

Systematic Identification of Client Needs in Family Planning (ISBC)

Definition



A midwife offering family planning to a family after vaccinating their child

The approach to systematically identify client needs in family planning (ISBC/FP) is a strategy that seeks to make the most of the presence of Women of Reproductive Age (WRA) in maternal, newborn and child healthcare units in order to identify and address their FP needs. This approach can be applied in units that provide antenatal care, postnatal care, vaccination, pediatrics, sexually transmitted infections, and primary care services. ISBC/FP may be used in public, private, and community facilities and makes it possible to:

- Convey FP messages to WRA within the facility
- Increase the use of modern contraceptive methods to reduce unmet need
- Diversify health units offering FP and increase the number of providers promoting FP

Implementing the approach

1. First, the provider addresses the woman's reason for visiting the facility. Then, he or she tries to identify the woman's need for FP using a job aid to ask three questions:
 - Do you know about FP?
 - Are you currently using any modern contraception?

- Would you like to use FP?

If the woman elects to use a contraceptive method, the provider will immediately provide her chosen method, as suitable given her health status. If the method is not available, the woman will be referred to another FP unit.

2. Implementing the ISBC approach requires the availability of registers that integrate family planning variables. It is important to advocate with health authorities to revise registers which do not contain the necessary variables.

Cost estimate



A midwife educating a woman seeking antenatal care about post-partum FP

The expenses to be considered for this approach include:

- Training sessions on the ISBC/FP approach
- Regular supervision
- Reproduction of management tools and communication materials (consultation registers, checklists, referral and counter-referral sheets, image boxes, method display stands, supervision grids, etc.)

Monitoring

Monitoring activities:

ISBC is an approach that requires close monitoring. This will be done through monthly supervision activities during the first semester and quarterly thereafter.

Monitoring indicators:

- % of facilities covered by the ISBC/FP among those identified
- % of providers trained on ISBC/FP

- Number of WRA receiving care in facilities
 - % of WRA receiving ISBC (which equals the number of WRA exposed to PF messages)
 - Number of WRA recruited - contribution (%) of ISBC/FP recruitments to all new users
 - Type and number of materials available per facility
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Evidence

An evaluation of the ISBC/FP approach by an external agency in 2014 in Dakar, Senegal, revealed ISBC's success is in promoting FP. In 4,500 WRA newly recruited during the evaluation period in the selected PPS, 1,982 of them were recruited through ISBC/FP, a 44% contribution of the approach to all recruitments.

Challenges

There is a possibility of burnout at service delivery units. Providers at FP units receive more clients and providers at other units must apply ISBC to their daily work. It is important to assess the need for hiring additional staff or reorganizing to accommodate this additional duty. Considering the very positive results of the ISBC/FP approach in recruiting new family planning users, additional efforts are justified.

Sustainability

- Institutionalization of the ISBC/FP approach through integration of FP variables into standard, maternal, newborn, and child health unit registers. This helps to strengthen the commitment of providers to apply the approach and to collect essential data.
- Integration of the approach into the work plan of the geography