

MEMORANDUM

PD-AAA-514

DEPARTMENT OF HEALTH, EDUCATION & WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL
HEW

Proj. 9320978
HW

not
2/19

TO : William H. Foege, M.D.
Director, Center for Disease Control
Through: Philip S. Brachman, M.D.
Director, Bureau of Epidemiology (BE)

DATE: June 6, 1978

FROM : Program Analyst, Program Evaluation Branch (PEB)
Family Planning Evaluation Division (FPED), BE

SUBJECT: Resource Support Services Report: Afghanistan, March 1-15, 1978

- I. SUMMARY
- II. PLACES, DATES, AND PURPOSE OF TRAVEL
- III. PRINCIPAL CONTACTS
- IV. ACTIVITIES

I. SUMMARY

In cooperation with the Afghan Family Guidance Association (AFGA) and USAID/Kabul, I designed a client card system for the orderly followup of AFGA clients. The system can also be used to quickly determine the number of active clients in each clinic. In addition, the system contains a number of data elements, such as number, type, and month of visit, quantity of contraceptives given, and pregnancy status of the client; these can be used in special studies to determine client continuation, pregnancy outcome, contraceptive use effectiveness, and other information which will be useful in clinic management.

The instructions for operating the system (attached) were translated into the Dhari language, 6 central staff members were trained in how to set up and operate the system, and it was installed in 2 clinics in Kabul.

The Secretary-General of AFGA requested that I return to Afghanistan in 8 to 10 months to assist with data analysis and provide technical assistance in program management.

II. PLACES, DATES, AND PURPOSE OF TRAVEL

Kabul, March 1-13, 1978

The purpose of this trip was to assist USAID/Kabul and the Afghanistan Family Guidance Association (AFGA) to: 1) design a system for collecting, analyzing, and using statistical data in client followup and program evaluation, 2) train USAID and AFGA personnel in the use of the system, and 3) implementing the system in as many clinics as time will allow.

The trip was made at the request of AID/W and USAID/Kabul and was in accordance with the Resource Support Services Agreement between CDC and the AID Office of Population. It was in conjunction with a previously scheduled trip to Bangladesh (See RSSR, Bangladesh, May 25, 1978).

III. PRINCIPAL CONTACTS

A. Afghan Family Guidance Association

1. Madam Nazifa Ghazi Nawaz, Secretary-General
2. Ayesha Tarzi, Foreign Relations
3. Afifa Yousafi, Director of Clinics
4. Nafisa Sarwir, Deputy Director of Clinics
5. Mastoora Masumi, Acting Director, Statistics and Evaluation
6. Nafisa Popal, Statistician
7. Najiba Ghafar, Statistician
8. Alia Wali, Statistician
9. Najiba Waziri, Supervisor of Family Guidance

B. USAID/Kabul

1. Charles Grader, Mission Director
2. Steven Thomas, M.D., Chief, Health Division
3. Joe Loudis, Chief, POP Director
4. Zia Noorzay, Administrative Assistant, POP Division

IV. ACTIVITIES

On January 18, 1978, AID/W received a cable from AID/Afghanistan requesting CDC consultation in family planning evaluation. Mr. Don Newman telephoned Roger W. Rochat, M.D., to transmit the following cable, and Dr. Rochat and Mr. Jack Graves amended planned Asia travel to respond to the cabled request:

E.O. 11652: N/A

Subject: Proposed TDY Consultants: Dr. Roger Rochat, Mr. Jack Graves (CDC)

1. Mission requests information concerning availability subject consultants under centrally funded AID/RSSA with Center for Disease (CDC) Atlanta. Preferred timing - early February. Duration: one week, Rochat; three weeks, Graves.

2. Consultants needed (1) help analyze/modify AFGA's existing client-record and retrieval system and design system for common use by AFGA clinics and those BHC clinics just beginning delivery contraceptives to FP clients; (2) design operational procedures for collecting analysing FP statistical data, and providing useful feedback to AFGA/BHC clinics; (3) train key AFGA and BHC headquarters personnel in the use and application of client record and FP statistical data for planning/extending FP services; and (5) outline workscopes for pretesting above systems in selected clinic and for implementing short-term, in-country training programs for clinic personnel.

Eliot

Dr. Rochat was in Afghanistan immediately preceding my visit. His trip report (dated March 17, 1978) contains a description of the family planning problems in Afghanistan and other observations which will not be repeated here.

One of the problems at the Afghan Family Guidance Association (AFGA) is the lack of good data for management and program evaluation and the lack of a system which would identify those clients in need of followup because of missed visits to the clinics.

At the present time, AFGA clinics use a Clinic Register (Attachment 1). All client visits are recorded on this register, which is made in two copies; one is retained by the clinic and the other is sent to AFGA central headquarters. The Statistics and Evaluation Department processes these forms by keying them for use on a computer. Unfortunately, AFGA's access to the computer is so limited that very little analytical work can be done. The forms are extremely difficult to adapt to hand calculations. Although AFGA clinics maintain social and medical data (Attachments 2 and 3) on their clients, none of this information is being submitted to headquarters.

In addition to the Clinic Registers, which are submitted weekly, there has been a Monthly Home Visit Report which summarized the field recruiting efforts of the Family Guides. This report has recently been simplified and changed to quarterly in frequency. The new report form contains: 1) Number of contacts, 2) number of clients who agree to come to the clinic, 3) number of clients who come to the clinic, 4) effectiveness of contact (Number who accept contraceptives) and 5) percent evaluation of contacts ($4 - 1 \times 100$). These are recorded by place or type of contact, i.e., a) clinic visit, b) home visit, c) film show, d) hospital visit, e) group visit, and 6) total visits. It is planned to evaluate recruiting efforts from these quarterly reports.

In a study conducted in 1976, it was determined that 28.1% of delinquent clients contacted were motivated to return to the clinic. Since those contacted were from 6 to 30 months late for their clinic visit, it was decided that a more timely followup system could have a positive effect on client retention. (See Dr. Rochat's report for a more detailed analysis of this study.)

Taking all the above into consideration, it was decided that a system was needed which would quickly and easily reveal the status of AFGA clients, particularly with respect to the need for followup. Working closely with AFGA and USAID personnel, we designed the tickler file system, which is attached to this report (Attachment 4).

The system was designed, instructions were written in English and Dhari, the cards and record forms were printed, the file boxes were made, and the system was installed in two clinics during my visit. The two clinics were #1 - Zaieshgah and #5 - Markuzi, both in Kabul.

Since my return to Atlanta, I have rewritten the instruction manual. The changes were mostly clarifications. Pregnancy outcome was added in an effort to make the system more nearly complete. The system is a tickler file where client cards are filed behind the months that they should return to the clinic for contraceptive services. The file has three sections, Active, Followup, and Permanent. The Active section is for clients who are not late for their visits or are less than two months late. A count of the cards in the Active section results in the number of active clients being served by the clinic, according to the AFGA definition for active clients. The Followup section is for clients who are from two to five months late for their clinic visits and for others who might be scheduled for followup, such as pregnant clients. The Permanent section is for clients who are more than five months late for their clinic visit and for any others who have discontinued use of a particular clinic.

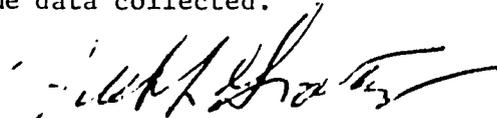
The front side of the client card is marked with coded information which will quickly reveal the client's status with the program at any point in time. The information includes 1) the family planning method being used, 2) periods of time the client was using this method, 3) the number and type of visits to the clinic, 4) the quantity and type of contraceptives given, 5) the pregnancy status of the client by planned and non-planned pregnancy, and 6) pregnancy outcome (abortion, live births, still-birth).

The back of the client card contains information on followup attempts by the AFGA clinic staff. The information includes 1) the date of followup, 2) the client's reason for not returning to the clinic, 3) the date of the client's last menstrual period, if she is pregnant at the time of followup, and 4) whether or not the client plans to return to the clinic.

Page 5 - William H. Foege, M.D.

The system contains a quarterly report of the number of active clients by method, the number of clients scheduled for followup, and the number of clients followed up. The present plan is to keep the reporting system as simple as possible. Local clinic management can evaluate their progress from the data contained in the system and take action on problems that they may perceive. In addition, special studies can be made by central staff for use in project operations and improvement.

The system was fully explained to Madam Nawaz; she was pleased with our work and asked that I return to Afghanistan in 8 to 10 months to assist in evaluating the program from the data collected.



Jack L. Graves, M.P.H.

Attachments

MEDICAL HISTORY FORM

MENSTRUAL HISTORY

GOP: Day Month Year

Cycle: Regular Irregular Intermenstrual Spotting

Flow: Scanty Moderate Severe

Dysmenorrhea: None Mild Severe

CONTRACEPTIVE METHOD DURING THIS VISIT

a. IUD
 Oral (Specify)
 Pill (Specify)
 Diaphragm
 Foam Jelly
 Condom
 Other: Specify

b. Other reason for visit

Infertility
 Irregular
 Medical Reason
 Other (Specify)

RELEVANT PREVIOUS PERSONAL MEDICAL HISTORY (Check ONLY IF POSITIVE and specify in notes below)

Mental Depression Epilepsy Hair Loss
 Thrombophlebitis Diabetes
 Varicose veins Cancer
 Breast Disease Hepatitis

GENERAL EXAMINATION

Height _____ Weight _____
 P.R./Syst. _____ Diast. _____
 Thyroid: Normal Enlarged
 Varicose Veins: Yes No Anemic: Yes No
 Abdomen: Normal
 Abnormal

REFERRED ELSEWHERE

No
 Other Medical Services
 Pharmacy

SERVICES PROVIDED: LABORATORY

Pap Smear
 Pregnancy Test
 VD Testing
 Urinalysis
 Hematocrit/
 Hemoglobin
 Other (Specify)

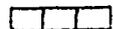
GYNECOLOGICAL EXAMINATION

Perineum: Normal Abnormal Hemorrhoids
 Vagina: Healthy Cystocele
 Infection Discharge
 Cervix: Normal
 Erosion
 Discharge
 Other _____

RESULTS:

Uterus:
 Position: Anterior Retroverted Midposition
 Size: Normal Large Small
 Shape: Regular Irregular Fibroid
 Adnexa: Normal Enlarged Tender
 Other findings:

Signature: _____



ATTACHMENT 3

ANGEL CHILDREN'S HOSPITAL
Social and Medical History

PAGE 1 OF 1
DATE OF VISIT

Clinic # Client #

Date of this visit: Day Month Year

1. Client's name
Address
City
State
Zip
Telephone
Occupation
Date of birth
Sex
Race
Religion
Marital status
Date of marriage
Date of last menstrual period
Date of last intercourse
Date of last abortion
Date of last stillbirth
Date of last miscarriage
Date of last delivery
Date of last delivery by cesarean section
Date of last delivery by forceps
Date of last delivery by vacuum
Date of last delivery by natural means
Date of last delivery by other means

16. Do you want to have another baby?
Yes No
If yes, how many years later would you like to have another?
 1-2 years 3-4 years 5-6 years 7-8 years 9-10 years 11-12 years 13-14 years 15-16 years 17-18 years 19-20 years 21-22 years 23-24 years 25-26 years 27-28 years 29-30 years 31-32 years 33-34 years 35-36 years 37-38 years 39-40 years 41-42 years 43-44 years 45-46 years 47-48 years 49-50 years Other

2. How long have you been married? years
3. Have you ever been hospitalized because of:
Hypertension Hospital
Diabetes Hospital
Heart disease Hospital
Kidney disease Hospital
Lung disease Hospital
Stomach disease Hospital
Intestine disease Hospital
Other Hospital
4. How do you and your husband do?
Very well Well Fairly well Fairly poor Poor Very poor

17. Have you ever used any method of birth control?
Yes No
If yes, which method?
 Condom Diaphragm Pill IUD Other

18. What have you used?
Pill Condom Diaphragm IUD Other

10. How many times have you been hospitalized?

11. How many times have you been hospitalized because of:
Hypertension Diabetes Heart disease Kidney disease Lung disease Stomach disease Intestine disease Other

19. How do you and your husband do?
Very well Well Fairly well Fairly poor Poor Very poor

20. ANSWER YES OR NO TO EACH OF THE FOLLOWING QUESTIONS:
Have you ever... YES NO
a. been visited in your home by family friend
b. heard family guidance announced or dismissed on the radio?
c. read a book about family guidance or mother's pregnancy?
d. read a book about family guidance or mother's pregnancy?
e. read a book about family guidance or mother's pregnancy?

Signature of the physician

INSTRUCTIONS FOR THE ESTABLISHMENT, MAINTENANCE,
AND USE OF A TICKLER FILE SYSTEM FOR FAMILY PLANNING
CLIENT FOLLOWUP.

(Produced for the Afghan Family Guidance Association (AFGA)

Kabul, Afghanistan)

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Family Planning Evaluation Division
Bureau of Epidemiology
Center for Disease Control
Atlanta, Georgia 30333

TABLE OF CONTENTS

	Page
I. Introduction	1
II. Elements of the System	1
III. Recording Routine Clinic Visits	2
IV. Recording Visits that are not Routine	11
V. Managing the Files	22
VI. Client Followup	25
VII. Reporting	28
VIII. Attachments and Exhibits	31 - 39
Followup Codes	31
Code List	32
Client Record Card	34
Card Dividers	35
Followup List	36
Followup Record	37
Report Form	38
Client Identification Card	39

I. INTRODUCTION

This client record system has been devised to assist all AFGA family planning clinics to determine the status of their family planning clients quickly and to enable clinic personnel to identify clients who are late for clinic visits. The system is also to be used to simplify reports of clinic progress. The system is a collection of cards on which data about client visits and information about client followup is to be recorded.

At the present time, the system is in addition to existing procedures now being followed in the clinics; it does not replace any present activity. It is to be put into operation retroactive to January 1, 1978.

II. ELEMENTS OF THE SYSTEM

- A. One or more file boxes for 8" x 5" index cards sufficient to the clinics' needs.
- B. Client record cards in various colors and 8" x 5" in dimension (see Exhibit 1). The colors designate the client's primary contraceptive method:
 - Pink = Pill
 - Yellow = Condom
 - Blue = IUD
 - White = Other methods
- C. One set of card dividers, which divide the file into ACTIVE, FOLLOWUP and PERMANENT sections (see Exhibit 2).
- D. A followup list form (see Exhibit 3).
- E. A followup record form (see Exhibit 4).
- F. A report form (see Exhibit 5).
- G. A Client Identification Card (now being used in all AFGA clinics) (see Exhibit 6).

III. RECORDING ROUTINE CLINIC VISITS

The clinic staff member who completes the Clinic Register will also keep this system. When the client has completed her services, all three sections of the file box will be searched to see if there is a card in the file for the client. Search the ACTIVE section first, the FOLLOWUP section next, and the PERMANENT section last. If there is a card, the information for this visit will be entered; if there is not, a card will be made only for clients who are currently contracepting or those who would be scheduled for followup if they miss their next visit, such as a pregnant client who is expected to return to the clinic after her delivery.

- A. Choose the color card that corresponds to the method of the client. If the method is "Other," the code of the method should be written in the blank space on the tab of the card. The codes to be used are:

51 - Diaphragm

60 - Injectable

- B. Complete the heading of the card
- C. The information which describes the client's visit will be entered in the lower part of the card as follows:

1. Pill users, select a pink card

- a) In the upper left-hand corner of the box that corresponds to the month and year of the client's visit, write "F" if it is the client's first visit to any AFGA clinic, "R" if it is not the client's first visit to an AFGA clinic and the client is continuing with her method, or "X" if the client is changing methods.

- b) In the upper right-hand corner of the box for the month and year of the visit, write the number of monthly cycles of pills that were given to the client.
- c) Draw a heavy horizontal line through the center of this box and continue it through the number of boxes that correspond to the number of months protection (i.e., number of monthly cycles of pills) given to the client.
- d) If the client is given any secondary method, such as foam and condoms, write the method in the box below the horizontal line. If foam is given, write a "V" for each vial given; if cream is given write a "K" for each tube given, and if condoms are given, write the number of condoms given. For example, the correct entry for a client who made her first visit to an AFGA clinic in January 1978 and received 1 cycle of pills as primary method and 1 vial of foam and 15 condoms, is as follows:

(pink)

PILL

CLIENT NUMBER _____

CLINIC NUMBER _____

NAME _____

ADDRESS _____

HUSBAND'S NAME _____



YEAR	MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
19 <u>78</u>	F 1 V 15											
19 <u>79</u>												
19 <u>80</u>												
19 <u>81</u>												
19 <u>82</u>												

- e) The card will then be filed by client number in the ACTIVE section of the box behind the divider for the month the client should return to the clinic. In the above example this would be February 1978.
- f) The date (month and year only) that the client should return to the clinic will be written on the back of the client's Identification Card. This will serve as a reminder to the client and help the clinic staff to find the client's record card the next time she returns to the clinic.

- e) The card should be filed and the client's Identification Card marked in the same manner as instructed for pill users (see page 4). This card in the above example should be filed in the ACTIVE section behind May 1978.

3. IUD users; select a green card.

- a) Identify the type of visit as a first, revisit or method change in the same manner as instructed for pill users.
- b) In the upper right-hand corner of the box for the month and year of the visit, write the code number of the kind of IUD used. These codes are:

11 - A loop

12 - B loop

13 - C loop

14 - D loop

15 - Copper T

- c) If it is a first visit or method change (i.e., a new insertion), draw a heavy horizontal line through the center of the box which represents the month the IUD was inserted. If it is a revisit, draw a heavy horizontal line through the month of the visit and the next 5 months.
- d) Enter the information for any foam, cream, or condoms given in the same manner as instructed for pill users. For example, the correct entry for a client who changed from pills to a C loop in January 1978 is as follows:

(green)
IUD

CLIENT NUMBER _____ CLINIC NUMBER _____

NAME _____

ADDRESS _____

HUSBAND' NAME _____

SEAL

YEAR	MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
19 <u>78</u>	X 13											
19 <u>79</u>												
19 <u>80</u>												
19 <u>81</u>												
19 <u>82</u>												

e) The card will then be filed, and the client's identification card marked in the same manner as instructed for pill users. The card in the above example would be filed in the ACTIVE section behind February 1978.

4. Other methods - DEPOPROVERA, select a white card.

- a) Identify the type of visit as first, revisit, or method change in the same manner as instructed for pill users.
- b) In the upper right-hand corner of the box for the month and the year of the visit, write the code number for depoprovera, which is 60.

- c) Draw a heavy line through the center of the boxes indicating 3 months of protection beginning with the month the injection was given. For example, the correct entry for a client who changed from condoms to depoprovera in March 1978 is as follows:

(white)

OTHER 60

____ CLIENT NUMBER _____ CLINIC NUMBER _____

NAME _____

ADDRESS _____

HUSBAND'S NAME _____

SEAL

YEAR	MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
19 <u>78</u>			X60									
19 <u>79</u>												
19 <u>80</u>												
19 <u>81</u>												
19 <u>82</u>												

- d) The card should be filed and the client's Identification Card marked in the same manner as instructed for pill users. The card in the above example should be filed in the ACTIVE section behind June 1978.

5. Other Methods - Diaphragm, select a white card.

- a) Identify the type of visit as first, revisit, or method change in the same manner as instructed for pill users.

- b) In the upper right-hand corner of the box for the month and year of the visit, write the number 51, the code number for diaphragm.
- c) Since protection for diaphragm is not assumed until the client returns after 1 week, do not draw a heavy horizontal line through the center of the box for the month of the visit. File the card behind the divider for the current month, and write this date on the back of the client's Identification Card.
- d) When the client returns to the clinic and demonstrates her ability to use the diaphragm, draw the line through the boxes that represent the number of month's protection. One month's protection is assumed for each tube of cream.
- e) Write a letter "K" below the horizontal line for each tube of cream given to the client. For example, the correct entry for a client who made a first visit to the clinic in March 1978, had a diaphragm fitted, and was given 1 tube of cream, is as follows:

(white)

OTHER 51

CLIENT NUMBER _____

CLINIC NUMBER _____

NAME _____

ADDRESS _____

HUSBAND'S NAME _____



YEAR	MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
19 <u>78</u>			F 51 K									
19 <u>79</u>												
19 <u>80</u>												
19 <u>81</u>												
19 <u>82</u>												

This card should be filed in the ACTIVE section behind the month of March 1978.

If this client returns to the clinic in 1 week, demonstrates her ability to properly use the diaphragm, and is given 3 additional tubes of cream, the entry would appear as follows:

(white)

OTHER 51

____ CLIENT NUMBER

NAME _____

ADDRESS _____

HUSBAND'S NAME _____

CLINIC NUMBER _____

SEAL

YEAR	MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
19 <u>78</u>			F 51 KKKk									
19 <u>79</u>												
19 <u>80</u>												
19 <u>81</u>												
19 <u>82</u>												

f) The card should be filed, and the client's Identification Card marked in the same manner as instructed for pill users. The card in the above example should be filed in the ACTIVE section behind the month of July 1978.

IV. RECORDING VISITS THAT ARE NOT ROUTINE

The above instructions, 1 through 5, are for routine visits. From time to time there will be clients who do not fit these routine instructions. The following are instructions for most of these special situations.

A. Method Changes

For clients who change methods, look in the PERMANENT section to see if there is a card for the client indicating that she had used the method before; if there is none, make a new card for the method chosen.

Mark the card by writing "X" in the upper left-hand corner of the box representing the month of the visit and according to instructions given in section III-C, paragraphs 1-5. Also write an "X" in the month of the visit of the card for the method discontinued. File the new or reactivated card in the ACTIVE section behind the month when the client should return to the clinic, and move the old card to the PERMANENT section. For example, a pill client changes to condoms; she has never used condoms before. She made her last revisit for pills in January 1978; she comes to the clinic in April and receives 45 condoms and 2 vials of foam. The discontinued pill card would appear as follows:

(pink)

PILL

CLIENT NUMBER _____ CLINIC NUMBER _____

NAME _____

ADDRESS _____

HUSBAND'S NAME _____

SEAL

YEAR	MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
19 <u>78</u>	R 3			X								
19 <u>79</u>												
19 <u>80</u>												
19 <u>81</u>												
19 <u>82</u>												

This card should be filed in the PERMANENT section.

The new condom card would appear as follows:

(yellow)
CONDOM

CLIENT NUMBER _____ CLINIC NUMBER _____

NAME _____

ADDRESS _____

HUSBAND'S NAME _____

SEAL

YEAR	MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
19 <u>78</u>				X 45 V Y								
19 <u>79</u>												
19 <u>80</u>												
19 <u>81</u>												
19 <u>82</u>												

This card should be filed behind the month of July in the ACTIVE section.

If she returns to the clinic in July and wants to change back to pills, the pill card will be reactivated, and the condom card will be marked with "X" in July and filed in the PERMANENT section.

The pill card would appear as follows:

(pink)

PILL

CLIENT NUMBER _____

CLINIC NUMBER _____

NAME _____

ADDRESS _____

HUSBAND'S NAME _____



YEAR	MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
19 <u>78</u>	R 3			X			X 3					
19 <u>79</u>												
19 <u>80</u>												
19 <u>81</u>												
19 <u>82</u>												

This card should be filed behind the month of October in the ACTIVE section.

B. IUD Removal

A client who returns to the clinic for removal of an IUD (or a client who has expelled her IUD) and does not accept an alternate method, should have the heavy horizontal line marked out with a wavy line beginning with the month that the IUD was removed or expelled. The reason that the client will not accept a method should be checked on the back (see Section H), and the card should be moved to the PERMANENT section. For example, the card for a client who made a revisit to the clinic in February 1978, returned

in May to have the IUD removed and would not accept another method would appear as follows:

(green)
IUD

CLIENT NUMBER

NAME _____

ADDRESS _____

HUSBAND'S NAME _____

CLINIC NUMBER _____

SEAL

YEAR	MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
19 <u>78</u>		R										
19 <u>79</u>												
19 <u>80</u>												
19 <u>81</u>												
19 <u>82</u>												

If the client wishes to have another IUD inserted, the card should be marked with an "R" in the upper left-hand corner of the month of the visit, and the code number of the IUD used in the upper right-hand corner. For example, if the client in the above example had a "C" loop inserted in May, the card would appear as follows:

(green)

IUD

CLIENT NUMBER _____

CLINIC NUMBER _____

NAME _____

ADDRESS _____

HUSBAND'S NAME _____



YEAR	MONTH												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
19 <u>78</u>		R	_____										
19 <u>79</u>													
19 <u>80</u>													
19 <u>81</u>													
19 <u>82</u>													

This card should be filed behind the month of June in the ACTIVE section.

If this client returns in June and is having no problems with the IUD, the line should be extended for 6 months (to October) as previously instructed.

If the client changes methods, follow the instructions in A above.

C. Pregnancy and Pregnancy Testing

Clients who return to the clinic and request a pregnancy test should have the words "preg. test" written in the bottom half of the box when the pregnancy test was given. If the client is pregnant, draw a diagonal line from the upper right to the lower left of the box representing the month of her last menstrual period, and also through

This card should be filed behind the divider for January 1979 in the FOLLOWUP section.

If a client, who had previously had a positive pregnancy test, returns to the clinic before the normal termination date of her pregnancy and says that she is not pregnant and never was pregnant, write "F→" in the lower half of the square for the month of the onset of the client's menstrual period. If contraceptives are given, mark and file the card as previously instructed. If the client says (or if it is otherwise known) that she was pregnant but the pregnancy was aborted (i.e., miscarriage or induced abortion), write "A" in the lower half of the square for the month the pregnancy was aborted. If contraceptives are given, mark and file the card as previously instructed. If the client returns to the clinic or if it is determined through followup that the pregnancy resulted in a live birth, write "L" in the square for the month of delivery or "D" if the pregnancy terminated in stillbirth. If contraceptives are given, mark and file the card as previously instructed.

In any of the above cases, if the client changes methods, mark the old card as instructed above, write "X" in the square for the date of the visit, and make a new card for the new method as previously instructed.

D. Sterilization

When a client requests sterilization, the words "FOR S" should be written in the lower half of the box which represents the month when the request was made. The card should be filed in the ACTIVE section behind the divider for the same month. When the client

has the sterilization operation, write "S" in the month when the operation was performed, and move the card to the PERMANENT section. For example, the card of a client, who made a revisit for pills in January 1978, came to the clinic in March to request sterilization and had the operation performed in April, would appear as follows:

(pink)

PILL

CLIENT NUMBER

NAME

ADDRESS

HUSBAND'S NAME

CLINIC NUMBER

SEAL

YEAR	MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
19 <u>78</u>	R. 3		For S	S								
19 <u>79</u>												
19 <u>80</u>												
19 <u>81</u>												
19 <u>82</u>												

This card should be filed in the PERMANENT section.

E. Switching AFGA Clinics

If a client switches from 1 AFGA clinic to another, the clinic receiving the client should prepare a card for her as instructed in paragraphs 1-5 above; they should also write in the blank space on the upper right-hand side of the card "From Clinic No. ____."

Since this client has been to an AFGA clinic before, this would

be a revisit or perhaps a change of method visit, and the visit code should be "R" or "X"; it should not be "F".

The client should be issued a new Identification Card, and the old one should be sent to her previous clinic with the notation that the client has transferred to "Clinic No. ___" (enter the code number of the receiving clinic). Do not change the client's identification number.

The clinic losing the client should write "To Clinic No. ___ in the blank space on the upper right-hand side of the card. The card should be filed in the PERMANENT section.

If a client says she wants to transfer to another clinic, write "wants to go to Clinic No. ____". Do not move the card to the PERMANENT section until it has been verified that the client has gone to the other clinic.

E. Non Family Planning Visits

Family planning clients, who return to the clinic for GYN or other medical reasons, such as side effects, write "G" for a GYN or "M" for a medical visit below the heavy horizontal line in the box for the month of the GYN or medical visit. For example, the card for a client who made a revisit in March 1978 and received 3 cycles of pills and returned to the clinic in May with a GYN problem, would appear as follows:

(pink)

PILL

CLIENT NUMBER _____ CLINIC NUMBER _____

NAME _____

ADDRESS _____

HUSBAND'S NAME _____

SEAL

YEAR	MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
19 <u>78</u>			R 3		G							
19 <u>79</u>												
19 <u>80</u>												
19 <u>81</u>												
19 <u>82</u>												

G. Non-Family Planning Clients

This system is for use with family planning clients only. Clients who are not and have not been contraceptive users should not have cards made. Clients not to be included in this system are those who come to the clinic for GYN, medical, infertility, and such purposes only.

H. Voluntary Withdrawal

Clients who come to the clinic and inform clinic personnel that they do not wish to continue contracepting should have the reason checked on the back of the card. In the first column (FG Code), write "Clinic", otherwise follow instructions for followup. The card should be filed in the PERMANENT section, or, if it is a pregnancy, according to instructions in Section C.

V. MANAGING THE FILES. CLIENT CARDS SHOULD ALWAYS BE FILED BY CLIENT NUMBER WITHIN EACH SECTION OF THE FILE.

- A. Client cards, which have been filed in the month that the client is to return to the clinic, will remain there for 2 months after the scheduled visit if the client does not return as scheduled.
- B. If the client returns to the clinic within 2 months after her scheduled revisit, the card should be marked and filed as instructed in sections III and IV above.
- C. On the fifteenth day of the second month after the client should have returned to the clinic, list all clients who have not yet returned on the Followup List. For example, clients who were supposed to return to the clinic in February 1978 but had not returned by April 15, 1978, should be listed.
- D. At the end of the second month past the month when the client was to have returned to the clinic, move all cards remaining behind the scheduled visit month to the FOLLOWUP section, and file them behind the same month of their scheduled visit. For example, the cards of clients who were supposed to return to the clinic in February 1978 but had not returned by April 30, 1978, should be moved to the FOLLOWUP section and filed behind the February 1978 divider. The cards of clients, who do not return to the clinic, should remain in the FOLLOWUP section for 3 months and then be transferred to the PERMANENT section. In the example given, the cards should be moved at the end of July 1978.

When all cards are removed from behind a month in the ACTIVE section, the divider for that month should be moved to the back of the ACTIVE section, behind the next year. In the above example, the February divider would be moved from the February 1978 position to the February 1979 position.

When all cards are removed from behind a month in the FOLLOWUP section, the divider for that month should be moved to the back of the FOLLOWUP section behind the next year. In the above example, the February divider would be moved from the February 1978 position to the February 1979 position.

- E. This system has been devised for the primary purpose of helping the Family Guides to followup clients who are late for their clinic visits. The following are instructions for using the system for this purpose.
1. When Family Guides are preparing to make home visits, they should look in the ACTIVE section of the file and list the names of any clients who live in the area to be visited and who are from 1 to 45 days late for their clinic visit. They should attempt to visit these and other clients on the Followup List to determine the reason why the client is late and to encourage them to return to the clinic. When the Family Guides return from their home visits, they should enter the results of their followup on the back of the client's file card. The cards for clients, who could not be located or who agree to return to the clinic, should not be moved but should remain in the section where they were

found. If the client is pregnant, move the card to the month when she should be followed up in the FOLLOWUP section.

2. This system is to be set up retroactive to January 1, 1978.

Cards should be made for all clients who have made visits since that date; use the Clinic Register and, if needed, other clinic records to obtain information for the cards.

After all previous visits have been entered into the system, the following activities should take place on the dates indicated.

- a) On April 15, 1978 - Make the Followup List of all clients in the ACTIVE file who were supposed to come to the clinic during January and February and who did not come and have not been followed up--also list all clients in the FOLLOWUP file who were scheduled for followup before June 1 and who have not been followed up.
- b) On April 30 - Transfer all cards in the January and February sections of the ACTIVE file to the January and February sections of the FOLLOWUP file. Move the January and February dividers in the ACTIVE file to the January and February 1979 positions.
- c) On May 15 - Update the Followup List by adding the names of all clients in the ACTIVE file who were supposed to come to the clinic in March and who did not come and have not been followed up.

Add the names of all clients in the FOLLOWUP file who were scheduled for followup in June and who have not been followed up.

- d) On May 30 - Transfer all cards in the March section of the ACTIVE file to the March section of the FOLLOWUP file.

Move the March divider in the ACTIVE file to the March 1979 position.

- e) On June 15 - Update the Followup List as instructed above.
- f) On June 30 - Transfer cards from the ACTIVE file to the FOLLOWUP file, as instructed above, and transfer all cards in the January section of the FOLLOWUP file to the PERMANENT file.

Move the January divider of the FOLLOWUP file to the January 1979 position.

- g) After July 1 - Continue to roll the ACTIVE and FOLLOWUP files as instructed above on the last day of every month and continue to update the FOLLOWUP list as instructed above on the fifteenth of each month.

VI. FOLLOWUP

A. Introduction

The Family Guides should use the Followup List in planning their monthly activities. The Followup List should be a looseleaf notebook with separate pages for each village or location under the jurisdiction of the clinic. The names of clients scheduled for followup should be listed on the page for the locality where they

live. In this way the Family Guides can determine how many followups are to be made in each area. They should plan to visit the areas where the most followup work is needed.

The Followup Record is for use by the Family Guides to record the results of their followups. After a client has been followed up the results should be written on the form. When the Family Guides return to the clinic, the information from the Followup Record should be entered on the back of the Client Card. After the information has been transferred to the Client Card, the client's name should be crossed off the Followup List and the date of the follow up should be circled on the Followup Record to indicate that the information has been entered.

Once each month the Family Guides should locate the cards of clients who have been followed up to determine which of them returned to the clinic. The dates of those who returned should be entered on the Followup Record. If clients who agreed to return to the clinic have not done so by the time they agreed to return, additional followup may be needed. Family Guides should attempt to followup the clients as soon as possible after the client has missed the time they are to return to the clinic, and every effort should be made that clients are followed up within three months of missing their visit, and no followup should be attempted if five months have passed; i.e., the client's card has been transferred from the FOLLOWUP section to the PERMANENT section.

B. Recording the Results of Follow-Up

1. List clients on the Followup Record only when follow-up has been attempted. Enter the dates of followup on the Followup List.
2. Refer to the code list for client reasons for not returning to the clinic, page 30. Use check marks for codes 1, 2, 3, 5, 6, 7, 9, 12, 13, 14, 15. If 13 is checked, write the reason under the column "If Pregnant, Date of L.M.P."
3. For Code 4 write "U" if the pregnancy was unplanned or "P" if the pregnancy was planned.
4. For Code 8 write the code number of the clinic that the client is now using.
5. For Code 10 write "D" if the client is divorced, "W" if the client is widowed, or "G" if the husband is temporarily absent.
6. For Code 11 write "M" if the client has passed the menopause or "S" if the client has been surgically sterilized.
7. After completing the Followup Record form, enter the information on the Client Card and draw a circle around the date of visit on the Followup Record. For pregnant clients, also mark the front of the card according to instructions previously given, see page 16.
8. At the end of each month, locate the card of each client listed on the "Followup Record" where there is no date indicating that the client has returned to the clinic.

Determine which clients have returned and enter the dates of those who returned to the clinic during the month.

Mark the name off the "Followup List."

9. At the end of each quarter, count the number of followup visits made during the quarter and the number of clients who returned to the clinic during the quarter. Draw a circle around the "Date Client Returned" to indicate that it has been counted.
10. If additional followups are to be done on a client, write "second followup" (or third, fourth, etc.) in the column "Date Client Returned." Do not mark the client's name off the Followup List.
11. Clients who have been listed for more than 5 months, but still no followup has been attempted, write "15" on the Followup List in the column "Date of Follow-Up," and check Column 15 on the client's card. File the card in the PERMANENT section.

VII. REPORTING

At the end of each quarter, the Quarterly Report form should be completed and submitted to AFGA headquarters. This report should be made before the cards are transferred from the ACTIVE section to the FOLLOWUP section and from the FOLLOWUP section to the PERMANENT section (as instructed in Section V).

A. Number of Active Clients

All cards in the ACTIVE section should be counted by method and total. Enter these numbers in the report.

B. Number of Active Clients for Followup

All cards in the ACTIVE sections for the month just completed should be counted and the number entered in the report under "Current Month." Also count the card in the previous month and enter the number in "Month, -1." (There should be no cards behind any month earlier than this). Then total these two figures and enter the number under "Month-Total."

C. Number of Other Clients for Followup

All cards in the FOLLOWUP section for the month just completed should be counted and the number entered in the report under "Current Month." Also count the cards for the four previous months and enter the numbers in "Month, -1, -2, -3, and -4." (There should be no cards behind any month earlier than these). Total these figures and enter the number under "Month-Total." Count the cards in all future months and enter the number under "Month-Future."

D. Number of Clients Followed Up

Count the number of clients who were listed on the Followup Record since the beginning of the quarter; enter this number on the line "Number of Clients Followed Up This Quarter____."

Count the number of cards in the PERMANENT section where Code 15 was checked during this quarter; enter this number on the line "Number of Clients with no Followup (Code 15)____." Another way to get this number is to count the cards as they are transferred from the FOLLOWUP section to the PERMANENT section at the end of each month, add the three figures together, and it should equal the count as instructed above.

The files should be searched for clients who returned to the clinic after followup and the dates entered on the Followup Record, as instructed in Section VI-A. Count the dates that occurred during the quarter and enter this number on the line "Number of Followed Up Clients who Returned to the Clinic_____."

Reason for not returning to the clinic codes:

<u>CODE</u>	<u>EXPLANATION</u>
1-	Could not locate the house
2-	Moved
3-	Desires pregnancy
4-	Pregnant
5-	Inconvenient to return for reason related to the clinic - such as too far
6-	Inconvenient to return for reason related to the client - such as personal or family illness, religion, etc.
7-	Husband objects to contraception
8-	Switched to another AFGA clinic
9-	Buying contraceptives in the bazaar
10-	Temporarily not in need - such as husband gone, widowed, divorced but still fertile, etc.
11-	Permanently not in need - such as past menopause, sterilized surgically
12-	Deceased
13-	Other, explain
14-	No reason given
15-	Will not follow up

CODE LIST

Client Card Colors

Pink = Pill

Yellow = Condom

Blue = IUD

White = Other, includes injectables and diaphragm only

Other Methods

51 - Diaphragm

60 - Injectable

IUD Codes

11 - A Loop

12 - B Loop

13 - C Loop

14 - D Loop

15 - Copper T

Visit type

F = First visit to any AFGA clinic

R = Revisit without changing methods

X = Revisit with method change

Secondary Methods

V = Vial of foam, any brand or size

K = Tube of Kromex

Number condoms given (secondary to pills and IUD)

Non-Family Planning Visits

G - GYN Visit

M = Medical (not GYN) visit

Pregnancy Codes

U = Unplanned

P = Planned

Other Codes

F+ = False Positive Pregnancy Test

A = Miscarriage or Abortion

L = Live Birth

D = Still birth

Diagonal Line = Month during which the client was pregnant

CARD DIVIDERS

EXHIBIT 2

<u>PERMANENT</u>			
		1979	1980
NOVEMBER	DECEMBER		
		SEPTEMBER	OCTOBER
JULY	AUGUST		
		MAY	JUNE
MARCH	APRIL		
		JANUARY	FEBRUARY
<u>FOLLOW-UP</u>	1978		
		1979	1980
NOVEMBER	DECEMBER		
		SEPTEMBER	OCTOBER
JULY	AUGUST		
		MAY	JUNE
MARCH	APRIL		
		JANUARY	FEBRUARY
<u>ACTIVE</u>	1978		



CLIENT FOLLOWUP REPORT FOR THE QUARTER

ENDING _____ 19____

Clinic _____ Code No. _____

	Pill	IUD	Condom	Other	Total
Number of ACTIVE clients*					

Month	-4	-3	-2	-1	Current month	TOTAL	Future
Number of ACTIVE clients for followup*	X	X	X				X
Number of OTHER clients for followup*							

Number of clients followed up this quarter _____
Number of clients with no followup (code 15) _____
Number of followed up clients who returned to the clinic _____

* At the end of the quarter.

CLIENT IDENTIFICATION CARD

(front)

AFGHAN FAMILY GUIDANCE ASSOCIATION		
Name	_____	
No.	_____	
Date	_____	
Clinic	_____	

(back)

Date for next clinic visit:
(month, year)
