

PN-ACN-542

**DATA COLLECTION INSTRUMENTS OF
HEALTH MANAGEMENT INFORMATION SYSTEM
FOR FIRST LEVEL CARE FACILITIES**

**REPORT ON THE THIRD NATIONAL WORKSHOP
ON HEALTH MANAGEMENT INFORMATION SYSTEM, JULY 7 - 8, 1992**

August 1992

Pakistan Child Survival Project
National Basic Health Services Cell, Ministry of Health, Government of Pakistan

SUPPORTED BY
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT NO. 391-0496 — CONTRACT NO. 391-0496-C-00-0769-00

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ABBREVIATIONS

ADHO	Assistant District Health Officer
ADP	Annual Development Plan
AJK	Azad Jammu and Kashmir
BHS	Basic Health Services
BHU	Basic Health Unit
CD	Civil Dispensary
CIDA	Canadian International Development Agency
COs	Commanding Officers
DCP	District Coverage Plan
DHO	District Health Officer
DHQH	District Headquarter Hospital
EPI	Expanded Programme on Immunization
FAP	First Aid Post
FHT	Female Health Technician
FLCF	First Level Care Facilities
HIS	Health Information System
HMIS	Health Management Information System
IDD	Iodine Deficiency Diseases
LC	Leprosy Centre
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MMO	Male Medical Officer
MS	Medical Superintendent
MSD	Medical Store Department
NA	Northern Areas
NWFP	North West Frontier Province
OPD	Out-Patient Department
PCSP	Pakistan Child Survival Project
PHC	Primary Health Care
RHC	Rural Health Centre
SHC	Sub-Health Centre
SOs / SAs	Statistical Officers / Statistical Assistants
TB	Tuberculosis
TBA	Traditional Birth Attendant
TBC	Tuberculosis Centre
THQH	Tehsil Headquarter Hospital
TT	Tetanus Toxoid
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WMO	Woman Medical Officer

EXECUTIVE SUMMARY

In the context of the development of a Health Management Information System for First Level Care Facilities (HMIS/FLCF), the Basic Health Services Cell of the Federal Ministry of Health organized the Third National Health Management Information System Workshop in Islamabad on July 7 - 8, 1992. The two main purposes of the workshop were to finalize the formats of the HMIS/FLCF data collection instruments, and to agree on implementation plans for HMIS/FLCF training workshops.

The workshop was opened by Dr. S. Mohsin Ali, Director General Health, Ministry of Health. The two days of work sessions were attended by delegations from the four Provinces and from AJK/FANA, headed by Senior Health Officials, by National Programme Managers, and by Representatives of International Agencies (UNICEF, USAID, WHO, World Bank, CIDA).

The outcomes of the workshop were presented in the concluding session and can be summarized as follows:

- (1) Consensus was reached on final formats of the HMIS/FLCF **facility based data collection instruments**: 11 Patient Client Record Cards, 19 Registers/Charts, and 3 Report Forms. Models of these data collection instruments are presented in Appendix IV of this report.
- (2) Consensus was reached on draft formats of the HMIS/FLCF **district level data collection instruments**: Supervisory Checklist, Training Register, Personnel Management Register, and Quarterly District Report (see Appendix IV). It was decided that these instruments will be field-tested at the district level before finalizing the format.
- (3) Consensus was reached on **implementation plans for HMIS/FLCF training workshops**. Fifteen teams of master trainers will provide training to 15,000 health personnel of first level care facilities throughout the country. Since only around 20% of the funds for this massive training effort have been committed to date, provinces/regions were requested to explore the possibilities of additional funding from external donors or by using their own ADP funds.

Major General M.I. Burney, Chief Guest at the closing ceremony hoped that the recommendations of the workshop would receive due consideration for implementation at the Federal and Provincial levels.

HISTORICAL OVERVIEW

The improvement of existing health information systems is a major national strategy for the development of primary health care based service delivery systems in the country. A National Workshop on Health Management Information Systems was therefore held in Islamabad in May 1991 based on a comprehensive assessment study performed by the Health Information System (HIS) team of the Pakistan Child Survival Project (PCSP). One of the outcomes of the workshop was an agreement between the federal and provincial health officials to transform the existing routine reporting system for government managed First Level Care Facilities (FLCF) into a comprehensive and integrated Health Management Information System (HMIS). Priority was given to first level care facilities because they are the principal level for the delivery of child survival related services.

The Basic Health Services Cell of the Federal Ministry of Health, assisted by the Health Information System team from PCSP, received the mandate to coordinate the restructuring process of this Health Management Information System for First Level Care Facilities. An HMIS/FLCF development plan was prepared in three phases: the design phase, the implementation phase, and the monitoring/evaluation phase. Between June 1991 and January 1992, the design process was initiated with active involvement of the principal users of the future HMIS/FLCF. National Programme managers, Provincial Directors General, District Health Officers and their staff, Medical Officers in Charge, and representatives of the paramedical staff were consulted through the organization of workshops and meetings.

During the Second National Workshop on Health Management Information System held in January 1992, consensus on the macro-design of the HMIS/FLCF was reached. Starting from the actual functions of the first level care facilities, indicators were chosen for inclusion in the HMIS/FLCF. Data collection procedures, information flows, data processing mechanisms, and feedback systems were defined. It was agreed that Provincial, Divisional, and later on District level computer centers would be set up to process the data reported by First Level Care Facilities.

Based on the recommendations of the Second National Workshop, the National and Provincial HIS teams have developed formats for new and modified data collection instruments to be used in First Level Care Facilities: patient/client cards, facility registers and report forms. Draft formats of these instruments were field tested in 25 health institutions throughout the country during May and June 1992, and final formats were proposed during this workshop. Also, draft formats were developed for district level data collection instruments related to training and supervision of the personnel in the first level care facilities. Finally, officials of the Provincial Health Departments have prepared plans for the training of the health personnel in data collection.

On July 5 and 6, the Fifth National HIS Team Meeting was held to prepare the proceedings and to discuss the proposed outcomes of this workshop, so as to facilitate the consensus-building process.

PROCEEDINGS OF THE WORKSHOP

Following is a summary of the workshop proceedings. The agenda of the workshop is presented in Appendix I.

The workshop participants included Senior Federal and Provincial Health Officials, the HIS team delegates from the four Provinces and AJK/FANA, National Programme Managers and Representatives of International Agencies (UNICEF, USAID, WHO, World Bank, CIDA). A list of the participants is presented in Appendix II.

INAUGURAL SESSION

Under the chairmanship of the Director General Health / Additional Secretary, Dr. S. Mohsin Ali, the workshop started with recitation from the Holy Quran by Chaudhry Mohammad Sharif, Assistant Director Statistics, Health Directorate AJK, Muzaffarabad.

Dr. Malik Manzoor Ahmed Khan, Deputy Director General Health (BHS/PHC) then welcomed the participants and invited Dr. Mushtaq Ahmad Chaudhry, Project Director (PCSP/WFP) to present a welcome and keynote address.

Welcome and Keynote Address:

Dr. Mushtaq Ahmed Chaudhry gave an insight into the activities of the project and said that the design of a new, improved Health Information System to replace the present, inadequate system is an important task of the PCSP. He presented the HMIS/FLCF development plan, divided into three phases: the design phase, the implementation phase, and the evaluation phase. He stressed that the provinces have actively participated from the very beginning in designing an effective system that should generate quality data for Health Services Planning and Management. He presented the expected outcomes of this workshop and wished for the success of the workshop.

Comments by the Representative of USAID

Dr. Lois Bradshaw, Project Officer, Child Survival, USAID, said that during this important workshop final decisions for restructuring the HMIS/FLCF system will be taken. If the health services are to deliver quality health care, they need a proper information system, and all have to contribute to its development. She wished the participants a successful workshop and said that USAID is a partner with the Government of Pakistan in developing this system. She offered USAID's full support to this endeavour.

Comments by the Representative of UNICEF

Dr. Jason Weisfeld, Chief, Health and Nutrition, UNICEF, welcomed the participants and congratulated them for their hard work to reach this critical stage where the design of the future HMIS/FLCF is to be finalized. He said that UNICEF is most honoured to have been included as a partner in this historic process. Looking back on the significant journey that the HMIS family has undertaken, he said that the Ministry of Health wisely included a major component of Health Information Systems in the Pakistan Child Survival Project.

He added that UNICEF as a partner in the health sector is well recognized by the Provincial Health Departments. In response to requests for HIS assistance, it has provided ten sets of computer equipment to complement the equipment being provided by PCSP. Also, UNICEF plans to finance the recurrent cost study that should provide the Provincial Health Departments with the necessary information to plan for recurrent budgets to sustain the new HMIS. Finally, UNICEF will provide financial assistance to the training programme in data collection, specifically in the districts where computers were provided. For that purpose UNICEF will commit additional funds in the current financial year.

Comments by the Representative of the World Health Organization (WHO)

Dr. Ahmed Abdul Latif, representative of World Health Organization (WHO) said that it was a great honour for him to speak on the behalf of WHO in the forum of this important workshop. He said that the technical support of WHO based on Primary Health Care, together with collaboration from USAID, UNICEF and the Government of Pakistan can hopefully bring about a change in the health status of the population of Pakistan. World Health Organization will support the HMIS/FLCF development by giving computers and by assisting in other activities.

Inaugural Address by Director General Health/Additional Secretary Dr. Syed Mohsin Ali

Dr. Syed Mohsin Ali, Director General Health, Ministry of Health, welcomed the participants of the workshop and said that he was very happy to note that the Provincial Health Departments, with their senior delegates, are again, as during the previous HMIS Workshops, actively participating in this Third National Workshop on Health Management Information Systems. The success of a programme, he said, depends on the extent of involvement of the principal users, and on how far the users own the new system. The Federal Ministry of Health, he added, mostly plays a coordinating role, while the Provinces have full autonomy in the provision of health care to the population. He expressed the hope that, through effective implementation of this new health information system, we could at least correctly monitor expected improvements of the social indicators.

The Director General said that this workshop is the decisive step in moving towards implementation of the planned HMIS/FLCF, and he hoped that the consensus achieved during this workshop will be really constructive and beneficial for the whole health system.

Vote of Thanks

Dr. Malik Manzoor Ahmad Khan, Deputy Director General Health (BHS/PHC) presented a vote of thanks to the Director General Health and said that his presence in this workshop is a great honour for the participants. He also thanked the provincial delegates who have come a long way in spite of their important commitments. After tea break, the technical sessions of the workshop started.

DAY 1: JULY 7, 1992.

Under the Chairmanship of Dr. Mushtaq Ahmed Chaudhry, Project Director, World Food Programme, and Pakistan Child Survival Project, the first day was entirely scheduled to reach consensus on the final format of the HMIS/FLCF data collection instruments for use in the first level care facilities.

Dr. Theo Lippeveld, Health Information System Advisor, Pakistan Child Survival Project first informed the participants that the formats of the data collection instruments, as they were presented today, resulted from the work sessions held in the preceding two days during the Fifth National HIS Team Meeting. The comments and improvements recommended after the field testing of these instruments have been incorporated.

The HMIS/FLCF data collection instruments, combined in functional packages, were then presented to the participants by the provincial PCSP/HIS coordinators for final discussion. For each of them, the most important changes resulting from the field testing were highlighted. Presentations were followed by comments of the participants and then a final format was adopted.

Following is a listing of some of the proposed changes and of comments raised by the participants. Far from being exhaustive, this listing tends to give a summary of the discussions on the first day.

Consensus on the list of Priority Health Problems

After a lengthy discussion, the list of reportable priority health problems was finalized keeping in mind that this list could at a later stage be revised. It was decided to add "Scabies" to the list as it is a very common health problem in Pakistan. This addition brings the final list to 18 priority health problems.

HMIS/FLCF Data Collection Instruments for Acute and Chronic Curative Care:

A sentence in Urdu will be written on top of the **OPD ticket** to remind the patient to bring it along the next time he/she visits the health centre.

In the **Investigation Request Form** "Health Problem" will be replaced by "Health Problem/Diagnosis".

The first part of the **Referral form** will be deleted since all the information requested is already available from the OPD Register. Hence, the Referral form will become a separate sheet with the first part being filled in by the care provider of the FLCF and the second part by the referral facility. "Facility" will be replaced by "Institution".

In the **Laboratory Register** an extra column will be added to record the amount of fees collected. This column will be left blank for those provinces who do not need it. "Request No." column will be replaced by "OPD No. / Ward No.". The register will be made in landscape format in order to increase the size of the columns.

Regarding the **OPD Register**, the old cases will be written on a separate line with the old OPD number in the first column. Only name and eventual actions taken will be filled in. The Medical Officer in Charge will be responsible for maintaining the OPD Register.

The only change to be made to the **Abstract Register** is to add "Scabies" as health problem 118.

The **Daily Expense Register** will also be part of the HMIS system. This register, similarly to its present use, is essential in order to account for the MSD drugs given out to patients. It was agreed that the Daily Expense Register will be maintained in its present format, except that the column "Opening Balance" will be removed and another column added for "Unit" of each drug.

In the **TB Facility card** entries for the initial sputum exam and previous family history should be added. The entry status of the patient will also be added in the card, i.e. New case/Relapsed/Resumed/Transfer in. It was clarified that the columns have been numbered for easier reference and training. On the suggestion of the TB National Program Staff, some reordering of items was also decided for the **TB Patient Card**. No changes were proposed to the **TB Register** after field testing.

The **Chronic Disease Facility Card** and the **Chronic Disease Patient Card** have not been field tested, but the participants accepted the cards in their present format.

HMIS/FLCF Data Collection Instruments for Preventive Mother and Child Health:

The **Mother and Child Health Card** will be printed both in English and in Urdu. The card will be supplied with a protective plastic envelope, to make it more durable.

In the MOTHER section, the weighing scale picture will be replaced with a more appropriate model. The picture of the swollen foot to represent "Oedema" will be added, as will the pictures of "Place of delivery". No other pictures will be added. The expert opinion of gynaecologists will be taken on the number of abortions representing a risk. The TT immunization section will have no shading on it. There will be places for recording the blood group and breast examination of the mother as part of the prenatal check up section. In the "Present Pregnancy" section, a column for tenth month contacts will be added. Also, the number of possible contacts will be increased for the seventh, eighth and ninth months. Breast feeding counselling will also be added under Postnatal Follow-up /Family Planning.

In the CHILD section, a reminder on exclusive breast feeding till four months will be added, and the picture of the bottle will be removed since the mother may see the bottle and think that bottle feeding could be indicated. In the supplementary feeding part, the first four months will be shaded to show that introduction of food supplements should not start before four months. The weight for age growth curve will be corrected after consultation with nutrition experts. The weighing scale picture will be replaced by the beam balance for the child. In the immunization section, the "Measles" syringe will be put above the ninth month of age to show that this vaccine should be given around the ninth month.

In the **Mother Health Register** the "Catchment area" column will be removed. One more column for "Months of Contacts" will be added to provide up to 10 possible months of contacts, and as in the MCH card, the number of spaces for visits during the seventh, eighth and ninth months will be increased. "I.D." No. will be called "Serial No.". The four sections: Prenatal, Delivery, Postnatal and General Information will be clearly separated with dark lines.

The **Child Health Register** will require a few changes as a result of the field testing: after each year a "risk" column will be added. Because one of the main purposes of this instrument is continuity of care, instructions will be further elaborated to show the health worker how to effectively monitor and follow-up a child through its first three years of life.

The EPI part will be removed from the **Family Planning/EPI card** because of the possible misunderstandings that could arise in the population between vaccinations and contraceptive injections. The instrument will therefore be called "**Family Planning card**". The name of the spouse/father will be removed, as will the EPI registration number.

The **Family Planning Register** format remains in its present format. However, instructions will have to explain clearly how to attribute serial numbers, and what are the definitions of old and new cases.

As for the **Birth Register**, instructions will clarify how to record late birth registration. The columns for the date of birth and the date of registration will not be put next to each other to avoid confusion of the two dates. There will be a column for the name of the child and also the father's name. The two columns under "Birth weight" will be modified to indicate the weight in Kg. in one, and to tick the other column if the weight is less than 2.5 Kg. It was again clarified that legally the Health Department is not responsible for registering births and

deaths. The purpose of birth registration in the health facility is to improve effective management of children under five.

HMIS/FLCF Data Collection Instruments for Administration:

Regarding the **Population Chart**, the minimum required information is already there and more information will only confuse the chart. However, the column for TBAs will be divided into "Trained" and "Untrained", so that dais who are linked to the health facility can be recorded separately.

Although some participants were not fully convinced about its usefulness, it was decided to maintain the **Meeting Register** in its present format.

The vaccine portion will be removed from the **Stock Register Medicines/ Supplies/ Vaccines**. Two separate stock registers will be maintained: one will be called Stock Register Medicines/Supplies and the other Stock Register/Vaccines.

In the **Stock Register Equipment / Furniture/ Linen**, the name of the article will be written with a brief description or specification. The columns under "Quantity" will be divided into "Received", "Struck Off" and "Balance".

HMIS/FLCF Data Collection Instruments for Reporting:

A new format of the **Monthly FLCF Report**, highlighting boxes for computerized data entry, was presented. Some participants argued that the Monthly Report was too lengthy and will be time-consuming to fill in. Others pointed out that compared with the existing multiple reports, certainly no more time would be required to fill in this report. Finally, it was agreed to go ahead with the present format, but to spend sufficient time during the training workshops to ensure that health staff can adequately fill in the report.

The **Yearly FLCF Report** will be maintained in its proposed format. The provinces will provide standardized and restricted lists of Medicines/Supplies/Vaccines and of Equipment/Furniture in order to facilitate analysis.

The **Immediate Report** will be maintained in its present format. The reports will be printed in booklet form so that the report can easily be filled in double.

Classification and language of HMIS/FLCF Data Collection Instruments:

The proposed **classification** of the Data Collection Instruments was accepted by the participants with a few modifications (see Appendix IV). It was agreed that patient retained instruments will be in Urdu or the local dialect, and that the facility retained instruments will be in English. The instruction manual will have both English and Urdu versions.

DAY 2: JULY 8, 1992.

The proceedings of the workshop continued on the second day under the chairmanship of Dr. Mushtaq Ahmed Chaudhry, Project Director (PCSP/WFP). The agenda included two items: plans for training of the health staff in the use of HMIS/FLCF, and draft formats for HMIS/FLCF data collection instruments at the district level.

Provincial Presentations: District Coverage Plans, Training Plans in Data Collection Methods, and HMIS/FLCF Sustainability.

Provincial delegates presented for discussion their plans for HMIS/FLCF training. Final recommendations on the training plans are given in Section 3 of the Recommendations. Detailed plans for each Province and for AJK/NA are presented in Appendix V.

The status of the development of District Coverage Plans (DCP) in each Province was also presented. DCPs, by delineating catchment area populations around first level care facilities, will provide denominators for more meaningful epidemiological analysis of the data collected through the HMIS/FLCF. Given their importance, it was agreed that DCPs would be finalized by the end of August if possible, but no later than September 1992.

The sustainability of the future HMIS/FLCF was also discussed. Presently there is a substantial shortfall in the funds needed to complete the training of 15,000 health professionals in using the HMIS/FLCF. The Provinces therefore presented many possible alternatives for financing these training activities. The participants agreed that each province would explore relevant government and donor sources to meet their additional funding requirements for HMIS training. As for the HMIS/FLCF recurrent costs, a detailed study will be undertaken starting in August 1992 with UNICEF funding.

Presentation and Discussion on HMIS/FLCF Data Collection Instruments for the District Level.

The last topic on the agenda was to discuss draft formats of HMIS/FLCF data collection instruments for use at the district level. During the 2nd National HMIS Workshop in January 1992, it was agreed to prepare four different instruments:

1. Supervisory Checklist for First Level Care Facilities
2. Training Register
3. Personnel Management Register
4. Quarterly District Report

Specifically, the Supervisory Checklist was the topic of a lengthy debate on the present system of supervision of the health services. Final recommendations based on the discussions are given in Section 2 of the Recommendations.

CONCLUDING SESSION

The concluding session of this workshop was to be chaired by the Minister for Health, His Excellency Syed Tasneem Nawaz Gardezi. Unfortunately, the Minister at the last minute had to cancel his attendance to the Workshop. Dr. Syed Mohsin Ali, Director General Health, who would have presented the Welcome Address on the occasion, was also unable to attend. Dr. Mushtaq Ahmed Chaudhry, Project Director (PCSP/WFP), informed the participants of the above situation and regretted the inconvenience. Major General (Retd.) M.I. Burney, former Director of the National Institute of Health, and Consultant to the Pakistan Child Survival Project, was kind enough to agree, at the last minute, to chair the concluding session.

Dr. Mushtaq Ahmed Chaudhry presented the Welcome Address. He said that the participants had worked hard to come to a consensus on the final formats for HMIS/FLCF Data Collection Instruments and that he was now confident that all the conditions had been set for initiating the implementation of the new HMIS system. He hoped that the new HMIS system would strengthen the planning and management capabilities at all levels in the Government Health Services. He was sure that the recommendations of the workshop would receive due consideration for implementation at the Federal and Provincial levels.

The recommendations of the workshop participants were read by Dr. Malik Manzoor A. Khan, Deputy Director General Health, BHS/PHC. They are presented in detail in the next section of this report.

Major General M.I. Burney, Chief Guest, congratulated the participants for a successful workshop after their hard work and devotion. He narrated the speech of the Minister for Health. He advised the participants not to be discouraged by the present difficult financial situation and the sustainability issue, but to work hard to overcome these constraints. Pakistan is fully committed to achieve the goal of Health for all by the year 2000, and the Health Management Information System for First Level Care Facilities has a very important and critical role to play.

RECOMMENDATIONS OF THE WORKSHOP

The recommendations of the Third National Health Management Information System Workshop as presented during the closing session by Dr. Malik Manzoor A. Khan, Deputy Director General Health, BHS/PHC, are as follows:

1. RECOMMENDATIONS ON FACILITY BASED DATA COLLECTION INSTRUMENTS.

1.1 **The final list of priority diseases** for monthly reporting from first level care facilities contains 18 health problems. It was decided to add "Scabies" to the already existing list of seventeen health problems. (See Appendix III)

1.2 Data Collection Instruments for Curative Care (Acute Episodes):

Consensus was reached on a final format for :

- OPD Ticket;
- Referral Form;
- Investigation Request Form;
- OPD Register;
- Abstract Register for Priority Diseases;
- Laboratory Register

Models are presented in Appendix IV

1.3 Data Collection Instruments for Curative Care (Chronic Episodes)

Consensus was reached on a final format for:

- Chronic Disease Facility and Patient Card
- Tuberculosis Facility and Patient Card
- Tuberculosis Register

Models are presented in Appendix IV

1.4 Data Collection Instruments for Preventive Care (Mother and Child Health)

Consensus was reached on a final format for:

- Mother and Child Health Card
- Child Health Register
- Mother Health Register
- Family Planning Card
- Family Planning Register
- IDD Register

EPI registers, Immunization Card and IDD card are kept in their present format.

Models are presented in Appendix IV

1.5 Data Collection Instruments for Administration

Consensus was reached on a final format for:

- Population Chart for Catchment Area
- Birth Register
- Meeting Register
- Daily Expense Register
- Stock Register (Medicines/Supplies)
- Stock Register (Equipment/Furniture/Linen)

Stock Register (Vaccines), Daily Attendance Register, and Log book (Vehicles) are kept in their present format.

Models are presented in Appendix IV

1.6 Data Collection Instruments for Reporting

Consensus was reached on a final format for:

- Monthly Report

Given the elaborate and rather complicated format of the Monthly Report, special emphasis will be given during training and supervision on proper drafting and use of this report.

- Immediate Report

- Yearly Report

Provinces are requested to provide standard restricted lists of essential equipment/medicines/supplies so as to limit data entry efforts and focus analysis on strategic items only.

Models are presented in Appendix IV

1.7 Language of the Data Collection Instruments

It was decided to adapt the language in accordance with the type of data collection instrument as follows:

- | | |
|---------------------------------|----------------------|
| ■ Patient/Client Retained Cards | Urdu/Local Languages |
| ■ Facility Retained Cards | English |
| ■ Registers | English |
| ■ Report Forms | English |
| ■ Instruction Manual | English/Urdu |

1.8 Classification of Data Collection Instruments

The classification of HMIS/FLCF data collection instruments as recommended by the participants is presented in Appendix IV

2. RECOMMENDATIONS ON DISTRICT BASED DATA COLLECTION INSTRUMENTS

Consensus was reached on a format for field testing of the following instruments:

- Supervisory Checklist
- Training Register
- Personnel Management Register
- Quarterly District Report

Each province will choose one district for field-testing. The PCSP Training team will also field test the supervisory checklist during training assessment. Results of field testing will be discussed later this year, before finalizing the formats.

Models of these draft instruments are presented in Appendix IV

3. RECOMMENDATIONS ON PLANS FOR HMIS/FLCF TRAINING WORKSHOPS

Following are the summary recommendations on the provincial plans for the HMIS/FLCF training workshops. More details on the training plans in each province are provided in Appendix V.

3.1 Master Trainers

The training of 15,000 health personnel in using the HMIS/FLCF data collection instruments will be implemented by 15 master trainer teams:

AJK	1 team of 3 trainers assisted by PCSP team
Balochistan	1 team of 3 trainers (of whom 1 is PCSP Coordinator)
NAs	1 team of 3 trainers assisted by PCSP team
NWFP	1 team of 3 trainers (of whom 1 is PCSP Coordinator) (later 1 more team will be staffed through the Family Health Project)

Punjab	8 divisional teams (of whom 1 is PCSP Coordinator) 1 trainer per division will attend master trainers workshop.
Sindh	1 team of 3 trainers (of whom 1 is PCSP Coordinator) (later 1 more team will be staffed through the Family Health Project)

3.2 Trainees

To calculate the number of health staff who need training in HMIS/FLCF use, the following average assumptions (with eventual adaptations to local requirements) are proposed:

OPD/Hospitals	4 trainees
RHCs	3 trainees
BHUs	2 trainees
MCH Centers	1 trainee
Dispensaries/SHC/FAPs	1 trainee
TB/Leprosy Centers	1 trainee

Based on these assumptions, the following number of trainees is projected:

AJK	869
Balochistan	1,500
NAs	395
NWFP	3,015
Punjab	8,191
Sindh	1,235
Total	15,205

3.3 District Level Training Workshops

The HMIS/FLCF training workshops will introduce health personnel of first level care facilities to the use of the new health management information system. In addition to teaching them how to fill in the newly designed forms, ultimate use of the information collected for patient and facility management will be demonstrated. Based on the number of trainees and on the number of participants per workshop a total of about 335 workshops will be organized as follows:

	Participants per Workshop	Number of Workshops
AJK	45	18
Balochistan	35	43
NAs	30	13
NWFP	45	67
Punjab	50	163
Sind	40	31
Total		335

The following implementation modalities were agreed upon:

Duration	4 days (2 days for certain types of personnel)
Mode of Implementation:	District wise and Division wise
Venue	<ul style="list-style-type: none"> • Divisional Capitals for Sindh and Punjab. • District capitals for NWFP and Balochistan. • Muzaffarabad for AJK. • Gilgit for NAs.

3.4 Training Schedule:

In October 1992, a course will be organized in Islamabad to train the master trainers. This course will be followed by orientation meetings for district supervisors to be held in provincial or divisional capitals.

The District Level Training Workshops will start in November 1992, and will continue over a period of 12 to 18 months.

3.5 Financing of Training Programmes

Only around 20% of the funds necessary to train 15,000 health personnel according to the above plans, and to provide a one year stock of printed supplies for each FLCF, have been identified. Each province/region is requested to further explore possibilities of additional funding from external donors or by using their own ADP funds.

Appendix I

AGENDA

AGENDA

July 7, 1992

- 8.30 - 9.00 Registration of participants
- 9.00 - 9.05 Recitation of Holy Quran
- 9.05 - 9.30 Welcome and Keynote Address by Dr. Mushtaq A. Chaudhry, Project Director World Food Program (WFP) and Pakistan Child Survival Project (PCSP)
- 9.30 - 9.40 Comments by the representative of USAID
- 9.40 - 9.50 Comments by the representative of UNICEF
- 9.50 - 10.00 Inaugural Address by Dr. S. Mohsin Ali, Director General, Ministry of Health
- 10.00 - 10.30 Tea break
- 10.30 - 12.00 Consensus on final format of HMIS/FLCF Data Collection Instruments: Acute Curative Care.
- 12.00 - 13.30 Consensus on final format of HMIS/FLCF Data Collection Instruments: Preventive Mother and Child Care.
- 13.30 - 14.30 Lunch
- 14.30 - 15.00 Consensus on final format of HMIS/FLCF Data Collection Instruments: Chronic Curative Care.
- 15.00 - 15.30 Consensus on final format of HMIS/FLCF Data Collection Instruments: Administration.
- 15.30 - 16.15 Consensus on final format of HMIS/FLCF Data Collection Instruments: Reporting Forms
- 16.15 - 16.30 Consensus on Classification of HMIS/FLCF Data Collection Instruments
- 20.00 onwards Dinner at Islamabad Hotel

July 8, 1992

- 9.00 - 11.30 Provincial Presentations: District Coverage Plans, Training Plans in Data Collection Methods, and HMIS/FLCF Sustainability.
- Working tea will be served
- 11.30 - 13.00 Presentation and Discussion on HMIS/FLCF Data Collection Instruments at the District Level
- 13.00 - 14.00 Lunch
- 15:45 - 16.00 Guests to be seated
- 16.00 - 17.00 Concluding session chaired by His Excellency Syed Tasneem Nawaz Gardezi, Federal Minister of Health**
- 16:00 Arrival of the Chief Guest, Syed Tasneem Nawaz Gardezi, Federal Minister of Health
- 16:05 Recitation from the Holy Quran
- 16:10 Welcome & Keynote Address by Dr. S. Mohsin Ali, Director General Health/Additional Secretary, Health Division
- 16:25 Presentation of Recommendations of Workshop by Dr. Malik Manzoor A. Khan, Deputy Director General Health (BHS/PHC)
- 16:45 Address by Chief Guest, Syed Tasneem Nawaz Gardezi, Federal Minister of Health
- 16:55 Vote of Thanks by Dr. Riaz Ahmed Malik, Assistant Director General Health (BHS/PHC)
- 17:00 Tea

Appendix II

LIST OF PARTICIPANTS

LIST OF PARTICIPANTS**FEDERAL:**

1. Dr. S. Mohsin Ali, Director General, Federal Health Department, Government of Pakistan, Pakistan Secretariat Block "C" Islamabad.
2. Dr. Mushtaq Ahmed Chaudhry, Project Director PCSP/WFP, Islamabad.
3. Dr. Manzoor Malik, Deputy Director General, Basic Health Services Cell, Islamabad.
4. Dr. Riaz Ahmed Malik, Assistant Director, Basic Health Services Cell, Islamabad.
5. Dr. Talat Rizvi, Assistant Director, Basic Health Services, Islamabad.
6. Dr. Inam Kazmi, Senior Chief, Health, Planning and Development Division, Islamabad.
7. Dr. Ijaz Seerat, Incharge, Nutrition Rehabilitation Unit, Federal Government Services Hospital, Islamabad.
8. Dr. Atta Mohammad Mangi, Director, Central Health Establishment, Karachi.
9. Mr. Nazir Sheikh, Chief Statistical Officer, Ministry of Health, Government of Pakistan, Pakistan Secretariat, Block "S", Islamabad.
10. Dr. Zaitoon Qazi, Deputy Director General, Ministry of Population Welfare, Islamabad.
11. Dr. Majeed Rajput, Medical Superintendent, Federal Government Services Hospital, Islamabad.
12. Dr. Zafar ul Haq Lodhi, Deputy Medical Superintendent, Federal Government Services Hospital, Islamabad.
13. Dr. Zahid Larik, Assistant Director, Pakistan Institute of Medical Sciences, Islamabad.
14. Mr. Mohammad Arif, Senior Medical Research & Statistical Officer, Pakistan Institute of Medical Sciences, Islamabad.

15. Dr. Abdul Ghafoor, Executive Director,
National Institute of Health, Islamabad.
16. Col. Mohammad Akram Khan,
Federal EPI/CDD Cell, National Institute of Health, Islamabad.
17. Dr. Shamsul Arfeen, Director,
TB Control Program, Islamabad.
18. Dr. Mohammad Hussain Khan, MS,
TB Centre, Rawalpindi.
19. Dr. Mushtaq Khan, Chief,
Nutrition Cell, Planning Division, G-8/4, Islamabad.
20. Mr. Mohammad Ayub, Assistant Chief,
Nutrition Cell, Planning Division, G-8/4, Islamabad.
21. M. Noor Alam, Statistical Officer,
Directorate of Malaria Control, Feroz Center, Blue Area, Islamabad.
22. Dr. Qazi Abdus Saboor Khan, Deputy Director General,
Public Health, Ministry of Health, Government of Pakistan, Islamabad.
23. Mr. Atta Mohammad, Director,
Federal Bureau of Statistics (FBS), Statistics Division, 5, Blue Area, F-6/4, Islamabad.
24. Dr. M. Najeeb Durrani, ADHO,
Islamabad Capital Territory, Islamabad.
25. Dr. C. M. Amjad, Medical Officer,
Islamabad Capital Territory, DHO Office, Islamabad.

PUNJAB:

26. Dr. Abdul Qadir Khan, DGHS,
Directorate of Health, Basic Health Services Cell, 24, Cooper Road, Lahore.
27. Dr. Riaz Mustafa Syed, Executive Director for Special Projects,
Government of Punjab, Lahore.
28. Dr. Rauf Beg Mirza, Project Director, Pakistan Child Survival Project,
Health Department, Government of Punjab, 24, Cooper Road, Lahore.
29. Dr. Naeemuddin Mian, HIS Counterpart,
Health Directorate, Lahore.

30. Dr. Munawar Hussain Bhutta, Project Director,
IInd. Family Health Project, Punjab.

31. Dr. Fayyaz A Ranja, DHO Rawalpindi,
Rawalpindi.

SINDH:

32. Dr. Sajjan Memon, Director General Health,
Government of Sindh, Hyderabad.

33. Dr. Nisar Siddiqui, Project Director, PCSP,
Sindh Provincial Office, Block No. 47, Pak. Sectt., Saddar, Karachi.

34. Dr. Mohammad Bux Bhurgri, Management Analyst,
PHC, (HIS Counterpart), Divisional Directorate of Health, Hyderabad.

NWFP:

35. Dr. Taj Mohammad Khan Afridi, Project Director, PCSP,
Health Directorate, Khyber Road, Peshawar

36. Dr. Sharif Ahmed Khan, Deputy Director, School Health (HIS Counterpart),
Health Directorate, Peshawar.

37. Dr. M. Yaqoob, Project Director,
IInd. Family Health Project, NWFP.

BALUCHISTAN:

38. Dr. Abdur-Rehman Khan, Director General Health
Government of Balochistan, Quetta.

39. Dr. Rasheed Tareen, Project Director, PCSP
Directorate General Health, Quetta.

40. Dr. Munir Khawja Khel, District Health Officer
(HIS Counterpart), Quetta.

41. Dr. Zahur Ahmed Khan, Project Director,
IInd. Family Health Project, Balochistan, Quetta.

42. Dr. Saeed-Ullah Khan, District Health Officer, Zhob, Provincial Health Department, Balochistan.

AJK:

43. Ch. Mohammad Sharif, Assistant Director, Statistics (HIS Counterpart), Health Directorate, Muzaffarabad.

NORTHERN AREAS:

44. Brig. M. Ashraf, Director of Health Services, Northern Areas, Gilgit.
45. Dr. Sher Wali Khan, Assistant Director Health (HIS Counterpart), Health Directorate, Gilgit.

INTERNATIONAL AGENCIES:

46. Dr. Ahmed Ali Abdul Latif, Representative, World Health organization, Islamabad.
47. Dr. Akram Parvez, WHO Advisor on Health Information Systems, Islamabad.
48. Dr. Lois Bradshaw, Project Officer, PCSP, HPN, USAID, Islamabad.
49. Dr. Rushna Ravji, Public Health Physician, HPN, USAID, Islamabad.
50. Mr. Mark Stiles, Representative, CIDA/NIH, Islamabad.
51. Dr. Ali Ahmed Idris, WHO Advisor for EPI, Islamabad.
52. Dr. Jason Weisfeld, Chief, Health and Nutrition, UNICEF, Islamabad.
53. Dr. Sulaiman Daud Khan, Programme Officer, Health and Nutrition, UNICEF, Islamabad.

54. Ms. Jane Shaw, Management Advisor,
IInd. Family Health Project, Peshawar.
55. Dr. Colin Thunhurst, Consultant,
IIIrd Health Project, Asian Development Bank.

PCSP STAFF:

56. Dr. Zafar Ahmed, Consultant,
Pakistan Child Survival Project, Islamabad
57. Maj. Gen. (Retd.) M.I. Burney, Consultant,
Child Survival, NIH, Islamabad.
58. Dr. Vincent De Wit, Assistant Professor,
Community Health Sciences, Aga Khan University, Karachi.
59. Ms. Khatidja Hussain, Incharge, MIS Deptt.,
Community Health Sciences, Aga Khan University, Karachi.
60. Dr. Nooramin Noorani, Fellow-Health Systems Management,
Community Health Sciences, Aga Khan University, Karachi.
61. Ms. Seema Sharif, Information Analyst,
Community Health Sciences, Aga Khan University, Karachi.
62. Dr. Duane Smith, Chief of Party,
Pakistan Child Survival Project, Islamabad.
63. Dr. Tara Upreti, Training Advisor,
Pakistan Child Survival Project, Islamabad.
64. Dr. Theo Lippeveld, HIS Advisor,
Pakistan Child Survival Project, Islamabad.
65. Mr. Shafat Sharif, Computer Specialist,
Pakistan Child Survival Project, Islamabad.
66. Mrs. Zainab H. Barlas, Information Manager,
Pakistan Child Survival Project, Islamabad.
67. Mr. Gohar Latif Khilji, Computer/Informations Assistant,
Pakistan Child Survival Project, Islamabad.
68. Mr. Zamin Gul, Chief Provincial Officer/HIS Coordinator,
Pakistan Child Survival Project, NWFP, Peshawar.

69. Dr. Akhtar Hameed Khan, Chief Provincial Officer/HIS Coordinator,
PCSP, Balochistan, Quetta.
70. Dr. S. M. Mursalin, Chief Provincial Officer/HIS Coordinator,
Pakistan Child Survival Project, Punjab, Lahore.
71. Dr. G. M. Bhurt, Provincial HIS Coordinator,
Sindh, Karachi.

Appendix III

**FINAL LIST OF
PRIORITY HEALTH PROBLEMS**

FINAL LIST OF PRIORITY HEALTH PROBLEMS

HMIS/FLCF CODE	HEALTH PROBLEM
101.	Diarrhoea <i>For children of less than five years specify:</i> 101.0 Without dehydration 101.1 With some dehydration 101.2 With severe dehydration 101.9 Dehydration status not specified
102.	Dysentery <i>For children of less than five years specify:</i> 102.0 Without dehydration 102.1 With some dehydration 102.2 With severe dehydration 102.9 Dehydration status not specified
103.	Acute Respiratory Infections <i>For children of less than five years specify:</i> 103.0 No pneumonia 103.1 Pneumonia 103.2 Severe pneumonia 103.3 Very severe disease 103.9 Without specification
104.	Fever (Clinical Malaria) 104.0 Blood slide examined in facility 104.1 Blood slide sent out 104.2 Blood slide not taken
105.	Cough more than two weeks 105.0 Sputum smears done within facility 105.1 Patient referred for sputum smear
106.	Suspected Cholera
107.	Suspected Meningococcal Meningitis

HMIS/FLCF CODE	HEALTH PROBLEM
108.	Probable Poliomyelitis
108.0	Not vaccinated
108.1	Partially vaccinated
108.2	Fully vaccinated (by card)
108.9	Vaccination status unknown
109.	Probable Measles
109.0	Not vaccinated
109.1	Partially vaccinated
109.2	Fully vaccinated (by card)
109.9	Vaccination status unknown
110.	Probable/Confirmed Neonatal Tetanus
110.0	Not vaccinated
110.1	Partially vaccinated
110.2	Fully vaccinated (by card)
110.9	Vaccination status unknown
111.	Probable Diphtheria
111.0	Not vaccinated
111.1	Partially vaccinated
111.2	Fully vaccinated (by card)
111.9	Vaccination status unknown
112.	Probable Whooping Cough
112.0	Not vaccinated
112.1	Partially vaccinated
112.2	Fully vaccinated (by card)
112.9	Vaccination status unknown
113.	Goiter
114.	Suspected Viral Hepatitis
115.	Suspected AIDS
116.	Snake bite with signs & symptoms of poisoning
117.	Dog bite
118.	Scabies

Appendix IV

**CLASSIFICATION AND MODELS OF
HMIS/FLCF DATA COLLECTION
INSTRUMENTS**

CLASSIFICATION

PREVIOUS PAGE BLANK

DESIGN OF HMIS/FLCF DATA COLLECTION INSTRUMENTS

CLASSIFICATION

INDIVIDUAL PATIENT / CLIENT RECORD CARDS

- FC = Facility Cards**
- FC1 - OPD Ticket
 - FC2 - Referral Form
 - FC3 - Mother and Child Health Card
 - FC4 - Family Planning Card
 - FC5 - Investigation Request Form
 - FC6 - TB Facility Card
 - FC7 - TB Patient Card
 - FC8 - Chronic Disease Facility Card
 - FC9 - Chronic Disease Patient Card
 - FC10 - Immunization Card
 - FC11 - IDD Card

FACILITY RECORD KEEPING

FR = Facility Records and Registers

I - SERVICE DELIVERY REGISTERS/CHARTS:

- FR1 - OPD Register
- FR2 - Abstract Register for priority diseases
- FR3 - Child Health Register
- FR4 - Mother Health Register
- FR5 - Family Planning Register
- FR6 - TB Register
- FR7 - IDD Register
- FR8 - Laboratory Register
- FR9 - Daily EPI Register
- FR10 - Permanent EPI Register

FACILITY RECORD KEEPING

FR = Facility Records and Registers

II -- ADMINISTRATIVE REGISTERS/CHARTS:

- FR11 - Population Chart of Catchment Area
- FR12 - Birth Register
- FR13 - Stock Register (Medicines/Supplies)
- FR14 - Stock Register (Equipment/Furniture/Linen)
- FR15 - Meeting Register
- FR16 - Daily Expense Register
- FR17 - Daily Attendance Register
- FR18 - Log Book (Vehicles)
- FR19 - Stock Register (Vaccines)

FACILITY REPORTING FORMS

FF = Facility Forms

- FF1 - Monthly Report
- FF2 - Yearly Report
- FF3 - Immediate Report

DISTRICT RECORD KEEPING

DR = District Records and Registers

- DR1 - Supervisory Checklist
- DR2 - Training Register
- DR3 - Personnel Management Register

DISTRICT REPORTING FORMS

DF = District Forms

- DF1 - Quarterly District Report:

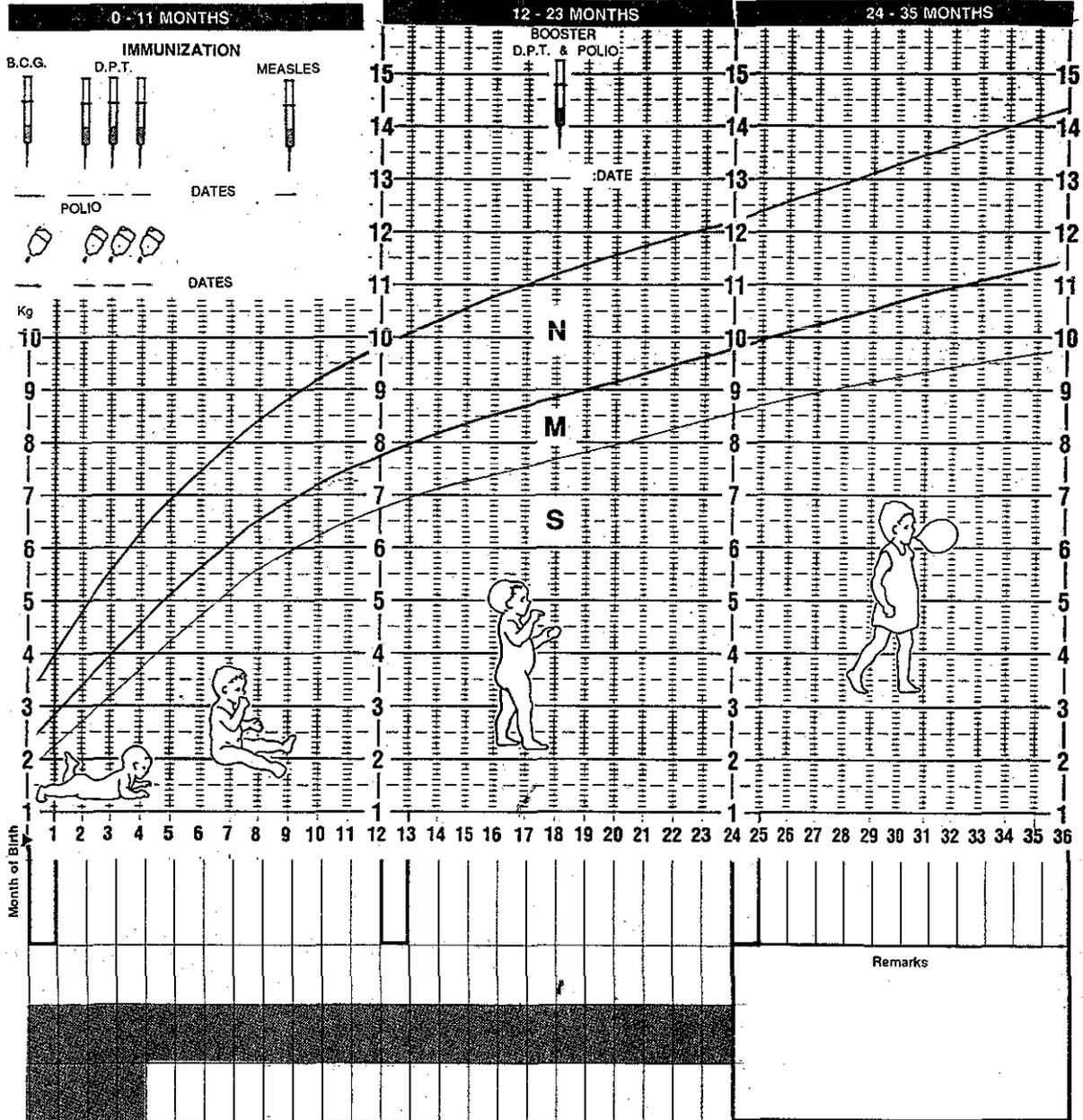
**MODELS OF
INDIVIDUAL PATIENT / CLIENT RECORD CARDS**

REFERRAL FORM

Institution:	Name of Patient:
District:	Yearly OPD No.:
Referred to:	Age: Sex:
REFERRAL INFORMATION <i>(to be filled by referring care provider)</i>	FEEDBACK FROM REFERRAL INSTITUTION <i>(to be filled by treating specialist)</i>
Reasons for Referral:	Diagnosis:
History and Clinical Findings:	Treatment:
	Follow-up:
Date: _____ Signature: _____	Date: _____ Signature: _____
Name: _____	Name: _____

Model of REFERRAL FORM
Actual Size: 8.5" X 6.75"

CHILD INFORMATION	
NAME OF CHILD	
(Sr.No. - Birth Year)	I.D. No.
Male <input type="checkbox"/> Female <input type="checkbox"/>	SEX
DATE OF BIRTH	
RISK FACTORS	
Less than 2.5 kg <input type="checkbox"/>	BIRTH WEIGHT (kg.)
2.5 kg or more <input type="checkbox"/>	
<input type="checkbox"/> No	POOR CONDITION OF CHILD AT BIRTH
<input type="checkbox"/> No	MORE THAN TWO BROTHERS / SISTERS UNDER 5 YRS
<input type="checkbox"/> No	PREVIOUS INFANT / CHILD DEATH
<input type="checkbox"/> No	MOTHER PREGNANT AGAIN
<input type="checkbox"/> No	MOTHER DEAD
<input type="checkbox"/> No	FATHER ILL / UNEMPLOYED / DEAD
DATE OF NEXT VISIT	
<p>WRITE ON THE CHART ANY ILLNESS, FOR EXAMPLE</p> <p>WATCH THE DIRECTION OF THE LINE SHOWING CHILD'S GROWTH</p> <p>GOOD Child growing well</p> <p>DANGER Not gaining weight; find out why</p> <p>VERY DANGEROUS Losing weight. May be ill; needs extra care</p>	
 <p>BREAST FEEDING > (Exclusively for 4 months)</p>	
 <p>BOTTLE FEEDING ></p>	
 <p>WEANING FOODS COMPOSITION > (Appropriate / Inappropriate)</p>	



Back Page

INVESTIGATION REQUEST FORM

(FC5)

Institution: _____

District: _____

Name: _____

Father/Husband's Name: _____ Age: _____ Sex: _____

In-patient

Ward: _____

Yearly Ward No. _____

Out-patient

Internal

New Case

Yearly OPD No. _____

External

Old Case

Health Problem / Diagnosis: _____

Examination Requested:

Results:

Serial Lab. No./
Serial X-Ray No. _____

Name & Signature

Date: _____

Name & Signature

Date: _____

Model of INVESTIGATION REQUEST FORM
Actual Size: 5.5" x 8.5"

TUBERCULOSIS FACILITY CARD

(FC6)

Yearly No: /

1) Name:	2) Age:	7) Name of institution:
3) Father's/Husband's Name:	4) Sex:	
5) Address:	6) Case Status	
	<input type="checkbox"/> New Case	9) Place of Diagnosis:
	<input type="checkbox"/> Relapsed	10) Transferred from:
	<input type="checkbox"/> Resumed	11) Date Card Issued: <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Transferred in		

12) DIAGNOSIS	13) PREVIOUS / FAMILY HISTORY	14) SPECIAL INVESTIGATIONS
Sputum 1: AFB <input type="checkbox"/> + <input type="checkbox"/> - Sputum 2: AFB <input type="checkbox"/> + <input type="checkbox"/> -		

15) INITIAL TREATMENT (First 3 months):											16) OBSERVATIONS	17) DEFAULT ACTION	
												1st	2nd
Write dates on which daily treatment is given →													
◆ Continue daily treatment up to 90 days													
Sputum Smear Control at 3 months:													
Sputum 1: AFB <input type="checkbox"/> + <input type="checkbox"/> -													
Sputum 2: AFB <input type="checkbox"/> + <input type="checkbox"/> -													

 Model of TUBERCULOSIS FACILITY CARD
 Actual Size: 11" x 8.5"

Front Page

18) FOLLOW-UP TREATMENT (4th to 12th months):

19) MONTHS	20) DATE		21) DRUGS SUPPLY		22) DEFAULT ACTION		23) OBSERVATIONS
	Due	Taken	INH/Tb1		1st	2nd	
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Sputum Smear Control at 9 months:

Sputum 1: AFB

+	-
---	---

Sputum 2: AFB

+	-
---	---

24) FINAL STATUS OF PATIENT	25) DATE	26) OBSERVATIONS
<input type="checkbox"/> Cured	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Patient Lost as Defaulter	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Patient Died	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Patient Transferred/Referred	<input style="width: 100%;" type="text"/>	
To: _____		

ABSTRACT REGISTER (FR2)

Month:

Year:

HEALTH PROBLEM	CODE	AGE GROUP				Sub-Total under 5 years	5 years and over (Tally all cases of age categories 5-14, 15-44 and 45+)	Total New Cases Current Month
		Under 1 year	1-4 years	5-14 years	15-44 years			
Diarhoea								
-without dehydration	101.0				101			
-with some dehydration	101.1							
-with severe dehydration	101.2							
-dehydration status not specified	101.9							
Total Diarhoea:	101.							
Dysentery								
-with dehydration	102.0				102			
-with some dehydration	102.1							
-with severe dehydration	102.2							
-dehydration status not specified	102.9							
Total Dysentery:	102.							
Acute Respiratory Infections	103.0				103			
-no pneumonia								
-pneumonia	103.1							
-severe pneumonia	103.2							
-very severe disease	103.3							
-without specification	103.9							
Total Acute Respiratory Infections:	103.							
Fever (Clinical Malaria)	104.0							
-blood slide examined in facility								
-blood slide sent out	104.1							
-blood slide not taken	104.2							
Total Fever (Clinical Malaria):	104.							
Cough > 2 weeks								
-sputum smears done within facility	105.0							
-patient referred for sputum smear	105.1							
Total Cough more than 2 weeks:	105.							
Suspected Cholera	106.							
Suspected Meningococcal Meningitis	107.							

Model of ABSTRACT REGISTER
 Actual Size: 17" x 22"

Poliomyelitis	-not vaccinated	108.0				
	-partially vaccinated	108.1				
	-fully vaccinated (card)	108.2				
	-vaccination status unknown	108.3				
	Total Poliomyelitis:	108.				
Measles	-not vaccinated	109.0				
	-partially vaccinated	109.1				
	-fully vaccinated (card)	109.2				
	-vaccination status unknown	109.9				
	Total Measles:	109.				
Neonatal Tetanus	-not vaccinated	110.0				
	-partially vaccinated	110.1				
	-fully vaccinated	110.2				
	-vaccination status unknown	110.9				
	Total Neonatal Tetanus:	110.				
Diphtheria	-not vaccinated	111.0				
	-partially vaccinated	111.1				
	-fully vaccinated (card)	111.2				
	-vaccination status unknown	111.9				
	Total Diphtheria:	111.				
Whooping Cough	-not vaccinated	112.0				
	-partially vaccinated	112.1				
	-fully vaccinated (card)	112.2				
	-vaccination status unknown	112.9				
	Total Probable Whooping Cough:	112.				
Goiter		113.				
Suspected Viral Hepatitis		114.				
Suspected AIDS		115.				
Snake bite with signs and symptoms of poisoning		116.				
Dog bite		117.				
Scabies		118.				

Nutritional Status in children under 3:					
-Normal Nutritional Status	N				
-Moderate Malnutrition	M				
-Severe Malnutrition	S				
Total children under 3 weighed:					

**MODELS OF
FACILITY REPORTING FORMS**

[Province] Health Department
MONTHLY REPORT

(FF1)

For First Level Care Facilities

Month:
 Year:

1. INSTITUTION IDENTIFICATION

A. Identification No:

B. Institution Name:

C. Province:

D. Division:

E. District:

F. Tehsil/Taluka:

G. Union Council:

H. Incharge Name: I. Signature

2. POPULATION DATA

(From Population Chart)

J. Catchment Area Population:

K. Expected Births this month (CA population / 100): (1)

(From Birth Register)

Number of Births Registered (2)	<input type="text"/>	% of Expected Births (2) / (1)	%
Number of Newborns Weighed (3)	<input type="text"/>	% of Births Registered (3) / (2)	%
Number of Low Birth Weight Babies (4)	<input type="text"/>	% of Newborns Weighed (4) / (3)	%

3. MEETINGS / HEALTH EDUCATION SESSIONS / HOME VISITS (from Meeting Register)

A. Number of Staff Meetings held:

B. Meetings: 1. with TBAs
 2. with CHWs
 3. with Health Committee or Community Leaders

C. Health Education Sessions: 1. in Institution
 2. in Schools
 3. in Community

D. Home Visits by Facility Personnel:

4. ESSENTIAL DRUGS / VACCINES / SUPPLIES (From Stock Register)

Item	Unit	Recd	Issued		Closing Balance	Days out of Stock	Other Essential Drugs/Supplies	Unit	Days out of Stock
			For Care	Discarded					
A. BCG Vaccine	dose						M. ORS	packet	
B. DPT Vaccine	dose						N. Cotrimoxazole	tablet	
C. Polio Vaccine	dose						O. Cotrimoxaz. syrup	bottle	
D. TT Vaccine	dose						P. Chloroquine	tablet	
E. Measles Vaccine	dose						Q. Primaquine	tablet	
F. DT Vaccine	dose						R. Iron Tablets	tablet	
G. Syringes	piece						S. Folate Tablets	tablet	
H. Needles	piece						T. Streptomycin	vial	
I. Oral Contraceptive	cycle						U. Isoniazid (INH)	tablet	
J. Condoms	piece						V. INH+Tb1	tablet	
K. Inj. Contraceptive	dose						W. Ziehl-Nielsen	bottle	
L. IUDs	piece						X.		

5. COMMENTS / RECOMMENDATIONS / ACHIEVEMENTS

6. TRANSMISSION

A. Received at District Health Office on: / / Name/Signature: _____

B. Received at Computer Center on: / / Name/Signature: _____

C. Data Entered on Computer on: / / Name/Signature: _____

Model of MONTHLY REPORT
 Actual Size: 8.5" x 13.5"

7. CURATIVE CARE						
A. New Cases (all diseases by age group) (From OPD Register)						
	Under 1	1 to 4	5 to 14	15 to 44	45 and over	Total
1. Male						
2. Female						
3. Total New Cases						
4. Old Cases						
5. Total Visits (3.+4.)						
6. Cases Referred						
7. Feedback from Cases Referred						
8. % Referred of Total New Cases (6./3.) x 100						%
9. % Feedback on Referred Cases (7./6.) x 100						%

B. Health Problems (Priority diseases) (From Abstract Register)					
	Under 1	1 to 4	5 and over	Total	% of Total New Cases
101. Diarrhoea					%
102. Dysentery					%
103. Acute Respiratory Infections					%
104. Fever (Clinical Malaria)					%
105. Cough more than 2 weeks					%
106. Suspected Cholera					%
107. Suspected Meningococcal Meningitis					%
108. Poliomyelitis					%
109. Measles					%
110. Neonatal Tetanus					%
111. Diphtheria					%
112. Whooping Cough					%
113. Goiter					%
114. Suspected Viral Hepatitis					%
115. Suspected AIDS					%
116. Snake bite with signs of poisoning					%
117. Dog Bite					%
118. Scabies					%
Total new cases priority diseases					%

C. Diarrhoea (New Cases under 5 years) (From Abstract Register)	Dehydration Status				Total Diarrhoea Cases under 5 Years
	None 101.0	Some 101.1	Severe 101.2	Unknown 101.9	
101. a. Number of Diarrhoea Cases under 5 years					
b. % of total Diarrhoea Cases under 5 years	%	%	%	%	

D. Dysentery (New Cases under 5 years) (From Abstract Register)	Dehydration Status				Total Dysentery Cases under 5 Years
	None 102.0	Some 102.1	Severe 102.2	Unknown 102.9	
102. a. Number of Dysentery Cases under 5 years					
b. % of total Dysentery Cases under 5 years	%	%	%	%	

E. Acute Respiratory Infections (New Cases under 5 years) (From Abstract Register)		No Pneumonia 103.0	Pneumonia 103.1	Severe Pneumonia 103.2	V. Severe Disease 103.3	Unknown 103.9	Total ARI Cases under 5 Years
103. a.	No. of ARI Cases under 5 years						
b.	% of total ARI Cases under 5 years	%	%	%	%	%	

F. Malaria						
(From Abstract Register)		Blood Slides				Total Fever Cases
		104.0 Examined in Facility	104.1 Sent Out	104.2 Not Taken		
104.	Number of Fever Cases (New cases all ages)		%		%	
(From Laboratory Register) (Only Outpatient New Cases)		Internal		External		
		Number	% Positive	Number	% Positive	
1.	Total Number of Slides Examined (New Cases)					
2.	Number of Slides Malaria Parasite Positive		%		%	
3.	Number of Slides Plasmodium Falciparum Positive		%		%	

G. Tuberculosis						
(From Abstract Register)		Sputum Smears Requested				Total Cases Cough more than 2 weeks
		105.0 Examined in facility	105.1 Patient Referred			
105.	Number of Cases of Cough more than 2 weeks (New cases all ages)		%		%	
(From Laboratory Register) Only Outpatient New Cases		Internal		External		
		Number	% Positive	Number	% Positive	
1.	No of Sputum Smear Series Done					
2.	Number of Smears Series AFB Positive		%		%	
(From Tuberculosis Register)		Number				
1.	Tuberculosis Patients under Treatment at end of previous month					
2.	Started Treatment this month	a.	Total Number Started Treatment (Incl. new, relapses, transferred and resumed treatment)			% of Total Number Started Treatment ↓
		b.	Number of New Cases			%
3.	Discharged during this month	a.	Total Number Discharged (Incl. cured, died, transferred and lost as defaulters)			% of Total Number Discharged ↓
		b.	Number Lost as Defaulters			%
4.	Tuberculosis Patients under Treatment at end of this month					

H. Immunizable Childhood Diseases (From Abstract Register)	Not Vaccinated	Partially Vaccinated	Fully Vaccinated	Vaccination Status Unknown	Total Cases	% of Cases Fully Vaccinated
108. Poliomyelitis						%
109. Measles						%
110. Neonatal Tetanus						%
111. Diphtheria						%
112. Whooping Cough						%

I. Distribution of Iodine Caps. (From IDD Register)	Number of Clients	5. Total Caps. distributed ↓
1. Under 20 years		
2. Pregnant women		
3. Child Bearing Age Women		
4. Total Number of Clients		

J. Malnutrition (Children under 3) (From Abstract Register)	Number	% of Total
1. Total Weighed		
2. Normal		%
3. Moderate Malnutrition		%
4. Severe Malnutrition		%

8. MOTHER AND CHILD CARE PREVENTIVE ACTIVITIES

A. Pre-natal Care (From Mother Health Register) Expected New Pregnancies this month (CA Population / 270) (1)

Number Newly Registered (2)		Newly Registered During 1st Trimester (3)		Haemoglobin under 10 gm% at 1st measurement (4)		Total Visits (5)	
% of Expected New Pregnancies (2) / (1)	%	% of Total Newly Registered (3) / (2)	%	% of Total Newly Registered (4) / (2)	%	No. of Re-visits (5) - (2)	

B. Deliveries (From Mother Health Register) Expected Deliveries this month (CA Population/300) <input type="text"/> (1)				C. Post-natal Care (From Mother Health Register)			
Total Number of Deliveries (2)		No. of Deliveries by Trained Persons (5)		% of Expected Deliveries (5) / (1)	%	Number of Deliveries in month previous to reporting month (7)	
Number of Stillbirths (3)		No. of Deliveries in your Facility (6)		% of Deliveries by Trained Persons (6) / (5)	%	Rec'd at least 1 Postnatal Visit (8)	
Number of Abortions (4)						% of Deliveries in previous month (8) / (7)	%

D. Maternal Deaths Number: (From Mother Health Register)

E. Family Planning (From Family Planning Register)

Total Visits	Male	Female	New Cases	Old Cases	Visits by Contraceptive Method						Referred	
					Condom	Foam	Pills	Injection	IUCD	Surgery		

Units Distributed >

F. Growth Monitoring (From Child Health Register) Expected Children under 1 year this month (CA Population / 320) (1)

No. Newly Registered under 1 year (2)		Total Visits (3)			
% of Expected under 1 year (2) / (1)	%	No. Normal Nutrition Status (4)		% of Total Visits (4) / (3)	%

G. Vaccinations (From EPI Register) Catchment Area Population (if different from page 1): Number Fixed Centres: Number Outreach Teams: No. Mobile Units:

Vaccination Type	0-11 months	12-23 months	2 years and over	Total Children
1. BCG				
2. DPT - 1				
3. DPT - 2				
4. DPT - 3				
5. DPT - Booster				
6. OPV - Zero				
7. OPV - 1				
8. OPV - 2				
9. OPV - 3				
10. OPV - Booster				
11. DT - 1				
12. DT - 2				
13. DT - Booster				
14. Measles				
15. Fully Immunized Children				

Target Group for TT Vaccines	TT - I	TT - II	TT - III	TT - IV	TT - V
16. Pregnant Women					
17. Child Bearing Age Women					
18. Total					

7. DRUGS / VACCINES / SUPPLIES (From Stock Registers — Medicines - Supplies and Vaccines)

Item	Unit	Opening Balance	Received	Issued		Closing Balance
				For Care	Discarded	
A. BCG Vaccine	dose					
B. DPT Vaccine	dose					
C. Polio Vaccine	dose					
D. TT Vaccine	dose					
E. Measles Vaccine	dose					
F. DT Vaccine	dose					
G. Syringes	piece					
H. Needles	piece					
I. Oral Contraceptive	cycle					
J. Condoms	piece					
K. Inj. Contraceptive	dose					
L. IUDs	piece					
M. ORS	packet					
N. Cotrimoxazole	tablet					
O. Cotrimoxazole Syrup	bottle					
P. Chloroquine	tablet					
Q. Primaquine	tablet					
R. Iron Tablet	tablet					
S. Folate Tablets	tablets					
T. Streptomycin	vial					
U. Isoniazid (INH)	tablet					
V. INH+Tb1	tablet					
W. Ziehl-Nielsen	bottle					
X.						
Y.						
Z						
AA.						
AB.						
AC.						
AD.						
AE.						
AF.						
AG.						
AH.						
AI.						
AJ.						
AK.						
AL.						
AM.						
AN.						
AO.						
AP.						
AQ.						
AR.						
AS.						

IMMEDIATE REPORT ON EPIDEMIC DISEASES

Date: / / A. Identification No.:

B. Institution Name:

C. Province:

D. Division:

E. District:

F. Tehsil/Taluka:

G. Union Council:

H. Incharge Name:

I. Signature: _____

Report within 24 hours to the District Health Officer any case of the following health problems. Use a separate sheet for each disease. Attach additional sheets if required.

- Tick one only
106. Cholera
107. Suspected Meningococcal Meningitis
108. Poliomyelitis
109. Measles
- Other disease which presents a serious epidemic threat,

specify: _____

1	2	3	4	5	6	7	8	9	10	11	12
Sr. No.	Date Reported	Date of Onset	Name/Father's Name	Sex M/F	Age	Address	Vaccination Status			Action Taken	Referred To
							Not Vacc.	Part. Vacc.	Fully Vacc.		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

**MODELS OF
DISTRICT RECORD KEEPING INSTRUMENTS**

[Province] Health Department
SUPERVISORY CHECKLIST
For First Level Care Facilities

Institution Name:	Name of Supervisor:
Division:	Year:
District:	Quarter: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Tehsil/Taluka	Date of Visit: <input type="text"/> / <input type="text"/> / <input type="text"/>
Incharge Name:	

Preparation for Supervisory Visit

Date of previous visit: / /

Action taken since previous visit:

Are there special problems from previous visit that need to be followed during the current visit?

List: _____

Any special needs/requirements?

List: _____

Take the following documents with you or make photo copies of relevant parts.

1. Personnel Management Register
2. Last Monthly Report of the Health Institution
3. Last Year Report of the Health Institution (once a year)

<p align="center"><i>Model of SUPERVISORY CHECKLIST</i> Actual Size: 8.5" x 11"</p>

Section 1: Individual Case Management

Make final assessment on case management of the following health care activities using the scores obtained through the worksheets. For health care activities not performed in the supervised health facility, tick the box 'NA' (Not Applicable).

		Quality of Case Management			
		NA	Poor (<50%)	Insufficient (50 - <80%)	Appropriate (≥80%)
1.	Sick Child Under Five				
1.1	General Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Diarrhoeal Disease Case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Acute Respiratory Infection Case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Management of Nutritional Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Management of Immunization Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Growth Monitoring in Child Under Three	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Immunization Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Delivery Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Postnatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Neonatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Tuberculosis (follow-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Resource Management

Make final assessment on the management performance of the health staff for the following resources, using the scores obtained through the worksheets. For resources not available in the supervised health facility, tick the box 'NA' (Not Applicable).

1. Laboratory

1.1 Microscope in good working condition

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA	Y	N

1.2 Laboratory diagnosis of malaria is of acceptable quality.
(Malaria diagnosis correct for $\geq 80\%$ of slides)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA	Y	N

1.3 Laboratory diagnosis of tuberculosis of acceptable quality.
(Tuberculosis diagnosis correct for $\geq 80\%$ of slides)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA	Y	N

2. Community Development Activities

Management of community development activities is of acceptable quality.
(A 'Yes' answer was recorded for $\geq 80\%$ of management indicators)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA	Y	N

3. Personnel Management

Personel Management is of acceptable quality.
(A 'Yes' answer was recorded for $\geq 80\%$ of management indicators)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA	Y	N

4. Cold Chain Management

Cold Chain Management is of acceptable quality.
(A 'Yes' answer was recorded for $\geq 80\%$ of management indicators)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA	Y	N

5. Physical Resources Management

5.1 $\geq 80\%$ of essential equipment is in good working condition

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA	Y	N

5.2 Physical inventory check for equipment/furniture and linen is satisfactory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA	Y	N

5.3 Physical inventory check for drugs/vaccines/supplies is satisfactory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA	Y	N

5.4 Transport means of the health facility were appropriately used

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA	Y	N

6. Record Keeping System Management

The Management of the Record Keeping System is of acceptable quality.
(A 'Yes' answer was recorded for $\geq 80\%$ of management indicators)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA	Y	N

Feedback On The Visit

1.	Improvements noticed since previous visit:
2.	Problems identified during previous visit that need still further improvement:
3.	Problems identified during this visit:
4.	Recommendations to Health Staff:
5.	Actions to be taken by supervisor:
6.	Problems to be followed at next visit:
7.	Date of next visit: _____

**MODELS OF
DISTRICT REPORTING FORMS**

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[Province] Health Department
QUARTERLY DISTRICT REPORT
 For First Level Care Facilities

District:		Year:					
Division:		Quarter: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					
	OPD Hosp	RHC	BHU	Disp/SHC	MCH Center	Other FLCF	Total
Total Number of FLCFs							
Number of FLCFs supervised during this quarter							
% of FLCFs supervised during this quarter							
District Health Officer:							
						Signature	Date: <input style="width: 50px;" type="text"/>

Model of QUARTERLY DISTRICT REPORT
 Actual Size: 11" x 8.5"

OPD Hosp = Outpatient Department of Hospital
 RHC = Rural Health Centre
 BHU = Basic Health Unit
 Disp/SHC = Dispensary or Sub-Health Center
 MCH Center = Maternal and Child Health Center

Section 1: Results of Supervisory Visits

The following data can be obtained from the Supervisory Checklists.

Individual Case Management

Appropriate Case Management (final assessment score 80% or more) was observed in the following health institutions:

		OPD Hospital			RHC			BHU			Disp./SHC			MCH Center			Other FLCF			Total		
		Nob	Ny	%	Nob	Ny	%	Nob	Ny	%	Nob	Ny	%	Nob	Ny	%	Nob	Ny	%	Nob	Ny	%
1.	Sick Child Under Five																					
1.1	General Child Care																					
1.2	Diarrhoeal Disease Case																					
1.3	Acute Resp. Infection Case																					
1.4	Management of Nutrit. Status																					
1.5	Management of Immun. Status																					
2.	Growth Monit. in Child Under 3																					
3.	Immunization Session																					
4.	Prenatal Care																					
5.	Delivery Care																					
6.	Postnatal Care																					
7.	Neonatal Care																					
8.	Family Planning																					
9.	Tuberculosis (follow-up)																					

Nob = Number of FLCFs in which observation was done.

Ny = Number of FLCFs in which appropriate case management was observed.

Resource Management

Management of acceptable quality for various resources was observed in the following health institutions:

		OPD Hospital			RHC			BHU			Disp./SHC			MCH Center			Other FLCF			Total		
		Nob	Ny	%	Nob	Ny	%	Nob	Ny	%	Nob	Ny	%	Nob	Ny	%	Nob	Ny	%	Nob	Ny	%
1.	Laboratory																					
1.1	Microscope in good working condition*																					
1.2	Malaria diagnosis																					
1.3	Tuberculosis diagnosis																					
2.	Community Development Activities																					
3.	Personnel Management																					
4.	Cold Chain Management																					
5.	Physical Resources																					
5.1	Essential equip. in good working condition*																					
5.2	Physical invent. check for E/F/L satisfactory																					
5.3	Physical invent. check for M/S/V satisfactory																					
5.4	Transport means properly used																					
6.	Record Keeping System																					

Nob = Number of FLCFs in which observation was done.
 Ny = Number of FLCFs in which management of acceptable quality was observed.
 * Report under 'Ny' number of FLCFs with equipment in good working condition.

Appendix V

**PROVINCIAL PLANS FOR
HMIS/FLCF TRAINING**

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PROVINCIAL PLANS FOR HMIS/FLCF TRAINING

AJK

1. MASTER TRAINERS

HIS Counterpart	1
Male Doctors	1
Female Doctors	1

Total 3

2. TRAINEES

<u>Type of Facility</u>	<u>Nos.</u>	<u>Trainees per Facility</u>	<u>Total Trainees</u>
DHQ/CMHs	4	10	40
Tehsil Hospitals	7	4	28
T.B. Hospitals	1	4	4
RHCs	22	3	66
BHUs	150	2	300
Dispensaries	128	1	128
FAPs	149	1	149
MCH Centre	86	1	86
TBC	40	1	40
IDD Program	5 teams	5	5
EPI Mobile Team	8 teams	8	8
SOS/SAS	15	1	15

Total: 869

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3. DISTRICT LEVEL TRAINING WORKSHOPS

Duration: 4 days

Mode of Implementation:

District Workshops at:

Muzaffarabad	4
Bagh	3
Punch	4
Kotli	3
Mirpur	4

Venue: At District Headquarters

No. of Participants:

Total Participants	869
Total Workshops	18
Participants per Workshop	45

4. TRAINING SCHEDULE

Master Trainers trained in Islamabad during October 1992 by PCSP/HIS Team

One-Day Orientation Training for COS/MS/DHOs/ADHOs at Muzaffarabad

Logistics Arrangements within the District: All FLCFs at once

5. FINANCING OF TRAINING PROGRAMMES

Per workshop	Rs. 0.75 Million
Per 18 workshops	1.260 Million
One vehicle should be provided by PCSP to AJK for HMIS operations	

PROVINCIAL PLANS FOR HMIS/FLCF TRAINING

BALUCHISTAN

1. MASTER TRAINERS

HIS Counterpart - Government of Balochistan
HIS Coordinator - Pakistan Child Survival Project
A female paramedic/Doctor - Government of Balochistan

District Trainers - to be trained at divisional level

DHO
AHDO/Senior MO
MS. DHQ Hospital
Senior LHV

2. TRAINEES

It is estimated that about 35 participants will be trained in each workshop and a total of 43 workshops will be needed to train the health personnel on the following assumption:

OPD of Hospitals	4 Health personnel
RHC	3 Health personnel
BHU	2 Health personnel
CD	1 Health personnel
SHC	1 Health personnel
MCH	1 Health personnel

3. DISTRICT LEVEL TRAINING WORKSHOPS

Duration: It is estimated that about 4 workshops will be conducted every month.

Mode of implementation: Training will be division wise. The training responsibilities will be shifted gradually to the district trainers. DHO and MS will supervise the training and ADHO/MS will be responsible for organization and conducting of workshop. Every district will be extensively followed after the training by the Master Trainers.

Venue: District workshops will be conducted with the help of master trainers. It is calculated that 2-3 workshops will be conducted in every district.

No. of participants:

Total Participants	1,500
Total Workshops	43
Participants per Workshop	35

4. TRAINING SCHEDULE

Zhob	November - December, 1992, January 1993
Makran	February - April, 1993
Quetta	May - July, 1993
Kalat	August - October, 1993
Sibi	November - December, 1993 and January, 1994

PROVINCIAL PLANS FOR HMIS/FLCF TRAINING

NORTHERN AREAS

1. MASTER TRAINERS

Master Trainers	4 (2 male, 2 females)
District Trainers	6 (DHOs/Senior MOs)

2. TRAINEES

FLCF	MOs and WMOs	40
	Dispensers, LHVs and Allied Staff	355
	Total Trainees for FLCFs	395

3. DISTRICT LEVEL TRAINING WORKSHOPS

Duration: 4 days

Mode of Implementation: Training will be imparted district wise in batches of 30 personnel from the FLCF.

Venue: Gilgit

No. of participants:

Total Participants	395
Total Workshops	13
Participants per Workshop	30

4. TRAINING SCHEDULE

2 workshops per month will be organized.

As such, total time period required will be 7 months.

Training of Master trainers: September - October, 1992

Training of District Trainers: November, 1992

Training of FLCF Personnel: April, 1993 - October 1993

(Due to seasonal severity, no training will be imparted from December 1992 to March 1993)

5. FINANCING OF TRAINING PROGRAMMES

Implementation of Training Plan is subject to the provision of finances from PCSP for boarding, lodging and other expenditures to be incurred during the training.

Rs. 0.9 million + Logistic Support

PROVINCIAL PLANS FOR HMIS/FLCF TRAINING

N. W. F. P.

1. MASTER TRAINERS

Dr. Sharif Ahmed Khan, DD/HIS Counterpart, Health Directorate, NWFP.

Mr. Zamin Gul, PCSP/HIS Coordinator, NWFP

One female trainer will be made available at District level, for training in MCH data collection system. She will be a WMO, LHV, or FMT from FLCF.

2. TRAINEES

FLCF Type	No.	For each FLCF	Total
Hospital	145	4	580
RHCs	70	4	280
BHUs	731	2	1462
Dispensaries	518	1	518
SHC	39	1	39
MCHC	89	1	89
TBC	18	1	18
LC	29	1	29
Total	1639		3015

3. DISTRICT LEVEL TRAINING WORKSHOPS

Duration: The training will be 4 days for all personnel.

Mode of implementation: 2-3 workshops will be conducted in each district.

Venue: Training will be conducted at DHO office.

No. of participants:

Total Participants	3,015
Total Workshops	67
Participants per Workshop	45

4. TRAINING SCHEDULE

After the training of one team of master trainers, the training at district level will be started in October, 1992. Initially two workshops will be conducted every month. After 2 or 3 months, a second team of the master trainers will be trained, and then total four workshops per month will be conducted by the two teams. Thus, it will take about 18 months to train all 3,000 personnel in the province.

5. FINANCING OF TRAINING PROGRAMMES

1. In addition to the funds available from Pakistan Child Survival Project, NWFP will also try to get extra funding from the World Bank Family Health Project which has recently started in the Provinces.
2. Discussions are on-going in the provinces, with the International Agencies, on issues of streamlining their activities. HMIS Training and its sustainability is an important part of these discussions.

PROVINCIAL PLANS FOR HMIS/FLCF TRAINING

PUNJAB

1. MASTER TRAINERS

HIS Counterpart

PCSP/HIS Coordinator

8 divisional teams (each team of 2 persons, MO, WMO/LHV)

2. TRAINEES

Total Trainees 8191

3. DISTRICT LEVEL TRAINING WORKSHOPS

Duration: 4 Days

Mode of implementation:

2 workshops at each division every month for 4 days. Provincial Orientation Workshops for 2 days (Participants: DHOs, MS of DHQ/THQ Hosp.)

Venue: Divisional Capital

No. of participants:

Total Participants 8191

Total Workshops 163

Participants per Workshop 50

4. FINANCING OF TRAINING PROGRAMMES

1. Existing funds from PCSP and UNICEF are 14.63%
One vehicle would be made available for each team.
Internal adjustments for the constitution of teams with TA/DA support from PCSP.

2. The 85.36% deficiency will be covered through various sources like:

World Bank Ind. Family Health Project;
KfW (German grant)
Government of Punjab
UNICEF/WHO
Others

PROVINCIAL PLANS FOR HMIS/FLCF TRAINING

SINDH

1. MASTER TRAINERS:

H.I.S. Counterpart
 PCSP/HIS Coordinator
 Deputy Director MCH Services, Sindh (female trainer)

2. TRAINEES

DISTRICT SUPERVISORS: 14 Senior officers nominated by DHSs/DHOs
 PARTICIPANTS FROM FLCFS: 1221

(Based on the following assumptions):

DHQ Hospital	1 MMO / 1 WMO / 1 Staff Nurse / 1 LHV
THQ Hospital	1 MMO / 1 WMO / 1 LHV / 1 Staff Nurse
RHC	1 MMO / 1 WMO / 1 LHV (if available)
BHU	1 MMO / 1 FHT (if available)
Dispensary	1 MMO
SHC	1 MMO
MCH Center / Maternity Home	1 WMO / 1 LHV (if available) / 1 Staff Nurse (if available)

3. DISTRICT LEVEL TRAINING WORKSHOPS

<u>Duration:</u>	DHQH / THQH / RHC	4 days
	BHU / Disp. / SHC	4 days
	MCHC / Mat.Home	2 days

Mode of implementation:

Two workshops per month will be conducted in each division by the Master Trainers.

POST TRAINING SUPERVISION

District Supervisors: Once a month (with advance tour programme)
 Master Trainers: Randomly

Venue: Divisional Headquarters

No. of participants:

Total Participants	1,235
Total Workshops	31
Participants per Workshop	40

4. TIME SCHEDULE FOR IMPLEMENTATION

Start of Training: November, 1992
Completion of Training in all District: February, 1994

5. FINANCING OF TRAINING PROGRAMMES

The HMIS training activities are likely to be financed through the following:

ADB (Sindh) 1992 - 93

Child Survival programme Total Rs. 5 M (Rs. 0.5 m Revenue)

German KfW Project Grant

Request has been made to EAD to cover expenditure on hardware, software, and training

PCSP and UNICEF

Additional funding which is still required will be met through the existing PCSP budget, and financing available from UNICEF