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FOLLOW-UP CONSULTANCY ON INFORMATION
SYSTEMS OF THE INDONESIAN FAMILY
PLANNING COORDINATING BOARD

A Report Prepared By:
JAMES F. PHILLIPS

During The Period:
NOVEMBER 21 - DECEMBER 2, 1983

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March 7, 1984

MEMORANDUM

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LIST OF ACRONYMS AND BAHASA WORDS

| | |
|--------------|---|
| MIS | Management Information System |
| PUS or ELCOS | Eligible Couples |
| Kecamatan | Subdistrict |
| BKKBN | National Family Planning Coordinating Board |
| FCSA | Field Control and Supervisory Activities |
| CRS | Clinic Reporting System |
| FPFW | Family Planning Field Worker |
| VCDC | Village Contraceptive Distribution Centre |
| UNFPA | United Nations Fund for Population Activities |

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INTRODUCTION

Specific Aims

In June and July of 1983 the Population Council, at the request of the Badan Koordianasi Keluarga Berencana Nasional (BKKBN), conducted a review of the data systems of the national family planning program. The review had three aims: to streamline the data collection systems, to propose a system for assessing data quality, and to introduce new concepts of data management that reduce data redundancy while improving management information and operations research capabilities.¹ In the period following this consultancy several actions were taken in response to the recommendations. A consultant, Dr. Tan Soei Tien, reviewed the computer hardware options, training needs, and software requirements. Three action committees were established to review recommendations on the reporting forms and to develop new versions of them for field testing in 1984.

This follow up consultancy, carried out November 21 to December 2, 1983, will review the progress of the committees and consultants and revise earlier recommendations with the aim of developing a more detailed action plan for system change.² Two systems will have priority in the present review:³ the Clinic Reporting System (CRS) and the Field Control and Supervision Activities (FCSA) report. The composition of the three action committees and an English translation of their scope of work appears in Appendix B.

In this consultancy we met with the action committees that were constituted to make detailed plans in response to the July report and with Dr. Tan to discuss his recommendations. In this report we present the outcome of the committee meetings and a synopsis of revisions to our earlier recommendations that are consistent with the findings of Dr. Tan.

In the first week of the consultancy we participated in the relevant committee meetings and met with the other consultants to BKKBN. Then we visited a test "coupon system" site in Central Java. This system has been proposed as a possible remedy to our comments on the overly complex field register system. Finally we met with the combined committees to participate in a seminar on data development.

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1. See the consultancy report to BKKBN by Phillips (1983).
 2. Persons contacted are listed by date of contact in Appendix A.
 3. The training and personnel information systems have been developed by BKKBN with the assistance of Management Sciences for Health Inc. (See Hornby and Huddart, 1983). Future consultancies are planned for finance and accounting.

An Overview of the July Report

The data systems of the BKKBN have grown in size and complexity since it was formed in 1970. Much of this development was necessary because of changing service strategies. At first the BKKBN was clinic-based, but subsequently an outreach program was instituted and information systems were modified to monitor the quantity of village-based service delivery. More recently "beyond family planning" services were launched to include nutrition, community loans, and village organization. With this development, responsibility for service has been shifted from program personnel to community volunteers and groups. With the shift in the focus of services to the community, control of the compilation of data and data management have been increasingly complicated. Individuals providing services are volunteers who are not supervised by the BKKBN and have no vested interest in maintaining accurate and comprehensive records.

In response to each change in service strategies, the BKKBN has added a data collection system. Consequently, data collection has expanded more rapidly than the capacity of the institution to interpret it. In the July report we reviewed forms and field procedures, looking for ways for reducing data volume without sacrificing vital information. We found that approximately 50 percent of the data collected could be eliminated, and that the CRS and FCSA reports could both be streamlined for greater efficiency.

We also addressed the question of possible sources of error in record keeping. Problems in the CRS are likely to arise from the difficulty of monitoring a community-based program with clinic-based record keeping. We recommended shifting the focus of the CRS to monitoring clinic tasks and relying less upon the CRS as a means of monitoring performance of the program as a whole.

This recommendation, that the CRS should monitor clinic activities, was accomplished by a recommendation that the FCSA report should monitor everything else: field operations and contraceptive services provided by village contraceptive distribution centers (VCDC), as well as by dispenseries, private physicians, and community groups. The FCSA report should also monitor prevalence of contraception in a subdistrict. However, at present increased reliance cannot be placed on the FCSA report because procedures for gathering data in the field are seriously flawed: compliance is incomplete, and the data are thus suspect. Therefore, reporting responsibilities are to be shifted to the FCSA. In particular it is necessary to streamline the register systems so that volunteer workers are not expected to set up registers themselves. Enumeration of eligible couples (ELCOS or PUS) should be the responsibility of paid BKKBN staff. Maintenance of ongoing service records can be effectively run by a VCDC volunteer once the system is set up by family planning field workers (FPFW).

In our report we reviewed several other systems and noted that the utility of data for management information, operations research, and impact assessment would be greatly enhanced if cross linkage of data were better developed. Some hypothetical examples were presented using existing systems and Data General utilities for data management.

Planned System Changes

There has been considerable progress in instituting the recommendations of the July report.¹ The tentative agenda suggested in the report and actions to date are presented in Table 1. Certain activities have moved ahead more rapidly than anticipated in the report:

1. The decision to purchase microcomputers and additional equipment has nearly been finalized. Decentralization of computing and additional equipment is much needed. Word processing will be a valuable new addition. New equipment, however, requires elaborate planning, extensive software development, and comprehensive staff development. Consultancies can help with piecemeal components of this development exercise, but sustained coordination of this effort is essential. For this reason the July report recommended that high priority be placed on the recruitment of a computer manager. Organization of the computer bureau and recruitment of its head should precede the installation of new hardware.

2. A simultaneous revision of the CRS and FCSA report has been proposed. This will accompany introduction of new equipment. Caution should be exercised to insure that changes are manageable: the many systems changes, organizational changes, and equipment changes planned for 1984 may cause dislocation unless a high level long-term consultant provides continuous counterpart support to the new computer manager. Developing the FCSA report should have priority over changing the CRS since the CRS system is working at present. Caution should be exercised in changing too much at once. We recommend delaying CRS changes until the new FCSA report is functioning smoothly. However, current plans to redesign and test a new CRS are much needed and should proceed.

3. Emphasis has been on information systems changes, not management system improvements. The scope of work for the July consultancy concerned the data system and the introduction of modern data management techniques. The BKKBN response to this consultancy has accordingly focused on the redesign of data forms and systems and the selection of appropriate computer hardware. To a certain extent this emphasis on data systems and computers misses a vital point: good management information systems are possible only if strong management systems are in place. However effectively the forms and computer systems for the FCSA report are

1. See Phillips (1983) pages 130-132.

Table 1: Tentative July Report Agenda and Progress to Date

| Months: | Proposed Agenda in July Report | Action to Date |
|---------|---|---|
| 1-3 | Discuss the mode of hiring and recruitment of a computer manager. | <ol style="list-style-type: none"> 1) A proposed reorganization of the BKKBN established a new bureau for the computer. Until this is announced recruitment cannot begin. 2) Long range equipment, manpower, and software planning was begun by Dr. Tan. A report is forthcoming in early December. |
| 1-3 | Develop a strategy for rapid entry of FCSEA data. | <ol style="list-style-type: none"> 1) Extra shifts are not possible owing to government regulations. 2) No plan exists for contracting the entry backlog out to another agency. 3) Only one month (July 1983) has been entered, and no progress has been made on software for "diagnostic" reporting. No tabulation plan exists. 4) UNFPA has approved funding of data entry equipment. This should permit more timely entry. 5) A comparison of the FCSEA and CRS data shows major discrepancies for August 1983. |
| 1-3 | Change computer personnel roles to focus more on software (systems analysis) and less on data management. | <ol style="list-style-type: none"> 1) Roles and functions have not been changed. This is likely to depend upon reorganization and recruitment of a computer manager. 2) The new computer bureau will have openings for a large staff. Dr. Tan has prepared general recommendations on bureau structure and manpower development needs. |

(continuation)

| Months: | Proposed Agenda in July Report | Action to Date |
|---------|---|--|
| 1-3 | Undertake an inventory of analyses required for decision-making. What are the major operational questions to be answered and what is the computer to be used for? | No progress on operational questions but Dr. Tan has refined the computer needs assessment to include more subsystems. |
| 1-3 | Review the data-based concept. | The INFOS utility is not a good investment since the existing version is not compatible with AOS. Therefore, a distributed micro-system with cross indexed files will be used until the BKKBN upgrades its mainframe equipment. This is discussed in the Tan report. |
| 1-3 | Test software for the FCSA report and develop a plan for work conferences on the FCSA. | 1) Tables have been run but no special purpose software is planned. 2) There are no plans for FCSA work conferences in January. One work conference has begun (Nov. 29-Dec. 2). |
| 1-3 | Field work of reporting and recording staff should be addressed to simplify village level data collection. A unified village register and a field worker's guide to supporting VCDC data collection merit review and testing. | Committee discussion has focused on discarding the register system completely and replacing it with a coupon system. A decision to test simplified registers and the coupon system may be taken in the present work conference. |
| 1-3 | Begin tests of alternative simplified CRS forms. | A form has been designed and an implementation plan drafted (Appendix C). |

designed, the data about the FCSA will be flawed unless the field supervisory system is improved. It is therefore advisable to develop a good non-computerized field record system that provides all village workers (VCDC volunteers and FPFWs) with timely information on the service in their respective areas. Later a computer system could be designed from the fully functioning village-based management information system (MIS). A village-based MIS provides a worker at any point in time with vital information about family-planning acceptances by method; clients with family planning problems; clients in need of new supplies of contraceptives, an injection, or a post sterilization follow-up; non-users and the family planning histories of non-users; and current users by methods. A village-based MIS also provides logistics information and information on referral.

This information helps workers plan activities and understand their performance. Much of it is also useful to central authorities, but a system which provides the information to workers for use on the job need not be computerized to make it work. In fact, the completion of a computer form is an added burden that may, in some instances, disrupt work more than it strengthens management. We therefore wish to stress that field data management and improved utilization of hand-tallied data for decision-making should receive priority and the development of computer systems should be relegated to a support role. An illustration of an effective field MIS, is the "Sayemiati system" described in the Phillips (1983) report.¹ We shall return to this issue below.

Summary

The BKKBN has made considerable progress in planning for change. The forthcoming computer equipment and changes in the computer information system are much needed. These changes, however, should be linked to field assessments of the management system and should be responsive to the need among the basic service workers for timely information feedback.

1. See Phillips (1983) pages 63-70 and Appendix E in this report.

DEVELOPING THE FCSA REPORTING SYSTEM

Introduction

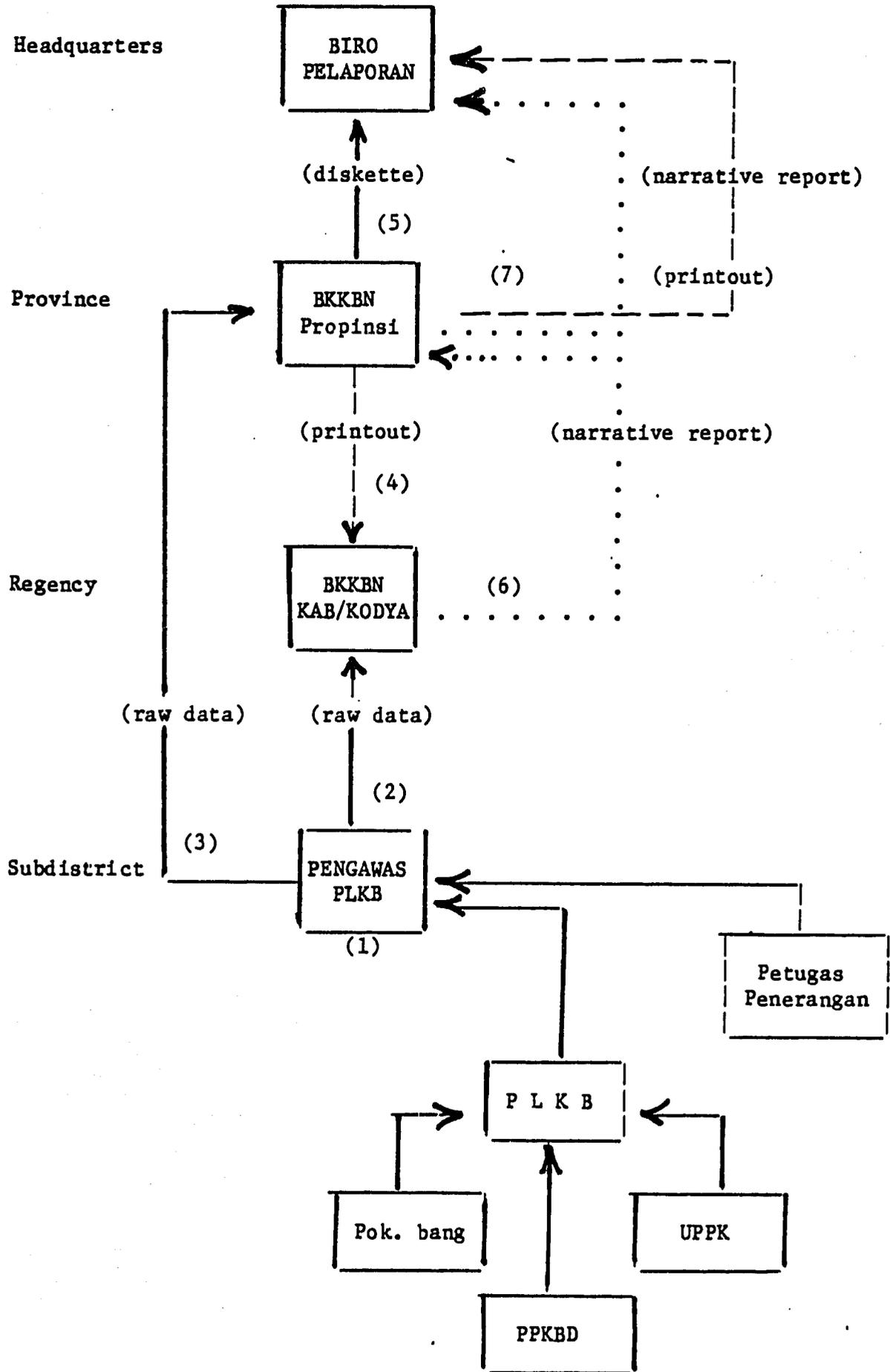
The BKKBN will purchase and install new computer equipment for the provinces in 1984. Until then, the BKKBN could be preparing the ground work for systems to be installed on the new hardware. In the months that elapse between the selection of new equipment and its full implementation, a series of operations research studies and pretests should be carried out. It seems advisable to maintain the existing centrally processed CRS unchanged while the new distributed micro-computer system is being developed and to develop the FCSA report while the hardware installation is underway so that the new FCSA will be installed as a decentralized province-based system. Once the new equipment is installed and the FCSA reporting system is functioning, the proposed CRS modifications can be introduced. This section outlines steps in FCSA report development that should accompany hardware changes proposed by Dr. Tan. We address issues concerning the FCSA not adequately emphasized in the July report, but our recommendations in that report are essentially unchanged in the present review. First, we consider data flow and steps to pursue in changing the FCSA report, and next we review the current draft FCSA forms.

Data Flow for a Decentralized FCSA Reporting System

The installation of computer hardware in the provincial headquarters can be designed to have two effects: 1) it would offload entry and processing of data from the overloaded BKKBN Jakarta Data General mainframe, and 2) it could improve management information. We focus here on the second outcome. At present much manpower at the province and regency levels is devoted to hand "data recapitulation." With mechanization of recapitulation this manpower could be reassigned to more productive management tasks. Although, we have not attempted to review the present regency and provincial data management systems, such a review is much needed. Our impression, however, is that the roles of two or three technicians in each regency must be redefined and that some six to ten staff personnel in the provincial headquarters will be directly affected by new computer hardware. Some of these workers will require retraining in use of the equipment, data entry, data management, and other functions. Clearly, a manpower needs assessment and staff development strategy must accompany the installation and development of equipment. However, in our discussion of an ideal information system for FCSA, we assume that qualified staff are available.

Data flow consists of three types of information: raw FCSA forms, tabulated output, and narrative reports (Figure 1). The FCSA report would be prepared, as it is now, at the kecamatan (subdistrict) level (see Figure 1, item 1). Copies of reporting

FIGURE 1: Proposed FSCA Data Flow



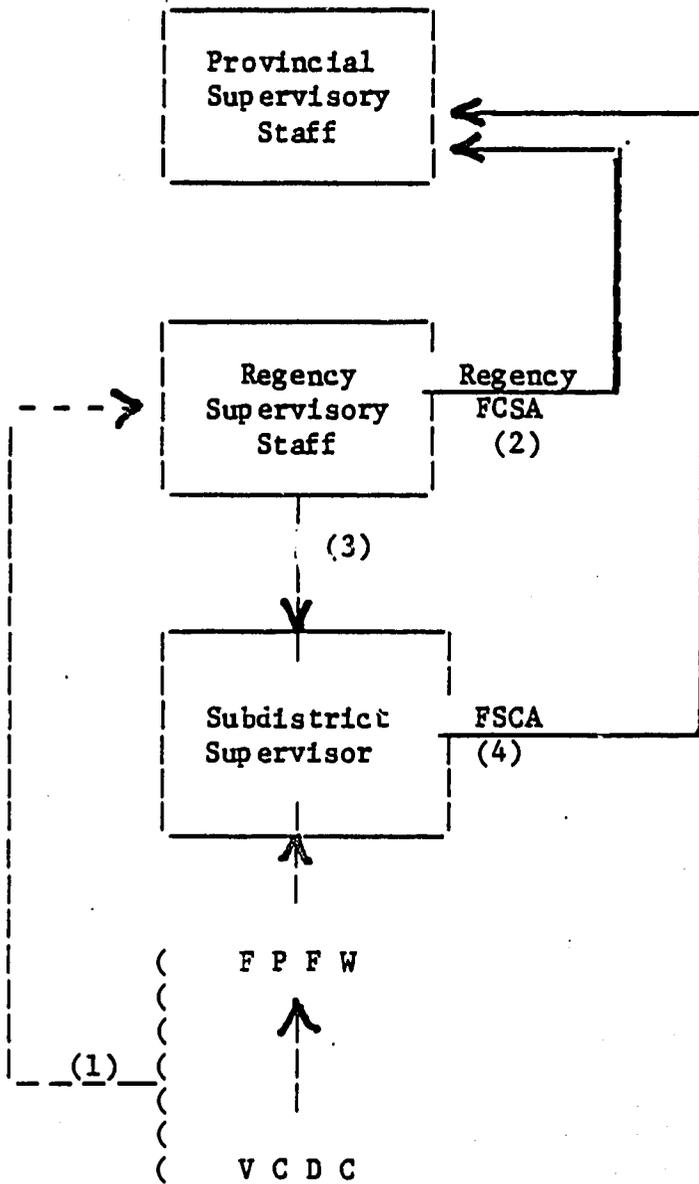
raw data

forms would go to the regency for filing (2) and to the province for processing (3). Only the most vital management information would be hand analyzed at the regency (logistics and finance). The rest would be machine processed (3). A multiple terminal configuration of equipment might be required in the large provinces to assure timely feedback. Processed data would go immediately to the regency in tabular form (4) and to the headquarters on diskette (5).

Management information training would be addressed to improving the utilization of data and to augmenting tabulation with interpretation and narrative reporting. At present, so much effort is expended on recapitulation that little time is available for field work, interpretation, and narrative reporting of progress. The new FCSA system, however, should permit timely feedback so that monthly regency meetings can be structured around narrative reports and substantive discussion of FCSA. This would be aimed at improving field support of the kecamatan and providing enriched information about operations to provincial authorities. It is important to use the labor saved from mechanical processing to broaden the MIS through better narrative reporting and to improve management control through timely dissemination of information and intensified field support. With decentralized tabulation it should be possible to have quarterly situation reports on problems and prospects in each regency (6) and improved analysis of progress in each province (7).

The present procedures of the BKKBN call for regular supervisory activities at all levels. Just as the field supervisor can report on regency supervision, a formal mechanism for regency-level interviews of FPFWS and VCDC volunteers can check on supervisory activity. A small simple module of questions on the quantity of supervision could be compiled on a sample basis by regency staff and routinely reported to the province for linking with the FCSA report. It seems fundamentally unrealistic to ask supervisors to report on their own performance. The "supervisory activities" part of the FCSA report could be augmented by a section based on a sample interview of a VCDC volunteer and FPFW in which field contact with supervisors and meetings attended would be noted (see Figure 2, item 1). Such a system of interviewing would be conducted every month in every kecamatan on a sample of workers and linked to the FCSA report (2). Similarly the supervisor would record the number of supervision visits from the regency (3) and data would appear on the FCSA report (4). Such a system would require careful testing to insure that it improved management information without producing conflict. Very similar procedures to the Figure 2 diagram are mandated by present regulations, but data are not computerized. In summary, regency-level sample data collection for management could be used for improving data quality and management control.

FIGURE 2: A System of Data Flow for a Management Control System on the Quantity of Work



- - - - Flow of data on the quantity of work.
 _____ Flow of field control reports.

(about 350 tables).¹

A letter should go to each province explaining steps to be taken and enclosing the regency tables. A tentative sample letter based on Table 2 is in Appendix D. All kecamatan supervisors need to be reminded of their FCSA report instructions on updating PUS figures. The substantial discrepancies in Table 2 attest to the presence of major management problems. Not only are data flawed, but there is undoubtedly a pervasive belief in the field that the program is functioning much better than it really is. Spuriously high prevalence figures based on under-registration of PUS can provide a convenient rationale for complacency and inaction.

Table 2: Comparison of the Eligible Couples in the Province of Java and Bali as Projected from the Census and Reported on the FCSA, August 1983

| Province | Census Projection | Total Eligible Couples: | | |
|-----------------|-------------------|-------------------------|-----------------------|----------------------|
| | | FCSA | Difference (absolute) | Difference (percent) |
| DKI Jakarta | 1,099,077 | 677,035 | +422,042 | +38.4 |
| West Java | 4,891,149 | 3,283,000 | +1,608,149 | +32.9 |
| Central Java | 4,130,122 | 2,446,206 | +1,683,916 | +40.8 |
| D.I. Yogyakarta | 392,240 | 297,141 | +95,099 | +24.2 |
| East Java | 5,066,422 | 3,598,664 | +1,467,758 | +29.0 |
| Bali | 390,461 | 296,909 | +93,552 | +24.0 |
| Total | 15,969,471 | 10,598,955 | +5,370,516 | +33.6 |

c) Third, a time-series analysis should be printed out by sorting FCSA data by kecamatan and producing an annual summary. This would produce about 3,200 tables and would be done only once (in January or February) for 1983. Suggested dummy tables for this analysis appear in Appendix C. Tables would be sent to each regency with an instruction manual on data interpretation.

The rationale for submitting the feedback reports is to prepare field staff for the forthcoming changes. If a change in the FCSA system is introduced without feedback from the present system the new system may be met with cynicism and non-compliance. If problems are first reported to the field, the rationale for change is more likely to be appreciated and understood.

1. A detailed tabulation plan appears in Appendix C. At least 10 percent of the Table 2 discrepancy is due to failure to report. Non-compliance is higher in the Outer islands.

Steps in Developing the FCSA Report

In the July report we critiqued the present FCSA report and suggested changes, but did not outline specific steps in developing the system. Since recommendations in the July report are being considered, it is now important to outline the steps necessary to change the system.

1. In the July report we recommended entering the backlog of FCSA forms. These data should be processed even if the volume of work requires contracting it out. This information can be used to support steps in developing FCSA procedures. It is appropriate to begin now to write software for reports.

2. Use the data in a series of feedback reports:¹
a) Print out the names of non-compliant kecamatan by month and give the print-out to each province. We suggest sorting the list by kecamatan and regency. A sample print-out would look like this:

Kecamatan Failing to Report Field Control and Supervisory Activities by Month

| <u>Regency</u> | <u>Kecamatan</u> | <u>Month</u> |
|----------------|---------------------|--------------|
| R ₁ | K ₁₁ ... | January |
| | K ₁₁ ... | May |
| | K ₁₁ ... | July |
| | K ₁₂ ... | January |
| | : | February |
| | . | |
| R ₂ | K ₂₁ ... | August |
| | . | |
| | . | |

In this way provincial authorities could see at a glance which kecamatan are most lax about reporting. We suggest dealing with non compliance first, and other issues later. The print-out should be accompanied by a letter instructing provincial authorities to contact each regency with non-reporting kecamatan and ask them to improve reporting in the future. Authorities could also issue formal warnings to supervisors who are not complying.

b) The next feedback report should deal with PUS discrepancies. Table 2 presents a comparison of census and FCSA report figures on PUS in Bali. We suggest preparing a similar table for one month only (say August) for each province and for each regency

1. Appendix C presents tables for reports to follow the reports discussed in this section.

The current FCSA requires four megabytes of entry monthly if all forms are received. In the first half of 1983, 2.9 megabytes were received monthly over the April - June 1983 period. Entry of so much information is not necessary for the diagnostic print-outs that we have proposed. The following information should be entered:

| <u>Item in FCSA</u> | <u>Variable Type</u> | <u>Bytes</u> |
|---------------------|---------------------------------------|--------------|
| | Month | 2 |
| | Kecamatan code | 6 |
| I | Institutions registered and reporting | 24 |
| IIa | Supervisory activity | 14 |
| IIb | Communication activity | 66 |
| III | Field worker activity | 30 |
| IVa | Medical Services | 8 |
| IVb | Achievement of Medical Teams | 76 |
| IVc | Number of PUS | 12 |
| Total | | 238 |

This would represent 3.6 megabytes of data to be entered for the April-October 1983 period. Some questions that could be answered from these data and sample dummy tables appear in Appendix C.

3. The quality of FCSA data is linked to field operations and the quality of village registers. Until the quality of the field registers is improved, there is little point in changing the FCSA forms. Therefore, a field management review of kecamatan operations should proceed concomitantly with (1) and (2) above. Steps in the review are:

a) Select a non-random purposeful sample of kecamatan for a case study: Designate three areas (possibly Java-Bali, Outer 1 and Outer 2) and select three kecamatan (one in each area) where supervisors have never reported on FCSA, three kecamatan where data are reported but results are implausible,¹ and three where data appear to be reasonable.²

b) Designate a small team to interview workers in each area and observe work in order to answer some key field questions:

- i) How can the VCDC and FPFW register systems be better coordinated and simplified,
- ii) How can registers be designed to conform with task objectives so that FCSA reporting is an outgrowth of routine reporting,
- iii) Are mandated field activities realistic? (If not, redesign the official scope of work.)

1. The number of PUS is declining, the prevalence rate is grossly discrepant with CRS rates, there is missing data on forms, etc.
2. A one day field trip was conducted in the present consultancy to test this idea in one kecamatan. A write-up appears in Appendix E.

- iv) How does supervision take place? (To what extent are goals set? Do routine staff meetings take place? How are they conducted? How can field records facilitate sound kecamatan level management?)
 - v) How can data flow be streamlined and dual reporting be avoided?¹ How can reporting be made to conform to lines of authority?
 - vi) How do workers at all levels perceive the quantity of work and how do they describe the workload? How can sensible and simple indicators of work quantity be developed?
- c) Design a set of field manuals and a kecamatan MIS to conform to the findings and recommendations of this case study.
- d) Pretest the kecamatan MIS (in different subdistricts from the case study subdistricts). Once a sound field MIS operation is developed, registers should afford ready access to key process and output information. If some items are centrally useful (such as the number of people attending motivation meetings) but are not found to be useful at the kecamatan level, the information should not be collected. Routine service statistics systems will not produce reliable data if service workers do not appreciate the utility of the information for managing services.

4. Once the kecamatan MIS is developed, the FCSA form can be designed to extract relevant management control information for computerization. A unified village register system, such as the one discussed in the Phillips (1983) report (pages 62-70), is an example of the possible outcome of the steps outlined above. A different option for village-based record keeping is discussed in Appendix E.

It is difficult to anticipate the outcome of a well researched field-oriented FCSA report, but some illustrative examples of possible outcomes may clarify the reasons why we have suggested a "bottom up" design strategy:

a) Field workers report on their work monthly but their operations manual says that they should visit every household every 90 days.² The monthly reporting cycle is thus tantamount to asking a worker perpetually report on an unfinished job. FCSA data might be improved and the paperwork reduced if the reporting cycle conformed to the work cycle: 90 days instead of monthly.

-
1. VCDC volunteers, for example, report to the clinic and to the supervisor. Under this arrangement it may not be clear who has responsibility for maintaining data quality. In particular, the FPFW is bypassed in the flow of data (See Figure D1, Appendix D). This may represent a limitation in the system, since FPFW are the only workers who meet regularly with VCDC volunteers.
 2. Recently work roles have been redefined to emphasize community organization. It is no longer clear as to how often FPFW are to visit each household.

b) Supplies are issued in quarterly allotments and six months of stocks are on hand. Monthly reporting therefore contributes nothing administratively and adds to paperwork. Again, a 90 day reporting cycle conforms to the task cycle. Such congruence of reporting and work assignments enhances data quality and reduces paperwork.

c) A recent development in the BKKBN program is the use of injectables. An effective injectable program depends upon having a good system of keeping track of minor menstrual disorders and actions to deal with them, of knowing when the next injection is due, and of having a kecamatan work regimen that delivers sterile syringes and the supplies to the client at the right time. A simple MIS can support all these needs -- but this information is useless to central administrators. A "top down" MIS might inadvertently omit such crucial field MIS needs.

5. The FCSA reporting system should be decentralized. It should be installed on the new micro-processors and processed in the provincial headquarters. This will be discussed further in the forthcoming report of Dr. Tan. Our proposed data flow is depicted in Figure 1.

The Proposed Forms for FCSA Revision

The subcommittee for revising the FCSA report has drafted a new data collection instrument that further consolidates data (see Appendix D). Weighing-group data and income-generation data are incorporated on the form, as we recommended in the July report. We suggest, however, that further concentration on forms should be accompanied by field research on the kecamatan management system (see Appendix E) and experience with feedback of the present data to the field. Field operations research and feedback will produce valuable experience that can contribute to the design of the new system.

With the caveat that we view further efforts on form design as somewhat premature, we nevertheless have the following comments on the Appendix D instrument:

1. We visited a supervisor in Central Java who noted that a major problem that he faced was inactive VCDC volunteers. All VCDC volunteers report in his area, but there are one or two who do not do any register record keeping or service work. Thus "number reporting" in item 1 is not especially meaningful. It seems possible that "VCDC reporting" is frequently a poor indicator of VCDC volunteer work (see Appendix E.)

2. Several items in the motivational, supervisory, and information activities overlap in practice. This was discussed in the July report. Section II, in particular, has more detail than actually perceived by field staff. For example, mobile teams most probably do not perceive the quantity of work that they do in

terms of "integrated" and "non-integrated" activity.

3. Recording current users may lead to over-reporting of prevalence because ever adopters will be tallied and dropouts ignored. We have attempted to identify some simple VCDC system to suggest for reporting on use dynamics. We have not succeeded, but a promising "coupon idea" has been proposed and is documented in Appendix F. This system merits rigorous field testing.

4. The weighing-group data is more detailed than is needed for MIS purposes. The variables S, K, and D should suffice. A new variable, discussed in the July report would report successful referrals.

5. We previously suggested monitoring loan defaults.

6. At present, logistics information is often left blank on the FCSA form because clinics maintain stocks. Responsibility for logistics should be clarified for the FCSA form to provide information for a logistics MIS. Unless procedures change, this section should be eliminated.

7. It is our impression from meeting with the committee on form design that analysis plans have not been articulated. Each item should have a documented management function or a useful question that it addresses. This is discussed further in the July report.

8. The best indicators of the quantity of services are provided by service recipients. Similarly the quantity of supervision might be best provided by the workers supervised. Since the supervisor is filling out the FCSA form, however, reliable data on the quantity of his work will not be forthcoming. The FCSA form might be useful for monitoring supervisory visits from the regency, however, since supervisors could report on the number of regency supervisory visits. Indicators of the quantity of work performed by supervisors and FPFWs would best be ascertained by sample surveys of VCDC volunteers and villagers. Perhaps such surveys could be routinely conducted by regency staff.

9. The revised FCSA form should be tested in a few regencies of one province to refine the entire system prior to its dissemination.

Summary

In order to develop the FCSA report as a component of the proposed decentralized MIS we recommend steps which combine "bottom-up" and "top-down" strategies. The bottom-up approach is to identify the appropriate variables for inclusion in the new FCSA report and to develop the field management system upon which the FCSA depends. The top-down strategy utilizes existing data to alert field staff to fundamental data problems and begins to prepare workers at all levels for the hardware and system changes

THE CRS

The Committee to Revise Reporting Subsystems

In November 1983 a committee entitled Pelayanan Kontrasepsi (Contraceptive Services) was constituted to design a new unified reporting system to take the place of the CRS, service reports of private physicians, dispensary reports,¹ the VCDC, and sub-VCDC reports, and reports on the characteristics of contraceptive adopters. The draft reporting form appears in Figure 1 of Appendix G. This form reduces data volume by some 40 percent from the current CRS and is adapted from Figure 7 (p. 53) of the Phillips (1983) report.

The Proposed Form

The form has two sections: one which reports on clinical adoption of contraception, another which reports on contraceptives dispensed. Some comments on this form are as follows:

1. The form, like the present CRS, attempts to monitor activities that are not clinic-based and are not controlled by clinic outreach staff. Private doctors, for example, will not report to the clinic, and other distribution points, such as VCDC, are more closely monitored by the PFPW than by clinic staff. We have suggested that clinical activities and outreach activities directly controlled by the clinic be reported on the CRS while non-clinical activities be reported on the FCSA system. This has been discussed at length by the committee, however, and they note that contraceptive service activities is a categorical program that belongs on the CRS. The problem with this arrangement is that the accounting of outputs and supplies is confused since it is unclear as to where reporting responsibility lies. As we noted in the July report, however, one must be cautious about moving vital information off the CRS to the FCSA report until the FCSA subsystem is improved.
2. There is no particular rationale for blacking out switchers to injectables and the NORPLANT^(R) subdermal implant method.
3. We question the need for monthly logistics reports. Quarterly stock flow data should suffice. A form was proposed in the July report. If logistics is reported, we suggest having a column to check for supplies requested. It may not be necessary to computerize supply request information, however.
4. In the July report we recommended stratified sampling of acceptor strips. This recommendation merits review by the Committee.

1. Dispenseries are privately owned government certified pharmaceutical sales centers which are permitted to dispense contraceptives.

In general the CRS merits revision but the timing of revision should follow development of the FCSA report for two basic reasons: one is that too much change all at once jeopardizes the quality of all output systems simultaneously. We prefer to see a successfully implemented FCSA reporting system before the CRS modifications are instituted. Secondly, the FCSA system, if well implemented, permits more parsimony in CRS design. Whether so much data on non-clinical services is to be compiled on the CRS depends upon whether the FCSA report can monitor areal program outputs.

Summary

A form for greatly simplifying the CRS has been proposed. Careful attention should be given to delineating CRS and FCSA functions and to developing new procedures in a manner that does not sacrifice compliance with CRS procedures or the timeliness of feedback.

SUMMARY AND CONCLUSIONS

The BKKBN has undertaken a series of steps in changing its information systems. The contents of this report were developed from materials produced by action committees assembled in response to the July report. Substantive recommendations of the present report and the appendices were presented at a work conference of the committees and have already been formally reviewed. An agenda for further work has been drafted and a second work conference is scheduled for January 1984. Thus the pace of work on developing new data systems is intense. This intensity of work is visually depicted in Figure 3 where the time-lines of the various consultants are superimposed.

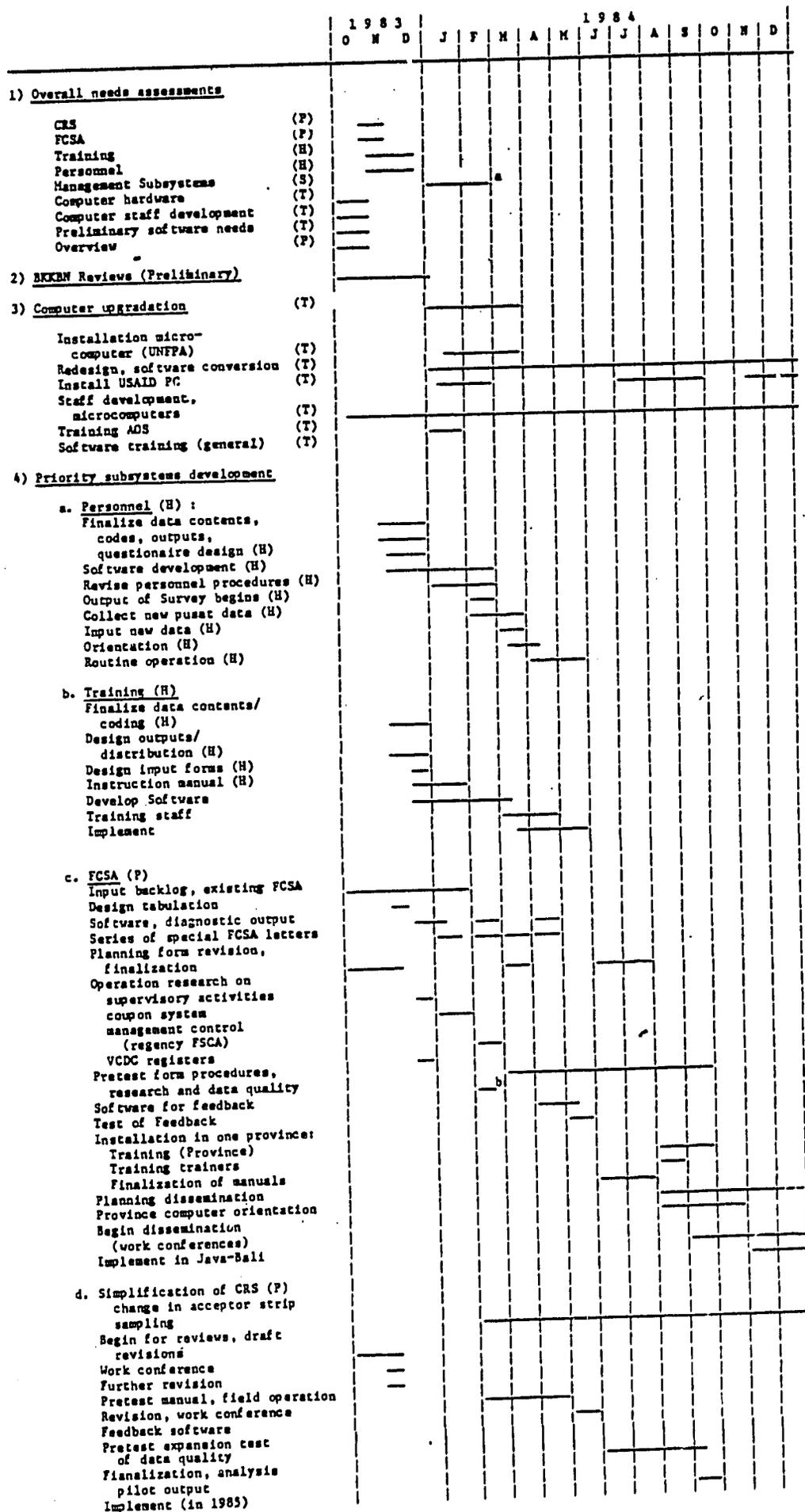
There is nevertheless a need for the senior management of BKKBN to review the tasks outlined in the Figure 3 diagram, prioritize them, and allocate tasks within the action committees. Some tasks can be implemented with existing manpower while others will require special manpower and technical inputs. In the present report we have focused on tasks that can be accomplished without new equipment or personnel, with the exception of the forthcoming purchase of microcomputers. This input was discussed in this report because it has implications for the FCSA system. Of the tasks reviewed in the present report, we recommend consigning priority to the following:

- 1) Input the FCSA backlog.
- 2) Tabulate the FCSA data as suggested in Appendix C. Issue instructions to FPEW to resolve discrepancies through enumeration of eligible couples. The eligible couple registration rules should be reviewed and new guidelines issued when instructions are issued.
- 3) A series of small scale operations research studies are needed to determine:
 - a) how VCDC registers can be improved,
 - b) whether the proposed "coupon system" contributes to management control,
 - c) whether management control can be improved through procedures that involve FCSA modules compiled by regency staff,
 - d) how indicators of the "quantity of work" can be defined, collected, and analyzed, and
 - e) how the logistics system is best coordinated at the kecamatan level (whether by the clinic or by the supervisor).

Informal discussion within BKKBN regarding the design of some of these studies is already underway. Clearly, 1984 promises to be a year of major institutional development and change at the BKKBN.

proposed for 1984. Whatever changes are instituted, we caution against the premature redesigning of forms. Utilization of extant data and careful operations research should guide the change process.

FIGURE 3: CONSOLIDATED TIMELINES OF THE HUDDART, TAN AND PHILLIPS REPORTS FOR 1984



Best Available Document

a) Consultant not yet appointed. Letters P, H, and T denote reports of Phillips, Huddart and Tan.
 b) Finalization surveys may be needed throughout 1984.

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- Hornby, P. and J. Huddart. "Family Planning Development and Services (Manpower Information Development)," Boston: Management Sciences for Health Report Number 497-0270, 1983.
- Phillips, J.F. "An Overview of the Indonesian National Family Planning Coordinating Board: Options for Systems Change and Development." Report to the American Public Health Association Numer 582201, May 31-July 8, 1983.
- Tan, S.T. Untitled preliminary report, 1983

APPENDIX A

PERSONS CONTACTED BY DATE OF FIRST CONTACT

November 21, 1983

| | | |
|----------------------|--|--------------------------------|
| Drs. Soedarmadi | Chief, Reporting and Evaluation Bureau | BKKBN |
| Drs.. Mazwar Noerdin | Division Chief, Research and Program evaluation Bureau | BKKBN |
| Mr. Tohir Diman | Chief, Processing and Collection Division | BKKBN |
| Ms. Jennifer Huddart | Consultant | Management Sciences for Health |
| Dr. Tan Soei Tien | Consultant | BKKBN |
| Ms. Lulu Bost | Consultant | Australia National University |

November 23, 1983

| | | |
|--------------------|---|-------|
| Mr. David Piet | Population Officer | USAID |
| Dr. Peter Sumbung | Deputy Chairman | BKKBN |
| Dr. David Korten | Consultant | USAID |
| Dr. Zainah | Section Chief, Clinical Supervision, Bureau of Contraceptive. | BKKBN |
| Dra. Nurhayati | Chief, Population Division Bureau of Research | BKKBN |
| Dr. Thomas D'Agnes | Consultant | BKKBN |

November 25, 1983

| | | |
|------------------|--|-------|
| Drs. Slamet | Chief, Bureau of Organization and Management | BKKBN |
| Drs. Moebramsyah | Staff Advisor to the Chairman | BKKBN |
| Drs. Soetejo | Chief, of Division at Planning Bureau | BKKBN |
| Drs. Muchyi | Chief of Division at Bureau of Field Control | BKKBN |

| | | |
|--------------------------|---|--|
| Sumarsono, SKM | Chief of Division at Bureau of Information and Motivation | BKKBN |
| Drs. Sugeng Margono | Chief of Division at Bureau of Population Data | BKKBN |
| Rachmat Santoso | Chief of Evaluation Division | BKKBN |
| Drs. Bahari Harahap | Chief of Section at Bureau of Reporting and Evaluation | BKKBN |
| <u>November 26, 1983</u> | | |
| Dr. Sahala Panjaitan | Chief, Programming Division Bureau of Planning | BKKBN |
| Drs. Warid | Chief, Population Division, Central Java. | BKKBN |
| Mr. Seno Sudona | Staff, Reporting and Recording Section, Central Java | BKKBN Semarang |
| Mrs. Indro Kenconowati | Chief, Subdivision for Administration | BKKBN Semarang Regency |
| Mr. Suparno | Chief, Section for Planning and Evaluation | BKKBN Semarang Regency |
| Dr. Harwono | Chief, Semarang Regency Central Java | BKKBN Regency of Semarang |
| Mrs. Suparmie | Family Planning Field Worker, Central Java | BKKBN Salatiga Luar Kota Kecamatan |
| Mrs. Djuniati | Family Planning Field Workers, Central Java | BKKBN, Salatiga Luar Kota Kecamatan |
| Mr. Siswanto | Family Planning Field worker, Central Java | BKKBN Luar Kota Kecamatan |
| Mr. Hadi Tahlis | Family Planning Field Worker Central Java | BKKBN, Salatiga Luar Kota Kecamatan |

Mr. H. Damhari

Village Head

Tukang
Village

Mr. Sudiardjo

Subdistrict Supervisor

BKKBN,
Salatiga
Luar Kota
Kecamatan

November 29, 1983

Drs. Soetejo

Chief, Planning Bureau

BKKBN

Dr. Haryono Suyono

Chairman

BKKBN

Mr. Didi Sudarmadi

Population Officer

USAID

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APPENDIX B

TERMS OF REFERENCE FOR SUBCOMMITTEES ON THE IMPROVEMENT OF THE POPULATION AND FAMILY PLANNING RECORDING AND REPORTING SYSTEM

I. BACKGROUND

Since the Government formally established the program in 1970, a reporting system of Contraceptive Services had been developed which has comprised one of several components of MIS for making data and information available for evaluation, planning, supervision and controlling the program.

1. As the program has continuously expanded it has also been necessary to expand the MIS. For this purpose the evaluation and reporting component has developed several systems of reporting covering contraceptive services and other sectors such as field control, contraceptive stock, training and education, personnel, inventory and other issues.
2. As a consequence the reporting system has become increasingly complex and it is now felt that it is too complicated to implement because of the variety and number of forms to be filled by fieldworkers. Owing to this development, a review was conducted on utilizing the forms and cards of the recording and reporting system and the feedback reports for the HQ to the field. This review was conducted over the November 1982 to January 1983 period.

3. In the meantime, BKKBN had invited a Population Council Consultant, sponsored by USAID. This consultant, Dr. James Phillips, had made observations on various aspects of the reporting system in June of 1983. In the course of his consultancy, Dr. James Phillips advised the BKKBN to simplify the present reporting system.
4. At the same time, BKKBN also contracted with a computer consultant, Dr. Tan Soei Tien, who will give suggestions and inputs for improving the MIS.
5. Based on the aforementioned matter, it is felt necessary to take steps to make revisions and to develop more extensively the reporting system. For this purpose a team has been established, and consultancy services on management are also invited, specifically for developing MIS on the population and family planning program.

II. OBJECTIVE

1. General : an overall and simplified MIS & Reporting system of KKB program
2. Specific :
 - basic MIS of KKB program,
 - priorities of basic aspects and variables of KKB program for recording and reporting,
 - simple, efficient and effective methods of recording and reporting,
 - forms and cards for recording and reporting,
 - and

- implementation of the revised recording and reporting system.

III. IMPLEMENTATION

1. Timetable : October 1983 through September 1984
2. Implementation: A team comprising Bureau of Evaluation and Reporting and relevant components at BKKBN HQ will conduct the implementation. The team will review the recommendations of both consultants, Dr. Phillips and Dr. Tan Soei Tien. The team will also be assisted by a Management Consultant, such as SGV-Utomo to design an overall MIS which constitutes an "umbrella."

IV. ACTIVITIES FORM

1. The team will study the use of cards and forms of KKB (evaluation and reporting), feedback, and the recommendations of Dr. Phillips. These will be as input to the design and concept of a reporting system.
2. The concept will be discussed with the consultant of the Bureau LAP.

3. In the meantime, a Management Consultant will study the ongoing management information activities on BKKBN program and draw up a concept of the MIS of KKB afterwards.
4. Furthermore, both concepts will be discussed at a workshop convened for this purpose to seek approval from several parties, as well as Implementing Units, Provincial BKKBN and experts.
5. Based on the results of the workshop the concept will be revised and discussed with Consultant of Bureau Reporting and Evaluation.
6. After revising the concept, a pretest will be conducted in 10 provinces for 3 months.
7. Based on the results of pretest, the concept will be revised again and in order to bring it up to the top management for approval.
8. Once approved, the Bureau of Reporting & Evaluation will design a manual and forms/cards for recording and reporting. These will be printed for a 6-month stock.

V. COMPOSITION OF ACTION COMMITTEES

Committee I: CRS Subsystem

Chairperson: Dr. Trisnawati Isa, MSc., Section Chief, Clinical
Supervision Bureau of Contraceptive

Members: Dra. Nurhayati, Chief of Population Division Bureau of
Research

Drs. Soetedjo

Didi Sudarmadi

Drs. Tohir Diman, Computer Services

Drs. Mazwar Noerdin

Material for Review:

Klinik KB

Dokter/Bidan Praktek Swasta

Apotik

PPKBD

Sub PPKBD

Alat-alat kontrasepsi

(meliputi formulir dan mekanisme)

Committee II : Field Control and Supervision Activities

Chairperson: Drs. Muchyi

Members Drs. Rohadi Haryanto, Msc.
 Drs. Sudjono
 Sumarsono, SKM
 Drs. Sugeng Margono
 Rachmat Santoso, BA.
 Drs. Bahari Harahap

Material for Review:

Kegiatan UPGK
Kegiatan UPPK
Kegiatan Penmot
Kegiatan pengawas PLKB
Kegiatan-kegiatan lain
(meliputi formulir dan mekanisme)

Committee III: Management Information System

Chairperson: Drs. Slamet Tjiptorahardjo

Members: Drs. Soedarmadi
 Karim Mahdi, SH
 Anas Mughtar, SH
 Drs. Sardjan
 Drs, Atjeppuddin

Sdr. Hardjanto

Drs. Komarun AS.

Material for Review:

Payung Sistem

Informasi Manajemen

Program KKB

APPENDIX C

AN EXAMPLE OF A TABULATION PLAN FOR DIAGNOSTIC
OUTPUT FROM EXTANT FCSEA DATA

SECTION I: NUMBER OF INSTITUTIONS REGISTERED AND REPORTING

Step 1: Variable Definitions.

A useful tabulation plan would entail two types of comparisons: 1) comparison of the kecamatan or regency with the mean for the province for some specified variable, and 2) a time series for a regency or kecamatan for some specified purpose. We begin by specifying variable names and then logic of comparisons for Section I of the FCSEA.

Data should be sorted by province¹ and provincial means computed for the variables of interest. Then each kecamatan should be compared with the province. We recommend detailed variable documentation. A sample partial specification of the documentation is as follows:

-
1. All proposed analyses are by province. Data should be maintained in separate files for each province.

| Level | Subscript | Variable Name | Proposed Fortran variable | Source |
|-----------|--------------------|--------------------------------|---------------------------|-------------------------|
| Kecamatan | R,K,M ¹ | Motivational Group (Targeted) | MGT | input FCSA |
| | | Motivational Group (Completed) | MGC | input FCSA |
| | R,K,M | Field Workers (Targeted) | FWT | input FCSA |
| | | Field Workers (Completed) | FWC | input FCSA |
| | R,K,M | Clinics (Targeted) | CLT | input FCSA |
| | | Clinics (Completed) | CLC | input FCSA |
| | R,K,M | VCDC | VCT | input FCSA |
| | R,K,M | (Completed) | | |
| | K | Sum of months with FCSA | TFCSA | Sum of reports received |
| Kecamatan | R,K | Mean MGT | MSMGT | $M_{MGT_{mk}}/FCSA$ |
| Kecamatan | R,K | Mean MGC | MMGC) | $M_{MGT_{mk}}/FCSA_K$ |
| | | . | MFWT) | |
| | | . | MFWC) | |
| | | . | MCLT) | |
| | | . | MCLC) | |
| | | . | MVCT) | |
| | | . | MVCC) | |

Step 2: Compute achievement indices for each kecamatan:

| | | | |
|-----------|-----|-------------------------------------|-----------------------|
| Kecamatan | R,K | Reporting Index, Motivational Group | IMG = (MMGC/MMGT)*100 |
| | R,K | Reporting Index, Field Workers | IFW = (MFWC/MFWT)*100 |
| | R,K | Reporting Index, Clinics | ICL = (MCLC/MCLT)*100 |
| | R,K | Reporting Index, | IVC = (MVCT/MVCC)*100 |

Step 3: Prepare same the indices for the province:

| | | | | |
|----------|---|------------------------------------|------|----------------------------|
| Province | P | Total Motivational group tartgeted | PMGT | Tally MGT for the province |
|----------|---|------------------------------------|------|----------------------------|

1 M indexes month, K indexes kecamatan, R regency and P province

| Level | Subscript | Variable Name | Proposed Fortran variable | Source |
|-------|-----------|---------------|---------------------------|--------|
|-------|-----------|---------------|---------------------------|--------|

| | | | | |
|----------|---|-----------------------------------|------|-----------|
| Province | P | Total Motivational Group achieved | PMGC | Tally MGC |
|----------|---|-----------------------------------|------|-----------|

.

.

.

(repeat for FWT, FWC, CLT, CLC, VCT, VCC)

Prepare achievement indices for the province:

| | | | |
|----------|---|---|----------------------------|
| Province | P | Reporting Index for motivational groups | $PIMG = (PMMGC/PMMGT)*100$ |
|----------|---|---|----------------------------|

.

.

.

(repeat for PIFW, PIC, PIVC)

Step 4: Print kecamatan where the one or more index is less than the corresponding provincial index. This will produce one table for each regency. A dummy table for a regency might look like so:

Table 1: Kecamatan in (.....print regency number....) with one or more institutions reporting below the provincial average

| Kecamatan ID Number | Mean Reporting Ratio For..... | | | |
|---------------------|-------------------------------|---------------|-----------|-----------|
| | Motivational Groups | Field Workers | Clinic | VCDC |
| K ₁ | IMG (K,R) | IFW (K,R) | ICL (K,R) | IVC (K,R) |
| K ₂ | . | . | . | . |

Step 5: Send the packet of printout for the regencies of a province to the province with explicit instructions on what to do to interpret indices.

Each month the supervisors of a regency meet to discuss their work. The output could be circulated at the meeting, and discussion invited.

Step 6: Narrative Reporting

Such indices are not necessarily indicative of poor performance, but the regency level discussions would aim to produce a regency level narrative report on problems with compliance with reporting requirements and suggested solutions. This would be sent to the province and a meeting could be addressed to presenting and discussing the regency narrative reports. That is, tabulation should be a final step, but the beginning of discussions at all levels of what the data mean, how services can be improved, and, if necessary, how the reporting system, should be modified.

SECTION II : SUPERVISORY ACTIVITY

Supervisory requirements could be reported in a separate "summary report", with the aim of showing each supervisor how their activities compare with reports from the province. Since conditions naturally vary by kecamatan, all kecamatan would be printed along with regency and provincial totals. We suggest sorting data by regency and computing kecamatan means with the regency and provincial mean printed on the table. We also recommend detailed variable specification as illustrated above. Our suggested dummy table is:

Table C1: Mean Number of Meetings Conducted for Supervisory Purposes in (print regency code) over the April-October 1983 Period

| Mean number of meetings each month for supervision: | | | | | | |
|---|----------------------------|----------------------------|----------------------|-----------------------|------------------------|----------------|
| Kecamatan Code Number | Number of Reports Received | Subdistrict Staff Meetings | Field Visits (Total) | Field Village Leaders | Visits Weighing Groups | Clinic, Others |
| K ₁ | TFCSA(K ₁) | . | . | . | | |
| K ₂ | TFCSA(K ₂) | . | . | . | | |

Regency Mean:
Province Mean :

Again, each regency reporting and evaluation staff should be requested to explain why reports are not submitted or other unusual findings in a narrative report to the province. If the FCSA reporting system is misleading, that should be discussed in the report.

SECTION III: COMMUNICATION ACTIVITIES

This tabulation should focus on the mean villages visited over the period for which data are available. Kecamatan means could be printed with the regency and province mean.

Table C2: Summary of Communication Activities by type
for kecamatan of regency (.....regency code)
for the period April to October 1983

| Kecamatan | | Type: | | | | | | | | |
|----------------|----------|-------|-----------|-------|----|-----------|-------|----------|------------|-----------|
| | | Mass | Group | | | | Mob. | | | |
| | | | Info min. | Relig | WG | Team Lead | Cadre | Trad. G. | Med. Indv. | Med. Team |
| K ₁ | Freq. | . | . | . | . | . | . | . | . | . |
| | Number | . | . | . | . | . | . | . | . | . |
| | No.Vill. | . | . | . | . | . | . | . | . | . |
| K ₂ | Freq. | . | . | . | . | . | . | . | . | . |
| | Number | . | . | . | . | . | . | . | . | . |
| | No.Vill. | . | . | . | . | . | . | . | . | . |
| | . | . | . | . | . | . | . | . | . | . |
| | . | . | . | . | . | . | . | . | . | . |
| | . | . | . | . | . | . | . | . | . | . |
| Regency mean | | . | . | . | . | . | . | . | . | . |
| Number | | . | . | . | . | . | . | . | . | . |
| No.Vill. | | . | . | . | . | . | . | . | . | . |
| Prov. mean | | . | . | . | . | . | . | . | . | . |
| Number | | . | . | . | . | . | . | . | . | . |
| No.Vill. | | . | . | . | . | . | . | . | . | . |

If this table is too unwieldy, make a separate table for group activities.

SECTION IV. FIELD WORKER ACTIVITIES

For this table the number of field workers registered (Section I) is needed for computing the mean. Present both the mean per kecamatan and the mean for field workers in the kecamatan.

We suggest repeating this table for different variables of Section III b. The variables to be presented in Table 3 format are:

| | Mean Visit | Visit/Group | Item |
|-----------------|------------|----------------|-------|
| Acceptor Groups | MVAG | MVAG(K)/MMG(K) | IIIb3 |
| VCDC | MVVC | MVVC(K)/MVC(K) | IIIb4 |

Other variables may not be meaningful. Some examination of aggregate tables for provinces is appropriate.

SECTION V: MEDICAL SERVICES

A useful table has already been designed and printed for each province of Java and Bali. A similar table for monthly means should be printed for each regency. We do not recommend printing each month.

A final table is recommended for an eligible couple analysis.

Steps are:

- 1) Read ELCO over TFSCA months within kecamatan K and store in a Vector ELCO with TFSCA elements.

Table C3: Summary of Field Worker Visits to Users and Nonusers by Kecamatan of Regency (....regency code) for the period April to October 1983

| Kecamatan Code | Numbers of Months Reported | Kecamatan Mean freq. Non users | Kecamatan Mean freq. users | Visits/ Field Worker | Mean Elcos Per Month | Visit/ Elco |
|----------------|----------------------------|--------------------------------|----------------------------|-------------------------|----------------------|-----------------------------|
| K_1 | TFCA(K) | MNU(K) | MU(K) | $[MNU(K)+MU(K)]/FWT(K)$ | MELCO(K) | $[MNUC(K)+MU(K)]/MELCOS(K)$ |
| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |
| Regency | | | | | | |
| Province | | | | | | |

MNU are mean monthly non-users, MU mean monthly users, MELCO are the mean monthly reported Elcos from Item NC.

of

- 2) Call a simple least squares regression subroutine and fit a line to the data:

$$Y_K = a + b (ELCO_K)$$

- 3) If b has a negative sign, print b and the kecamatan code in the following format

Table C4: Kecamatan in Regency (...print code)
with declining eligible couples over time

| Kecamatan | Monthly rate of decline |
|-----------|-------------------------|
| K | 3(K) |
| . | . |
| . | . |
| . | . |

This table would be distributed with a letter explaining that it is highly unlikely that the eligible population is declining and asking for a narrative report explaining the reasons and outlining steps for resolving the problem.

APPENDIX D:

THE PROPOSED DRAFT REVISION OF THE FCSA
FROM THE SUBCOMMITTEE FOR REVISING THE FCSA

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FIGURE D1: Proposed Data Flow for the Revised FCSA, Subcommittee on FCSA Revision

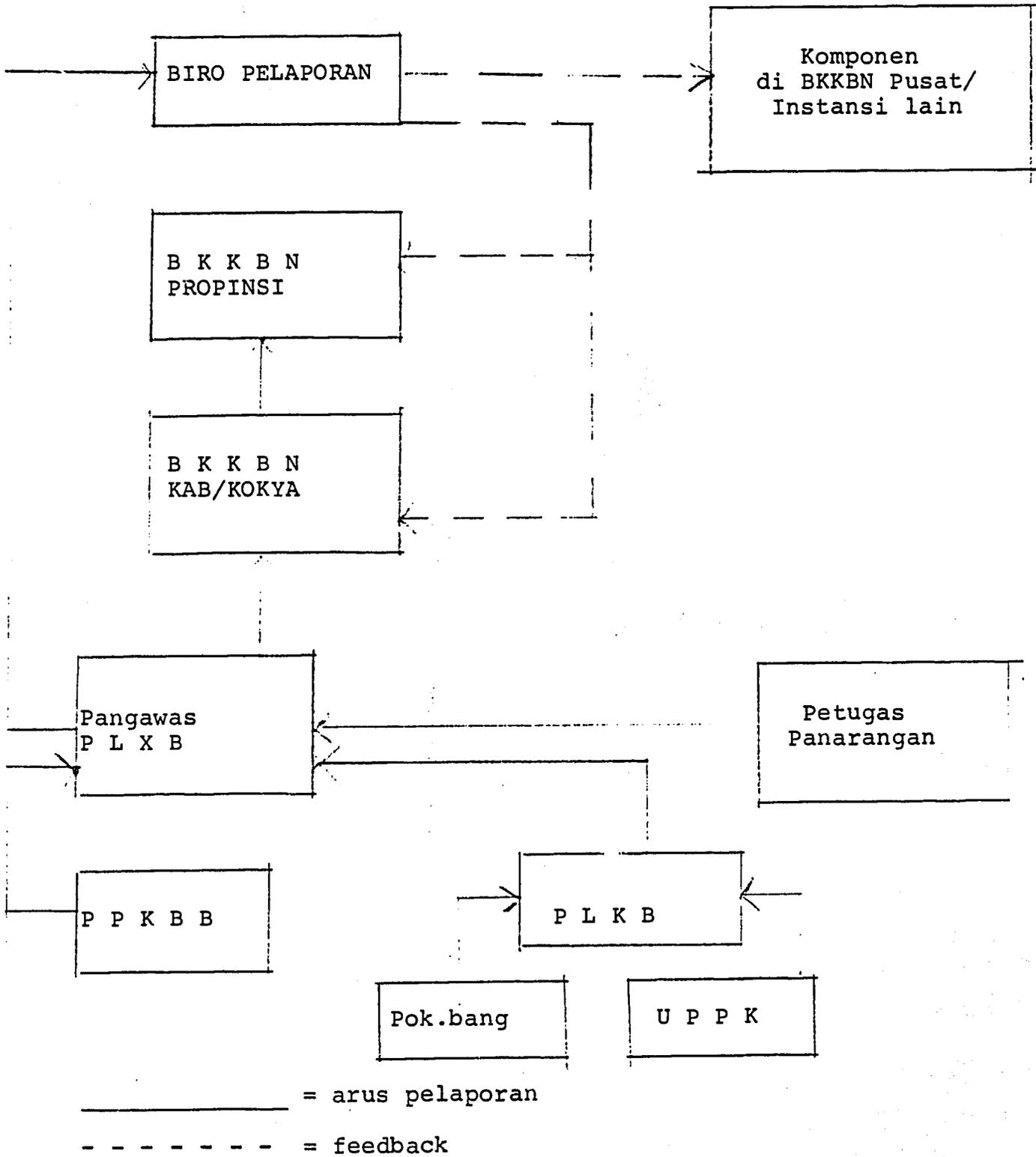


FIGURE B2: Draft Proposed Revision of the FCSA, Subcommittee on FCSA Revision.

Kecamatan :
 Kab/Ladya :
 Propinsi :

No. Kode Kecamatan : [] [] []

Laporan bulan : 19 ..

I. JUMLAH UNIT PELAYANAN YANG TERDAFTAR DAN MELAPOR

| No | Unit Pelayanan | Terdaftar | Melapor |
|----|---------------------|-----------|---------|
| 1 | Petugas Peningkatan | ..... | ..... |
| 2 | P L K B | ..... | ..... |
| 3 | P P K S D | ..... | ..... |
| 4 | Sub PPSD | ..... | ..... |
| 5 | Kelompok Pembinaan | ..... | ..... |
| 6 | Kelompok UPPK | ..... | ..... |

II. KEGIATAN TIM KB BERKEMAS

| No | Kegiatan | Frekuensi TBK dari | |
|----|---------------------|--------------------|--------------|
| | | Kecamatan ke desa | desa ke desa |
| 1 | R I B | ..... | ..... |
| 2 | Pelayanan KB | ..... | ..... |
| 3 | Pelayanan Integrasi | ..... | ..... |
| 4 | Umum | ..... | ..... |

III. KEGIATAN PERORANG PERORANG

| No | Kegiatan | Frekuensi |
|----|--------------------------|-----------|
| 1 | Rapat/pertemuan Intern | ..... |
| 2 | Rapat/pertemuan ekstern | ..... |
| 3 | Bimbingan dan Pengawasan | ..... |
| 4 | Pandelektan khusus | ..... |

IV. KEGIATAN BERKEMAS

| No | Kegiatan/pelaksanaan | Frekuensi | Jumlah yang hadir | Jumlah desa yang dikunjungi |
|----|------------------------|-----------|-------------------|-----------------------------|
| 1 | Pelaksanaan kelompok | ..... | ..... | ..... |
| | - Tim KB Kecamatan | ..... | ..... | ..... |
| | - Non tim KB Kecamatan | ..... | ..... | ..... |
| 2 | M U P E N | ..... | ..... | ..... |

V. KEGIATAN PUS

| No | Kegiatan | Frekuensi |
|----|------------------------------------|-----------|
| 1 | Konduksi | ..... |
| 2 | Bimbingan ke PPSD/Sub PPSD | ..... |
| 3 | Bimbingan ke kelompok penerima | ..... |
| 4 | Kunjungan ke tokoh/adat masyarakat | ..... |

VI. KEADAAN PUS (HASIL PEMBINAAN PPSD)

| Jumlah Peserta KB Aktif | | | | | | | |
|-------------------------|-------|--------|--------|-------|-------|----------|--------|
| I U D | P I L | Kondon | Ob Vag | H O P | H O W | Suntikan | Jumlah |
| | | | | | | | |

Jumlah PUS [] Jumlah PUS Hasil []

VII. KEGIATAN KELOMPOK PEMBINAAN BULAN INI

| | | |
|---|--|-----|
| 1 | Jumlah balita di wilayah kelompok pembinaan | 3 = |
| 2 | Jumlah balita yang terdaftar dan mempunyai KB | 1 = |
| 3 | Jumlah balita yang ditimbang | D = |
| 4 | Jumlah balita yang naik berat badannya | U = |
| 5 | Jumlah balita ditimbang bulan ini tapi tidak ditimbang pada bulan lalu | 0 = |
| 6 | Jumlah balita yang baru ditimbang bulan ini | B = |
| 7 | Jumlah balita yang berada di bawah garis merah | Δ = |
| 8 | Jumlah balita yang diklat ke klinik | R = |

VIII. KEGIATAN USAHA BERKEMAS BERKEMAS BERKEMAS

| | Jumlah modal partena kali | Jumlah uang beredar | Jumlah uang dalam kas | Jumlah tabungan | Jumlah uang yang ditabungkan |
|-------|---------------------------|---------------------|-----------------------|-----------------|------------------------------|
| BULAN | | | | | |

- Jumlah anggota [] orang; peserta KB []
- Jumlah usaha perorangan []
- Jumlah kegiatan usaha kolektif []
- Jumlah anggota yang menerima uang sampai dengan bulan ini []

IX. KEADAAN ALAT-ALAT KEMERDEKAAN DI BERKEMAS PUS BERKEMAS

| No | Jenis Ketersediaan | Ditempa bulan ini | Dikeluarkan bulan ini | Sisa akhir bulan ini |
|----|--------------------------------|-------------------|-----------------------|----------------------|
| 1 | KB ukuran B (No.1) satuan biji | ..... | ..... | ..... |
| | ukuran C (No.3) satuan biji | ..... | ..... | ..... |
| | ukuran D (No.2) satuan biji | ..... | ..... | ..... |
| | Copula T satuan biji | ..... | ..... | ..... |
| | HL CU satuan biji | ..... | ..... | ..... |
| 2 | MI EM Kain Pann (strip) | ..... | ..... | ..... |
| | Sabun (strip) | ..... | ..... | ..... |
| | Mandi (strip) | ..... | ..... | ..... |
| | Cermin (strip) | | | |
| | Mask lain (strip) | | | |
| 3 | Kondon (satuin bulan) | | | |
| 4 | Suntikan (satuin 3 cc) | | | |

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Keterangan :

Petugas P L K B

(.....)

APPENDIX E

A DIAGNOSTIC CASE STUDY FOR FCSA DESIGN

INTRODUCTION:

In November of 1983 a team from the BKKBN Jakarta and the Provincial office in Semarang visited a regency, subdistrict, and village to discuss with the supervisor and the family planning field workers their field operation and uses of FCSA information. Time did not permit an adequate field visit as we did not visit households or VCDC to follow data through all stages of compilation. These notes are thus an incomplete field account of the operation observed.

OBSERVATIONS

The site selected was a kecamatan with high prevalence, plausible patterns of reporting over time, and an uninterrupted flow of FCSA reports. If time had permitted we would have selected more sites with poor quality reporting and non-compliance.

Our objective was to review, with each worker present, their roles. Field observation would have been more useful, but some important advice emerged from the workers during the discussions. A general sentiment is expressed that critical elements of effective field work are not discussed in job orientation, written instructions, or field meetings. Effective record keeping, for example, requires close

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monitoring of the VCDC records, monitoring that evolved in this kecamatan informally. Five FPFW were present of which four stated that VCDC could not be relied upon to start a village register. One worker described what appeared to be an effective system:

The "Sutarni System". Ms. Sutarni of Salatiga Luar Kota kecamatan had three weeks of training in 1972 and one week in 1980 but has clearly had considerable on the job orientation from the supervisor. She covers four villages and supports five program activities in addition to household visitation. She is expected to visit every household every three months, although this is unrealistic as some areas are remote. However, in a single month of interrupted work she visited all households in her area to start a register. She does not routinely carry the register with her, but instead uses a small field diary. After the first canvassing she gave her register to the VCDC and instructed the VCDC to copy names into her own register. Each VCDC complied. Mrs. Sutarni, and all of the FPFW present, claimed that no instruction is given for FPFW to do this, but that VCDC were "not motivated to do paperwork". Most of the VCDC registers are updated, however, once they are started up.

It seemed likely, from this discussion that the major problem with PUS enumerations had been resolved. Mrs. Sutarni felt that two or three reenumerations a year was adequate provided the VCDC registers were checked and updated regularly.

We conclude from this exchange that VCDC information can be useful if FPFW attend to records. As Mrs. Sutarni said,

"All the VCDC and Sub VCDC are now filling their registers, but this requires much attention from me. I meet with them each month, compare my register with their registers. If I didn't do this, registers would be very bad."

This information is the backbone of the FCSA. Mrs. Sutarni's advice is much appreciated.

We asked if one register would suffice as suggested in the July report on Mrs. Sayemiati's system in East Java. All workers present noted several problems with a single register approach:

- a) Two registers (VCDC and FPFW) provided a means of cross checking data during meetings.
- b) VCDC were not always available when the FPFW needed a register.
- c) VCDC do not always attend meetings and information may be needed.
- d) Reports must be filled each month and data come from the FPFW register.
- e) Supervisors need a field register for their work and use the FPFW register when one is needed.

In this meeting workers could report "users" and "elcos or pus" but there is a tendency to confuse "acceptor" and "user". None of the workers who we met could tell us how many dropouts there had been last month as "that is is the VCDC's responsibility". This confusion may produce spuriously high prevalence and contribute to a mistaken impression that little more could accomplished by additional work. Of the 796 couples registered by one worker, 693 were variously described as "users", "acceptors" an "current users". This suggests that listing only current users on the FCSA would be a mistake.

Dropout data are also neded to insure proper attention to this issue. In light of the general lack of confidence of the FPFW in VCDC data and the tendency to confuse who is responsible for important information (such as dropouts) it seems best to place the FPFW in charge of compiling the VCDC data onto a summary sheet at the time of the monthly meeting and eliminating separate monthly VCDC reports to the supervisors. The VCDC reports only create recapitulation work for the supervisor for the FCSA, and the FPFW needs to record the information in order to effectively monitor VCDC activities. The supervisor would have less paperwork for his FCSA report if he could sum up data from FPFW reports.

We discussed at some length the problem of establishing regular contact with VCDC and the irregular attendance of VCDC at meetings. Moreover, VCDC often file reports when, in fact, they are doing no family planning work and have not attended meetings. Everyone of the workers

involved in our discussion agreed that "VCDC reporting" in item I of the FCSA is a poor indication of the amount of VCDC activity, since everyone typically reports whether active or not. Perhaps number of VCDC attending monthly meetings is more useful indicator than number reporting.

Mr. Sudiardjo, Supervisor. We interviewed Mr. Sudiardjo, a BKKBN supervisor, about the FCSA, his field work, and the extent to which FCSA entries represented the amount of work and activities in his kecamatan. The main problems that he faces are not addressed by the form - occasional lapses in supplies, non performing VCDC, and lapses in accurate reporting. Yet, he finds the FCSA to be important because he felt that performance reporting to supervisors was useful.

Our impression from discussing the reporting procedures was that too much emphasis is on positive outcomes (meetings held, person contacted, and acceptance) and that no attention is given to "negative outcomes" that comprise much of an effective supervisor's job: community problems, dropouts, failure to perform. Such negative outcomes may be impossible to monitor routinely, but dropouts were surprisingly outside of the terms of reference of everyone interviewed in this kecamatan. This may lead to poor followup of women with family planning problems and unrealistic current user estimates. On the basis of this one interview, it seems useful to consider recording "inactive VCDC" on the FCSA (with this being carefully defined) and dropouts.

We were impressed with the complexity of Mr. Sudiardjo's field responsibility and the difficulty that he has in categorizing "supervisory activities" as delineated on the FCSA. Some of these items are performed simultaneously and tallying them is guess work. More operations research is needed to produce simple indicators of the quantity of supervisory work.

APPENDIX F

THE PROPOSED COUPON SYSTEM OF PREVALENCE MONITORING

INTRODUCTION

The Committee for Revising the Field Control form (FCSA) has met to discuss problems with eligible couple monitoring and the prevalence reports in the FCSA. Discussions were aimed at addressing problems raised in the July report, and were aimed at identifying simple-to-use field procedures for monitoring contraceptive dynamics. Interesting ideas emerged from this committee.

The problem is that doctors, pharmacists, and VCDC provide services to women but have little motivation to keep records. The Committee devised a simple sticker system which was an adaptation of an experimental system for monitoring pill and condom logistics in Central Java. The idea of the logistics system was to issue a sheet of stickers to VCDC with packets of supplies. Stickers are similar to the stickers used by airline desk clerks to assign seats on an aircraft. One of two procedures was followed. Stickers were placed on the condom or pill packet as they were issued and the spent sticker sheet was returned to the FPFW for replenishment of stocks. Alternatively the sticker was placed in the register against a pill or condom recipient.

Field workers that we visited support the sticker concept because some simple gimmick of this sort might improve reporting. No writing is required, and the FPFW would be able to simply count acceptance by tallying stickers and dropouts by blank spaces next to a sticker in the current monthly column of the record book.

The problem with the system is the difficulty of monitoring progress with the IUD. A special sticker for dropouts has been proposed but this merits testing.

The Committee proposed trying the system with dispensaries and physicians as well, with experimentation on alternative places for the sticker to be applied. For example, the sticker could be preaffixed to the pill cycles, removed by the physician at the time of dispensing, and placed on a card to be collected monthly from distribution sites by FPFW.

The system seems unnecessary in a sense, since it is so easy to tick the data off in a register. But it is impressive to meet with six workers all of whom claim that record keeping was simplified and improved by the system of coupons with stickers. A short field experiment is clearly warranted.

APPENDIX G

THE PROPOSED DRAFT REVISION OF THE CRS FROM
THE COMMITTEE FOR REDESIGNING THE CLINIC
REPORTING SYSTEM

NAMA KLINIK KB :

BUJAN :, 19..

KODE KLINIK KB :

NAMA KECAHATAN :

KODE KECAHATAN :

I. FREKUENSI PELAYANAN : 1. HARI DUKA KLINIK KB : __ HARI

2. PELAYANAN DI LUAR KLINIK KB : __ KALI

II. HASIL PELAYANAN

| No | METODE KONTRASEPSI | PESERTA KB BARU | | | | Peserta Ganti Cara ke metode | JUMLAH KONTRASEPSI YANG DIBERIKAN KEPADA PESERTA KB BARU + ULANGAN MELALUI | | | | | EFEK SAMPING, KOMPLIKASI KEGAGALAN DAN RUJUKAN | | |
|----|------------------------|--------------------|-------------------|------------------------------|--------|------------------------------|--|-------------------|------------------------------|--------|--------------|--|--|------------|
| | | KLINIK KB | | Dokter/Il-dan Praktek Swasta | Jumlah | | KLINIK KB | | Dokter/Il-dan Praktek Swasta | Apotik | Saluran Doca | Jumlah | Gejala Efek Samping/Komplikasi dan kegagalan | Dirujukkan |
| | | Di Dalam Klinik KB | Di Luar Klinik KB | | | | Di Dalam Klinik KB | Di Luar Klinik KB | | | | | | |
| 1 | I U D | | | | | | | | | | | | | |
| 2 | P i l | | | | | | | | | | | | | |
| 3 | Kondom | | | | | | | | | | | | | |
| 4 | Obat Vaginal | | | | | | | | | | | | | |
| 5 | Metode Operatif Pria | | | | | | | | | | | | | |
| 6 | Metode Operatif Wanita | | | | | | | | | | | | | |
| 7 | Suntikan | | | | | | | | | | | | | |
| 8 | Susuk KB | | | | | | | | | | | | | |
| | Jumlah | | | | | | | | | | | | | |

III. PERSEDIAAN KONTRASEPSI DI KLINIK KB

| KEADAAN | I U D (biji) | | | | | Pil KB (strip) | Kondom | Suntikan |
|--------------------------|----------------|---|---|--------------------|-------|------------------|--------|----------|
| | D | O | D | Copper T/ Copper 7 | M. CU | | | |
| 1. Dikeluarkan bulan ini | | | | | | | | |
| 2. Sisa akhir bulan ini | | | | | | | | |

REVISI :

....., 19..

Pemimpin Klinik,

(.....)

CATATAN : Laporan bulanan ini harus sudah dikirimkan selambat-lambatnya tanggal 5 bulan berikutnya

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