



## Memorandum

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Division of Reproductive Health (DRH), Center for Health Promotion and  
Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Burkina Faso, November 12-19, 1986--Record-  
keeping and Service Statistics

To James O. Mason, M.D., Dr.P.H.  
Director, CDC  
Through: Assistant Director for Science, CHPE *JSM*

## SUMMARY

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## SUMMARY

A scope of work was developed for future technical assistance to improve recordkeeping and service statistics for family planning services. It is proposed that semi-public service providers also be included in a uniform, periodic report of the number of clients served and contraceptives distributed.

Proposed technical assistance will consist of three-four visits by a consultant to develop an improved reporting system and to train clinic personnel in its use. The new system will largely retain present forms and procedures.

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

Ouagadougou, Burkina Faso, November 12-19, 1980, at the request of USAID, to develop a scope of work for technical assistance for family planning recordkeeping and service statistics.

## II. PRINCIPAL CONTACTS

A. USAID

1. Richard Greene, Health and Population Officer
2. Perle Combar, Assistant Health and Population Officer.

B. Ministere de L'essor Nationale (Ministry of National Development)

1. Madame Casolo, Director, Family Planning Project

C. Ministry of Public Health

1. Madame Legma, Director, Maternal Child Health
2. Madame Ilboudo, Assistant Director, Maternal Child Health
3. Madame Sawadogo, Midwife In Charge Of Reports And Statistics

D. ABBEF (Family Planning Association)

1. Madame Nougara, Director, Samardin Clinic

III. BACKGROUND

The USAID-financed Family Planning Support Project provides financial and technical support to public sector family planning services in Burkina Faso. Family planning services are coordinated by the Ministère de l'Essor Nationale (Ministry of National Development), which is also responsible for IE&C activities, while technical services are provided through the Maternal-Child Health Division (DSME in French) of the Ministry of Public Health (MOH). Family Planning services are also provided in the semi-private sector through clinics run by the Midwives Association (ASF in French) and the ABBEF, an affiliate of the International Planned Parenthood Federation.

IV. SCOPE OF WORK

The current scope of work consisted of observing the family planning record-keeping system used in public and private sector clinics, and developing a plan for future technical assistance in this area for the Family Planning Support Project.

V. ACCOMPLISHMENTS

Visits were made to clinics of the ABBEF, the ASF, and the MOH. Discussions were held with clinical directors and recordkeeping systems currently in use were evaluated. A series of meetings were held with national level personnel in both ministries concerned, and a written proposal for technical assistance was presented to them in French.

A. Description of Present Recordkeeping Systems

All clinics were found to use similar forms; on the other hand there is no uniform reporting system.

A clinic record card (Fiche de consultation) is used which is not unlike those used elsewhere in French-speaking Africa. The first two pages of this client card are used at the time of a client's first visit to gather sociodemographic and medical history information in an interview (interrogatoire), and then to guide the midwife or doctor in performing a medical-gynecological exam before prescribing a contraceptive method. The third and fourth pages serve as a record of all subsequent resupply and medical checkup visits. While there are minor differences between the client cards used by ABBEF, the MOH, and the ASF, these would in no way interfere with a uniform reporting system. These cards remain on file in the clinic. The one major item missing from all three was a column on the last two pages for entering the quantity of contraceptives dispensed to the client.

The next form used is an appointment card (Carte de Rendez-vous-ABBEF, Fiche de Surveillance-MOH, Carte de control-ASF) which is useful in large clinics where finding the client's file could be a problem. This card plays no role in the service statistics system.

All clinics use large registers to summarize client visits for family planning, as well as for all other service delivery. The information gathered in the registers is then summarized to prepare periodic reports. Although clinics of the MOH, ABBEF, and ASF all prepare such reports, they are quite dissimilar in format and the information presented. Although all reports state in their titles that they are presenting the number of users of contraceptive methods, they all merely record the number of client visits, which is much less useful data. In fact, the number of such visits is not even counted in a standard manner. The MOH reports, in particular, try to gather more information than is needed on a routine basis as it includes such information as accidental pregnancies and women who have ceased use, by reason for cessation.

In addition to the reports of family planning clients, all clinics report the contraceptive stock situation. This includes balances on hand, receipts, and issues each month.

At the DSME, the data from the monthly reports of MOH clinics are collated for presentation in an annual national report of family planning activities. However, this report only includes data from four DSME clinics in Ouagadougou, four in Bobo-Dioulasso, and a few in other provinces. At the present time, a number of provincial clinics do not report. The report does not include data on the ASF or ABBEF services. These organizations produce their own reports which are similar.

#### B. Proposed Technical Assistance

In general, according to the type of data desired, either the client cards or the clinic registers (as is done Burkina) can be used to provide data for periodic reports of the number of clients and the quantity of contraceptive methods distributed to clients. After visiting family planning clinics in Ouagadougou and being apprised of project resources, I feel that periodic data could best be obtained from the clinic registers which are already in place, since this less costly approach would fit the project budget, would least change present clinic procedures, and would provide useful management data.

Although more detailed study is necessary, a preliminary recommendation is that the different categories of information in clinic registers be kept to a minimum and that periodic reports should be changed from monthly to quarterly. Also, there is a need for a uniform methodology for collating the number of family planning consultations and commodities distributed, as well as a standard, periodic report presenting this information for program management purposes.

This report should include the activities of the ABBEF, the ASF, as well as the Ministry of Health. It is felt that this could best be done by gathering data on quantities of each commodity distributed to users (not issued from storage facilities), and calculating "couple-years-of-protection" (CYP). The number of visits by new and old clients could also be counted and compared

with CYP to evaluate consistency of the data. Since these data are already being collected, current procedures would not change in any major way. The data would be collated and analyzed by a "Statistics Unit" in the Project Office.

The principal objective of future technical assistance in this area would be to design the uniform national reporting system. This can be done by a CDC consultant visit of 2-3 weeks in early 1987, in collaboration with clinic and project-level personnel, based on forms presently used and a newly designed monthly report.

During a second phase later in 1987, a training manual will be written to document this system and to serve as a basis for training clinic personnel. Additional client cards, monthly reports, and other forms will also be printed.

A proposed budget is as follows:

	CFA <u>(330)</u>	\$ <u>(1)</u>
- Printing 30,000 client cards at CFA 150	4,500,000	13,636
- Printing 30,000 appointment cards at CFA 35	1,050,000	3,182
- 40 2-drawer file cabinets at \$150	2,425,000	7,500
- Miscellaneous, including stenciling of monthly reports	1,650,000	5,000
Total Rounded to	10,000,000	30,000

Since \$10,000 already exists in the project budget for printing costs, only \$20,000 additional is needed.

To summarize, except for minor suggestion to improve the present system, the above activities will retain present reporting procedures. The principal addition will be a uniform, national, periodic report to furnish data which will be useful for program management, including logistics.

  
Jay S. Friedman, M.A.