

Understanding clients and achieving FP2020 goals: Exit interviews help deliver client-centred services

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Summary

The Family Planning 2020 (FP2020) partnership seeks to expand access to family planning services to 120 million more girls and women in the world's poorest countries by 2020. An important part of measuring progress towards this goal is to measure if services are reaching those in need, such as those who have not been using family planning, young women, and the

poor. The aim of this brief is to show how Marie Stopes International, a service delivery organisation and a committed partner in FP2020, uses client exit interviews to monitor the performance of our programmes in order to assess who we are serving and how much we are contributing to achievement of the FP2020 goals.



Findings at a glance

- 1 Client exit interviews are an effective means of determining who we are reaching, and what progress we have made towards the FP2020 goals.
- 2 Exit interview data show that we reach underserved people. In 2012, 30% of clients were young, one quarter lived in extreme poverty, 34% were adopters of family planning, and 25% switched from a short term method to a long term method of family planning.

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Background

In 2012, the London Summit on Family Planning saw leaders across the globe unite and pledge to provide financing, commodities, and services to support the rights of 120 million additional girls and women in the world's poorest countries to access contraception without coercion or discrimination by 2020.ⁱ Family Planning 2020 (FP2020) is a mechanism designed to support the partnerships built at the London Summit, and aims to track progress made towards the important goals of the Summit.ⁱⁱ

Marie Stopes International is a key service delivery partner in FP2020. We provide high-quality, client-centred family planning services to 13.6 million women and men across 37 countries,ⁱⁱⁱ including some of the poorest in the world. We deliver the majority of our services through three channels: static clinics located predominantly in urban areas, mobile outreach units that mostly visit rural locations, and social franchising of private sector providers. These complementary service delivery channels enable our programmes to expand family planning access to individuals across socio-economic divides, meet our clients' needs, and contribute towards FP2020 goals.

In order to monitor our progress, we need to know who we are reaching. We need to know that we are reaching underserved groups, including poor people, young people, and those who have not recently used family planning, but want to. The goal of this research brief is to show how we collect information about our clients through exit interviews aimed at monitoring performance, improving service delivery, and tracking progress towards the FP2020 goals.

Methods

Exit interview 'package':

The exit interview package consists of a protocol, questionnaire, data analysis syntax, and data reporting template that have been standardised for all country programmes. To protect clients' rights, the entire package has been reviewed and approved by MSI's Independent Ethics Review Committee.^{iv} There is great benefit in having a standardised protocol, because results can be compared across service delivery channels, countries, and regions.

Sampling:

Where it is possible to visit all facilities/sites, a census of sites is taken and a minimum of 106 clients are interviewed. Where it is operationally infeasible to visit all facilities/sites, a stratified cluster sampling design is used, whereby at least 30 sites (which have been

sorted by service volume) are randomly selected, and a minimum of 160 clients are interviewed. The sample size is inflated when using the cluster sampling approach to account for the reduced precision of only interviewing clients at certain sites. The design effect used to inflate the sample size is 1.5, or where available, it is calculated from previous exit interviews.

With both approaches, family planning clients are systematically selected to participate after receiving a service, with the number per site proportional to the size of the site's service volume. Samples are designed to result in a maximum of +/-10% confidence intervals at the 95% level.

Questionnaire and data collection:

A standardised questionnaire collects information on clients' socio-demographic characteristics (age, educational attainment, poverty status, etc.), family planning history and current behaviours, media use, mobile phone ownership, and level of satisfaction with Marie Stopes International's services. Some country programmes incorporate additional programme-relevant questions, concerning, for example, feedback on communication campaigns, willingness to receiving future text messages, or even experience of domestic violence.

Data collection typically occurs during the fourth quarter of the calendar year, for a minimum duration of two to three weeks, and for up to two months. Data collectors are hired and are trained for a minimum of two days in approaching clients, appropriate informed consent procedures, and the aims of the survey, before beginning data collection at our facilities.

Data Analysis:

Data are stored, cleaned, and analysed using the SPSS® Statistics version 21 (IBM, Armonk, NY, USA) software package. We analyse descriptive statistics such as 'cross-tabulations' and results of basic statistical tests such as chi-squared to further investigate relationships in the data (for example, if client demographics differ significantly by service delivery channel). Data are weighted by the number of clients that visit MSI through a country-specific channel in a given year. Further, data are triangulated with other data such as routine Management Information System data, or national-level data from Demographic and Health Surveys, to investigate if there are any discrepancies and to monitor how well programmes are reaching underserved populations compared with national statistics.

Findings

In 2012, 28 country programmes completed exit interviews during the fourth quarter of the calendar year². Nearly 13,000 MSI clients participated in the interviews. This section discusses the main findings, including the extent to which we reach the underserved and insights into how to continue to reach underserved clients.

Reaching the underserved:

At Marie Stopes International, we strive to enable underserved groups to access high-quality family planning services. Young clients, poor clients, family planning adopters, and family planning switchers³ are all groups of clients that we consider to be underserved. Young people form a particularly vulnerable group that is important to reach with contraceptive services, as they are more likely to be at risk of injury or even death if they do become pregnant^{vi}; the number one killer of adolescent women aged 15-19 years is pregnancy and childbirth.^{vii} Exit interview data show that in 2012, about 7% of our clients were under 20 years old, and about 30% of our clients were under 25 years old (Figure 1).

We follow the World Bank definition of extreme poverty as those living on below \$1.25 per day,^{viii} or we use the measure 'multi-dimensionally poor' (MPI), which is a measure that accounts for the many ways that people experience the effects of poverty, including through their health, education, and living standards.^{ix} In 2012, our results indicated that about one quarter of our clients lived in extreme poverty or were MPI poor. Furthermore, over 60% of our clients lived on less than \$2.50 per day. These results demonstrate that we are living up to our commitment to reach people living in poverty through the use of our different service delivery models: about 44% of our outreach clients are living on under \$1.25 per day, for example, and nearly 80% live on less than \$2.50 per day.

At Marie Stopes International, we have developed an innovative set of metrics to measure family planning behaviour that contributes to an increase in the national prevalence of contraceptive use - in effect, the 'client profiles' of adopters, continuing Marie Stopes International family planning users, and provider changers.^x An adopter is someone who was not using a modern family planning method before receiving services.^{xi} Reaching this group, along with sustaining our services to current clients, is what helps us contribute to

the FP2020 goals. Results show that 34% of our clients were adopters in 2012, while 34% were continuing family planning users, and 32% changed from another provider to us. This illustrates both our achievement in fulfilling an unmet need by reaching adopters and our commitment to sustaining services to our existing clients. In an effort to extend full contraceptive choice to our clients, we also look at the percentage of clients who choose to switch from a short term to long term family planning method; in 2012, one quarter of family planning clients switched (Figure 2).⁴

Continuing our reach and commitment:

Exit interview results help us determine how we have reached our current clients, to see, for example, if our marketing campaigns are working. Awareness-raising campaigns play an important role in increasing demand for contraception and are an important area of focus within FP2020. Exit interview data offer insights into the types of media that women use, informing how campaigns are developed and run. For example, in 2012, just 5% of outreach clients in Myanmar owned mobile phones, compared with 94% of social franchise clients in Ghana and 100% of clinic clients in China and Vietnam - these data highlight the differences between countries regarding the possible use of mobile technology to further FP2020 goals. At an aggregate level, globally, almost half of our clients watched TV (47%) and many listened to the radio (38%), but a considerable proportion (14%) used no media at all and would likely learn about contraception via word of mouth.

An important part of reaching clients via word of mouth is delivery of client-centred care. In our exit interviews, clients say that the most important reasons for choosing our services are the fact that we are located nearby and have a good reputation. Further evidence proves this - on average, clients travel only 20 minutes to reach us and report that the next available provider is about twice as far away in terms of travel time. Understanding these data motivates us to continue to deliver high-quality family planning services, which underpin both our mission as an organisation, as well as the FP2020 goals.

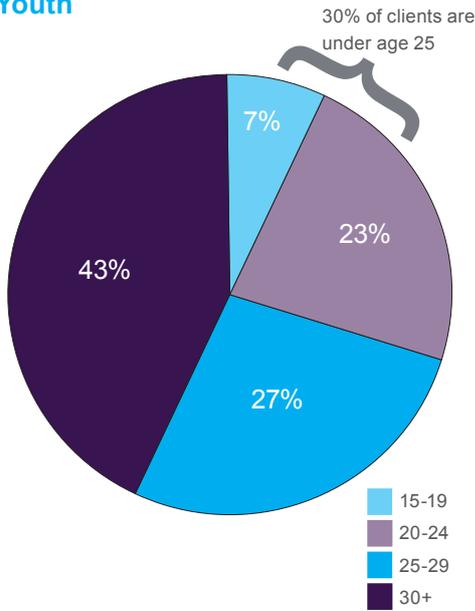
² Quarter 2 2012 is October to December 2012. A small number of programmes completed their exit interviews outside of this period, either in August 2012 (n=3) or in January 2013 (n=2).

³ 'Switchers' are FP clients who have switched from a short-term FP method (e.g., oral contraceptive pills) to a long-term or permanent method of FP (e.g., an intrauterine device).

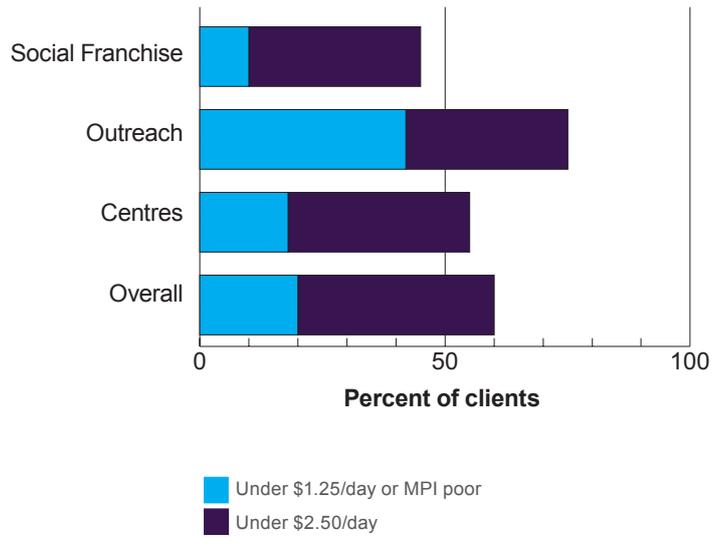
⁴ MSI's Global Impact Report (GIR) contains in-depth regional analysis regarding these underserved groups; for additional information please refer to the 2012 GIR, Section 2, pages 22-44.

FIGURE 1: Reaching the Undeserved: Young and Poor Clients, 2012

Youth

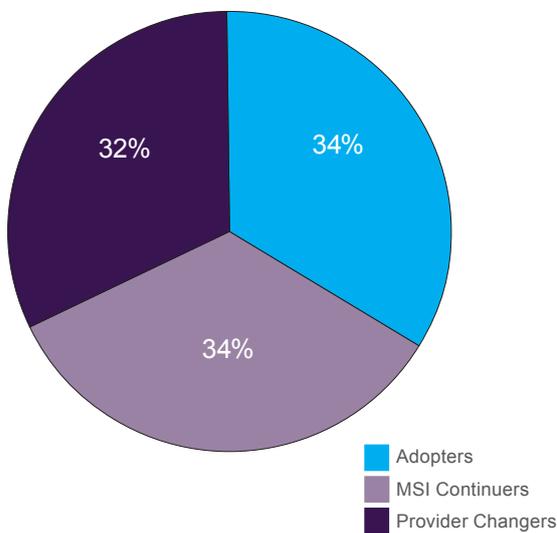


Poverty Status

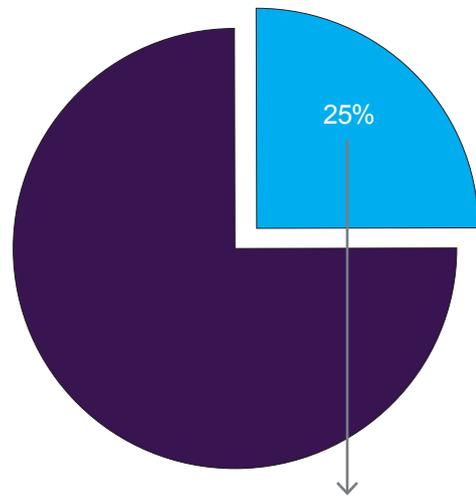


Reaching the Undeserved: Adopters and Switchers, 2012

Family planning Client Profile



Switchers



'Switchers' are a sub-set of Family planning users who switched from a short-term to a long-term method of Family planning.

Discussion

Implications:

Marie Stopes International can say with confidence who we are serving, can identify areas where we can improve our reach towards the underserved, and can describe how clients prefer to access services. At the programmatic level, our programmes use data from exit interviews to monitor progress and plan for the future. We use 'client profile' data to assess our impact on the contraceptive prevalence rate and other health impacts using our innovative Impact 2 model.^{xii}

We use demographic and poverty data to plan for marketing and communications activities.

Furthermore, each year we undergo a business planning process during which exit interview data are used as the basis of our plans to cater for existing client groups or reach new ones. Finally, and of equal importance, analysing exit interview data allows us to track our progress towards the FP2020 goal of reaching 120 million additional family planning users.

Limitations:

The exit interview has a few notable limitations. Like all cross-sectional surveys, the exit interview produces a 'snapshot' of clients who come to MSI during the one or two months of data collection. Clients visiting us outside this period have zero probability of being selected for interview. This may introduce seasonal bias, as clients who visit during those months could be systematically different to clients who visit during other

months of the year. Furthermore, as participation in the exit interview is optional, selection bias could be introduced, as clients who choose to participate may be different (e.g., have more time, have had an experience that is more positive or negative) to clients who decline participation. Finally, the sample size of the exit interview does not allow for statistically representative subgroup analysis (e.g., looking at FP behaviour of adolescent clients) or analysis by service received.

The future:

The exit interview is an important stepping-stone towards our future, wherein access to routine client data will become the norm. In the interim, it has proven to be an effective tool in collecting important information about our clients.

We are leading the way in the family planning sector in collection of individual-level client data via a new management information system called 'Client Information Centre' (CLIC). In a few years' time, all our programmes will capture routine data on clients via CLIC, including socio-demographics and current and historic family planning behaviours. We are also building our capacity to prospectively follow up clients after they leave our sites in order to regularly learn about outcomes such as method discontinuation or complication rates.





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Further Reading

1. Hayes G, Fry K and Weinberger M. Global Impact Report 2012. Reaching the underserved. London: Marie Stopes International, 2013.
2. Reichwein B, Weinberger M, Fry K and Nuccio O. Meeting Family Planning 2020 commitments—the importance of moving beyond first time users. MSI Research Brief Series 2013/004. London: Marie Stopes International, 2013.

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For citation purposes

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- v IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.
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- xi Ibid.
- xii Weinberger MB, Fry K, Boler T, Hopkins K. Estimating the contribution of a service delivery organization to the national modern contraceptive prevalence rate: Marie Stopes International's Impact 2 model. BMC Public Health 2013;13(Suppl 2):S5.