Islamic Transitional Government of Afghanistan
Ministry of Health

Design and Implementation of Health Management of Information System (HMIS) For Basic Package of Health Services (BPHS)

July 24th and July 27th 2003

Workshop
Design and Implementation of HMIS for BPHS
24 & 27 July 2003
Draft Agenda

24 July 2003

8:30 – 9:00	Arrival – distribution of materials
9:00 – 10:30	1. Opening (Dr. Stanikzay, 10 min)
	2. Overview of HMIS development (Dr. Kayhan, 10 min)
	3. Presentation of final list of BPHS indicators (Dr. Ayoub, 15 min)
	4. Data flow chart (Dr. Ickx, 55 min)
10:30 – 11:00	Break
11:00 – 12:30	5. Presentation of proposed monthly integrated activity report, annual facility report and annual HH survey report, with link to indicators (Dr. Kayhan, Dr. Paul, Dr. Khalil, Dr Khan Aga Aseel, 60 min)
	6. Present Patient Card and register (Dr. Dairiku Hozumi, 15 min)
	7. Present community-based data form (Mr. S.K. Zamman, 15 min)

27 July 2003

8:30 – 9:00	Arrival – form small discussion groups*
9:00 – 10:30	8. Discuss patient card and register (20 min)
	9. Discuss community-based data form (20 min)
	10. Summarize recommendations (20 min)
	11. Present recommendations to plenum (30 Min)
10:30 – 11:00	Break
11:00 – 12:30	12. Discuss MIAR, Annual Facility Report and HH Survey report (40 min)
	13. Summarize recommendations (20 min)
	14. Report to plenum (30 min)
12:30	Closing remarks, including next steps (10 min) (Dr. Kayhan)

* Following groups were suggested:

- AnteNatal, PostNatal, Family Planning
- Delivery and EmOC
- Priority diseases, Notifiable Diseases and Infectious diseases (Malaria & Tuberculosis)
- Nutrition
- Child Health
- Community-based Health Care

HMIS workshop participants list (July 24th and 27th)

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HEALTH MANAGEMENT INFORMATION SYSTEMS TASK FORCE
WORKSHOP ON
DESIGN AND IMPLEMENTATION OF INFORMATION SYSTEM
FOR BASIC PACKAGE OF HEALTH SERVICES

24 AND 27 JULY 2003

1. OPENING

The workshop was opened by Dr. Stanikzay, who thanked all those who had participated in the development of the HMIS so far. He also gave a summary of the workshop agenda and requested active participation of those present.

2. INTRODUCTION

Dr Kayhan gave a brief overview of the HMIS development of the last 5 years. He then explained the task at hand. The participants would review the proposed information flow, the draft forms and reports, and give their comments and recommendations.

Since several participants had not been present in the Indicator Workshop in March, Dr. Ayub presented a summary of the development of indicators for the BPHS. He explainded the different levels of indicators and what they would allow to track.

3. OVERVIEW OF INFORMATION FLOW

Dr. Ickx presented the proposed information flow for the HMIS, defining at each level the data collected and stored, the use of the data, reporting to higher levels and feedback to lower levels.

4. PRESENTATION OF FORMS AND REPORTS

Dr. Kayhan presented the Notifiable Disease report form, and the Monthly Integrated Report Form for facilities (BHC, CHC and OPD of first referral hospitals). Dr. Khalil presented the Monthly Aggregated Activity Report for health posts. Mr. Khan Aqa Aseel presented the Annual facility report. Dr. Ickx presented the annual household survey data collection form. Dr. Hozumi

presented the comprehensive register and the advantages and disadvantages of comprehensive versus multiple registers and patient cards. Finally, Mr. Zaman presented examples of a community data form and a community health map.

5. MAIN QUESTIONS FOR CLARIFICATION

During and after each presentation the participants made comments or asked questions.

Q. Is there anything on HIV/AIDS in the routine HMIS?
A. Presently not. The HMIS Task Force was unable to obtain data forms from the HIV/AIDS working group. When the HIV/AIDS working group has defined its program and information needs, they will be considered for incorporation into the routine system.

Q. Would it be possible to incorporate information on behavior in the routine HMIS?
A. Most of the routine HMIS is focused on information related to …… Behavior and behavior change are best documented through household surveys, like a care seeking behavior survey, and more qualitative data collection. However, the yearly household survey, which allows the health workers to better understand coverage, may also be used to look at key behaviors.

Q. Who will fill out the forms?
A. The facility staff. The CHW and daya may often be functionally illiterate, and will probably only use pictorial data collection and tallying forms. The supervisor from the facility will help to fill out the MAAR and household survey collection form. The field testing will show how much time is needed to fill out the forms, and whether the present staffing levels of the facilities allow for the time necessary. If not, they need to be adapted.

Q. Who will train people in the use of the forms?
A. It depends on the funding agency and implementation strategy of the MoH in the area. In many cases, the NGOs and agencies that support the MoH locally will be responsible for the training. Several of the grants mechanisms demand that the grantees adhere to the MoH HMIS.

Q. What is the difference between MAAR and MIAR?
A. MIAR is the integrated activity report that every single facility (BHC, CHC and OPD of the first referral hospitals) will produce and send to the provincial level on a monthly –or quarterly- basis. The MAAR is the aggregated report of activities of the health posts supervised by a health facility, compiled by the supervisor of the facility and forwarded each month –or quarter- to the provincial level.

Q. Is the reporting period monthly for all levels or not?

A. Ideally activity reports should be made monthly. However, rather than insisting on a single report interval, the PCCs should decide what is most feasible for each province and each district. The same form the province to the national level. Some provinces may have computers and the staff to use them properly. This may speed up reporting. We hope that at least quarterly reports will arrive from each province. It is better to get the reports with a greater interval than not to get any reports because people cannot give them in time. Feedback would follow the same principles: frequently as possible, but adapted to the local conditions.

Q. Is the base for reporting the clinic?

A. Yes the base for reporting is the clinic. Health posts are supervised from the clinics, and report to the clinics. The reports of all health posts dependent form one clinic are aggregated at the clinic level. The same for the household reports of the health posts.

Q. Is there an indicator for trachoma? Is there information for trachoma?

A. Trachoma is not withheld as a priority in the BPHS, so it is no part of the system right now.

Q. Which levels will report tube ligation and vasectomy?

A. The comprehensive health center and hospital.

Q. Is stock-out for essential drugs only for health posts.

A. The report on stock out is for tracer drugs: some selected drugs that are critical to the implementation of the BPHS. In the health post that are almost all drugs available. In the BHC and CHC that are selected drugs that serve as indicator for all the drugs. But on all levels, stock out is reported.

Q. There is a daya in each health post, but the MoH is not giving them salary, so is the health post going to exist or not?

A. TBA will not get salary from the MoH. It does not mean that there is no incentive from the community. But this is to be discussed in the CBH Task Force.

Q. Analysis should be used for action, so when we say analysis, we should say analysis for action. If you say analysis, it is analysis for what?

A. One of the principles of the Task Force applied during the development of the forms, was to ask staff to collect only the data, that when analyzed would lead to self-monitoring and self-evaluation and hence to steps to improve performance. In the present presentations it is assumed that analysis at all levels is done to allow staff at different levels to improve performance. Hence, when you see the word “analysis”, it means “analysis for action”.

6. COMMENTS AND RECOMMENDATIONS FROM WORKING GROUPS

The second day of the workshop, participants were asked to split in groups according to area of interest. Four groups were formed: Maternal health and family planning, infectious diseases, nutrition, and community health.

The participants were asked to review the following forms presented during the first day of the workshop:

- Comprehensive register
- Patient cards
- Pictorial community data form
- Monthly Integrated Activity Report of facilities
- Monthly Aggregated Activity Report of health posts
- Annual Facility Status Report
- Annual household survey data collection sheet

For each of the forms participants were asked to consider the following:

1. Bearing in mind the indicators developed in February 2003, does this data collections form/report allow to collect/transmit the information needed to calculate the indicator;
2. Bearing in mind the capacity of the recommended staff, is this form appropriate for data collection at and/or reporting from this level in the health system;
3. Does this form facilitate the flow of information between different levels; and
4. formulate concrete recommendations for improvement.

Because of the different discussion dynamics in each group, the facilitators decided to deviate from the planned timeline, and let the sessions run at their own pace till 12:00 and then have each group report back to the plenum. Comments and recommendations of each group were presented and discussed in plenum, then collected for further consideration by the Task Force.

Patient card to be developed

- one card with client, one register
- one card with client, multiple registers
- one comprehensive card
- should at least include weight, height and % of WFH
- field test needed before final format decided

Comprehensive Register

- should be printed landscape on two pages
- additional identification is needed: village (2 groups), father name
- essential functions of the EmOC should all be listed
- for family planning add column new, current, discontinued
- SL# should be continuous for one year
- Add age groups
- Sex in one column
- Case definition of “First” and “Other” and all diseases
- Add “suspected TB”
- Nutrition status of pregnant women is not mentioned
- Anemia needs to be added

Pictorial register

- needs testing and adaptation (3 groups)
- confidentiality should be assured (2 groups)
- knowledge about FP should be assessed
- malaria is not diagnosable at community level
- reasons for discontinuation of FP methods should be clearly depicted
- how do illiterates know which card is for which patient/family?
- Strong training is needed for implementation

MIAR

- Unique facility code is needed
- Total number of patients attended is not clear (2 groups)
- A. include more age groups (0-4, 5-14, 15-44, 45+)
- A. add TB suspect
- A. Trauma needs to be added
- B. include separate miscarriage/abortion
- B. specify who are the trained staff
- B. “vaginal deliveries”
- B. take out cesarean section
- C. measles should be there (no consensus)
- C. only TT2+ should b ekpt
- C. include non-pregnant women of childbearing age (2 groups)
- E. All items should be included

- E. add methylergometrin
- E. just say “TB drugs”
- E. use SP/chloroquine
- F. include “referral” column
- G. include STD test (VDRL?)
- G. have total examined and total + for all
- H. add “number of suspected TB cases”

MAAR

- A. Trauma needs to be added
- B. include separate miscarriage/abortion
- B. non low birth weight, replace with “Sick newborn referred”
- B. take all neonatal deaths, not only early
- C. include non-pregnant women of childbearing age
- E. all items should be included
- E. take out vitamin A
- E. Replace chloroquine with SP
- E. just say “TB drugs”
- E. take out TB drugs and ampi/amoxy
- F. add row “Referral”

Annual Facility Status Report

- Who fills this out and from where is the data collected?
- A. add transportation and communication (radio…)
- B. referral facility not listed
- B. Add dentist
- C. define terms eg. TB slides, Malaria slides
- C. Measuring board and WFH table to be included

No comments were made on the **annual household survey data collection sheet** during the workshop. One malaria task force member had suggested be email to add a question about the use of bednets in the family.

6. CLOSING STATEMENT – NEXT STEPS

Dr. Kayhan thanked the participants for their active contribution. He closed the workshop with a short overview of the next steps in the HMIS development:

- Review of workshop recommendations by the Task Force

- Finalization of forms and guidelines for use by mid-August
- Selection of pilot sites for testing and TOT by end of August, early September
- Pilot testing in several sites till December
- Evaluation, review and adaptation January-February 2004
- National roll-out form March 2004

ANNEXES

1. Workshop agenda
2. Indicator list
3. Information Flow Chart
4. Forms
5. Presentations (Dr. Kayhan, Dr. Ayub, Dr. Ickx, Dr. Hozumi)
6. List of Participants

SL NO	STICKER	STARTING DATE	LAST CHILD			NUMBER OF LIVING CHILDREN					TOTAL PREG.		YRS	AGE.		Name	
			AGE.				T				////		YRS	AGE.		Name	

YEAR =												YEAR =												YEAR =													FP Status	
?	O	?	?	?	?	a	?	a	?	?	?	?	O	?	?	?	?	a	?	a	?	?	?	?	O	?	?	?	?	a	?	a	?	?	?		Dari calendar	FAMILY PLANNING STATUS
?	O	?	?	?	?	a	?	a	?	?	?	?	O	?	?	?	?	a	?	a	?	?	?	?	O	?	?	?	?	a	?	a	?	?	?		Pashto calendar	
																																					Total number of facility visited	
																																					Non Acceptors	

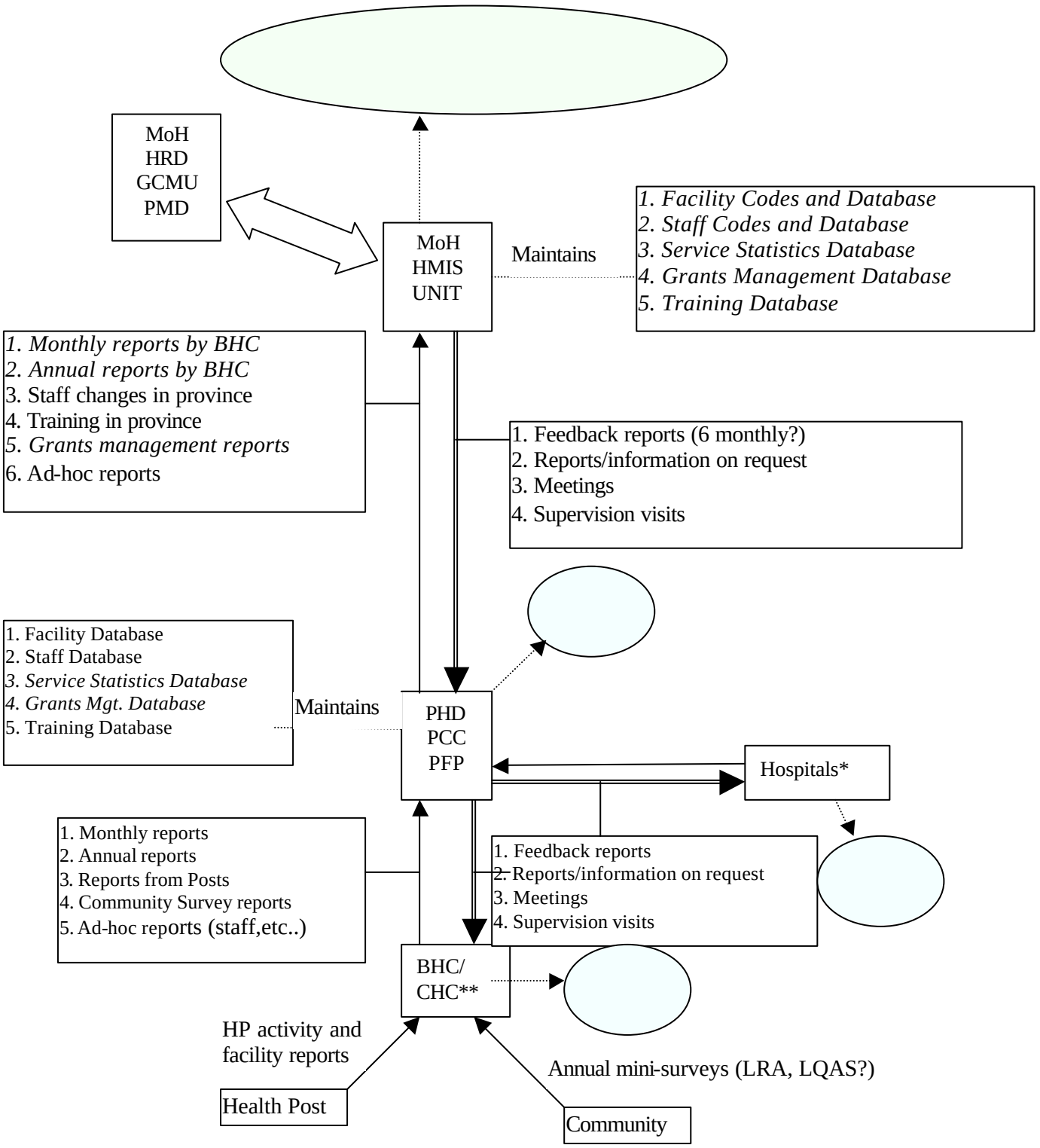
		DELIVERY																					
Referral	Post partum Visit	EARLY NEONATAL DEATH	MATERNAL DEATH	Obstetric Complicatio n Referred	Home attended by others	HOME attended by trained TBA	Danger	Rest	Diet	IRON			+	+	+	+				PREGNANCY

Year =	Year =	Year =		
? O ? ? ? ? a ? a ? ? ?	? O ? ? ? ? a ? a ? ? ?	? O ? ? ? ? a ? a ? ? ?	Dari Month	
? O ? ? ? ? a ? a ? ? ?	? O ? ? ? ? a ? a ? ? ?	? O ? ? ? ? a ? a ? ? ?	Pashto	Name
			# children screened for malnutriton	
			MUAC (<13.5 or Edema)	< 5
Family meal				
			ARI	**PRIORITY HEALTH PROBLEM**
			DIAR	
			MAL	
			Measles	
			Referred	

CHILD FOLLOW YUP

Year =	Year =	Year =		
? O ? ? ? ? a ? a ? ? ?	? O ? ? ? ? a ? a ? ? ?	? O ? ? ? ? a ? a ? ? ?	Months	Name
			MUAC	< 5
Family meal				
			ARI	**PRIORITY HEALTH PROBLEM**
			DIAR	
			MAL	
			Measles	
			Referred	

CHILD FOLLOW YUP



* General OPD of hospital sends reports like BHC/CHC, including health post and community reports

** These facilities can be MoH facilities or NGO facilities. Additional reporting requirements for NGO facilities to their respective organizations are not represented

Items listed in italics can be in electronic format

Monthly Integrated Activity Report for Health Posts (MIAR)

Year	Month	Facility Code	Facility Name

Total number of Health Posts

A. OPD Morbidity								
Referred	Reatten-dance	Total New	New =>5		New <5		Priority Health Problem	Code
			Male	Female	Male	Female		
							TOTAL OPD VISITS	01
							ARI - COUGH AND COLD (NO PNEUMONIA)	02
							ARI - ENT	03
							ARI - PNEUMONIA	04
							ACUTE WATERY DIARRHEA	05
							ACUTE BLOODY DIARRHEA	06
							SEVERELY ILL CHILD	07
							ACUTE FLACCID PARALYSIS	14
							MALARIA	15
							URINARY TRACT INFECTIONS	16
							PSYCHIATRIC DISORDERS	17
							TRAUMA	18
							OTHERS/UNLISTED DIAGNOSES	99
							REMARKS	

C. Immunizations					Total	B. Maternal Health
Total	12-23	0-11		1. Childhood Immunizations		1. Ante-natal and post natal care
				DPT 3		1st ANC visit
				Vitamin A		Other ANC visits (2nd and 3rd)
Total	2+	2	1	2. TT Immunizations		Post partum visits
				Pregnant women		2. Obstetric care by CHW/Dai
						Total Deliveries attended
D. Nutrition						Obstetric complications[1] referred
		Total ## children				Maternal deaths
		## MUAC <13.5cm or bilateral oedema				Newborn alive
		## Referred				Low birth weight (<2500)
						Stillbirths
						Early neonatal deaths

E. Stock-out Essential Drugs			
1. Tick right column if ever out of stock in the last month			
Oral contraceptive		Acetyl Salicylic Acid/Paracetamol	
Injectable contraceptive		Mebendazole	
ORS		Amoxicillin/Ampicillin	
Vitamin A		INH	
Chloroquine		Rifampicin	
Ferrous Suplhate + folic acid		Cotrimoxazole	
Gloves			
2. Comments about stock			

F. Family Planning			
Discontinued	Current*	New	1. Users by method
			Oral pills
			Injectables
			Condoms

I. Report Transmitted	
	Name
	Designation
	Date
	Signature
J. Report Received/Aggregated	
	Date Received
	Date aggregated/computerized

K. Comments:
Any special activities or problems, significant anomalies or trends in morbidity and service delivery

Year	Month	Facility Code	Facility Name

? BHC ? CHC ? Hospital Facility Type

A. OPD Morbidity								
Referred	Reatten-dance	Total New	New =>5		New <5		Priority Health Problem	Code
			Male	Female	Male	Female		
							TOTAL OPD VISITS	01
							ARI - COUGH AND COLD (NO PNEUMONIA)	02
							ARI - ENT	03
							ARI - PNEUMONIA	04
							ACUTE WATERY DIARRHEA	05
							ACUTE BLOODY DIARRHEA	06
							SEVERELY ILL CHILD	07
							VIRAL HEPATITIS	08
							MEASLES	09
							PERTUSSIS	10
							DIPHTHERIA	11
							NEONATAL TETANUS	12
							TETANUS	13
							ACUTE FLACCID PARALYSIS	14
							MALARIA	15
							URINARY TRACT INFECTIONS	16
							PSYCHIATRIC DISORDERS	17
							TRAUMA	18
							OTHERS/UNLISTED DIAGNOSES	99

Remarks

C. Immunizations					B. Maternal Health	
Total	12-23 months		0-11 months		**1. Ante-natal and post natal care**	
	Out	BHC	Out	BHC		1st ANC visit
				DPT 3		Other ANC visits (2nd and 3rd)
				Vitamin A		Post partum visits
Total	2+		2	1	**2. Obstetric care by trained staff**	
				Pregnant women		Deliveries attended by trained staff
				D. Nutrition		Obstetric complications[1] treated
				Total ## children		Obstetrical cases referred
				## moderate acute malnutrition (70-79% of median W/H)		Maternal deaths
						Newborn alive
				## severe acute malnutrition (<70% of median W/H)		Low birth weight (<2500)
						Stillbirths
				## referred		Early neonatal deaths

E. Stock-out Essential Drugs			
1. **Tick right column if ever out of stock in the last month**			
Oral contraceptive		Acetyl Salicylic Acid/Paracetamol	
Injectable contraceptive		Mebendazole	
TT vaccine		Amoxicillin/Ampicillin	
DPT vaccine		INH	
ORS		Rifampicin	
Vitamin A		Amp. Diazepam	
Chloroquine		Inj. Lidocaine	
Oxytocin		Metronidazole	
Ferrous Suplhate + folic acid		Cotrimoxazole	
Anticonvulsants		Anti-hypertensives	
		Gloves	
2. Comments about stock			

F. Family Planning			
Discontinued	Current*	New	**1. Users by method**
			Oral pills
			Injectables
			IUD
			Condoms

G. Laboratory Exams	
1. Blood	
	Total slides examined for malaria
	Slides positive for PF
	Slides positive for PV
2. Sputum	
	Slides examined for AFB
	Slides positive for AFB

H. Tuberculosis	
	1. Case detection
	Number of new smear (+) cases
	Number that started treatment
	2. Treatment success
	Number of cases completed and smear (-)

I. Report Transmitted	
	Name
	Designation
	Date
	Signature

J. Report Received/Aggregated	
	Date Received
	Date aggregated/computerized

K. Comments:
Any special activities or problems, significant anomalies or trends in morbidity and service delivery

Notifiable Disease Form

	Date of Report		**BHC/CHC Name &Code**

Disease Identification				
Complete one form for each disease, or cluster of cases and send immediately to the PHD. Do not wait till the end of the month, to act on the cases or to send the report. Investigate the case(s) before reporting				
2. Location of the cases	**1. Notifiable disease (check only one box)**			
	Hemorrhagic fever		AFP	
	Meningitis		….	
3. How did you discover the case(s)	Rabies		….	
	Cholera		….	
	Plague		….	
	Other, specify:			

Identification of the case(s)						
Status	Address	Sex	Age	Date Ill	Name	SN
						1
						2
						3
						4
						5
						6
						7
						8
						9
						10

Action		
Action Taken:		
Action / resources required:		
Date	Name/designation	Signature

<Yearly Facility Report>

A. General Facility Information

	Year	Hosp BHC CHC Type of facility		Facility Code &Name
Main source available ……. months per year		? Other ? Safe		Main source of drinking water
No Yes Separate latrine for male and females		? Open ? Closed		Latrine for use by patients
……..Average hours/day	? Wind ? Solar ? Generator ? Line Main source of electricity			Yes No Electricity
……..Hrs ……..Min If not, walking time from road				Yes No On drivable road
? Stone ? Mud ? Concrete Main construction material		? Temporary ? Permanent		Building
? Other ? Burn and Bury ? Incinerator If yes, type		No Yes Waste disposal		No of beds
Other sources of support		Main source of support		

Female	Male	***Type***	**B. Human Resources**		
		Pharmacist Assistant	***B1. Facility Staff status***		
		Health Inspector/Sanitarian	Female	Male	***Type***
		CHW			MD ObGyn
		Trained TBA			MD Surgeon
		Administrative staff			MD Specialist
		Support Staff			MD General
		B2. Community Health			Nurse
		No. of CHWs ever trained			Other Mid-Level
		No. of CHWs active			Midwife
		No. of TBAs ever trained			Auxiliary Midwife
		No. of TBAs active			Assistant Nurse
PHD	Other	***B3.Supervision***			Lab Technician
		No. of supervisory visits			Ass. Lab. Technician
					Pharmacist

C. Equipment status

Not Usable	Usable	Complete	***Type***	Not Usable	Usable	Complete	***Type***
			Midwifery kit				ORS measurement jug
			Specula				MUAC tape
			Basic EOC kit				Clean-delivery kits
			Minor Surgery Kit				Thermometer
			Sterilizer/autoclave				Stethoscope
			Microscope				Blood pressure cuff
			TB slides				Adult weighing scale

			Malaria slides				Infant weighing scale
			Bloodtyping				Refrigerator
			Bloodtransfusion				Cold box
Community	***Facility***			***Community***	***Facility***		**D. Services provided**
			D4. Maternal Health				***D1. General Curative***
			Antenatal care				Curative OPD
			TT immunization				IMCI implemented
			(Pre)ecclampsy diagnosis				ARI Case Management
			Pre)ecclampsy treatment				DD Case Management
			Delivery by trained staff				Malaria Case Management
			Parenteral antibiotics				Minor surgery (I&D, suture)
			Parenteral ocytocics				***D2. Child Health***
			Manual Placenta Removal				Routine Growth Monitoring
			Removal of retained products				Nutritional rehabilitation
			Assisted Vaginal Delivery				Child Immunization
			Blood Transfusion				***D3. IEC Activities***
			Blood typing				EmOC
			Blood bank				Family Planning
			Cesarean section				Nutrition
							Child health
							D5.Family planning
							Oral contraceptives
							Injectable contraceptives
							IUD
							Condoms
							Tube ligation
							Vasectomy
							D6. Infectious Diseases
							TB detection & referral
							TB labdiagnosis
							TB treatment (incl. DOTS)
							Malaria lab diagnosis
							ITN distribution

E. Remarks and observations

	Desgination		Signature
	Date		Name

Annual Household Survey: Data Collection Form

A. Household information											
	Survey Start Year					Household Number					Village
	A3. Disability		**A2. Death**				**A1. Population**				
Remarks	Phys[2]	Mental[1]	Infant	Neo-natal	Mater-nal	Year	Sex M/F	YOB/ DOB	Marital Status	Name	SN
											1*
											2
											3
											4
											5
											6
											7
											8
											9
											10
											11
											12
											13
											14
											15

A4. Remarks and Comments

Household: group sharing the same hearth (kitchen, cooking pot)
* behind SN means "household head"
[1] Mental: F=fits, S=strange behavior
[2] Physical: P=physical, H=hearing, V=visual, T=speech

B. Annual Survey Questions						
					B1. Family Planning	
Year of Survey						
20__	20__	20__	20__	20__	**In this Household, How Many**	SN
					Women between 25-49 years of age?	1
					Currently using Pills?	2
					Currently using Injections	3
					Currently using IUD	4
					Whose partner currently uses condoms	5
					Had tubal ligation	6
					Whose partner had vasectomy	7
					B2. Births and Abortions	
					In this household, how many	SN
					Live births last year?	1
					Still births last year?	2
					Abortions last year?	3
					Women currently pregnant?	4
					B3. Deliveries	

					In this Household, how many	SN
					Deliveries last year?	1
					Of these, how many attended by trained personnel?	2
					Of these, how many attended by trained DAI?	3
					Of these, how many at home?	4
					Of these how many at a facility?	5
					Of these how many C sections?	6
					Of these, how many received TT injections?	7
					Of these, how many attended at least 1 ANC visit?	8
					B4. Immunization	
					In this Household, how many	SN
					Children >= 1 year and < 2 years at end of last year?	1
					Of these were fully immunized?	2
					Of these were partially immunized?	3
					Received Vitamin A twice?	4
					B5. Postnatal care	
					In this Household, how many	SN
					Children under 6 months?	1
					Of these how many exclusively breastfed?	2

2003	Current Year	Within 3 hrs reach? ?		**Village**

				A2. Death Tally	***Age Group Calculation Guide***				
Mat	Infant	Neo	F	M	To Year		From Year		**Age Group**
					2002	CY-1	*2002*	CY-1	**<1yr**
					2001	CY-2	*1998*	CY-5	**1-4Yrs**
					1997	CY-6	*1988*	CY-15	**5-14Yrs**
					1987	CY-16	*1983*	CY-20	**15-19Yrs**
					1982	CY-21	*1953*	CY-50	**20-49Yrs**
							1952	CY-51	**50+**

			A1. Population
F	M		Age Group
	| *(1)*	**From**: Jan…*2002* **To**: Dec…*2002*	<1yr
| *(1)*		**From**: Jan…*1998* **To**: Dec…*2001*	1-4Yrs
||| *(3)*	~~||||~~ ~~||||~~ || *(12)*	**From**: Jan…*1988* **To**: Dec…*1997*	5-14Yrs
~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ || *(22)*	~~||||~~ ~~||||~~ | *(11)*	**From**: Jan…*1983* **To**: Dec…*1987*	15-19Yrs
~~||||~~ ~~||||~~ | *(11)*	||| *(3)*	**From**: Jan…*1953* **To**: Dec…*1982*	20-49Yrs
|||| *(4)*	~~||||~~ ~~||||~~ | *(11)*	**From**: Jan…*1952*	50+
41	*38*	**Total Population**	
79		**Population within 3 hours reach**	

			A3. Disability
	4. Hearing	| *(1)*	1. Physical
| *(1)*	5. Speech	||| *(3)*	2. Visual
	6. Strange behavior		3. Fits

		B1. Family Planning
||	Women between 25-49 years of age?	1
	Currently using Pills?	2
	Currently using Injections	3
	Currently using IUD	4
	Whose partner currently uses condoms	5
|	Had tubal ligation	6
	Whose partner had vasectomy	7
		B2. Births and Abortions

	Live births last year?	1
	Still births last year?	2
	Abortions last year?	3
	Women currently pregnant?	4
		B3. Deliveries
	Deliveries last year?	1
	Of these, how many attended by trained personnel?	2
	Of these, how many attended by trained DAI?	3
	Of these, how many at home?	4
	Of these how many at a facility?	5
	Of these how many C sections?	6
	Of these, how many received TT injections?	7
	Of these, how many attended at least 1 ANC visit?	8
		B4. Immunization
	Children >= 1 year and < 2 years at end of last year?	1
	Of these were fully immunized?	2
	Of these were partially immunized?	3
	Received Vitamin A twice?	4
		B5. Postnatal care
	Children under 6 months?	1
	Of these how many exclusively breastfed?	2

Annual Household Survey Summary Sheet	**? FACILITY LEVEL** **? VILLAGE LEVEL**	**TRANSITIONAL ISLAMIC GOVERNMENT OF AFGHANISTAN**

A. Facility/Village Information

To be filled by directly asking village authority

## Active	## Exist	Health workers		District Name & Code		Year
		Health Committee				Facility name &code
		Community Health Worker				Village Name
		Trained Dai	……..Hours	……Min	Travel time to Facility from Village	Number of Households

To be filled from household survey forms for Village Level summary sheet or from Village Level summary sheets for Facility summary sheet

B1. Family Planning		***A3. Disability***		***A2. Deaths***					***A1. Population Status***		
	Women 15-49 years of age		No. with fits								
	No. Condom users		No. with strange behavior	Mat	Inf	Neo	F	M	F	M	
	No. Pill users		No with physical handicap								<1 Yrs
	No. IUD users		No. with hearing problems								1-4 Yrs
	No. DMPA users		No. with speech problems								5-14 Yrs
	No. with tubal ligation		No. with visual problems								15-19 Yrs
	No. with vasectomy										20-49 Yrs
B2. Births and Abortions		***B3. Deliveries***									50 + Yrs
	No. Live Births		No. Deliveries last year								Total
	No. Still Births		No. by trained personnel								Total within 3 hours reach
	No. Abortions		No. By Dai								
	No. Women currently pregnant		No At home								
			No. At facility	***B4. Immunization***					***B5. Postnatal Care***		
			No of C-sections		Children >=1 and <2 years				Children Under 6 months		
			No received TT injections		No. Fully immunized				No. exclusively breastfed		
			No. attended at least 1 ANC visit		No. Partially immunized						
					Received Vit A twice						

To be filled based on your observations and analysis

B. Remarks and Comments

	Designation		Signature
	Date		Name

USAID-*REACH* PROJECT
Kabul, Afghanistan

PICTORIAL REGISTER *for* COMMUNITY HEALTH WORKERS

In India, since June 1999 through June 2003, MSH and TAI have implemented a community based pilot program, known as Local Initiatives Program (LIP) in three distinct areas of four States. These areas are urban slums in Kolkata/Calcutta under West Bengal, rural and hilly regions in northeast States of Punjab and Himachal and remote hard-to-reach mountainous areas at the base of the Himalayas under the state of Uttaranchal
.
The project in all three sites covered a total population of around 750,000. Apart from 74 regular paid field workers, the project also deployed approximately 2,100 health volunteers. As most of these health volunteers had limited literacy (illiterate) they had extreme problem in recording their outputs

Therefore, to enable these health volunteers record their performances; MSH-TAI in collaboration with the NGOs introduced two HMIS tools. These are:

1. Community Maps---*a simple color coded drawing which shows location of individual house holds and what particular maternal, child health and FP services they are receiving (Antenatal and Post natal care, Child immunizations and all FP methods)*
2. Pictorial ELCO Register—*a simple register designed with depicting different pictures which stands for a RCH/BPHS service components*

How to Use this Pictorial Register

- The health volunteers are needed to put only "tick-marks" under each box. Each box means a BPHS component
- Each page is allocated for one individual and each page is designed to keep her/his three years records. As a result, CHWs will be able to measure service trend of that particular individual for three consecutive years

It's Advantages

- Literacy is not a pre-requisite for filling-up of this register. Visual attraction of the register also cannot be ignored. Looking at the pictures the CHWs were/are able to record their performances
- As most of the CHWs were/are marginally literate or non literate and since they were/are expected to do case management for pregnancy care, child care and family planning services they need some simple and user friendly tools. This register is a case management tool through which the CHWs were/are able to do case management as well as conduct follow-up services.

It's Limitations

- As a case management tools it has no limitation as such. However, one of the limitations may be that this register does not provide a "ready made" data and hence cannot be directly entered in the computer. It requires backward transformation from information to data

Impact

- In 2002, an external assessment of the India-LIP HMIS showed that:
  - 90 percent of village level CHWs could name at least six of the seven of the key data elements
  - Information on the health status of individuals and house-holds was correctly recorded 96 percent of the time

USAID-REACH PROJECT
Kabul, Afghanistan

Using Community Maps to Improve Health Services

WHAT IS A COMMUNITY MAP

Community map is a graphic representation of the location of different families in the community who are eligible for or potential users of maternal health, child health and family planning services. The community-based field workers or volunteers who may be semiliterate or illiterate need accurate information presented in a simple format. This task could be accomplished through the introduction of a pictorial map known as----"Community maps".

ADVANTAGES/BENEFITS OF COMMUNITY MAPS

The following benefits could be achieved to improve health program using a community map. The community map:

- Shows the major landmarks in the community, such as roads, rivers, lakes, schools, markets, health centres, etc.
- Shows the location of all households in the community or village and also the easiest pathway for going from one household to the next
- Provides a graphic representation of the location of all the women and children of all ages in the community who are eligible for or potential users of reproductive, child care and family planning services
- Can provide data on a wide range of information about the maternal health (ANC&PNC), family planning, reproductive and child immunization status of residents of a community
- Can help marginally literate field workers (volunteers/CHWs) to understand their community and its reproductive health and family planning needs
- Information from community map can also be useful for monitoring and supervising the performance of the individual service provider and of the program as a whole
- Is readily available and easy to understand
- Can help field workers and volunteers to manage their caseload

How Community Map can be used in BPHS

Community map can be a powerful tool especially for some selected components of BPHS that depend heavily on community involvement. These are:

- Maternal health care including prenatal and post natal care
- Child health care including immunization; and ,
- Reproductive health care including family planning

For BPHS program Community map can provide a simple and accurate snapshot of the safe motherhood, reproductive health including family planning situation in a given community.