceptive supplies (usually pills and condoms) to community members as needed. Because clients generally come to the depot for services, this approach reduces the number of people involved in delivering services at the community-level.

Devolution: In program decentralization, devolution refers to the transfer of power to newly created or strengthened *sub-national units of government*, the activities of which are outside the central government's direct control. In this approach, the responsibility, authority, and accountability for a program are usually transferred to a provincial or municipal government.

Direct Costs: Those costs that are directly associated with, or attributable to, a specific activity or department (such as training or tuition fees for a training program, seminar, or conference; contraceptive product costs; staff salaries and wages; costs of purchased services, etc.). Such budgeted costs should be clearly identifiable in an activity plan.

Discontinuation Rate: Discontinuation rates can be measured for each contraceptive method offered by a clinic, for several methods offered, or for all the methods offered by a clinic or program. The rate is calculated by dividing the number of discontinuers of a method or methods (for a specific period of time, such as a year) by the total number of users of that or those same methods, including those who discontinued the method(s), during the same time period. Multiplying the result by 100 provides the percent discontinuation of that or those methods for time period chosen.

Discontinuer (also known as Dropout): Someone who was formerly using a method of contraception but, for any of a variety of reasons, is no longer using contraception. A clinic/program discontinuer is someone who is no longer coming to the clinic for services. Although this may imply that the client is no longer using contraception, in some cases the client may be receiving services at another service facility. In order to track numbers of discontinuers, it is important for each program to define (for each type of method user) how long a client can be absent from the clinic after a scheduled appointment (or after they were due for a resupply of contraceptives) before being considered a discontinuer. *For example, a pill user may be considered a discontinuer if three months have passed since she was due to pick up a resupply of pills. But an IUD user should not necessarily be considered a discontinuer if she doesn't visit the clinic even for an entire year, unless she had an appointment or was asked to return to the clinic for a check-up.*

"Doing Things in the Right Way": A modern management motto which refers to whether activities are being carried out in the most effective and efficient way. Managers are concerned about "doing things in the right way" when they deal with day-to-day program operations.

"Doing the Right Things": A modern management motto which refers to the programmatic, strategic, and ethical soundness of a program. Managers who are concerned about "doing the right things" are concerned about the strategic directionofa program or organization and question the mission, goals, and objectives that underlie their decisions.

Dropout: See **Discontinuer**.

Reducing Discontinuation in Family Planning Programs (Vol. II, No. 3)

"Reducing Discontinuation in Family Planning Programs" offers practical suggestions on ways to measure and reduce the problem of discontinuation in family planning clinics. It describes how to analyze client data to understand both the characteristics of women who stop using contraception and the reasons why they have chosen to discontinue. It also examines the common factors associated with high levels of discontinuation, and explores what managers can do to reduce the proportion of men and women who make an initial visit or several visits to the clinic, but then don't come back. The case scenario "The Tapong Clinic Decides Whether to Measure Discontinuation" asks the reader to identify the factors to be considered in deciding whether to measure discontinuation, and the methods the managers in the case should track. Then for each method that readers decide to measure, they must decide on their definitions of "no-show" and "discontinuer" for tracking purposes, and outline a system for following up on discontinued clients.

Effectiveness: The extent to which a program has made desired changes or has met its objectives through the delivery of services.

Efficiency: The extent to which a program has used resources appropriately and completed activities in a timely manner.

ELCO Map: A graphic representation of the location in a community or village of **EL**igible **CO**uples (ELCOs—usually married couples of reproductive age, but the definition of eligible couple varies by country), showing where they live and the type of contraceptive method they are currently using. Generally used by fieldworkers, these maps keep track of each couple's reproductive status and any changes in the contraceptive method they use.

Endowment: A financial gift or gift with considerable financial value which may be sold or invested to produce additional income through interest, rent, or dividends and then used at a future time for institutional needs.

Evaluation: A study of a program in which any number of different processes may be used to gather and analyze information to determine whether the program is carrying out the activities that it had planned and the extent to which the program is achieving its stated objectives (through these activities). Evaluation results can be used to learn in what areas the program is most effective and what modifications should be made to improve the program.

Using Maps to Improve Services (Vol. I, No. 5)

"Using Maps to Improve Services" describes how fieldworkers, community workers, and volunteers can prepare and use maps to improve management and decision making in community-based family planning programs. It describes how **EL**igible **CO**uple (ELCO) maps can help family planning workers to track where eligible couples live and what method of contraception they use. It also explains how maps can be used to plan IEC activities, distribute contraceptives more efficiently, and improve the quality of the service statistics. The case scenario, "Mrs. Rahima's Village: A New Look at Family Planning in Kalishpur," asks the reader to analyze the information on a map and discuss other ways that such a map could be used in a program.

Emergency Order: An order for contraceptives or commodities that is placed outside of the normal ordering schedule, usually when stocks have run dangerously low due to an unforeseen increase in demand. Emergency orders are usually placed for a quantity that will bring the stock levels up to a level that will last until the normal reorder time, taking into account the amount that will be dispensed in the interim.

Emergent Stage: The first stage of organizational development in which the primary goal is to start delivering services. This stage is characterized by an incomplete or unclear organizational mission, a simple organizational structure, basic programs and systems, and a high dependence on external financial support. (See **Stages of Organizational Development**.)

Exit Interview: An interview conducted with clients as they leave the family planning clinic to assess how they felt about the services they received. The interview can be an informal conversation or a more formal questionnaire that focuses on a particular aspect of service delivery.

Expenditures: Expense payments made in cash or checks.

Expenses: All the costs incurred in operating a program. In an accrual system, an expense is recorded in the accounting system when it is incurred, before cash is paid.

Expiration Date: The date determined by the manufacturer after which a contraceptive or other drug product should no longer be dispensed to or used by clients.

External Environment: The prevailing conditions in the country or region that affect the development and implementation of the family planning program including demographics, culture, policy, economy, health, market characteristics, and sources of funding and commodities.

Facilitative Supervision: An approach to supervision that emphasizes mentoring, joint problem solving, and two-way communications between the supervisor and the worker.

Facilitator: A person who assists, encourages, and supports a group of people in a participative way to work together, make decisions, and resolve conflict for the purpose of achieving a common goal.

Family Planning Activities Worksheet: A form sometimes used in busy clinics as an intermediary form between the Daily Activity Register and the Monthly Summary. The totals from the Daily Activity Register are transferred to the Worksheet each day, then totaled for the month and transferred to the Monthly Summary of Family Planning Activities.

Feedback: The process that allows for two-way communication between the field and the office or an employee and a supervisor, for the purpose of modifying, correcting, and strengthening performance and results.

Fee-For-Service Program: A program that charges a fee for individual services provided by the program or clinic. In a fee-for-service program a different fee is usually charged for each type of service provided, based on the actual cost of providing that service. In such a program, a new client receiving her first supply of pills will generally pay more than a continuing user who returns for a resupply. This is because the new client receives more comprehensive services on a first visit than a revisit client who is only picking up a resupply of pills.

Financial Audit: A formal periodic examination of accounts and financial records of an organization or program, generally performed for the purposes of verifying that funds were used as they were intended and in accordance with standard financial management practices.

Financial Management: A process of implementing and managing financial control systems, collecting financial data, analyzing financial reports, and making sound financial decisions based on the analyses. Financial management requires knowing how to read and interpret three key documents: a cash flow projection worksheet, a balance sheet, and an income statement.

Financial Position: The financial status of an organization at a particular point in time. The financial position indicates the organization's overall financial situation, taking into account current assets and liabilities, and projected income and expenses.

Financial Reporting: An established system for periodic reporting on financial transactions and financial status of an organization or program.

Financial Statement: The financial reports covering a period of time (month or year) that summarize the income and expenses for the period (Income and Expense Reports), and the assets and liabilities (Balance Sheet) at the end of the period.

First-to-Expire, First-Out (FEFO): A supply management system whereby contraceptives with the earliest expiration date are distributed first and contraceptives with later expiration dates are distributed only after the earlier-dated supplies have been issued.

Five-Table System: Often used in mobile, community-based approaches, the five-table system is a program that provides integrated maternal and child health and family planning services at one temporary location. In this system, a table is set up for each of five services: registering the child; weighing the child; recording the results on a growth chart; providing health information (such as nutrition, oral rehydration, immunization, breastfeeding, child spacing/family planning information); and providing any necessary medical treatment, contraceptives, or a referral to a fixed health facility as needed.

Flowchart: A chart used to analyze a process or activity that shows the sequence of activities, steps, and decision points that occur in a particular, discrete process, such as registering a client in a clinic. By defining a beginning and end point for the process and analyzing each step in the process, managers can identify problem areas and potential improvements in order to reach the desired outcome(s).

Focus Group: A planned and guided discussion among a group of participants for the purpose of examining a specific issue or issues. This is a qualitative method of gathering information. Results of focus group discussions are often complemented with or serve to further explain quantitative data collected through surveys or other quantitative methods.

Follow-up Visit: See **Revisit**.

Frequency Table: A chart used to record the number of times a particular event or occurrence takes place in a given time period, such as number of new acceptors and revisits during each month of the previous year, or for each reason cited for not using contraception, the number of people stating those reasons, etc.

Functional Responsibilities: The types of work responsibilities that a person or group is accountable for performing, such as planning, monitoring, evaluating, providing medical services, training, etc.

Fund Raising: The process of seeking financial support from community groups, local or central government units, local or international donor organizations or individuals, and others.

"Funnel" Approach: Used to describe an approach to delivering integrated services, the "funnel" approach depicts an agency or organization that separates its various programs vertically at the national and district levels, but integrates the programs and services at the clinic/community level. (See also **"Hourglass" Approach**.)

Gantt Chart: See **Chronogram**.

General Administration: Activities or, in the case of a budget, expenditures associated with the normal course of doing business, such as postage, freight, photocopying, telephone, utilities, bank charges, vehicle registration, and other usual and customary administrative costs (excluding personnel costs).

Goals: The proposed long-range benefits of the program to the selected population, defined in general terms.

Grants: Funds or donations given to an organization or program for the purpose of carrying out specific programs or services. Grants are usually provided by governments and local or international donors.

Graph: Used in data analysis, a graph illustrates in a picture the relationships or patterns that exist between numbers and sets of numbers, which would otherwise be difficult to see by looking at the raw data. (See **Line Graph**, **Bar Chart**, and **Pie Chart**.)

Using Service Data: Tools for Taking Action (Vol. I, No. 2)

"Using Service Data: Tools for Taking Action" focuses on analyzing service data, making decisions, and taking action to improve program performance. Examples include analyses of new acceptor trends, contraceptive method mix, and effectiveness of IEC efforts. The case scenario "Mrs. Obi's New Acceptors: A Case for Analyzing Service Summaries," gives readers practice in using graphs to analyze service summaries.

Supplements to this issue include two management tools. The first, a *Guide to Graphing Data and Taking Action*, is a step-by-step guide to presenting data graphically and to interpreting and using the data to improve a program. It describes how to draw line graphs, pie charts, and bar charts, and illustrates how to plot and analyze program data. The second, *The Family Planning Data Manager*, is a laminated, erasable wall chart that managers can use and reuse to display critical clinic service data for their daily reference.

Growth Stage: The second stage of organizational development. At this stage, organizations develop a clear mission, define strategies for fulfilling the mission, have specific goals and objectives, and develop and use operational plans to achieve objectives. During this stage, as activities and services rapidly expand, the organization's reliance on external resources to support those programs and services also increases. (See **Stages of Organizational Development**.)

Histogram: A type of bar chart used to display data within a *single data category* such as age, which can be grouped as 20-24, 25-29, 30-34, etc. A normal bar chart is used to display data representing *different categories of data*, such as users of contraceptives, non-users of contraceptives, city or rural residence, etc. (For more information on Histograms and Bar Charts, please refer to Volume II, Number 1, of *The Family Planning Manager* "Using CQI to Strengthen Family Planning Programs" and the supplement "Manager's Toolbox for CQI.")

Historical Data: Data collected from past reports, such as contraceptive distribution reports, daily activity registers, inventory cards, etc.

"Hourglass" Approach: Used to describe an approach to delivering integrated services, the "hourglass" approach depicts a combined vertical and integrated program in which staff at the national level are divided into separate divisions for family planning, immunization, infectious disease control, nutrition, and maternal health. At the regional or district level, however, programs are coordinated by one or two individuals, and at the service provider level staff are again assigned to separate programs. **(See also "Funnel" Approach.)**

Household Survey: A survey that collects information about the occupation(s) of a couple, the contraceptive method they use and/or have used in the past, whether the woman is pregnant or breastfeeding, recent births, total number of births and deaths, and other information concerning a couple's reproductive health and family planning history that is of interest to the program. Household surveys are used to establish the level or the indicator against which future results are compared.

Identification Codes: A series of numbers or letters used in a management information system to help differentiate specific locations of services (or clinic type), types of visits (first visit, revisit, procedure visit), types of services or contraceptives provided (IEC, IUD insertion, pill resupply), and other categories of data. To be useful, the same identification codes should be used consistently by all people who use the management information system.

Impact: In a family planning and reproductive health program, the extent to which the program has changed or improved the knowledge, attitudes, behavior, or health of the program participants.

Incentive Grants: Funds used to reward program performance, the achievement of objectives, or to motivate programs to launch new initiatives. Incentive grants are used to motivate programs and employees to (continue to) meet their objectives and maintain or improve program quality.

Income Statement (also known as Revenue and Expense Report, Income and Expense Report, and Profit and Loss Statement): A periodic summary report of income and expenses, showing a surplus (profit) or deficit (loss) for the period covered by the report.

Indicator: A certain condition, capability, or numerical measure which, when recorded, collected, and analyzed, makes complex concepts more readily measurable and allows managers and evaluators to compare actual program results with expected results.

Indirect Costs (also known as Overhead Costs): The operating costs of an organization which are shared by more than one activity or department (such as building maintenance and utility expenses).

Information System: A standardized system for collecting, recording, interpreting, analyzing, reporting, and disseminating data so that the data are available to be used for making critical management decisions. In a family planning clinic, this normally refers to collection and reporting of programmatic and financial information connected with providing client services and operating a facility. (See also **Two-Tier Information System**.)

In-Kind Contribution: A non-financial contribution or form of compensation such as materials, goods, or services.

Inreach: In family planning, this involves using resources within a health facility to improve the understanding and knowledge of the facility's family services (as compared with **Outreach**). Inreach addresses missed opportunities to provide information about the facility's family planning services to staff, clients, and potential clients in all departments of the facility. Inreach activities include improving linkages and referrals between departments, posting signs about services throughout the facility, and orienting staff from other departments to the family planning services.

Insertion Visit: Generally used to describe a visit made by a client for the insertion of an IUD or contraceptive implant. Different types of visits are often designated by a program or clinic so that specific costs may be assigned or fees charged for each type of visit.

Institutionalization: The internalization by an organization or program of an activity, system, or practice, to the extent that the activity, system, or practice will continue to operate in spite of personnel turnover, and independently of external inputs or involvement.

Integration/Integrated Services: This refers to a program that combines family planning services with maternal and child health, nutrition, immunization, and other reproductive health services, such as control and treatment of sexually transmitted diseases.

Intermediate Outputs: Medium-term results that are critical to the achievement of long-term results. *For example, the number of workshops or courses held is a medium-term result that is critical to achieving the long-term result of producing qualified providers.*

Internal Environment: Leadership, policies, systems, technology, financial capability, etc., that influence the effectiveness of an organization or program. Other factors in the internal environment include: management structure, management systems, staff capabilities, etc.

Internal Organization: The internal structure and arrangement of an organization or program as it pertains to the allocation of and relationship between different functional areas such as planning, budgeting, financial management, supervision, and others. The internal organization of a program is particularly important as programs become more decentralized and/or integrate several programs into a single program.

Inventory: The amount of stock (contraceptives, commodities, and other clinic supplies) that is on hand (for use by a program or clinic) at a given point in time.

Inventory Control Card: See **Stock Card**.

Job Description: A document that at a minimum lists the job title and provides a description of the tasks and responsibilities of the position, the direct supervisory relationships with other staff, and the skills and qualifications required for the position.

Managing Integrated Services (Vol. III, No. 3)

"Managing Integrated Services" explores the different faces of integration and examines the key management systems that may need to be adapted to effectively deliver services in an integrated setting. The issue provides guidelines for assessing integration at several different organizational levels, and offers practical advice on how to make integration work. The case scenario, "Dr. Dupont Integrates MCH and Family Planning Services in Munda District," presents a program that is about to integrate maternal and child health (MCH) and family planning services which have previously been provided by separate programs. Readers are asked to make recommendations concerning program leadership, integration of staff and staff functions, and staff supervision under the new system.

Lead Time: The amount of time (usually expressed in months or weeks) that it takes for a shipment to arrive once an order has been placed.

Lead Time Quantity: Based on past records, the amount of contraceptive stock that will be dispensed during the time between placing an order and receiving new stock.

Line Graph: A graph that represents data or sets of data that have been collected over a period of time. The data are plotted on a graph corresponding to standard intervals of time and a line is drawn connecting the data points. The line in the graph allows managers to see trends in the data (an increase, decrease, or no change) over a period of time. Line graphs are often used to analyze trends in new acceptors, continuing clients, dropouts, new acceptors using a particular method, and others. Line graphs (updated regularly) help managers to follow a trend over a period of time and take actions to manage the trend.

Logistics Management: See **Contraceptive Supply Management**.

Long-Acting Methods (also known as Long-Term Methods): Contraceptive methods that remain effective for a relatively long period of time. Experts may differ in the methods they include under this term. Some experts include only IUDs, implants, and injectables, some also include oral contraceptive pills, and some include voluntary sterilization.

Maintenance Cost: Generally refers to the cost of maintaining a facility and may include repairs, cleaning, rent, taxes, insurance, etc.

Management Accounting: Collecting information from the financial accounting system and other financial data (such as budgets) and combining this information with statistical data (such as service outputs) to produce information which is useful for making managerial decisions.

Management Components: The basic elements used to analyze the way an organization functions. The four basic management components are mission, strategy, structure, and systems. (See also **Mission Statement**, **Strategy**, **Organizational Structure**, and **Management Functions/Systems**.)

Management Functions/Systems: The basic management functions of program planning, budgeting, determining staff roles and responsibilities, training, supervising staff, managing resources (including money, contraceptive and commodities supplies, and other program equipment or services), monitoring program activities, evaluating program achievements, and managing the provision of client services.

Managing Board: A formal group of advisors who provide general strategic and financial oversight to an organization and are responsible for maintaining and promoting the stability and sustainability of the organization.

Mapping: A process by which information or data are laid out on a diagram or representation of a community, village, or other defined territory for the purposes of tracking changes in the data.

Market Analysis: An examination of the environment in which an organization or program provides or sells goods or services. A market analysis typically includes conducting a survey of its current clients (their needs, satisfaction with services, socio-economic status, etc.), a survey of the community (to learn more about potential clients and the existing demand for services), and a survey of the other family planning service providers in the area (the types of services they provide, the cost and quality of services, etc.). This information provides a program or organization with critical information about underserved populations in their area, the level of access to services, feedback on clients' satisfaction with services, the ability of clients to pay or the amount they can pay for services, and other information about the role the program should play in relation to other service providers in order to maintain a competitive edge. Having the ability to address these factors serves to strengthen program sustainability.

Marketing: The activities related to designing and pricing goods and services so that they are bought or used by the public, informing the public of the available services and their prices, and promoting the value of those goods and services for the purpose of generating demand.

Matrix (also known as a Comparison Table): A chart used for analyzing two or more sets or types of information (such as the number of users of each contraceptive method by type of client, such as new acceptor or revisit). A comparison table can also be used for comparing organizational processes or activities against a set of criteria that reflect organizational priorities, resources, and constraints to help managers prioritize areas for improvement.

Mature Stage: The fourth and last stage of organizational development, during which an organization develops its ability to effectively manage the organization and adjust its mission, strategy, structure, and systems in response to internal and external challenges in order to increase sustainability. (See **Stages of Organizational Development**.)

Max/Min (Maximum-Minimum) Stock Level: Assigned minimum and maximum stock levels designed to ensure that a program doesn't run out of contraceptive supplies and also doesn't become overstocked. Minimum and maximum levels are expressed in terms of a certain number of months' worth of supply.

Maximum Quantity: The maximum quantity is the largest amount of stock (of each contraceptive item) that a facility should ever have in inventory. The quantity should be set high enough to maintain adequate stock between orders and low enough to prevent overstocking and wastage due to expiration. It is calculated separately for each contraceptive item and consists of the minimum quantity of stock plus the amount that is used between regular orders. (A formula for calculating maximum and minimum stock levels and quantities can be found on pages 10 and 11 of Volume I, Number 4 of *The Family Planning Manager*, "Improving Contraceptive Supply Management.")

Medical Record: See **Client Record**.

Membership Fees: Fixed fees charged to clients or members of an organization, usually on a yearly basis, entitling them to a range of services.

Method Mix: A summary, usually represented in percentages, showing the proportion of all users (of a general or specific population) that are using each contraceptive method.

Micro-Manage: The practice of providing unnecessary and excessive oversight in the management of staff and staff activities.

Minimum Quantity: The minimum quantity is the least amount of stock (of each contraceptive item) that a facility should ever have in inventory. The minimum quantity should be set high enough to prevent shortages and stock-outs, even if deliveries are late or demand unexpectedly increases. The minimum quantity is the safety stock quantity plus the amount of stock used between placing and receiving an order. (A formula for calculating maximum and minimum stock levels and quantities can be found on pages 10 and 11 of Volume I, Number 4 of *The Family Planning Manager*, "Improving Contraceptive Supply Management.")

Missed Opportunity: An occasion that offered a chance for a beneficial activity to occur (service provision, employee feedback, etc.) but was overlooked.

Missing Client: See **No-Show Client**.

Mission Statement (also known as Organizational Mission): A brief general statement describing the type of organization, its main purpose, and its values. The mission of an organization provides the rationale for defining goals and objectives.

Monitoring: The process of periodically checking the status of a program, by observing whether activities are being conducted as planned.

Monthly Summary of Family Planning Activities: The form used to record the monthly totals for all the data collected on the Daily Family Planning Activity Records. Generally, the clinic manager keeps one copy and another copy is sent to the program supervisor who aggregates the monthly data for all the clinics in the region or district.

Months of Supply (also known as Months' Worth of Supply): This term is used to express the amount of a supply on hand (of a specific contraceptive or commodity) in terms of the number of months that quantity would last if it is dispensed at current (average) rates. It is the quantity on hand (of the specific contraceptive or commodity) divided by the average monthly consumption (AMC) of that item.

Mutually Accountable: A situation in which multiple parties or individuals are jointly responsible for the outcome(s) of an activity or activities.

New Acceptor (also known as New User): Someone who accepts a contraceptive method for the first time. Programs differ in their definition of new acceptors/new users. Some include only those persons who are using contraception for the first time and have never used any form of contraception before. Some also include those persons who are using a particular contraceptive method for the first time (even though they have used a different method before). Still others may include those persons who are accepting a method from (an agent of) that particular program for the first time (even though they may have used a method provided by another program before). Whatever definitions your program uses, it is critical that the definitions be clear and understood by all staff, so that service data in all the service facilities will be collected and reported on in the same way.

New Client (also known as First Visit or First Consultation of a Client): Someone who receives services from (an agent of) a family planning program who has not received services from that program before. Programs differ in their definitions of a new clients. Some programs include persons who receive any type of service (including counseling) who have not received services from that program before. Other programs include only persons who are accepting a family planning method for the first time and have never used contraceptives before from any program. Still other programs distinguish new clients (of a program) from new acceptors/users (of a method). Whatever definitions your program uses, it is critical that the definitions be clear and understood by all staff, so that service data in all the service facilities will be collected and reported on in the same way.

No-Show Client (also known as a Missing Client): A client who does not come for a scheduled visit or has not returned to the clinic for services for a long period of time.

No-Show Rate: Often expressed as a percentage, the no-show rate can be calculated most easily in a clinic that uses an appointment system, in which it is known when and how many clients are due to return to the clinic for services. The no-show rate is calculated by taking the total number of clients who came to the clinic for services (during a specific period of time) divided by the number of clients who were due to come to the clinic for services during the same period of time. Multiplying the result by 100 gives the percent of no shows for the designated period of time. Such an analysis can also be done for a specific contraceptive method or age group of clients. (For more information on measuring no-show rates, please refer to Volume II, Number 3 of *The Family Planning Manager*, "Reducing Discontinuation in Family Planning Programs.")

Developing Plans and Proposals for New Initiatives (Vol. II, No. 4)

"Developing Plans and Proposals for New Initiatives" provides a framework for developing a plan for a new program initiative. It then suggests how to turn this plan into a proposal for funding. It both emphasizes the skills needed to develop an effective plan for a new program initiative and provides guidelines on developing a detailed budget for that initiative. The issue goes on to explain how to take the same plan and turn it into a proposal for funding the initiative. In addition to providing basic guidelines on writing each section of a plan, this issue gives advice on how to create proposals that will improve an organization's chances of securing funding for their new program activities. The case scenario, "A Proposal for Río Blanco Region," presents ideas for a pilot project. Readers are asked to formulate goals and objectives for the project, list proposed activities for the first year of the project, develop a first-year budget, and prepare an overall project summary sheet for submission to the Ministry.

Objectives: The anticipated results or outcomes of a program, representing changes in the knowledge, attitudes, and behavior of the program's clients, described in measurable terms and indicating a specific period of time during which these results will be achieved. Objectives should be **S**pecific, **M**easurable, **A**ppropriate, **R**ealistic, and **T**ime bound (SMART).

Observation-Study Visits: An organized series of visits to other program sites or organizations for the purpose of studying and learning about the other program and sharing successful experiences for replication or adaptation.

Operating Costs (also known as Recurrent Costs): Regular expenses of running programs and providing services which are incurred year after year (as opposed to **Capital Costs**).

Operational Plan: Different from a strategic plan (which sets forth the general strategies a program will use or initiatives it will undertake to achieve its objectives), an operational plan sets forth the specific projects or activities (consistent with the strategic plan) that will be conducted, and the timetable and resources needed for completing those projects or activities. (See also **Action Plan**.)

Order Interval: An established and regular number of months between placing orders for contraceptive supplies. The order interval should be set individually for each method of contraception to correspond to the desired maximum and minimum inventory levels.

Organization Type: The structural or legal definition an organization, such as private commercial organization, private non-profit, public agency, non-governmental organization, or affiliate or subsidiary of a larger organization.

Organizational Chart (also known as an Organogram): A chart showing the working relationships of all staff positions within an organization or program and the formal supervisory structure and reporting relationships between different functions and positions of the management and staff.

Organizational Stability: The ability of an organization to effectively use management controls and systems to prevent any major disruptions in services in spite of unexpected changes in the external environment or turnover of personnel, especially senior personnel.

Organizational Structure: The internal lines of authority and communication within an organization which define how programs and departments are managed, which types of activities are carried out by which programs or departments, and the functional and supervisory relationships between the staff and the manager of those departments. (See also **Organizational Chart**.)

Organogram: See **Organizational Chart**.

Output Information: Information concerning the products or accomplishments (in numerical terms) of the activities of an individual or program over a specific period of time.

Outreach: Activities related to providing information and services to the community outside of the clinic facility, usually by working with community groups or volunteers.

Overhead Costs: See **Indirect Costs**.

Pareto Analysis: Based on the principle set forth by an Italian economist Vilfredo Pareto, which states that only a few factors are responsible for producing most of the results (positive or negative), a Pareto Analysis helps to identify the "vital few" factors that need to be improved in order to achieve the desired results. Performing this analysis helps managers to concentrate their efforts on a few activities and thereby use their scarce resources efficiently and effectively to achieve results. (For instructions on how to perform a Pareto Analysis, please refer to Volume II, Number 1 of *The Family Planning Manager*, "Using CQI to Strengthen Family Planning Programs" and the supplement "Manager's Toolbox for CQI.")

Working Solutions Worldwide (Vol. IV, No. 1)

This special issue provides insight into the day-to-day work of family planning managers around the world. Borne out of our reader survey, in which we asked readers to tell us who they are, where they live and work, and what challenges they face as family planning managers, this issue provides a profile of our readers and documents the real-life experiences of eighteen managers around the world. The issue presents their techniques and approaches for: planning and managing programs strategically, providing outreach and greater access to services, championing quality services, and managing resources effectively. The approaches and solutions described in this issue are practical, relevant, and real.

Participative Style: A style of management in which the supervisor or manager actively works with his or her staff and listens to their ideas, acknowledges their points of view and accomplishments, encourages joint discussions of issues, and finds solutions together.

Patient Flow Analysis: See **Client Flow Analysis**.

Performance Targets and Objectives: The end results that are expected to be achieved by an organization or an individual employee by the end of a specific time period. Performance targets generally relate to a shorter time period (several months) and pertain to very specific tasks. Performance objectives relate to longer time periods (one year) and determine the type and scope of activities that an organization, program, or staff member will undertake for the purpose of achieving the desired results.

Perquisites: A reward in cash or in kind, which is in addition to or in place of one's salary, such as health benefits, club membership, free meals, or parking.

Personnel Category: The different types of personnel. In a family planning program personnel categories include doctor, nurse, pharmacist, pharmacy assistant, counselor, outreach worker, registration clerk, etc. Personnel categories are often defined for the purpose of establishing consistent salary levels and are useful when determining personnel costs associated with the types of services provided.

Personnel Committee: Usually a sub-committee of a larger group such as a board of directors, which focuses on personnel issues, concerns, and trends, and advises the larger group, board, or organization of necessary changes.

Personnel Cost (or Total Personnel Cost): The cost of paying personnel (including allowances) for their time in performing a specific service, combination of services, or set of services over a specific period of time.

Personnel Cost Per Visit-Type: The cost of a single type of visit, such as a visit to insert an IUD, taking into account only the cost of the various personnel involved in providing that service.

Personnel Management: Responsibilities related to hiring and firing staff, supervising, promoting, organizing, motivating staff, and developing their professional capabilities. Personnel management requires strong interpersonal communication skills and skills in group facilitation, conflict resolution, and problem solving.

Pie Chart: A graph that represents summary data or percentages as wedges in a circle, or pie shape, so that the relationship between the data can be seen and analyzed more easily. Pie charts can be used to analyze the method mix of any type of client or for all clients in a program or clinic. Pie charts allow managers to compare proportions and represent summary data for a specific period of time, such as one month, quarter, or year.

Cairo and Beyond: Addressing the Critical Management Issues (Vol. III, No. 4)

This special issue of *The Family Planning Manager* was prepared for the International Conference on Population and Development in Cairo, held in September 1994, and provides a window onto the ideas and experiences of a cross-section of family planning professionals around the world concerning the major management challenges facing family planning managers today and in the future. Six broad areas are discussed: paying for family planning programs; improving the quality of services; reaching rural populations; integrating family planning into other health and development programs; coordinating public- and private-sector activities; and helping successful family planning programs to grow so that contraceptive use does not level off or "plateau."

Plateau Effect or "Plateauing": A situation in which a program's performance—number of people served and actively practicing family planning—has leveled off. In many cases, a program that has plateaued has already achieved a contraceptive prevalence rate (CPR) of 40 to 50 percent, has the capability to serve more clients, and must consider new ways to attract and retain clients, reduce barriers to services, reorganize programs and systems that provide services, and make other types of strategic decisions that will increase program performance.

Population-Based Survey: A survey in which information is obtained directly from a representative sample of the population or population group of interest to the program, such as women of reproductive age. Information is typically obtained through interviews, rather than from service records or other indirect sources. (See also **Cluster Survey**.)

Population Density: The total number of people living in a defined area such as a community, district, capital city, country, region, or square kilometer or square mile.

Population Distribution: The arrangement of population geographically as it is spread over a defined area such as community, district, capital city, country, region, etc. Knowing the distribution of population is important to managers as they plan new programs and the locations of services facilities.

Potential Client: Any person of reproductive age who is sexually active, not currently using the services of a clinic or community-based family planning program, and does not intend to have children at the current time. Potential clients also include couples who have problems with infertility, but want to have children. Programs should seek to attract such persons to the program and provide them with appropriate services.

Privatization: Privatization refers to the transfer of specific management functions, such as contraceptive procurement, logistics, and training, to *private non-profit or commercial organizations* outside the government structure. Although often used to describe a form of decentralization, some experts believe that privatization is not a means of decentralization because, in privatizing, a government relinquishes responsibility, rather than transfers power to lower levels.

Problem Solving: A critical management skill that involves objectively identifying the causes of a problem and proposing potential, often creative, solutions to the problem, which will be agreeable to multiple parties or individuals.

Procedure Visit: Generally used to describe a visit made by a client for a specific medical procedure, such as voluntary sterilization or the insertion or removal of an IUD or contraceptive implants. Different types of visits are often designated by a program or clinic so that specific costs may be assigned or fees charged for each type of visit.

Process Analysis: Any type of analysis in which a process, processes, or a sequence of activities is studied. Examples of process analyses are: flowcharting, benchmarking, decision-tree analysis, and client flow analysis.

Process Information: Different from output information which identifies products, outcomes, or accomplishments (in numerical terms), process information is qualitative, providing information about the ways that people and materials are used to produce specific outputs. *For example, by using process information managers can determine the cause of a contraceptive stockout (a negative output) by analyzing each (process) step in the logistics system.*

Professional Development (also known as Staff Development): The process of increasing the professional capabilities of staff by providing (or providing access to) training and educational opportunities. This can include on-the-job training, outside training, or observation of the work of others. Professional development is widely recognized as a way to maintain staff morale, build the institutional capacity of a program, and attract and maintain high quality staff.

Professional Fees: Costs generally incurred through contractual agreements with *individuals* for specialized services such as lectures, training, and evaluation, as opposed to costs incurred through long-term contractual agreements with outside *institutions* for services such as vehicle maintenance, janitorial services, advertising, or promotion services, which are referred to as purchased services. (See **Purchased Services**.)

Profit and Loss Statement: See **Income Statement**.

Programmatic Reporting: An established system or process for reporting detailed information on the activities undertaken during a specific period of time. Programmatic reports are usually in narrative form and generally only report non-financial information about activities and progress made toward achieving objectives.

Project Activity Timeline: See **Chronogram**.

Public Affairs: Activities that promote an organization's program, services, and image to the public.

Purchased Services: Long-term contractual services or agreements with outside *institutions* for services such as vehicle maintenance, janitorial services, advertising or promotion services. Although similar, contractual agreements with *individuals* are often for a specialized service such as lectures, training, and evaluation, in which case the service is referred to as a fee-based service. (See **Professional Fees**.)

Quality Management: Quality management involves monitoring products or services to ensure that suppliers and providers are following accepted standards to meet desired outcomes and, if problems are observed, are taking the actions necessary to improve the products or services.

Quality Management System: In family planning, a system that brings together in a harmonizing and reinforcing manner the various activities that help to assure and continuously improve the quality of family planning services throughout a service-delivery network. In an effective quality management system, supervisors at all levels must have updated knowledge and skills in both service delivery and management areas.

Quarterly Reporting Form: A form used for reporting quarterly summary information such as the number and types of clients served (new acceptors and revisit clients), the quantities (of each type and brand of contraceptive) on hand at the beginning of the quarter, the quantities received and dispensed over a three-month period, the quantities requested for resupply for the next quarter, any adjustments or losses, and ending balances.

Random Variations: Non-systematic inconsistencies or irregularities in data. When analyzing data, small (non-systematic) irregularities are often insignificant and can be disregarded.

Rapid Assessment: A quick, economical, sample-based study conducted to determine the extent or causes of a problem or to determine specific client or program needs that were identified through service statistics or other large studies.

Rate: A measure of an event (numerator) within a specific population (denominator) covering a specific period of time. *For example, the infant mortality rate is the number of infants that die in the first year of life (numerator) among all live births (denominator) in a specific one-year period. Infant mortality rates are usually expressed as the number of deaths per 1000 live births.*

Ratio: A proportion obtained by dividing one quantity by another quantity. *For example, eighteen family planning nurses (numerator) divided by six clinics (denominator) is a ratio of three nurses to one clinic.*

Recurrent Costs: See **Operating Costs**.

Referral Systems: An established system that defines when a client should be referred to another facility for services (often for treating medical complications or providing clinical methods or surgical procedures), how the client will get to the clinic (for instance, whether an outreach worker will accompany the client to the clinic), who the client should contact at the referral site, and what documentation should be presented by or given to the client at the referral site. Effective referral systems help to expand access to services and long-term clinical methods and serve to enhance the quality of services provided by a smaller satellite clinic.

Registration Fees: A fixed fee collected from clients at each visit regardless of the types of services provided.

Reporting Channels: An established system within a supervisory structure for reporting information and data. Appropriate reporting channels are critical, particularly as the provision of different types of services becomes more integrated and/or program management becomes more decentralized.

Requisition and Issue Voucher: The form used by the clinic manager to request new supplies, by the warehouse manager to fill the order and record the quantities sent, and again by the clinic manager to check that the clinic received the correct quantities and types of supplies ordered. More than simply an order form, this form summarizes the average monthly consumption of each contraceptive ordered, the clinic's desired maximum quantity, and the quantity on hand at the time of the order, and therefore serves to justify the quantity ordered.

Resource Management: The work of managing and controlling the limited resources needed to run a program such as people, money, and equipment. (Some people also consider time a resource.)

Revenue and Expense Report: See **Income Statement**.

Revenue Report: A daily, monthly, or quarterly report of monies or the equivalent received from sales, services, or fees. In accrual systems, revenues are recorded when they are earned, not when the actual cash or goods are received.

Revisit (also known as Follow-up Visit): A visit made by a client to a clinic often for the purposes of checking up on the client's success or comfort with a contraceptive method or to address medical complications or side-effects. The term is also used to describe a visit for the re-supply of a contraceptive.

Safety Stock: The amount of stock (number of months' supply) below the minimum level which serves as a cushion or buffer against major fluctuations in contraceptive demands or unexpected shipment delays.

Satellite Services: Services that are provided to a community or several communities at a specific time (usually once a month) and at a designated location. Satellite services often provide integrated health, maternal and child health, and family planning services. (See also **Five-Table System**.)

Self-Evaluation Guidelines (also known as Self-Assessment Tool or Checklist): Guidelines or a series of checklists that pose specific questions for evaluating the abilities of staff or the performance or functioning of a program.

Self-Sufficiency: The level of organizational development that is reached when the organization is able to function independently of outside (donor) assistance. Self-sufficient organizations are capable of mobilizing a wide range of resources to avoid dependence on a single financial resource and have the management and leadership capability to adapt their programs to a changing environment. (See also **Sustainability**.)

Charging Fees for Family Planning Services (Vol. I, No. 3)

"Charging Fees for Family Planning Services" looks at the advantages and disadvantages of charging for family planning services, discusses how to overcome resistance to introducing fees, and reviews a basic system for managing fees. The case scenario, "Mr. Ngao's Proposal: Introducing Client Fees," discusses factors to consider when planning to introduce client fees and the kinds of administrative changes that are required.

Service Delivery Approach: Designed to reach and attract different client groups, service delivery approaches include community-based services, clinic-based services, employer-based services, hospital-based services, in-home or depot services, and community gatherings for information, education, communication (IEC) about family planning.

Service Fees: Fees charged to a client for each service provided, such as counseling, examination, laboratory testing, and contraceptive supplies. Some programs set a standard charge for an initial visit and a revisit. An initial visit might include the cost of an examination, counseling, and a contraceptive method, whereas the revisit might cover the cost of a resupply of contraceptives and consultation.

Service Marketplace: The target area or region that a program intends to reach in delivering its services to a population.

Service Quality: Service quality refers to a number of inter-related factors including the way in which individuals are treated by providers, the scope of services and contraceptives available to clients, the quality of the information provided to the clients and quality of the counseling skills, the promotion of individual choice, the technical competence of providers, and the accessibility and continuity of services.

Service Stops: Different stages or locations within a clinic where a client receives specific types of services. Service stops often include: registering with the registration clerk, being weighed, having blood pressure taken, seeing a counselor, being examined by a nurse or doctor, and checking out at the registration desk.

Shelf Life: The length of time a contraceptive can be stored under normal circumstances without losing its efficacy. Poor storage conditions (such as extremes in temperature) can reduce the shelf life of a product.

Short-Term Methods: Contraceptive methods that remain effective for a relatively short period of time. Experts differ in the methods they include under this term. Some experts include only spermicides, diaphragms, and condoms; others also include oral contraceptive pills.

Site Training: An integrated approach to training that views the service-delivery site as a system and treats staff as members of the team that makes the system work. The goal of site training is to improve systems at a local site through effective teamwork and by ensuring that all members of the team have the knowledge and skills they need to fulfill their respective roles on the team.

Situation Analysis: A systematic process for analyzing the internal environment and capabilities of an organization and the external political, social, economic, and programmatic environment in which a program works. Such an analysis is performed for the purposes of determining a course of action for improving program management, performance, and sustainability. (See also **Assessments**.)

Sliding Fee Scale: A system of charging clients for services based on household income and family size, allowing clients to pay what they can afford.

Social Marketing: A strategy modeled after commercial product marketing in which contraceptives and other products related to sexual and reproductive health are promoted, distributed, and sold at relatively low prices through existing commercial outlets. Social marketing advertises reproductive health and family planning to different segments of the population by using such commercial outlets as radio, newspaper advertisements, and television to provide family planning information, education, and communication.

Staff Development: See **Professional Development**.

Staff Motivation: The personnel activities of an organization or supervisor that are designed to reaffirm the importance of the staff's jobs to the achievements of the program and to improve the skills, motivation, and qualifications of employees. Such actions or activities include training, positive and constructive feedback on a regular basis, appreciation for their work, and engaging them in problem solving.

Staff Responsibilities: The specific responsibilities or set of responsibilities of different staff positions for which staff can be held accountable. Such responsibilities can usually be quantified, such as providing counseling to an average number of clients over a specific period of time, or providing medical services to a district clinic three days a week.

Staff Roles: The broad responsibilities attached to different staff positions. *For example, the roles of managers include leadership, understanding, problem solving, advice, and encouragement.*

Stages of Organizational Development: The four stages that characterize the development of an organization: Emergent, Growth, Consolidation, and Mature. These stages are based on the principle that organizations develop in a systematic way over time and portray distinct characteristics during each stage in relation to mission, strategy, structure, and systems. (See **Emergent Stage**, **Growth Stage**, **Consolidation Stage**, and **Mature Stage**.)

Start-Up Organization: Usually a small organization in the early years of its development. Many start-up organizations are characterized by highly creative leadership, highly innovative initiatives, and a small, highly committed and motivated staff.

Status of Supplies Chart: A worksheet for calculating the average monthly consumption (AMC) and the maximum and minimum stock quantities. The status of supplies chart allows managers to record on a single chart information about the desired minimum and maximum stock quantities for all types of contraceptives based on recent consumption patterns.

Stock Card (also known as Inventory Control Card or Bin Card): The form used to record all stock transactions (contraceptives received or dispensed) and the quantities of contraceptive currently in stock and on order. A separate stock card should be maintained for each type and brand of contraceptive.

Stock on Hand (also known as Balance on Hand): The quantity of each contraceptive or commodity in stock at any given time.

Stock on Order: The quantity of stock of each contraceptive that has been ordered but has not yet been received (by the clinic or facility).

Stock Position: The number of months of supply that you have available at any given time for a single type and brand of contraceptive or commodity. The stock position is calculated by dividing the quantity of stock on hand by the average monthly consumption of that contraceptive or item.

Improving Contraceptive Supply Management (Vol. I, No. 4)

"Improving Contraceptive Supply Management" is designed to help all clinic staff understand and apply the principles of effective contraceptive supply management so that a sufficient supply of contraceptives is available at all times. The issue focuses on using the Max/Min system of inventory control for determining and maintaining appropriate stock levels and ordering new supplies. Following a discussion of the fundamentals of good supply management, this issue provides guidelines to help managers keep contraceptive supplies in good condition through proper storage, and reviews how managers and their supervisors can keep inventory information up-to-date through regular record-keeping. The case scenario, "Mrs. Asuman's Emergency Order," presents a situation in which readers must calculate maximum and minimum stock levels, determine whether the clinic will have enough condoms to meet demand, and decide how many condoms should be ordered to meet demand until the regular shipments arrive.

Stockout: A situation in which a program or clinic runs out of supplies of one or more contraceptive methods (or other drug or equipment supplies) and does not have any supplies on hand to serve the client.

Strategic Management: A way of managing the direction of a program by identifying the specific services that the organization is best suited to deliver and the population groups the organization can most effectively serve, and by making a realistic assessment of available resources for carrying out the work. Strategic management requires managers to think strategically, ask questions such as "Is the program doing the right things?" and consider and anticipate trends in the external environment that will affect the achievement of organizational goals.

Strategic Plan: The document that is the result of long-range (strategic) planning. It usually covers a minimum period of five years, sets forth the mission and goals of the program, prioritizes strategies, and formulates the financial basis for achieving the goals.

Strategic Thinking: A critical management skill that requires having the ability to assess a program in relation to its mission, its future goals, and the external environment in which it works. Strategic thinking requires managers to examine whether their programs are "doing the right things" in order to achieve their mission.

Strategy: The approach or approaches that serve to fulfill the mission and that will be used to achieve organizational or programmatic goals.

Subsidizing Program Costs: See **Cross-Subsidization**.

Supervisor's Visit Plan (also known as a Session Plan): A statement or checklist used by supervisors that outlines the items, skills, and statistics to be monitored during each supervisory session. This plan should also include program support activities, such as collecting reporting forms and replenishing supplies, and any post-session activities to be completed by the supervisor.

Supervisory Protocol: An established system for supervising staff (clinical and non-clinical). A supervisory protocol should clearly describe supervisory procedures and schedules, organizational philosophy on supervision, tools for effective supervision (such as job descriptions and performance objectives), criteria for promotion, and techniques for motivating and supporting staff.

Supervisory Schedule: A written plan of supervisory sessions showing the name of the employee involved and the date, time, and content of upcoming supervisory sessions. A supervisory schedule is used for planning purposes and for communicating to employees such upcoming supervisory activities.

Supervisory Structure: The formal structure of reporting relationships between different functions and positions of the management and staff.

Learning to Think Strategically (Vol. III, No. 1)

"Learning to Think Strategically" explains how clinic managers and their staff can learn to use strategic thinking skills to improve quality, expand access, and increase demand. The issue focuses on the question "Is my program doing the right things?" Discussing and answering this type of question helps to shape the future direction of a clinic or program and helps managers and their staff to think about the types of clients they serve, the kinds of services they offer, and whether their particular program will significantly contribute to improving the well-being of their clients, as well as helping to address the population and health challenges in their country. The case scenario, "Analyzing Strategic Issues for San Miguel Clinic," describes a situation in which the manager of a clinic discovers that the clinic is serving primarily urban clients and has been unsuccessful in attracting and serving people from the surrounding rural areas. Readers are asked to identify strategic issues that must be addressed and make recommendations for improving service quality, expanding access, and increasing demand for services in the San Miguel Clinic.

Survey of Family Planning Providers: A study of other family planning providers, usually those that work in the same area as the program conducting the study. The information is used to compare the types and quality of services offered by the other providers and to determine areas for coordination, referral, or new service opportunities.

Sustainability: The ability of a program to provide quality services to its clients, expand its scope of services and client base, increase or maintain demand for services, and generate income from the program and through local funding mechanisms, while decreasing its dependence on funds derived from external donors. (See also **Self-Sufficiency**.)

Tally Sheet: A chart designed to easily collect and organize data. Tally sheets are used to list the types of data that will be collected and to record the number of occurrences or observations that are counted in each category.

Target Group: The specific population group or groups intended as beneficiaries of a program. This will be either all or a subset of potential users such as adolescents, pregnant women, rural residents, or the residents of a particular geographic area.

Task Analysis: An examination of all the duties and activities that are carried out by an individual employee or position, for the purpose of determining the required skills, knowledge, attitudes, resources, and risks involved with each task.

Task Definition: The duties and activities that are specified as the responsibility of a particular employee or staff position.

Team Approach: A philosophy and a technique that relies on developing and working with a group of people with different skills and perspectives to identify and discuss issues, define causes of problems (or successes), and find and implement solutions in order to achieve a common goal.

Team Supervision Process: Any established process for supervising staff using a participative, team approach that involves supervisors and staff in the entire process.

Third-Party Payments: A system whereby a third party (such as an employer, an insurance company, or health plan) pays for services provided to the client. There may also be co-payments, whereby the client pays part of the fees.

Improving Supervision: A Team Approach (Vol. II, No. 5)

"Improving Supervision: A Team Approach" explores ways to improve supervision in family planning clinics. It focuses on developing an interactive team supervision strategy that can improve the supervision of activities and individual performance in three key activity areas: clinical activities, management activities, and personnel activities. The issue explains how clinic staff can work together as a team to provide ongoing supervision and improve the quality of family planning services. The case scenario, "Mr. Traore Introduces Team Supervision," describes a program that has begun to work with team supervision. It asks readers to identify differences in the new and the old system, actions that the supervisor should take before, during, and after supervisory visits, and activities or changes that should be made to make the new system successful.

A 20-page supplement, *Pocket Guide for Service Improvement*, is a self-evaluation guide designed to be used by clinic staff to identify opportunities for improving family planning services. The guide can be used by clinic staff between supervisory visits and by the supervisor on regularly scheduled team supervision visits. The guide asks users to answer questions pertaining to clinical, management, and personnel activities and to note whether the activity is working or needs improvement.

Total Visit Cost: The cost of providing services for different types of visits (for example, first pill visit, IUD insertion visit, counseling visit), including direct personnel costs and contraceptive supplies, and a proportion of overhead costs. Used for comparing cost effectiveness and efficiency of services and in setting fees.

Trend Analysis: The representation of data to show an increasing, decreasing, or unchanging pattern of data over a period of time. A trend analysis is often performed by creating a line graph from a set of data.

Two-Tier Information System: An information system that is designed to collect output information on a routine basis, and asks managers to also collect process information to help them determine where a problem may have occurred so that it can be corrected.

Underserved Populations: Groups of people that are not normally served or not well-served by established service delivery programs. In family planning, some examples of underserved populations are adolescents, men, low-parity women, the urban poor, unmarried people, and people who live in remote rural areas.

Unit Cost (of Contraceptive Products): The total cost of a single contraceptive product unit, such as a cycle of pills, a set of surgical gloves, a Norplant® kit, a single condom, etc., including transport costs, customs, taxes, and other costs.

Unmet Demand or Unmet Need: This term is used to describe the number of people or the percentage of the population who desire to use contraceptives to space or limit births but for a variety of reasons, including lack of access to information or services, are not currently using contraceptives.

User Fees: See **Client Fees**.

Variable Order Interval System: See **Continuous (Perpetual) Review System**.

Vertical Services/Approach: An approach in which services, such as family planning, maternal and child health, nutrition, immunization, and other reproductive health services are provided through separate facilities with separate staff managed at the central level by separate divisions or ministries that operate independently from one another.

Visit-Type: A individual type of visit made by a client to a clinic such as a first or initial visit, insertion visit, removal visit, resupply visit, complications visit, education or counseling visit, etc. Visit-types are usually defined for the purposes of determining the average cost of providing each type of service.

Analyzing Costs for Management Decisions (Vol. II, No. 2)

"Analyzing Costs for Management Decisions" discusses how to use data on costs to improve family planning service delivery, and provides basic worksheets for calculating personnel costs and contraceptive product costs—the two cost categories that make up the largest part of most family planning programs. The issue guides readers step-by-step through each worksheet to arrive at an approximate cost per type of family planning visit, and an estimate of the cost per year of use of a contraceptive method. It concludes with a discussion of actions that family planning managers can take and indicates how cost data can be used to improve productivity, monitor changes in operations, and evaluate the financial implications of clinic goals and objectives. The case scenario, "Determining Service Costs at Clínica La Villa," asks readers to work through three worksheets to determine the total cost of each type of visit offered by the case clinic, Clínica La Villa.

Volunteer Services: An approach used to support a local public- or private-sector program in which members of the community assist government workers, or fieldworkers employed by non-governmental organizations (NGOs), to carry out functions related to motivation, contraceptive resupply, and follow up. Workers may receive a small honorarium, reimbursement for travel expenses, or other tangible rewards but are not paid a regular wage.

Waivers/Waiver System: A system used to determine under what conditions a client will not be charged for services or when a portion of the client fee will be drawn from a reserve fund to pay part of the fee for the client. A waiver system uses a standard set of criteria to determine which clients are eligible for such financial support.

Work Plan: A document developed by the manager and the staff, covering a specified period of time, that lists all planned activities, the date by which they will be accomplished, the resources that they will require, and the people responsible for carrying them out.

Work Process: The process or sequence of activities that is carried out in order to complete a piece of work. *For example, the work process for registering a client in a clinic might consist of greeting the client, taking his or her name, checking to see if the client is a new or returning client, opening a new client record and having the client fill out the necessary forms, or pulling the existing client record, collecting any registration fees (if appropriate), asking the client to be seated until she or he can be seen by a service provider, and notifying the service provider that the client is ready to be seen.*

Reviewers' Corner

A forum for discussing additional applications of FPM concepts and techniques

On the importance of management . . . *One reviewer emphasizes,* "In our organization good management has made the difference between the survival and extinction of our program. Specifically good management has helped us to:

- develop a clear definition of our mission and goals;
- increase the effectiveness and efficiency of cost-recovery, which is leading us closer to financial sustainability;
- use a more strategic approach to program and financial management;
- be more aware of the need to closely monitor the external environment and adjust to it, without compromising our commitment to our mission and goals."

On redefining family planning . . . *One reviewer stresses*, "In view of new public health concerns, such as the HIV/AIDS pandemic, there is a need to redefine family planning so that it includes reproductive health and reproductive rights as defined in the Plan of Action developed at the International Conference on Population and Development in Cairo. This is a strategic shift in thinking that has far reaching ramifications in the overall design and development of health and family planning programs in the future."

On developing a management philosophy . . . *One reviewer advises*, "Developing a management philosophy is important because it allows organizations and programs to establish a management process instead of just a program of goals. It implies that those who manage become leaders of a process and do not just monitor results. This approach also encourages the program to focus on its two basic clients: the external clients, the users of the program's services; and the internal clients, the employees."

Bibliography of Family Planning Glossaries

Following is a bibliography of other population and family planning glossaries currently in print and available from organizations working in the field of population. This list was provided in part by the JHPIEGO Corporation and the USAID Reproductive Health Materials Working Group.

Published Glossaries

AVSC International. *AVSC's Glossary of Terminology.* AVSC International, New York, NY, 1995. Published in English.

Edmans, E., C. Murphy, M. Angle, et al. *Glossary of Family Planning Terms*. INTRAH, School of Medicine, University of North Carolina, Chapel Hill, NC, 1987. Published in English and French.

Haupt, A. and T. T. Kane. *Population Handbook: International Edition*. The Population Reference Bureau, International Programs, Washington, DC, 1991. Published in English, French, Spanish, and Arabic.

Newman, C. and J. Birkmayer. *Glossary of Training Evaluation Terms*. INTRAH, School of Medicine, University of North Carolina, Chapel Hill, NC, 1992. Published in English and French.

Population Resource Center. *Population Glossary*. Population Resource Center, Washington, DC, 1994. Available in English.

Rodriguez-Garcia, R., B. Kass-Annese, W. Stevenson, et al. *Glossary of Natural Family Planning Terms*. Institute for Reproductive Health, Georgetown University, Washington, DC, 1988. Published in English, French, Spanish, and Portuguese.

Vandewalle, E. *Multilingual Demographic Dictionary*. Ordina Editions, Liège, Belgium, 1982. Published in English, French, and Spanish.

Veney, J., and P. Gorbach. *Definitions for Program Evaluation Terms*. The EVALUATION Project, Carolina Population Center, University of North Carolina, Chapel Hill, NC, 1993. Published in English.

Glossaries Within Publications

Angle, M. and C. Murphy. *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers*. INTRAH, University of North Carolina, Chapel Hill, NC, 1993. Published in English and French.

Garcia-Nunez, J. *Improving Family Planning Evaluation*. Kumarian Press, West Hartford, CT, 1992. Published in English.

Hatcher, R. et al. *Contraceptive Technology*. Irvington Publishers, North Stratford, NH, 1994. Published in English.

Johns Hopkins University, Center for Communication Programs. *Service Providers Guide to Family Planning*. Johns Hopkins University, Center for Communication Programs, Population Communications Services, Baltimore, MD, 1990. Published in English.

Kent, M. *World Population: Fundamentals of Growth*. Population Reference Bureau, Washington, DC, 1995. Published in English.

Wolff, J., L. Suttenfield, and S. Binzen. *The Family Planning Manager's Handbook: Basic Skills and Tools for Managing Family Planning Programs*. Kumarian Press, West Hartford, CT, 1991. Published in English, French, and Spanish. Available from Kumarian Press in West Hartford, CT and from Management Sciences for Health in Boston, MA.

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