



Client-Provider Interaction: Key to Successful Family Planning

- *Tailor interaction to the individual. Clients fall into four categories with different needs:*
 - *New clients who know what method they want,*
 - *New clients who need help choosing a method,*
 - *Satisfied method users returning for supplies or routine follow-up,*
 - *Clients returning with problems or concerns.*
- *It takes two. Both the client and the provider need to communicate effectively.*
- *Providers should listen actively, assess and meet clients' needs for information and support, respect their decisions, and facilitate method use.*
- *Clients should participate actively in a dynamic interaction, providing essential information, asking questions, expressing preferences and concerns.*
- *Programs should support and reward good CPI as a clear expectation.*

The Importance of Good Client-Provider Interaction (CPI)

CPI includes all face-to-face communication between clients and staff members. Counseling is the most important form of CPI, having a specific purpose and requiring special knowledge and skills. Clients have a right to good counseling by trained staff who provide the information they need to make appropriate, informed reproductive health decisions and who respect their dignity and confidentiality. Good CPI also has practical benefits for both programs and clients. Counseling that helps clients choose and learn to use a family planning method that suits them has a positive impact on method adoption, continuation, compliance with regimens, and resulting health outcomes. Counseling is the chief safeguard of informed choice, which is required by service delivery standards and donor policies.

Each Client Is an Individual

For good CPI, providers should rapidly assess clients' needs and focus on those individuals who need the most help. Discussions about counseling usually focus on helping the "new" client choose a family planning method. In reality, the majority of family planning clients are method users returning for follow-up or supplies. Most of these are satisfied clients with no particular problems or concerns. Yet some do return with problems. Providers need to quickly assess individual clients' needs to serve them **efficiently**. Returning clients should not be served assembly-line fashion on the assumption that they have already chosen a method and don't need help. Those with problems or concerns should be given careful attention and counseling. Nor should all returning clients be detained unnecessarily by requiring them to wait for a counselor or to listen to information they don't need. Returning clients with no problem should be given the service or supplies they came for without unnecessary delays.

Among new clients, most already have a method in mind. Only a small proportion will need help selecting a method. To help clients make an initial method choice, the provider should explore the client's personal situation, reproductive intentions, and method preference, if any; fill any knowledge gaps, and correct any misperceptions. Clients should know about

Four Types of Family Planning Clients

New Client	No method in mind	Has method in mind
Returning Client	Has concerns	No major concerns

available alternatives and choose for themselves. Unless there are medical reasons for the client to select a different method, the counselor should support the client's choice and provide information to help the client use the method effectively, cope with common side effects, and recognize reasons to seek help from a health care provider.

What Providers Can Do:

- Be sensitive to power imbalances between them and their clients.
- Build rapport, put clients at ease.
- Encourage the client to ask questions and express concerns.
- Listen actively; don't dominate the interaction.
- Assess the client's needs and tailor the interaction to the individual.
- Don't overload the client with unnecessary information.
- Provide essential information clearly in terms the client can understand.
- Respect and support the clients' decisions. Provide their preferred family planning method unless there is a medical reason not to use that method.
- Discuss potential side effects proactively and take clients' concerns about side effects seriously.

What Clients Can Do:

- Participate actively in a dynamic interaction.
- Ask questions and request information.
- Provide essential information about their medical history, contraceptive experience, and personal circumstances (including risks for HIV/STDs and reproductive intentions).
- Express concerns, needs, and preferences.
- Take responsibility for weighing options and making decisions.

What Programs Can Do:

- Make clear job expectations for good CPI through policies, job descriptions, supervision and reward systems.
- Give providers feedback on performance, including supervisor, peer, and client viewpoints.
- Ensure that CPI training develops communication skills as well as knowledge.
- Provide a good work environment, with the space, supplies, and time for effective counseling.
- Match workers with jobs so those with the right attitudes and skills interact most with clients.
- Use coaching, group education, and mass media campaigns to increase clients' active participation.
- Invite and respond to clients' feedback.

Where to get more information: www.maqweb.org

This brief was based on an issue of **Population Reports**, which includes a bibliography for further exploration of the topic. Rudy, S., Tabbutt-Henry, J., Schaefer, L. and McQuide, P. *Improving Client-Provider Interaction*. **Population Reports**, Series Q, No. 1. Baltimore, Johns Hopkins Bloomberg School of Public Health, the INFO Project, Fall 2003. Available online: <http://www.populationreports.org/q01/>.

Last Revised: 5/16/05

Produced in association with The Maximizing Access and Quality Initiative

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



U.S. Agency for
International Development