



## Memorandum

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Date March 7, 1983

From Neal Ewen, Public Health Advisor and Jay S. Friedman, Public Health Analyst, Program Evaluation Branch (PEB), Division of Reproductive Health (DRH), Center for Health Promotion and Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Recordskeeping and Service Statistics System, Zaire, February 14-25, 1983, and London, England, February 28, 1983.

To William H. Foege, M.D.  
Director, Centers for Disease Control  
Through: Dennis D. Tolsma,  
Acting Director, CHPE bl

## SUMMARY

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
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## SUMMARY

Technical assistance was provided to the National Committee of Desired Births of Zaire (CNND) in designing a family planning recordkeeping and service statistics system. This was to follow-up a recommendation which was made by one of the consultants as part of an evaluation of the CNND in January-February 1982 (See Friedman Trip Report of March 12, 1982).

We arrived in Zaire to find that CNND personnel had already designed a new recordkeeping and service statistics system which we found more detailed than necessary, particularly in the light of the high cost of paper, printing, and transport.

After a number of discussions, we designed a new system in collaboration with CNND personnel; essential components are a two page front and back client medical record form and a simple quarterly statistical summary report. The quarterly report also contains logistics information. We also designed a worksheet and clinic register as optional forms to aid in providing the information for the quarterly report.

This entire system can be computerized; CDC consultants can assist with designing a software system. We were also informally asked to provide logistics technical assistance to the Family Planning Services Project in the latter half of 1983.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

At the request of USAID/Zaire, S&T/POP/FPSD, and the National Committee for Desired Births (CNND), the International Planned Parenthood Federation (IPPF) affiliate in Zaire: February 14-25, 1983, Kinshasa, to advise on the design of a family planning recordkeeping and service statistics system; and February 28, 1983, London, to brief the IPPF Africa Regional Director on the outcome of the work done in Zaire. This travel was in accordance with the Resource Support Services Agreement between AID/POP/W and CDC/CHPE/DRH.

II. PRINCIPAL CONTACTS

A. USAID/Zaire

1. Mr. Richard Thornton, Public Health Officer
2. Dr. Richard Brown, Population Officer

B. National Committee For Desired Births (CNND-Committee Nationale des Naissances Desirables)

1. Dr. Miatudila Malonga, Executive Director
2. Cit Wawa, President, Volunteer Committee
3. Cit. O. Bongwele, Chief, Evaluation/Record Services
4. Cit. Mala, Nurse in Charge, Mama Yemo Family Planning Clinic
5. Cit. Loma, Nurse/Assistant to Cit, Mala

C. Family Planning Services Project

1. Cit. Chirwisa Chirhamolekwa, Nurse/Director
2. Dr. Moucka, Director, Paramedical Training Institute

D. Basic Rural Health Project

1. Mr. Ralph Galloway,
2. Mrs. F. Galloway
3. Mr. Frank Beir

E. International Planned Parenthood Federation, London

1. Mr. Michael Sozi, Director, Africa Regional Bureau
2. Mr. Apeleke EBO, Assistant Director, Africa Regional Bureau

III. SCOPE OF WORK

At the request of the National Committee for Desired Births (CNND), through USAID/Kinshasa, we were asked to advise the CNND on the preparation of a standard family planning recordkeeping, reporting and data collecting system to be used in all fixed facilities providing family planning services in Zaire. As an International Planned Parenthood Federation (IPPF) affiliate, CNND service statistics must also be compatible with IPPF data requirements.

In addition, at the request of AID/POP/Washington, we reviewed the overall contraceptive situation in the country and obtained information on contraceptive supplies on hand which has been separately submitted to AID/W.

A. Background

In January-February 1982, CDC/APHA consultants evaluated the capability of the CNND to assume the role of coordinator of all public sector family planning service delivery in Zaire (See Friedman Trip Report of March 12, 1982). The evaluation team concluded that the CNND was capable of assuming the role of national level coordinator if a number of changes in its organizational structure and operational methodology were made. One of the recommendations was a revision of the recordkeeping and service statistics system used by the CNND. At that time, the system was cumbersome, repetitive, and of limited use for evaluation, budgeting, and programming. In addition, reports were gathered from only a limited number of the organizations and facilities providing family planning services. The collection of data was also hampered by the CNND's need to provide separate series of reports to each of their intermediate donor agencies and the need for many of the facilities to provide separate reports to their parent donor agencies.

IV. PRESENT SITUATION

A. Recordkeeping--Client Medical Records:

At the time of our arrival in Kinshasa, personnel of the CNND had already designed a new series of medical record forms for family planning acceptors. These forms, consisting of a three-page Fiche de Consultation Initiale (Initial Consultation Record) and a fourth page, Fiche de Visite (Subsequent Visit Record), provided detailed demographic, general health, and gynecological information as well as information on subsequent visits for each client. Much of the information asked for on this form was more suitable for studies and research than for program and client management. In Zaire, the cost of paper, printing, and transport are high, and financing an expensive recordkeeping system in the absence of outside assistance would be difficult, if not impossible, to sustain on a long-term basis. The system would also impose an additional paperwork burden on many organizations and facilities providing family planning services, which already have medical record systems in place and which are not necessarily directly dependent on the CNND for administration and/or finance. In general, it has been our experience that the greater the amount of information of this type demanded by a central authority, the less will be provided by peripheral facilities.

Dr. Miatudila, Executive Director of the CNND, explained that this detailed medical record was designed to provide a guideline for physical examinations needed before prescribing a family planning method. CNND policy, as confirmed by nurses at the CNND clinic at Mana Yemo Hospital, is that all new female family planning clients receive a complete physical exam before a method is prescribed. Dr. Miatudila added that in recent months several media reports in Zaire have focused on the complications of certain contraceptive methods, and that CNND must be able to demonstrate that proper medical precautions have been taken before family planning methods are provided to clients. While admitting that the new set of forms to be used were, in his words, "heavy," Dr. Miatudila felt they provided the necessary documentation for a required medical exam of new acceptors. USAID and CNND should discuss the possibility of "providing methods other than the pill, injection, and IUD without requiring exhaustive medical examination;" this would enable a community-based distribution program or other type of outreach program to function.

**B. Recordkeeping: Daily Clinic Register of Family Planning Clients Seen:**

The CNND also intended to propose that each facility providing family planning services keep a Registre des Acceptantes, which would provide an on-going, daily, linelisted record of family planning clients seen. The format was similar to patient registers used in small health facilities in several other countries, but also included space to code in the medical signs and symptoms seen during each client's visit. CNND intended that a number of these forms be contained in a notebook, each one to be filled out in two copies using preinserted carbon paper. The carbon copies would be detached periodically and sent to the CNND in Kinshasa where the data would be entered into a computer. Presumably a periodic service statistics report could be prepared from this data either via computer report or manually.

While a facility providing family planning services should keep a client register of this type, it is cumbersome and expensive to send a large number of carbon copies to a central location to provide the raw data for a periodic service statistics report. Also, it would be very difficult for the CNND to process this quantity of raw data. This methodology would be more appropriate for a study in a small sample of facilities to gather, for example, data on complications seen at the time of a client's visit. It is much more cost-effective and feasible to summarize nationwide family planning client visits and supplies distributed at the local level on a short one-page form providing a few simple categories of data. This summary information can then be sent at low cost to a central location for preparing regional and national level periodic reports. As mentioned before, if the statistics requested are kept to a minimum of data categories, which are essential for program management rather than merely being interesting, the greater the likelihood that service providers will report valid data on a regular basis. A suggested methodology for this was presented to and accepted by Dr. Miatudila and Mr. Bongwale, CNND Research and Evaluation Officer, as outlined below in the Recommendations section of this report.

**V. RECOMMENDATIONS**

**A. Service Statistics: Periodic Report**

**1. Summary Service Statistics Form**

At the time of our visit, the CNND had not begun to design a form to gather summary data on program activities. We designed the Rapport Trimestriel des Activites Cliniques form, shown in Appendix 1, to gather periodic service statistics on family planning users and contraceptive supply levels. The information requested will come from existing record systems. It was purposely kept as simple and brief as possible so as not to impose a reporting burden on service providers, many of whom are providing a wide range of other medical care. The form is also coded for data entry for the minicomputer CNND expects to be provided in mid-1983. CNND personnel then agreed that it would no longer be necessary to send carbon copies of the Registre des Acceptantes to Kinshasa.

Section A of the Rapport Trimestriel lists new family planning acceptors by method. Section B lists the total quantity of contraceptives supplied to both new and old acceptors, from which an estimate of current users can be obtained. For example, a health facility which distributes 13,000 cycles of pills in 1 year has approximately 1,000 pill users (13,000 - 13 cycles per person per

year=1,000 users). The same procedure can be used for other methods, applying the estimated average use of a given method per person per year. A list of the factors to calculate active users is included in Appendix 2.

Compiling a separate total of old as well as new clients is not considered practical at the present time (except, perhaps, for a small number of large, well-staffed family planning clinics such as that at the Mama Yemo Hospital in Kinshasa). The decision not to try to count old acceptors will not cause any problems with IPPF reporting requirements since, starting in 1983, the IPPF only asks for new acceptors. While the CNND would like to collect several other kinds of health and demographic data (age, education, parity, etc.), it is not practical to try to obtain it from all facilities on a routine basis. This kind of information could best be gathered by periodic record search studies at selected facilities. This technique of data gathering would provide the CNND demographer the kinds of information needed for special studies to supplement the periodic service statistics reports.

It is important that lower-level facilities fill out their own Rapport Trimestriel. Section A and Section B of a higher level facility's report should not aggregate data on clients at lower level facilities that depend upon the higher level facility. The CNND can prepare summary reports for regions and provinces on its computer for distribution throughout Zaire. This will minimize the paperwork burden in the field.

## 2. Summary Logistics Data Section of the Rapport Trimestriel

Section C was designed to provide CNND a means of monitoring contraceptive supply levels to aid in logistics management. The amounts under "Sortie du Magasin Trimestre" represent quantities issued from a facility's storage area for distribution to its own clients and, in some cases, for issuance to lower-level family planning facilities. Taken together, the columns listing, issues and balances (Sortie du Magasin Trimestre and Solde Fin Trimestre) can be used to determine reorder points based on average monthly consumption.\*

Consultants from the Centers for Disease Control are designing computer software to monitor contraceptive supply levels in Thailand. This computer program could be adapted for the CNND system. Following discussions with colleagues at CDC, Atlanta, we recommend that once the Thailand system is in operation CNND, USAID/Zaire, and CDC discuss the possibility of using it in Zaire.

We suggest the Rapport Trimestriel des Activities Cliniques be submitted quarterly. This will be sufficient for management purposes at the CNND level and will not impose excessive demands at the health facility level. Each center will be assigned a unique number of approximately 12 digits, which will permit tabulation of data by province, region, and several facility characteristics (private, public, family planning only, inpatient/outpatient, etc.). The most significant feature of this system is that it can be used by any level facility with only a minimum of training of personnel and will provide

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\*For example, based on an average monthly consumption derived from the past 6 months stock issues (Sorties), stock levels should not be allowed to fall below a 2-month's supply.

suitable data to meet the reporting requirements for most donor agencies, the CNND, and the Ministry of Public Health. While the forms have been designed for a computer-based data system, the information to be tabulated can also be consolidated manually during the interim period before the computer system is fully operational.

We also designed a worksheet (Appendix 3) to be used at the health center level to record daily and monthly totals of new clients and contraceptive quantities distributed in order to facilitate gathering the information and calculating the totals which appear on the Rapport Trimestriel. The worksheet, called the Fiche Recapitulative des Activite's Quotidiennes, is optional as some facilities providing family planning services may be able to use existing patient registers to complete the Rapport Trimestriel.

B. Recordskeeping: Daily Clinic Register of Family Planning Clients Seen

A simplified client register (Registre des Acceptantes) was designed to provide a simple line-listing of family planning clients seen (see Appendix 4). Following our recommendations, the CNND decided to eliminate the previous pre-coded information on complications seen and to no longer require that a carbon copy of each page be sent to a central location for collation. The new format contains columns for the date, client's name, number, whether new client, method supplied, and a large space for "observations," including complications and side effects. At the end of each day, the information it contains can be summarized on the worksheet "Fiche Recapitulative des Activites Quotidiennes." Since some facilities may already have a similar patient register in use for family planning clients and/or other patients, its use should be considered optional.

C. Recordkeeping: Client Medical Records

In a meeting with CNND personnel and a representative (Dr. Moucka) of the USAID-sponsored Family Planning Services Project (660-0094), we suggested that the format of the four-page Fiche de Consultation Initiale/Fiche de Visite be reduced by reformatting to two pages, which would be the front and back of a single 8-1/2" x 14" (21.5cm x 35cm) sheet. In order to achieve this, we suggested removing certain nonessential information. This was agreed to by all concerned, since the cost of paper, printing, and air-freighting the Fiche de Consultation forms would be reduced. They would then be more easily handled in clinic files and family planning facilities not directly under CNND control and would be more acceptable. If special studies are to be done on the characteristics of new family planning acceptors using these forms as a basis, the required data can be transferred from a sample of the new Fiche de Consultation on to specially coded study forms by the investigators.

The front and back of the new Fiche de Consultation is shown in Appendices 5 and 6. The front contains demographic information, the client's pregnancy and medical history, and the results of a gynecological exam at the time of the client's first visit. These details are considered necessary by Zairian personnel of the CNND and the Family Planning Services Project, since the distribution of the pill and Depo-Provera, the most popular methods in Zaire, are considered to be a medical procedure. The back of the form contains a record of 20 subsequent client visits, sufficient for about 5 years. The client will be assigned a permanent number consisting of six digits: The first two represent the year, and the last four the numeric order in which she

became a new acceptor in that year.\* This would be useful when doing a study of client continuation rates.

Before finalizing its format and contents, the Fiche de Consultation was reviewed in detail by the nurses and midwives at the CNND family planning clinic at Mama Yemo Hospital, the largest in Kinshasa. They suggested that it be presented on cardboard stock to avoid rapid wear and made a number of useful suggestions to improve the formatting and terminology. While the Fiche de Consultation is a bit more detailed than those we have designed for use in other countries, a number of Zairian officials insisted that because of the sensitive nature of family planning in the Zairian sociopolitical context, this form will ensure that a proper medical examination and familial consent are adequately documented. CNND physicians will have to prepare an instruction manual for family planning service providers as to the medical procedures to be followed when examining a new family planning acceptor.

D. Service Statistics: Reporting Completeness

The CNND has obtained the names and addresses of health facilities in Zaire and has categorized them by such characteristics as "Protestant," "Catholic," "Private," and "Government," and by whether or not they provide family planning services. A large map of Zaire in Dr. Miatudila's office shows the location of these health facilities. Dr. Miatudila indicated that the CNND is preparing a list of these facilities. When it is completed, the CNND should provide a log, in wall-chart form, facility by facility, with columns for each trimester. This can be used to determine the percentage completeness of reporting and will provide the CNND with readily available information for notifying health facilities when reports are overdue.

AID officials in Zaire have used an estimate of about 250 medical facilities providing or potentially providing family planning services. Dr. Miatudila indicated that the total of facilities does not exceed 500. When the CNND completes its list of facilities, a copy should be sent to AID. This will enable AID to update their own information on the total number of facilities in Zaire, including those which provide family planning.

Dr. Moucka, Medical Director of the Paramedical Training Institute in Kinshasa, indicated that there are about 3,500 medical facilities in the entire country and that the Ministry of Health has authority over all of them. We asked Dr. Moucka to send a list of these facilities to AID/Kinshasa. At a minimum, it would be useful to AID and the CNND to obtain a definitive list of all facilities so that completeness of reporting can be determined.

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\*No facilities should have more than 9,999 new acceptors in a single year.

E. Future Technical Assistance

Cit. Chirwisa, Director of the Family Planning Services Project, suggested that consultants to evaluate the contraceptive logistics system would be useful in the future, possibly in the latter half of 1983. CDC Consultants could possibly be made available at that time.

As mentioned earlier, CDC consultants could be made available for the computerization of CNND service statistics and logistics data.

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9

PROGRAMME DES NAISSANCES DESIRABLES  
RAPPORT TRIMESTRIEL DES ACTIVITES CLINIQUES

PND  
BP 15313  
KINSHASA I

NOM DU CENTRE \_\_\_\_\_

ADRESSE COMPLETE DU CENTRE \_\_\_\_\_

No. DU CENTRE / / / / / / / / / / (1-10) \_\_\_\_\_ TRIMESTRE DE 19\_\_\_\_ (11-14)

A. NOUVELLES CLIENTES

PILULE	(15-18)
INJECTION	(19-22)
STERILET	(23-26)
PRESERVATIF	(27-30)
NEO-SAMPOON	(31-34)
MOUSSE	(35-38)
DIAPHRAGME	(39-42)
RHYTHME	(43-46)
AUTRE	(47-50)

B. QUANTITES TOTALES DISTRIBUEES  
A TOUTES LES CLIENTS

PILULE (CYCLES)	(51-55)
INJECTION (DOSES)	(56-59)
STERILET (UNITES)	(60-62)
PRESERVATIF (UNITES)	(63-67)
(TUBES DE NEO-SAMPOON 20 TABL.)	(68-70)
MOUSSE (TUBES)	(71-72)
DIAPHRAGME (UNITES)	(73-75)

C. APPROVISIONNEMENT ET CONSOMMATION

METHODE	CONDITIONNEMENT	SOLDE DEBUT TRIMESTRE	RECU PENDANT TRIMESTRE	SORTIE DU MAGASIN TRIMESTRE	SOLDE FIN TRIMESTRE
	CYCLES				(76-87)
	CYCLES				(88-99)
	CYCLES				(100-111)
	CYCLES				(112-123)
INJECTION	DOSES				(124-135)
STERILET LIPPES	UNITES				(136-147)
STERILET 7 Cu	UNITES				(148-159)
STERILET T Cu	UNITES				(160-171)
PRESERVATIF	UNITES				(172-183)
NEO-SAMPOON	TUBES/20 TABL.				(184-195)
MOUSSE	UNITES				(196-207)
DIAPHRAGME	UNITES				(208-219)

10'

Average Annual Use by A Single Client of Family Planning Methods

Pill	13 cycles
Depo-Provera	4 doses
IUD - 0.4 :	(Studies have shown in other countries that the average IUD remains in place 2.5 years; i.e., in 1 year p.4 of a single unit is theoretically consumed by a single client.)
Condom	100 units
Neo-Sampoo	8 tubes of 20 tablets
Foam	100 doses
Diaphragm	4 units of the accompanying Coramex Cream





PROGRAMME DES NAISSANCES DESIRABLES

FICHE DE CONSULTATION

Nom du Centre \_\_\_\_\_ Date lère visite \_\_\_\_\_  
 Nom de la Cliente \_\_\_\_\_ Nom Conjoint \_\_\_\_\_  
 Age \_\_\_\_\_ ans Née en \_\_\_\_\_ Religion Cliente \_\_\_\_\_ Religion Conjoint \_\_\_\_\_  
 Profession Cliente \_\_\_\_\_ Profession Conjoint \_\_\_\_\_  
 Education Cliente Aucun \_\_\_\_\_ Prim \_\_\_\_\_ Sec \_\_\_\_\_ Sup \_\_\_\_\_ Education Conjoint Aucun \_\_\_\_\_ Prim \_\_\_\_\_ Sec \_\_\_\_\_ Sup \_\_\_\_\_  
 Statut Marital \_\_\_\_\_ Contraceptif Utilisé Antérieurement \_\_\_\_\_  
 Raison pour la Contraception Espacement \_\_\_\_\_ Santé \_\_\_\_\_ Assez d'Enfants \_\_\_\_\_ Autre \_\_\_\_\_  
 Reference Ami \_\_\_\_\_ Radio, Journal \_\_\_\_\_ Parent \_\_\_\_\_ Personnel de Santé \_\_\_\_\_ Autre \_\_\_\_\_

ANTECEDENTS	Oui	Non	ANTECEDENTS	Oui	Non	ANTECEDENTS	Oui	Non
Hypertension			Maladie Cardiaque			Anémie		
Diabète			Maladie Pulmonaire			Maux Tête Frequentes		
Masse au Sein			Doul Abdom Basse			Infection Pélvienne		
Cancer			Epilepsie			Autre (spécifié)		
Hépatite			Gonflement Jambes					

REGLES

Date Dernière Règle \_\_\_\_\_  
 Durée des Règles (jours) \_\_\_\_\_  
 Flux \_\_\_\_\_  
 Régularité Oui \_\_\_\_\_ Non \_\_\_\_\_  
 Dysménorrhé Oui \_\_\_\_\_ Non \_\_\_\_\_  
 Aménorrhé depuis \_\_\_\_\_  
 Accouchement Oui \_\_\_\_\_ Non \_\_\_\_\_  
 Allaitement en Cours Oui \_\_\_\_\_ Non \_\_\_\_\_

GROSSESSES

Enfants Vivants \_\_\_\_\_  
 Garçons \_\_\_\_\_ Filles \_\_\_\_\_  
 Avortements \_\_\_\_\_  
 Mort-Nés \_\_\_\_\_  
 Enfants Décèdes \_\_\_\_\_  
 Accouchements Multiples \_\_\_\_\_  
 Grossesses au Total \_\_\_\_\_  
 Date Dernier Accouchement \_\_\_\_\_  
 ou Avortement (soulingner) \_\_\_\_\_

DONNEES OBJECTIVES

EXAMEN GENERAL	EXAMEN GYNECOLOGIQUE	EXAMEN LABO
Taille (cm) _____	Genitalia Externe _____	Hgb/Hct (gr/%) _____
Poids (kg) _____	Col Uterine _____	Urine _____
T.A. _____	Vagin _____	Pap _____
Ictère _____	Uterus _____	Gonococcie _____
Thyroïde _____	Volume _____	Grossesse _____
Sein _____	Forme _____	Autre (spécifié) _____
Coeur _____	Position _____	
Abdomen _____	Annexes _____	
Membres Inférieurs _____	Tumeur Gyn _____	
Autre _____	Infection Pélvienne _____	

COMMENTAIRES:

CONCLUSION ET PLAN  
 (Examens à demander, conseils, méthode proposée, traitement, rendez-vous)

Nom /Signature:

