Job Aids Design in the Context of Family Planning Operations Research

Federico R. León
OR: Program Improvement through Controlled Innovations

5-Step Process: Application of Social Science Methods

1. Problem identified
2. Solution proposed
3. Solution tested
4. Results disseminated
5. Solution utilized
Problem Identification

Results from 19 Peru MOH Clinics Visited 6 Times in 1999

- Biased/Limited Use of Need Diagnosis
- Excessive Information for Method Choice (Flipchart)
- Limited Focus on Method Chosen
Conclusions About Peruvian Counseling Paradigm

- Unclear Goals of Need Diagnosis
- Information Overload Due to Lack of Guidance
- Enrolling Client Prioritized
Design of Solution

What is Needed?

- Provider Should Use Need Diagnosis to Assist Client in Method Choice
- Provider Should Offer Only Relevant Method Options and Few Items
- Provider Should Dedicate Session Block to Method Chosen
Design of Solution

Method Cards

Eleven Method Cards Devised, One per Method Offered

Front: Method Name, Method Figure, Logos
Back: Four Basic Descriptors

Advantages

Can be Flexibly Manipulated
All Methods Have the Same Presentation
Focus is on the Essentials
Potential to Engage Client in Playful Activity
Represent Bridge Rather than Obstacle in CPI
<table>
<thead>
<tr>
<th>Use of Method Cards in Need Diagnosis</th>
<th>Use of Method Cards in Method Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask about Reproductive Intentions, Partner Attitudes, etc.</td>
<td>Read (or Let Client Read) Four Descriptors of Surviving Methods</td>
</tr>
<tr>
<td>Discard Methods Irrelevant to the Client’s Needs</td>
<td>Group Method Cards According to Their Effectiveness</td>
</tr>
<tr>
<td>Tell the Client Why You Are Discarding Method</td>
<td>Ask Client to Make a Choice</td>
</tr>
</tbody>
</table>
Design of Solution

Method Pamphlets

- To overcome: *Information Overload Concerning Method Chosen*

- Problem: *Limited Information of Current Method Pamphlets*

- Eleven Detailed Method Pamphlets Devised, One per Method

- Use of Pamphlet as a Job Aid
Design of Solution

Method Pamphlets

- Not Seen as Job Aid by Client
- Contraindications Shifted from Need Diagnosis to Method Chosen
- Can be Used by Client in Problem Solving
Testing Solution

Research Design

- 24 Representative Health Directorates of Peru MOH (out of 34)
- Matching and Random Assignment to Treatment Conditions
- Clinics in Largest Health Networks Tapped for Study
- Target: 14 Providers per Health Directorate Recruited
### Testing Solution

#### Research Design

<table>
<thead>
<tr>
<th></th>
<th>Pretest</th>
<th>Intervention</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental Group</strong></td>
<td>Service Test</td>
<td>X</td>
<td>Service Test</td>
</tr>
<tr>
<td>(12 DISAs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Control Group</strong></td>
<td>Service Test</td>
<td></td>
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</table>
12 Testing Solution

**Intervention**

- Experienced Consultants
- Negotiated Counseling Strategy
- Checklist Instead of Method Pamphlets
- Two-day Training for Providers
- June-September 2000
Figure 2. Pretest Service Profiles

- Interpersonal Relations
- Need Assessment
- Method Options
- COC Contraindications
- COC Use Instructions
- COC Advantages
- COC Side Effects
- Follow-up

Testing Solution
Figure 3. Posttest Service Profiles

Interpersonal Relations
Need Assessment
Method Options
COC Contraindications
COC Use Instructions
COC Advantages
COC Side Effects
Follow-up

Experimental
Control
Figure 1. Mean Global QoC by Treatment Group and Testing Occasion

Testing Occasion

- Pretest
- Posttest

QoC Average per DISA

Experimental
Control
Figure 4. Mean Posttest Global QoC Scores for Users and non Users of Job Aids
Why Were Not Job Aids Used More Frequently?

- Too Much Time on General Principles
- Training Too Short
- Providers Lose Face Before the Client
- Checklist is Really Awkward
- Intervention Was Not Legitimate Enough
- Lack of Follow-up by MOH Supervisors
- Overcome in Intervention 2
Dissemination

- Guatemala, August-December 2000: MOH, IGSS
- Lima, 27 Feb. 01: To New MOH Staff
- International, 28 Feb. 01: OR Project’s Bulletin # 6
- Geneva, 27-29 Mar. 01: WHO Guidelines Review
- Lima, 18 Apr. 01: To Newer MOH Staff
- Guatemala, 25-26 Apr. 01: To MOH and IGSS Staff
- Lima, 21 May 01: To Fourth Wave MOH Staff
Utilizing Solution

- Peru MOH: Manual, Tools, ToT
- Guatemala Social Security Institute
- WHO, JHU, INTRAH/PRIME II
- Guatemala MOH
- Association of Midwives of Yemen
Three-Phase Counseling Algorithm

**NEED DIAGNOSIS**

**Use Cards**

1. **Warm Reception**

   - End
   - NO: Needs FP?
     - NO: Pregnancy Test, Appointment
     - YES: Pregnancy discarded?
       - YES: Method chosen?
         - NO: Discard tubal ligation and vasectomy. Discard DMPA depending on time. Tell why
         - YES: Discard LAM. Tell why
       - NO: Does not know
         - NO: Post-partum? Breast-feeding?
           - NO: Discard Natural and Barrier Meth. Tell why
           - YES: Discard method(s). Tell why
         - SI: ¿Intolerance to any method?
           - NO: End
           - YES: Was choice based on myths?
             - YES: Explain
             - NO: Offer follow-up instructions

2. **Verify comprehension**

3. **USE CARD**

4. **Explain**

5. **Choose method**

6. **Group non-discarded methods** per effectiveness and explain

7. **Ask client to choose one method. Respond to her concerns**

8. **Client chooses method**

9. **Is method in stock?**

10. **Describe four attributes per each non-discarded method**

11. **Describe action mechanisms and (other) advantages**

12. **Does user maintain choice?**

13. **Give/apply method or make referral**

14. **Warm final arrangements**

15. **Contraindications?**

16. **Give use instructions**

17. **Describe side effects and alarm signs**

18. **Describe mechanisms and (other) advantages**

19. **Does partner cooperate?**

20. **Offer follow-up instructions**

21. **Give/apply method or make referral**

22. **Warm final arrangements**
Final Reflections

- Precise measurement led to problem recognition
- Theoretical concepts helped define what was needed
- Trial and error led to creation of job aids
- Rigorous research design permitted detection of effects
- Dissemination generated discussion/enrichment
- Outcome: utilization transcended local boundaries