

PRIME PAGES



Reviewing Results in PRIME II

Oct. 2001–Sept. 2002

Case Studies:

- Kenya PAC
- Bangladesh RTL
- Dominican Republic RTL
- Ghana PI
- Rwanda HIV/AIDS
- India CPSM
- **Dominican Republic CDQ**
- Ghana RTL
- Benin RTL
- Rwanda PI
- Mali FGC
- Francophone PAC/Nigeria MAQ

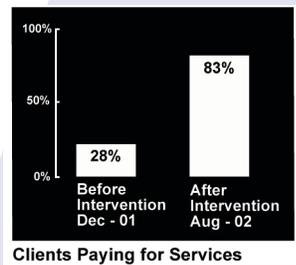
Using Client Input to Improve Services Assistance to a Family Planning NGO

In just eight months a core-funded project doubled the clients seen at a peri-urban reproductive health clinic in the Dominican Republic while dramatically increasing the percentage of clients who pay for services. The willingness of clients to pay for family planning and other reproductive health services can be related to the perceived quality of those services. Using PRIME II's Consumer-Driven Quality (CDQ) approach, the project relies on client input to improve the organization and delivery of services. Client satisfaction is an essential component of a strategy for ensuring the clinic's financial sustainability and increasing the accessibility and quality of its services. In direct response to consumer input, many improvements to the clinic's environment and services are already in place.

Background: To address funding constraints while meeting RH demands in low-income neighborhoods on the outskirts of the capital city, Santo Domingo, a family planning NGO, ADOPLAFAM, opened a clinic, Centro Diagnostico, in October 2001. To get the clinic off the ground, coupons for free services were made available to attract clients, especially those who could not afford to pay for services. ADOPLAFAM set a goal of 70% full fee clients, 30% subsidized. PRIME II provides technical assistance to ADOPLAFAM as one of the NGO's major donors, USAID/Dominican Republic, reduces overall population funding. PRIME II helps Centro Diagnostico's administrators identify and implement effective tools to gather and apply consumer input that will improve the quality of service delivery. This core-funded effort complements PRIME II's Field Support project that assists three Dominican NGOs, including ADOPLAFAM, to expand and improve family planning services in preparation for the withdrawal of USAID funding.

Interventions: PRIME II helped organize five initial meetings with community leaders, introducing them to Centro Diagnostico and the CDQ project. A series of six participatory group activities, adapted from EngenderHealth's Community COPE methodology, were held in the neighborhoods surrounding the clinic to collect consumer feedback about RH needs and perceived barriers to accessing services, and to identify community spokespersons to dialogue with clinic staff. Another series of five meetings then brought community members together with clinic staff to clarify roles. Through the spokespersons, community expectations and experiences with RH and child health services at Centro Diagnostico are now shared with clinic staff on an ongoing basis. Out of these

meetings came the idea for community talks by clinic doctors on requested topics, two of which have been held so far.



Clients Paying for Services

Results: The number of clients attending the clinic more than doubled between the first trimester and second trimester of 2002. In December 2001, before the PRIME II intervention began, 72% of clients were using coupons to receive free services and only 28% of clients were paying for services. By August 2002, 83% of clients were paying for services, exceeding ADOPLAFAM's goal. Clinic income increased from 22,646 pesos in January 2002 to 43,209 pesos in August 2002.

Implementation of an action plan created in response to requests gathered from community members during CDQ activities has resulted in a number of improvements at the clinic:

- Two additional gynecologists, including a female, have been added to the staff, along with a cardiologist and two psychologists
- A ceiling has been completed and curtains installed to ensure privacy in examining rooms
- A television and VCR showing educational videos have been set up in the waiting room
- A generator has been purchased to ensure electricity for cold storage of vaccines, which are dispensed free of charge.

Suggested citation:
Nelson D.
Results Review
10/2002
(PRIME PAGES: RR-19)
Photo Credit:
Laura Murray



This publication was produced by Intrah at the University of North Carolina at Chapel Hill for the PRIME II Project and was made possible through support provided by the Center for Population, Health and Nutrition, Global Bureau, U.S. Agency for International Development, under the terms of Grant Number HRN-A-00-99-00022-00. The views expressed in this document are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.