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Hillard Davis

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I. EXECUTIVE SUMMARY

This report describes the work accomplished during a 13-day visit to Nepal May 25 - June 8, 1994 as part of a continuing consultancy to assist the Family Planning Association of Nepal (FPAN) to strengthen its Management Information System (MIS). The visit focused on developing and presenting a formal plan for strengthening the system over the next several months, and was a collaborative effort between the Family Planning Management Development Project (FPMD) Boston-based consultant (Hillard Davis) and the locally-based MIS consultant (Mahesh Puri). They were assisted by the FPAN staff.

Prior to making recommendations and developing a formal plan, a thorough assessment of the current system was conducted. The two consultants spent time interviewing donors, FPAN management, and field staff. The consultants also observed the functioning of the MIS at Central, District, and Village Development Committee (VDC) levels. The Boston-based consultant had made two previous trips to Nepal and the local consultant had spent approximately three months at FPAN Headquarters and visiting field units.

Based on an examination of the current MIS during these visits, the assessment revealed that the system is a fragmented one with separate reporting and maintenance of service statistics, financial, supply, and personnel information. The service statistics data collection and reporting is based on three functional levels -- Central Level; District Level; and, VDC Level. At the VDC Level, Community-Based Distribution workers and their supervisors provide family planning and health care services within the Village Development Committee areas and collect and report information on these activities to the District Manager. The District Manager collects, aggregates, and reports information received from the VDC Level to the Central Level and to the Ministry of Health. The Central Level uses the information it receives from the districts to report to donors.

The current system has many weaknesses, from management of the system to use of the information collected. The major weaknesses include: a lack of capability and training of staff to operate the system; poor quality of information collected and reported; inadequate computer equipment and supplies; and inadequate use of the information collected for project management and decision-making.

Based on these weaknesses, a number of needs were identified. Chief among them was the need to set forth a clear and concise set of goals and objectives to guide the development of a strategy for strengthening the system. Also, there is a need for an integrated system for service statistics, demographic data, financial, personnel, and logistics which will produce the types of outputs needed for decision-making. Other needs range from staff development to equipment procurement to training staff in data use.

A strategy and workplan were developed and presented to FPAN (Annex 2). Implementation will take place in phases. Service statistics and financial information will be brought online first, followed by supply and logistics, personnel, demographic and development statistics. When the system is fully operational it will provide an Executive Information Report, a Feedback Report, and donor reports.

There are several issues that the management of FPAN must address if strengthening of the MIS is to be successful and sustained. FPAN must name capable, well motivated staff to manage and operate the MIS. It must provide adequate equipment and supplies for use by the MIS Department. Senior management must also impress on staff that they are stakeholders in the system, that it is intended to make them more effective and efficient in performing their duties.

If these recommendations are pursued, FPAN could develop a model MIS system and could feasibly take the lead in MIS development in the region, among IPPF affiliates.

II. BACKGROUND

In its 1994-2003 Strategic Plan, the Family Planning Association of Nepal (FPAN) states that it plans "To establish and maintain a Management Information System and make optimum use of information technology to facilitate decision making at policy-making management and operational levels of the association". In 1993, Family Planning Management Development (FPMD) conducted a management needs assessment of FPAN at the request of USAID/Kathmandu. Based on this assessment and discussions with FPAN leadership, a Management Development Plan was prepared which proposed technical assistance to FPAN in several areas to strengthen specific management systems. One of these areas was their Management Information System (MIS).

The need to have a well functioning MIS is demonstrated by the extent to which FPAN is involved in providing health and family planning services to the population of Nepal. Currently it is operating in 27 of the country's 75 districts and employs over 600 staff. A well-functioning, integrated MIS would greatly facilitate FPAN management decision-making by providing complete, accurate, and timely information.

As a result of FPMD's 1993 assessment, FPMD arranged to provide FPAN with technical assistance, in the form of a consultancy, to strengthen its MIS. FPMD is funding one Boston-based and one locally-based consultant.

The Boston-based consultant had made two trips to Nepal, the first in December 1993 to initiate an assessment of the system, and the second in February 1994 to complete the review of the MIS and draw up a general workplan with the local consultant. During these trips he visited FPAN Headquarters, Kavre District, and Kathmandu Valley District.
He: 1) interviewed Headquarters staff; 2) observed the functioning of the MIS at Headquarters; 3) interviewed District and VDC Level staff; 4) observed data collection and reporting procedures at District and VDC Levels; and, 5) interviewed donor organizations' staff members.

The locally-based consultant has been working since February 1994. During this time he has: 1) visited and interviewed staff, and observed functioning of MIS at Headquarters; 2) visited

Gandaki, Jhapa, Sunsari, Kavre, Doti, and Bankey Districts; 3) conducted an inventory of staff and computer equipment at FPAN; 4) conducted an assessment of VDC information needs of FPAN; and, 5) conducted an analysis of information flow within FPAN.

The two FPMD-funded consultants determined that the FPAN MIS system as it currently exists had many weaknesses and needed strengthening to provide timely and accurate information for internal decision-making and external reports. (*See Trip Report, December 10-17, 1993, Hillard Davis*, and *Trip Report, February 18-26, 1994, Hillard Davis.)* These reports give major recommendations and a tentative workplan for strengthening the system.

III. PURPOSE AND SCOPE OF WORK

The purpose of this third visit by the Boston-based consultant was to collaborate with the local consultant to develop a detailed strategy and workplan for the MIS of FPAN and to present this plan for approval by FPAN. This was to be accomplished by: 1) reviewing strengths and weaknesses of the current system; 2) reviewing system needs expressed by FPAN staff; 3) determining what activities were needed to strengthen the system; 4) determining what inputs were needed; and, 5) determining what the outputs should be.

Additionally, since the local consultant had accepted a position with the United Nations Development Programme, the Boston-based consultant interviewed suitable candidates for replacement of the local consultant.

IV. ACTIVITIES

The major activities centered around assessing the needs of the current system and developing the workplan for technical assistance. During his 13-day visit made May 25 - June 8, 1994, the Boston-based consultant carried out the following activities:

- Held a briefing meeting with FPAN's Director General to discuss the scope of work for this visit.
- Met with the local consultant to discuss his findings from field visits.
- Met with Maria Busquets-Moura, FPMD Cognizant Technical Officer, USAID/Washington, to discuss past and planned activities for TA to the FPAN in MIS.
- Collaborated with the locally-based MIS consultant and FPAN to develop a plan for strengthening FPAN's MIS.
- Presented the workplan to FPAN's senior staff for comments and suggestions.

- Met with Nancy Russell, Director CEDPA/Nepal, to discuss the current FPAN/CEDPA project and how CEDPA reporting requirements will impact on the strengthened MIS.

- Met with David Mills, IPPF/London, to discuss plans for strengthening the FPAN MIS.

- Held a debriefing at USAID/Kathmandu.

V. FINDINGS

The findings given below are based on the assessments conducted during the Boston-based consultant's three visits as well as the work carried out by the locally-based consultant.

A. Assessment of The Current System

The current system is a fragmented one with various manual subsystems, i.e., service statistics, financial, personnel, etc., maintaining their own databases. Most of the databases are maintained in ledgers or paper files. This makes it almost impossible to produce integrated reports that management can use to adequately manage project activities and make decisions.

The structure of the current service statistics system is based on three functional levels: Central Level (Headquarters); District Level; and Village Development Committee (VDC) Level. The VDC Level consists of Community-Based Distribution (CBD) workers and their supervisors who provide family planning and health services within a VDC area and collect and report information on their activities to the District Manager. The District Manager collects and aggregates this information from the VDC Levels and reports this information to the Central Level, District Committees, and the Ministry of Health. The Central Level collects information from the districts and uses the information to maintain a national database and to make annual and donor reports.

An organization and data flow diagram of FPAN is given in the Plan For Strengthening FPAN's MIS (Annex 3).

B. Weaknesses of The Current System

The assessment of the current system identified many weaknesses which must be addressed during the strengthening process. Among the major weaknesses found were:

- Absence of a clear set of goals and objectives.

- Loose management structure without distinct lines of authority or

responsibility.

- Staff who maintain the system at the Central Level lack the capability, training, and experience to operate a well-functioning system.
- Quality and timeliness of data collected and reported are inadequate.
- Excessive manual processing at the Central Level.
- Some of the data collected and reported have very little relevance to use.
- Equipment and supplies are inadequate.
- Information collected is not used for project monitoring and decision-making.
- Absence of feed-back reports to districts and VDC level staff.
- Lack of standardization in reporting forms by VDC and District Level staff.

Examples of where these weaknesses were found are given in the strengthening plan given in Annex 3.

C. Strengthening Needs

Weaknesses pervading the current system indicate the following strengthening needs:

1. A clear and concise set of goals and objectives should be developed.
2. The MIS should be an integrated system covering service statistics, financial, contraceptive supply and logistics, and personnel and demographic information.
3. The capability of the MIS staff should be upgraded to include persons with managerial, computer, and database development skills.
4. A set of family planning definitions should be developed to assist in the standardization of reporting.
5. Data collection and reporting forms should be standardized for ease of processing.
6. A manual of data collection and reporting procedures should be developed to document and disseminate the standardized definitions and forms.

7. Data processing at the Central Level should be computerized.

8. A set of output reports -- an Executive Information Report, District and feedback reports, and donor reports -- should be developed.

9. Training of MIS staff and data users should be undertaken.

D. Inputs Required

To realize the full potential of a well functioning MIS and to address the weaknesses of the current system, a number of inputs are required. These include: 1) a capable, well-motivated staff; 2) adequate computer equipment, peripherals, and software; 3) supplies and stationary; and, 4) training.

An MIS unit headed by a manager and assisted by a deputy manager is needed to strengthen the MIS. The manager or deputy manager should have some previous training in use of computers and the operations of management information systems since any strengthening process should include a switch from a manual system to a computerized one at the Central Level. The MIS manager should have authority, in consultation with the Director General, to make necessary changes to the system.

A schedule of training for MIS and relevant staff should be developed to ensure that those responsible for operating and using the system have the requisite skills to make it effective. A combination of Boston-based and locally-based consultants could conduct most of the training needed.

Equipment and supplies necessary to operate the system must be provided. A lack of forms, registers, and equipment will render the system ineffective or inoperable.

E. Outputs Required

The current system is used mainly to make reports to donors. To be more effective, the MIS should be used to provide information that managers can use to manage the operations of the organization as well as to prepare the required reports. Currently, no executive information or feedback reports are produced. The feedback reports would keep districts apprised of how their performance compares to other districts and when improvements need to be made.

F. Activities Required

Given in Table 1 are activities required to strengthen the MIS. Start and end dates and the person(s) responsible for each activity are given. After the plan has been accepted and the MIS staff named, the consultants will work with the MIS staff to develop and enhance their capability. The database system will be developed as a training exercise with the assistance of the MIS staff. The consultants will train the MIS staff in how to maintain and make

TABLE 1
ACTIVITIES REQUIRED TO STRENGTHEN FPAN'S MIS

Activities	Start Date	End Date	Person(s) Responsible
1. Assess current MIS.	12/93	5/94	BB,LB
2. Develop and present plan for strengthening system.	4/94	6/94	BB,LB
3. Obtain approval of plan.	6/94	6/94	DG
4. Name staff and organization of MIS.	7/94	7/94	DG
5. Purchase computer equipment and supplies for MIS.	8/94	4/95	BB
6. Train MIS staff.	8/94	4/95	BB,LB
7. Reformat and produce new set of forms for reporting.	6/94	8/94	BB,LB,MM
8. Pilot test the forms and data collection and reporting procedures.	9/94	9/94	LB,MM
9. Train District supervisors and managers in use of new forms.	8/94	12/94	BB,LB,MM
10. Develop procedures manuals	8/94	4/95	LB,MM
11. Introduce new set of reporting requirements in districts.	9/94	10/94	LB,MM
12. Develop data entry programs.	7/94	4/95	LB,MM
13. Train data entry operators.	9/94	10/94	LB,MM
14. Develop program for database development and maintenance.	7/94	2/95	LB,BB,MM
15. Develop analysis, queries and system outputs.	9/94	2/95	BB,LB,MM
16. Operationalize computerized system at Central level.	10/94	5/95	BB,LB,MM
17. Produce outputs from system.	4/95	4/95	BB,LB,MM
18. Train staff in use of information.	1/95	4/95	BB,LB,MM

NOTE: Codes for Person(s) Responsible Are: BB=Boston-based consultant
LB=locally-based consultant DG=Director General, FPAN MM=Manager MIS

changes to components of the system, and how to conduct system error diagnostics.

Revised forms and registers will be pilot tested prior to institutionalizing them. Definitions and procedure manuals will be produced to assist data collectors and reporters in performing their duties.

Finally, there is a need to orient FPAN senior staff in how to use the information the system produces to make informed decisions and manage project activities. The MIS consultants will train these staff.

G. Computer Inventory

An inventory of computer equipment and peripherals available at FPAN was conducted. Currently, there are four working IBM compatible AT computers at FPAN Headquarters. Three of these have 80286 processors and one has an 80486 processor. These computers are located in four different divisions and are used approximately one-third of the available time. They are used exclusively for word processing. Attached to each computer is a dot matrix printer.

H. Implementation Plan

The upgradation of the FPAN MIS should be implemented in a phased manner. This is necessary if full MIS staff involvement and hands-on experience are to be realized. The end product of this phased implementation will be an integrated system providing interactive access to the Director General, Finance Division and other FPAN offices and staff. Implementation will begin with the computerization of the service statistics database followed by the financial system, both of which will be implemented this year. Supply and logistics, personnel, demographic and developmental statistics systems would be implemented subsequently.

In the first phase, pilot testing of the service statistics and finance forms and the system will take place prior to full implementation. During implementation, both a manual and computerized system with be run in tandem until all bugs are eliminated from the computerized system.

In the beginning (the developmental stage), one new computer with the necessary software should be acquired. FPMD has allocated funding for this equipment. This computer will supplement what is now available and should be used to train MIS staff in how to develop, operate, maintain and use the system. As the system becomes more fully operational and other sub-systems are brought online, the additional recommended computer equipment will be necessary and should be procured, subject to funding availability.

I. Donor Concerns

IPPF Projects

The Boston-based consultant held a meeting with the IPPF/London representative (Mr. David Mills) and the Director General of FPAN (Mr. Ram Neupane) to discuss plans for strengthening the MIS and address IPPF concerns that the enhanced system would not provide the necessary information for their required reports, and that the strengthened system would be incompatible with the IPPF/London system.

The types of equipment and software to be used were described and assurance was given that the strengthened system would provide the outputs required by IPPF. The outputs from the strengthened system will be available in a number of formats and on a number of different media (hard copy, diskettes, etc.). The database will be developed using FoxPro or Alpha IV, and will be capable of translating to and from its own system file formats to other popular and useful formats. It will also be set up so that electronic file transfer can be made.

Mr. Mills described an IPPF regional MIS workshop, tentatively scheduled for December 1994, to develop directions for MISs in the region. The workshop will include both program and MIS staff from five Asian countries and will provide a forum for discussing MISs. He suggested that Nepal could present its strengthened MIS at this workshop.

CEDPA Projects

CEDPA has initiated CBD based projects in two districts in which FPAN operates. For the project, CEDPA has introduced data collection and reporting forms that are different from the ones currently in use by FPAN. The CBD workers in CEDPA project areas will have to collect and report data on age and parity, which are not currently being reported by other areas. The CEDPA Director in Nepal stated that not enough testing has gone into the forms to determine if they will need to be modified to accommodate the capability of the CBD workers (many are illiterate) and their supervisors. CEDPA is in the process of testing the feasibility of collecting this additional information.

In an attempt to accommodate the reporting requirements of CEDPA, the proposed revised MIS system will include dropouts, reasons for dropping out, and method switching to the data collected and reported.

J. Locally-based MIS Consultant

The current locally-based MIS consultant Mr. Mahesh Puri has accepted a position with the UNDP in Tanzania. To replace Mr. Puri, the Boston-based consultant interviewed candidates and recommended Mr. Hare Ram Bhattarai. Mr. Bhattarai has an advanced degree in Management Information Systems from an american university and experience with database systems and computers. He was introduced to the Director General of FPAN for approval. Mr. Neupane gave his unqualified approval of Mr. Bhattarai, who will start work on July 1, 1994. His Scope of Work is given in Annex 2.

VI. PLANS FOR NEXT VISIT

Based on activities detailed in the MIS workplan, the next visit to Nepal will be devoted to providing the newly appointed MIS staff an orientation to the proposed strengthened MIS and to pilot testing the revised data collection and reporting forms.

Finalize Upgrading Plan

In consultation with FPAN, the consultants will finalize the specific recommendations, including hardware procurement and software development, presented in the joint FPAN consultant and FPAN local consultant report, "Plan for Strengthening the MIS of FPAN".

Provide The Newly Appointed MIS Staff With Orientation

One of the first tasks of the consultants will be to assemble the newly appointed MIS staff and provide them with an orientation to the proposed strengthened system. A description of the weaknesses of the current system and possible remedies will be given.

Review and Translate Revised Forms, Registers, Definitions, and Procedures

As part of a training exercise and for capacity building of the MIS staff, the consultants will spend time revisiting the data collection and reporting forms prior to pilot testing them. The forms will be translated from English into Nepali.

Pilot Testing Revised Forms, Definitions and Procedures.

The forms will be pilot tested in VDCs close to Kathmandu. Again, the MIS staff will be involved in the pilot testing.

Review Pilot Test Results

Results from the pilot test will be evaluated and reported. Changes that the test indicates will be made in preparation for institutionalizing the forms.

Develop Database Systems

During the visit, the consultants will work with the FPAN MIS staff to develop data entry and database programs for the service statistics and financial databases.

VII. RECOMMENDATIONS

The MIS strengthening plan has been distributed in draft to senior staff of FPAN for review. It is recommended that FPAN review all elements of the plan for the purpose of starting the implementation process immediately. Specifically, we recommend that FPAN:

1. Name capable MIS staff to manage and run the unit.

2. Provide the necessary support for the unit to operate the system. This should include the provision of necessary human, material, and financial resources.

3. Make use of the system to provide information for management and decision-making.

4. Support the phased implementation of the strengthening process according to the following steps:

   - Review the data collection and reporting forms suggested in the strengthening plan.

   - Conduct a short pilot test of the forms in a district close to Kathmandu.

   - Translate the forms into Nepali.

   - Develop stand-alone MIS subsystems first for service statistics followed by financial, with supply/logistics, personnel, demographic and community development statistics at a later date.

   - Involve and train FPAN MIS staff in the development, operation, maintenance and use of the MIS so that it can be sustained after the MIS advisors are gone. The MIS will be developed and programmed by the MIS advisors as a training exercise for the MIS staff.

5. Phase-in computer equipment and supplies as the MIS is developed. In addition to what is currently available at Headquarters, a new 486/33 MZ computer equipped with FoxPro, Alpha-4, and Wordperfect software will be acquired with FPMD funding for the development phase. Once the initial service statistics and finance systems have been developed and are running, the other equipment such as the LAN and additional computers can be acquired to support the other systems and integration, subject to availability of funding.

6. Support training necessary for the staff to develop the capability to operate and maintain the MIS. This can be provided initially by the MIS advisors, but later outside training should be considered to enhance the technical capability of the staff.

VIII. CONCLUSIONS

Despite the current state of FPAN's MIS, it is possible to transform it into a model integrated system. What is needed to develop and sustain the system is a commitment from senior management to provide: material, human, and financial resources; clear delineation of the organizational relationships crucial to the regular flow of information; and training for the staff that will participate in the maintenance and use of the system. Given the current state of the MIS system, the wide variety of needs to strengthen it, and the other responsibilities of FPAN staff, a gradual, phased implementation of the upgraded system is recommended, with initial priority components (service statistics and finance) to be established before additional components are added.

ANNEX 1:
LIST OF PERSONS AND ORGANIZATIONS CONTACTED

FPMD/NEPAL

Ms. Jean Baker, FPMD Consultant
Mr. Mahesh Puri, Locally-based MIS Consultant
Ms. Harriet Stanley, Training Consultant

USAID

Ms. Molly Gingerich, Deputy of Health and Population Division
Ms. Barbara Winkler, Michigan Fellow

FPAN

Mr. Ram Neupane, Director General
Mr. Hari Khanal, Director of Programs
Dr. Pramilla Sharma, Director of Medical Division
Mr. Prabhat Rana, Director of Program Support Services Division
Mr. Prakash Kumar Regni, Director of Finance and Administration Division
Mr. Dinesh Raj Sharma, Chief of Planning and Evaluation Section
Mr. Balram Katuwal, Program Officer

CEDPA/Nepal

Ms. Nancy Russell, Director

IPPF/London

Mr. David Mills, Director, Program Support Services

Private Consultants

Mr. Hare Ram Bhattarai, Private Consultant

ANNEX 2:
SCOPE OF WORK AND QUALIFICATIONS FOR LOCAL MIS CONSULTANT TO ASSIST THE FAMILY PLANNING ASSOCIATION OF NEPAL TO UPGRADE ITS MANAGEMENT INFORMATION SYSTEM

1. INTRODUCTION

The Family Planning Association of Nepal (FPAN) has embarked upon the task of upgrading its Management Information System (MIS). The upgradation will address all levels of data collection, processing, reporting, analysis and use of data from the field level to Headquarters. Information currently collected and reported includes service, financial, commodities, and training statistics. The information is reported by Community Health Workers and family planning clinics to FPAN Branch offices, which in turn report to the Headquarters. The information is then processed and used by Headquarters program staff to report to FPAN international donors and to monitor programs.

The MIS is currently operated by the Programs Support Division, with the exception of financial, commodity logistics, and personnel data that is managed by the Finance Division. The system is a manual one that requires a great deal of manpower and is prone to the inherent possibility of errors involved in operating a manual system. The current staff operating the system is not well trained and lack the motivation to operate an effective, efficient, and useful system. To address these problems FPMD/MSH, in cooperation with the FPAN, plans to contract with a local MIS technical consultant to assist in training of MIS Unit and other FPAN staff and in upgrading the MIS system. The consultant will collaborate with and will receive technical support from an FPMD/MSH MIS technical advisor based in Boston, which will include quarterly technical assistance visits to Nepal.

The qualifications and scope of work for the local MIS technical consultant follow. The consultancy is expected to begin on/about July 1, 1994 and end on May 31, 1995.

II. QUALIFICATIONS

The individual contracted for this position should have the following qualifications:

- A university degree with experience in MIS, computers, statistics, and demography.
- Experience in data collection, processing, analysis, and use.
- Experience in the development of MISs to manage programs.
- Experience in database development, maintenance, and use.
- Experience in developing and writing reports to include graphics, tables, and other aids.

The consultant should also be able to train MIS Unit and other FPAN counterparts and to get along well with counterparts.

SCOPE OF WORK

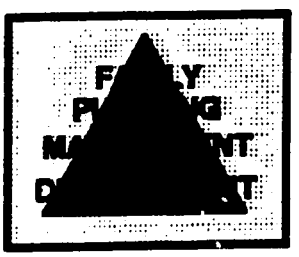
The local MIS technical consultant Advisor will interface with the newly named MIS Unit, other FPAN management staff, and the FPMD/MSH technical advisor to implement the activities outlined in the technical assistance workplan developed by FPMD and presented to FPAN staff in June 1994. The local MIS technical consultant will involve FPAN MIS staff in all activities so that capacity building is encouraged. The scope of work which follows is based on the June 1994 MIS workplan:

Task 1.	Review the reformatted data collection and reporting forms with FPAN to determine if they are complete and correct
Task 2.	Develop data collection and reporting procedures to be used by field reporting units
Task 3.	Pilot test the new forms and procedures in a district close to Kathmandu
Task 4.	Evaluate the results of the pilot test and make necessary changes
Task 5.	Train MIS central level staff in the use of the new forms
Task 6.	Train District supervisors and managers in use of new forms and set up schedule for them to train their field units
Task 7.	Procure and install computers, software and other equipment.
Task 8.	Develop procedures manuals
Task 9.	Introduce the new set of reporting requirements in districts
Task 10.	Develop data entry programs
Task 11.	Develop a program for database development and maintenance
Task 12.	Train data entry operators
Task 13.	Develop analysis, queries and system outputs
Task 14.	Operationalize computerized system at Central level
Task 15.	Produce outputs from system
Task 16.	Train program staff and senior management in use of the information provided by the MIS
Task 17.	Work with the FPAN MIS staff to document the system. This will include reporting, processing and analysis procedures. Any codes, computer programs, etc., will be documented.

ANNEX 3:

REPORT: A PLAN FOR STRENGTHENING THE MIS OF FAMILY PLANNING ASSOCIATION OF NEPAL

Hillard Davis
Mahesh K. Puri



A project of Management Sciences for Health

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I. BACKGROUND

The Family Planning Association of Nepal (FPAN) is assuming an ever increasing role in the provision of family planning services to the population of Nepal. Currently it is operating in 27 of the country's 75 districts and 462 Village Development Committees (VDCs). It employs 600 staff members in providing 25 percent of the country's contraceptive prevalence rate. In its 1994-2000 Strategic Plan, FPAN projects a dramatic expansion in service delivery in the coming years. It is possible that FPAN will manage the family planning activities in six or more additional districts and manage the contraceptive supply and logistics in 21 districts; and, coordinate activities of other NGOs who are providing family practice services.

FPAN, in their Strategic Plan, has emphasized that there is a need to upgrade and strengthen their Management Information System (MIS) so that it can provide managers with timely, accurate information to make informed decisions and to supervise and monitor projects more effectively. The improved system will also permit FPAN to respond to information requests in a more timely and efficient manner.

The Family Planning Management Development (FPMD) project of Management Sciences for Health (MSH) which is supported by the United States Agency for International Development (USAID) agreed to assist FPAN in this endeavor by providing a local and Boston-based consultant. These consultants are to work with FPAN staff to develop a strengthening plan and operationalize the strengthened system.

This report presents the plan based on an assessment of the current MIS which included field visits, interviews, recommendations resulting from a MOH workshop, and observing the functioning of the current system.

II. THE CURRENT SYSTEM

To obtain an understanding of how the various units within FPAN relate to each other, regarding supervision and information flow, a situational analysis was conducted. The result of this analysis was a determination of what types of information, reports, and training are needed by whom, when, and where.

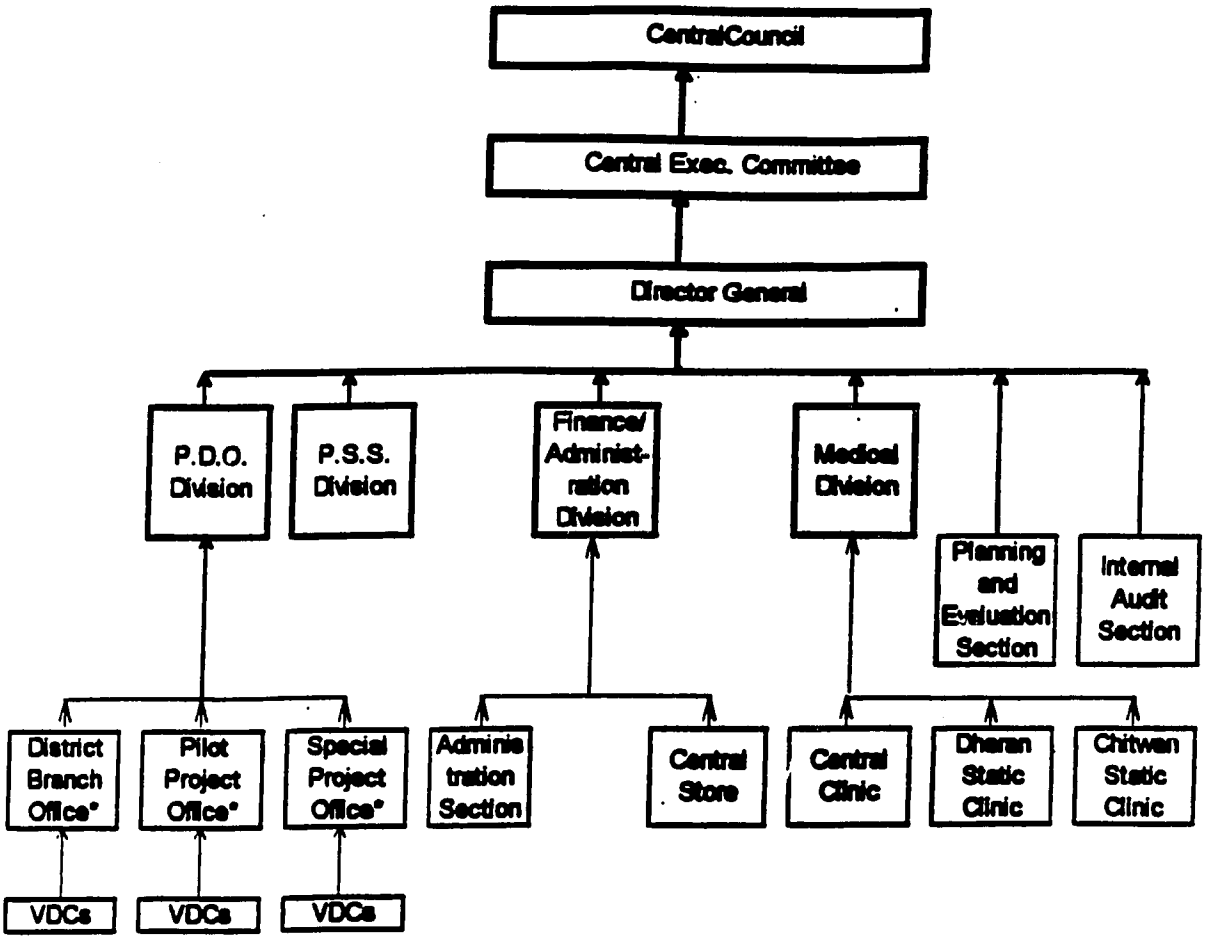
A. Organizational Structure

Figure 1 gives a graphical presentation of the organizational structure and information flow within FPAN. Heading the organization is the Central Council. This body sets policy and develops plans for FPAN, and is responsible for the overall management of the organization. The Village Development Committees are organized at the village level and guide the FPAN's development, family planning and health activities at that level.

In theory, basic information and statistics are suppose to flow from the bottom upward, i.e., originating at field offices (FP/MCH clinics, local committees, community workers and women volunteers), and work their way to the highest level; the Central Council.

Figure 1

Organization Chart of FPAN and It's MIS Flow



*Financial Information are sent directly to Finance Division by accountants.

The Central Council is suppose to use this information to set policy and develop plans for the organization. Given below are the functions of the various units.

B. Functions

Central Council--The Central Council assumes the policy-making position at the national level. They receive reports from the Central Executive Committees. They receive service statistics, financial, and other family planning information.

Central Executive Committee--The Central Executive Committee consists of 11 members. Eight are selected from the Branch Executive Committees and three by competitive elections. The Central Executive Committee receives direct reports giving family planning information from the Branch Executive Committees and the Director General.

Director General--The Director General is the chief executive officer for FPAN and manages the day-to-day operations of the organization. He is supported, at headquarters, by four Division Directors and two section heads. They report directly to the Director General.

Medical Division--The Medical Division oversees, supervises and train staff members who operate FPAN's three FP/MCH clinics, i.e. the Central Clinic at headquarters and the static clinics at Dharan and Chitwan. The Division reports directly to the Director General.

The Central clinic maintains records of visits and activities in registers and on standard forms. The clinic handles approximately 60 clients each clinic day. Of these, approximately one-half are family planning visits.

The process used by the Central Clinic is as follows:

1. A client visiting the clinic is recorded in the "Master Register of FP Methods". After that he/she is handled by the consultation personnel and a FP method is determined.

2. After that a "Clients Medical Record" card is filled out and is forwarded for the next process.

3. Contraceptive methods suggested to the clients are provided to him/her and it is recorded in the "Registration and Distribution Card"

4. Operative cases are recorded on a separate form.

5. Distribution of medicine to the clients are recorded in "Medical Distribution Register" in itemwise basis.

6. Finally, all the information is compiled monthly and sent to the data processing section for overall clinical record keeping and compilation.

Program Development Operation Division – This Division oversees the operations and work of the branches. They obtain service and operating statistics from each branch in which FPAN operates. These reports are received quarterly. Districts are suppose to report to the headquarter's within 10 days after the end of the reporting quarter; however, during the last four quarters only approximately 20 percent have reported within this time period.

Figure 2 shows the data flow from the CBD workers (Community Workers, Women Volunteers) to their supervisors, who aggregate the reports and send them to the District Manager.

The districts use ten forms to report to the Central Office. These are:

1. FP Method Users and Contraceptive Distribution.
2. Report on Training and Orientation.
3. Health Clinic.
4. MCH Clinic
5. IEC Material Distribution.
6. IEC Project for FP Promotion and Motivation.
7. Community Development Activity.
8. Group Discussion Report.
9. Home Visit and Supervision
10. Contraceptive Stock Statement.

These collected forms are compiled by the Program Officers in the Central Office. The compilation process at the central level takes approximately 30 working days of an officer's time to produce national level figures. The Program Division also manages and reports on centrally managed projects and those in districts where a district office has not been set-up. They, like all other divisions, report directly to the Director General.

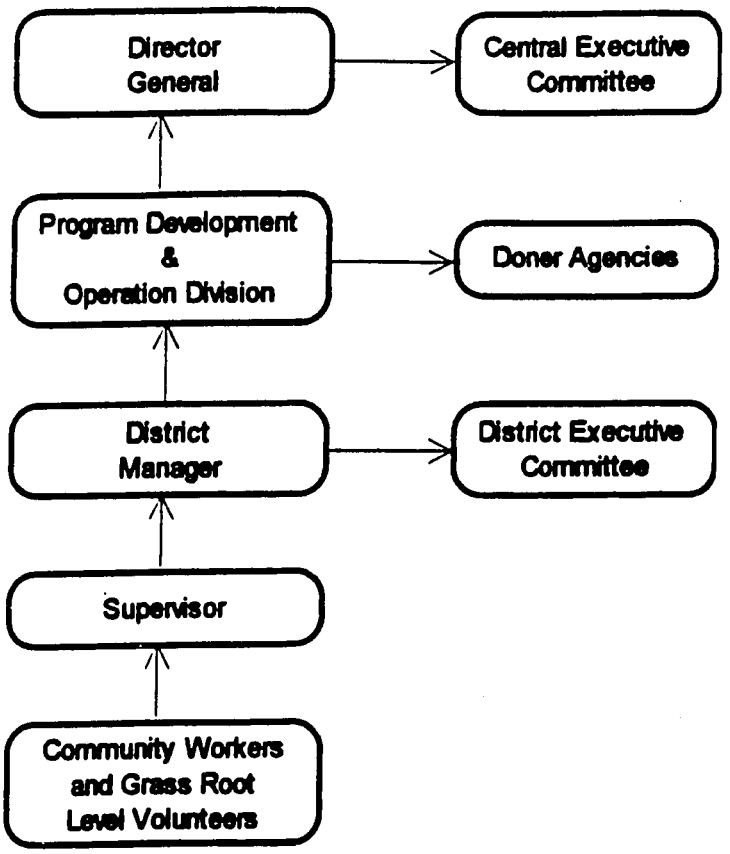
Project Support Services Division – The Project Support Services Division oversees training activities and manages the IEC activities, FPAN library, and advocacy work. It reports directly to the Director General.

Financial/Administrative Division – The Financial/Administrative Division manages financial, personnel, transport, storekeeping, logistics, and equipment activities. The processes used by these departments are given below.

Accounting (Finance): This department currently uses a double entry bookkeeping system to record all their financial transactions. There are six officers and two assistant level staff involved in the accounts keeping process. They send the budgets to the District Offices once a quarter and receive reports from them every month. Approximately 225 transactions in each month were recorded during 1993. The codes

Figure 2

Data Flow Diagram of FPAN.



they are using in their program book to show their financial activities can be used as computer codes to represent the activities. The voucher and general ledger they are using are commonly used for account keeping and they do not require alteration.

The main problem with this manual system is the abstracting of the financial information in a timely manner. The time and manpower required for the posting and verification process is another problem of the system. Sometimes the information comes too late for the account personnel to compare the monthly expenses with their budgeted expenses. Each District Office has an accountant responsible for maintaining the financial information. They are also responsible for the stores and store records at District Offices. But three out of five District Offices visited by the consultant did not have updated medical and contraceptive records.

Personnel: Records of all the employees of FPAN are maintained by the Administration Section at Central Office, but the information is not up-to-date. Information regarding the employees' training, education, rewards or punishments are not properly maintained.

Central Store: Central stores record their transactions on a set of standard forms. Usually they receive supplies once a year from donors and send the supplies to the District Offices quarterly. Three assistant level staff take care of the receipts and supplies for items in the Central Store.

Their staff do not appear to have difficulties in maintaining the current record keeping system, but a great deal of manual effort is required.

Internal Audit Section -- This section reports to the Director General and manages and conducts internal audits.

Planning and Evaluation Section -- This section manages and coordinates the overall planning and evaluations of FPAN's projects.

Branch Office -- Branch offices are the field offices of FPAN. Attached to each Branch is a Branch Executive Committee, Branch Manager, and field office staff that consist of Supervisors, Accountants, clinic and field workers. The Branch Executive Committee reports directly to the Central Executive Committee while the clinic and field workers report to their supervisors who then report to the District Manager. The District Manager reports to the Program Development Operation Division.

Pilot Project And Special Studies Offices -- These offices oversee the pilot projects and special studies that do not fall within the district management structure. They usually have Project Coordinators and Steering Committees with supporting field staff that they routinely direct. They report directly to the Program Development Operation Division.

C. MIS Weaknesses

An assessment of the activities of units that makeup FPAN has pointed to a number of weaknesses in the way they relate to and function in the current MIS. These weaknesses need to be addressed during the strengthening of the system. Given below are weaknesses observed by the consultants.

Management

The current MIS has a very loose management structure and lacks direction. The Director of the Division of Program Development Operations Division is the current manager of the section. His program officers operates the system at headquarters level. There is a need to have a fulltime director with authority to direct the section, make changes, and be responsible for the overall management of the system. The lines of authority, responsibility, and objectives of the unit should be well defined.

There appears to be a lack of coordination of information activities. Various units, i.e., financial, Central Clinic, Personnel, etc., have their own reporting system without coordination. There is a need to coordinate and integrate these systems.

There is inadequate use of what information is available for managing and decision making.

Data Collection

Data quality is variable; e.g., review of some of the reports that come into the Central Office uncovered a number of errors. These errors are both entry and calculation errors.

Reporting

An examination of the reporting of the districts to Central Level show that less than 20 percent of the reports are received on time. Also, feedback reports to the districts from Central level are non-existent.

Forms for reporting are not uniform, which places an additional burden on those who must process the reports.

Processing and Analysis

Computer equipment for the amount of data being processed by the Central MIS unit is not used or inadequate.

There is a lack of software and database development capability in the unit.

The level of expertise in data analysis and output use is inadequate.

Human and Other Resources

The size and capability of staff are inadequate. No manpower need plan exists that addresses the staffing needs of the MIS unit.
A plan for training of staff to carry out MIS duties does not exist.
Material resources, e.g., stationary to provide uniform forms, are inadequate.

D. Status of Computerization

A previous study of the automation of the FPAN central office made by an expert resulted in a service statistics compilation system being developed and installed. But, due to the lack of documentation and training on the system, it could not be used by FPAN.

There are all together four working IBM compatible AT computers in the Central Office of FPAN, out of which three are 80286 processor based and one is 80486 processor based. They are located in the Program Development and Operation Division; Finance/Administration Division; Program Support and Service Division; and, Personnel Administration Section. Approximately one third of the total computer time is currently being used, FPAN has only DOS 6 and Windows 3.1 authorized software.

Only five persons working in FPAN have some computer knowledge. Currently they are using computers with spreadsheet and word processor packages. Even in spreadsheet and word processing, they have a limited knowledge of the facilities available in those packages.

III. DESCRIPTION OF THE STRENGTHENED SYSTEM

Based on an assessment of needs and weaknesses of the current system the consultants have concluded that the strengthened system should be an integrated one accommodating service statistics, financial information, supply and logistics information, personnel information, development statistics, and demographic information. The data collection and reporting systems will remain the same except for modifications to the forms to accommodate requests for additional information, e.g., dropout and method switching information.

One of the major concerns of the MIS Advisors is to develop the capability of the MIS unit so that the system will remain sustainable after it has been operationalized.

A. System Objective

With regards to the strengthening of the MIS, a goal and several objectives were developed. The goal will be "to develop a more comprehensive health management information system that is simple, flexible and sensitive to the needs of FPAN in order to improve the quality of service to the clients".

The major objectives are as follows:

1. To provide information that is simple, flexible, acceptable, sensitive, and timely.

2. To provide information that can be used for managing projects and making decisions.

3. To insure that information is available and interpretable at the appropriate level of the health care and Family Planning delivery system.

4. To ensure that information is easily accessible.

B. Structure and Functions

The strengthened system should be an integrated system based on three levels of operation. At the Central Level MIS should perform the following activities:

- Coordinate all data collection, processing, and use activities to develop a set of forms for MIS use.
- Provide technical assistance and train Branch staff.
- Collect information from Branch, clinic and other units.
- Develop and maintain a national database.
- Process, analyze, and disseminate information using the national database. This should include executive information reports, annual reports, donor reports, and other reports as needed.
- Develop quality assurance procedures for all data collected.
- Develop documentation and procedures manuals for operating the MIS.

The Branch Level MIS should perform the following activities:

- Process and report data collected by basic units.
- Provide training to basic unit staff.
- Monitor and supervise MIS activities of basic unit staff.
- Provide technical support to basic unit staff.
- Disseminate health, family planning, and management information to basic units staff.

Finally, the responsibility of the basic units should be to:

- Collect and report basic data as part of family planning and health care delivery.
- Develop and maintain family planning and health records data on clients.

C. Minimum Data Set

Based on what is needed to meet donor requirements for reporting; information for an Executive Information Report; and, feedback reports to the districts and other field staff, a minimum set of data to be collected and reported has been determined. Most of the required data are already being collected, except for data on dropouts and method switching. Annex 4 gives a listing of these data items, broken down by the units that collect and report the data.

D. System Inputs

Personnel

Based on projections made by examining the needs and requirements of the system, it is projected that the type and number of personnel needed to operate the system are:

One (1) Manager
One (1) Assistant Manager
Two (2) Data Entry Operators

The manager will be responsible for managing the overall operations of the Central Level system and supervising the employees that make up the Department. He should be delegated the authority to make whatever changes and policies are necessary for the effective management of the system. He should also be responsible for coordination with other units.

The manager should develop an annual workplan for him and his staff which will guide them in their day-to-day activities.

The Assistant Manager will assist the Manager in running the Department and will have training and experience in the development and management of the computer system and databases. He will also be responsible for managing the data collection, reporting, and maintaining the databases.

The Data Entry Operators will be responsible for logging-in reports and entering and verifying data received from the reporting units.

Computer Equipment

A careful assessment of the requirements of the strengthened system indicates that the following hardware, software, and peripherals are needed. These should be acquired incrementally, in pace with the phased upgrading of the overall system and subject to funding availability.

Hardware

a. IBM Compatible 486/66Mz — 2 units
Processor Intel 80486 with 512 KB Cache
Memory 8 MB
HD 1 x 300 MB
Floppy 1 x 1.2 MB, 1 x 1.44 MB
Compact Disk (for backup and other use)
SVGA Colour monitor

One unit of this system is used as a server in the Central Office and the second unit is used as terminal but kept as a stand-by backup system for the server.

b. IBM Compatible Laptop 486/33Mz — 1 unit
Processor Intel 80386 with 512 KB Cache
Memory 8 MB
HD 1 x 300 MB
Floppy 1 x 1.44 MB

This unit will be placed in the Director General's Office to support executive query.

c. Two Laser Printers.

d. NIC Cards, LAN Cables, Connectors, etc. to connect 7 units of computers together within FPAN building.

e. Power Backup System, at least for the Server installed in the Central Office.

f. 8 MB of additional RAM (memory) to upgrade the existing two AT compatible computers, 10 Pack of 3.5" HD diskettes, 5 Pack of 5.25" HD diskettes, 10 units of Tape Cartridge, etc.

Software

a. Word Perfect or Microsoft Word for Windows (for multi-user environment)

b. Lotus or Microsoft Excel for Windows (for multi-user environment)

c. Windows 3.11

d. Latest LAN version of FoxPro

e. Netware LAN version above 3

f. Alpha-4 version 3.0

Training

Training is necessary to upgrade the skills of the MIS staff and others responsible for operating and using the MIS. Various types of training needs ranging from computer training to data collection and reporting training have been identified. Given below is the training projected by the consultants.

Computer:

a. Spreadsheet training
   Duration: 3 to 4 weeks
   Persons: up to 10 interested persons of FPAN
   Venue: local training institute at Kathmandu.

b. Word-processing:
   Duration: 2 to 3 weeks
   Persons: typist of each divisions.
   Venue: local training institute at Kathmandu.

c. Database training
   Duration: 4 to 6 weeks
   Persons: up to 4 staffs(officers) of FPAN (2 must be from future MIS unit)
   Venue: local training institute at Kathmandu.

d. Local Area Network (LAN), Data Administration and advance Database training.
   Duration: 8 to 12 weeks
   Persons: 2 persons(officers), (one must be the future MIS chief)
   Venue: To be determined.

MIS Training

Duration: 4 to 6 weeks
Persons: 1 person, future MIS chief
Venue: To be determined.

Service Statistics

- Training on forms and formats, importance of forms and its use should be provided to the District Officers, Supervisors and Accountants.

- Trainers' training should be provided to the District Officers and Supervisors to complete the forms used at the VDC level. They will thereafter train the Community Workers and grass root level Volunteers to fill out the forms provided to them by the district offices.

- Group discussion type of training for Community Worker and grass root level Volunteers should be conducted at each of the district offices so that they could share each others experiences and solve their problems themselves.

E. Activities

Table 1 gives the major activities necessary to upgrade and operationalize the system. It is expected to take until May 31, 1995 to completely operationalize and document the system. The major activities will center around improving the data collection and reporting performances of the field staff and operationalizing the computerized MIS at Central Level. Another priority will be to train staff how to use the collected information.

F. Outputs

The major outputs from the system will be: 1) An Executive Information Report; 2) Feedback reports to the districts and field staff; and, 3) reports to donors. In addition to producing information that FPAN can use for managing and decision making, the system will accommodate the requirements of donors for monitoring information.

a. Executive Information Report

The Executive Information Report (Annex 5) has been developed to present indicators that the Director General and management staff can use to monitor the progress of programs and activities. This report will be an integrated one and produced quarterly. The report will measure progress in relation to targets that have been sent.

b. Feed-back Reports

There is a need to motivate district and field level staff to collect and report quality and complete information in a timely manner. This is not currently being done. It is expected that feed back reports will address this problem. For an example of a Feedback Report see Annex 6.

c. Donor Reports

Most donors to the FPAN health and family planning program require that periodic reports be produced. The requirements of donors, such as IPPF and CEDPA, have been taken into consideration in selecting the minimum data set.

G. Family Planning Definitions

To standardize the family planning terms used to report activities, a glossary of terms has been developed (Annex 1). This should assist in making reports from reporting units comparable.

H. Data Use

Training will be provided to managers and staff to teach them how to use the information provided by MIS. Both Central Level managers and Branch Level managers will be trained.

I. Implementation Plan

Prior to operationalizing the strengthened system, both the data collection and reporting system and the computerized system will be pilot-tested. This will provide hands-on experience for FPAN's MIS staff and will take place under the guidance of the MIS advisors.

Implementation will take places in phases. After the forms have been reviewed, translated, and pilot tested, data entry programs and databases for service statistics and financial information will be developed. This will be followed by supply and logistics, personnel, demographic and community development statistics. The MIS advisors will work with the MIS staff to develop, program and test the system. In the beginning, both a manual and computerized system will be run in parallel. This will permit complete testing of the computerized system prior to a complete switchover.

The databases for the various subsystems, e.g., service statistics, financial, etc., will be developed separately and integrated later. This will eliminate the need to purchase all the computer equipment at the onset. It will also permit the capacity building of the FPAN MIS staff to take place at a more gradual pace. However, it will not affect the final goal of developing an integrated, interactive system.

ANNEX - 1
Definition of Terms Used in Family Planning (FP).

Eligible Couple:	Number of currently married women in the reproductive ages, i.e. 15 to 49 excluding currently pregnant women.
FP Acceptors:	Any currently married women between the ages 15 - 49 and any currently married male aged 15 and above who says they have used a method of contraception at least once during the last month.
New Acceptors:	Persons accepting any FP contraceptive method for the first time is defined as a new acceptor.
New Repeater:	An acceptor who had used a FP method before in the current year and repeated the use at the same year.
Old Acceptor:	An acceptor who had used a FP method in the preceding years and used the method first time in current year.
Old Repeater:	An acceptor who has been using a FP method without interruption since last year or before and repeated the use in more than once in the current year.
Method Acceptor:	Method Acceptor is a first time acceptor of a FP method from the program.
Continuing Acceptor:	An acceptor who has been using a FP method without interruption.
Contraceptive User:	Persons using a FP method at a given point of time.
Acceptance Rate:	Annual number of acceptors per 100 married women by age and other characteristics as data permits. It is calculated by dividing the number of acceptors in a sub-group by the number of married women in that sub-group and multiplied by 100.
Contraceptive Prevalence:	Percentage of current users among currently married women of reproductive ages 15-49.
Continuation Rate:	The proportion or percentage of contraceptive acceptors who have been continuously using a FP Method at a given time after acceptance.

Couple Year of Protection: A composit measure representing the contraceptive protection time provided by a method and expressed in couple years. The CYP is obtained for each method by multiplying the number of units issued/distributed by a conversion factor representing the number of units needed to protect a couple fully for one year.

Quality of Care: It refers to the treatment given to the client with a view to enable her/him, to make an informed decision on her/his choice of contraceptive method.

Outlet: The final distribution point where clients receive their contraceptives (clinic, CBD worker, etc.).

Static Clinic: Fixed locations occupied by the FPA and owned by associated agencies, where medical personnel (doctor/nurse/midwife) provide one or more of the following FP services: IUD, sterilization, Norplant, injectable, medical check-ups related to contraceptive and other non-contraceptive medical services.

FPA Clinics: Premises occupied by the FPA, and managed/operated by full and part-time FPA staff to provide FP service.

Referral: A women/man who is referred to a non-subproject facility for a family planning method has been confirmed as an "Effective Referral".
Any method not provided directly by the subproject should be counted as a referral.

Drop-Out: A client who stops accepting FP service from the FP outlet for six months or more. For example, a client moving out of the project area is a drop-out and a women who becomes pregnant is a drop-out.

Active User: The aggregate number of New Clients, New Referrals and Continuing Acceptors in a given quarter is the number of active users for that quarter.

Parity: The number of live births a women has had.

ANNEX 2:

Acronym Index Used in Family Planning.

AIDS	Aquired Immune Difficiency Syndrom
AVSC	Association for Voluntary Surgical Contraception
CBD	Community Based Distribution
CEDPA	Centre for Development and Population Activities
CPR	Contraceptive Prevalence Rate
CRS	Commercial Retail Sales
CSM	Contraceptive Social Marketing
CYP	Couple Year of Protection
DO	District Office
FP	Family Planning
FPA	Family Planning Association
FPAN	Family Planning Association of Nepal
FPMD	Family Planning Management Development
GPA	Global Program on AIDS
HMG	His Majesty's Government
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
INGO	International Non-Government Organization
IPF	Indicative Planning Figure
IPPF	International Planned Parenthood Federation
IYF	International Year of the Family
JOICEP	Japanese Organization for international Cooperation in FP
MCH	Maternal and Child Health
MHS	Management Sciences for Health
NGO	Non-Government Organization
SP	Strategic Plan
TYP	Three Year Plan
VDC	Village Development Committee
WHO	World Health Organization
WPD	Work Program Budget

ANNEX 3:

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ANNEX 4:

MODIFIED/REDESIGNED REPORT FORMS

1. SERVICE STATISTICS (BRANCH CLINICS)

A. FAMILY PLANNING METHOD, COMPLICATIONS, REFERRALS, DISTRIBUTION, AND USER RECORD FORM

TYPE OF METHOD	CLIENTS					Contraceptive Products Distributed	Remarks
	New Acceptors	Continuous Users	Complications	Complications Treated	Referrals		
1. Condom (Pieces)							
2. Pills (Cycle)							
3. Depo (Doses)							
4. Foam (Tablets)							
5. IUD (Pieces)							
6. Jelly/Cream (Tubes)							
7. Norplant (Doses)							
8. Male Sterilization							
9. Female Sterilization							
10. Total							

B. DROPOUT BY METHOD

METHOD	NUMBER
1. Condom	
2. Pills	
3. Depo	
4. Foam	
5. IUD	
6. Jelly/Cream	
7. Norplant	
8. Male Sterilization	
9. Female Sterilization	
10. Total	

C. DROPOUT BY REASON

REASON	NUMBER
1. Moved Away	
2. Wants Child	
3. Is Pregnant	
4. Side Effects	
5. Parent/Family Objects	
6. Religion	
7. Age/Illness	
8. Other.....	
9. Other.....	
10. Other.....	

D. FAMILY PLANNING METHOD SWITCHING

	Condom	Pill	Depo	Foam	IUD	Jelly/ Cream	Norplant	Male Steri-lization	Female Ster-lization
Condom									
Pill									
Depo									
Foam									
IUD									
Jelly/ Cream									
Norplant									

1. SERVICE STATISTICS (CBD WORKERS)

A. FAMILY PLANNING METHOD, DISTRIBUTION AND [illegible] RECORD FORM

TYPE OF METHOD	[illegible]				Contraceptive Products Distributed	[illegible]
	New Acceptor	Continuing User	[illegible]	[illegible]		Remarks
1. Condom (Pieces)						
2. Pills (Cycle)						
3. Depo (Doses)						
4. Foam (Tablets)						
5. IUD (Pieces)						
6. Jelly/Cream (Tubes)						
7. Norplant (Doses)						
8. Male Sterilization						
9. Female Sterilization						
10. Total						

B. DROPOUT BY METHOD

METHOD	NUMBER
1. Condom	
2. Pills	
3. Depo	
4. Foam	
5. IUD	
6. Jelly/Cream	
7. Norplant	
8. Male Sterilization	
9. Female Sterilization	
10. Total	

C. DROPOUT BY REASON

REASON	NUMBER
1. Moved Away	
2. Wants Child	
3. Is Pregnant	
4. Side Effects	
5. Parent/Family Objects	
6. Religion	
7. Age/Illness	
8. Other.....	
9. Other.....	
10. Other.....	

D. FAMILY PLANNING METHOD SWITCHING

	Condom	Pill	Depo	Foam	IUD	Jelly/ Cream	Norplant	Male Steri-lization	Female Ster-ilization
Condom									
Pill									
Depo									
Foam									
IUD									
Jelly/Cream									
Norplant									

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E. MCH CLINIC AT DISTRICT OFFICE

S.N.	Type of MCH Clinic	Number of Clinic Sessions	Prenatal	Postnatal	Breast Feeding	Counselling	Oral Rehydration	Nutrition	Immunisation	ARI	Other	Total	Remarks

F. OTHER HEALTH CLINICS

S.N.	Type of Clinic	VDC	Pens Collected	Number of Clinic Sessions	Number of Visits			Pregnant Women	Patients by Age				Remarks
					Male	Female	Total		<1	1-5	6-15	>15	

2. DEVELOPMENT ACTIVITIES

A. Community Development Activity

S.N.	Activities	VDC	Unit	Quantity	Number of Beneficiaries	Community Contribution		FPAN Contribution	Remarks
						Cash	Labour		

B. Home Visits

S.N.	Purpose of Visit	VDCs	Number of Workers Involved		Remarks
			Community Workers	Women Volunteers	

C. Group Discussions

S.N.	Topic of Group Discussions	VDCs	Number of Discussions	Number of Persons Involved				Remarks
				Eligible Couples	FPAN Officials	Volunteers	Others	

D. IEC Material Distribution

S.N.	Type of Material	VDCs	Quantity	Distribution/ Display	Remarks

2. DEVELOPMENT ACTIVITIES (Cont'd)

E. Training and Orientation

S.N.	Types of Training/ Orientation	VDC	Participants		Resource Persons		Remarks
			Males	Females	Males	Females	

F. Quarterly Timeline Plan

S.N.	Activity	VDCs	Unit	Indicators in Case of Qualitative	Quarter			
					1st	2nd	3rd	4th

G. Quarterly Achievement Report

S.N.	Activity	VDCs	Unit	Quantity	Indicator in Case of Qualitative

H. Management Profile

S.N.	Name	Appointment Date	Designation	Responsible to	Report to

3. DISTRICT QUARTERLY CONTRACEPTIVE SUPPLIES REPORT

Contraceptives	Opening Balance	Receipts				Distribution				Balance		Need for next quarter
		From Centre	From Regional Office	Others	Total Receipt [2+3+4+5]	Project	Branch	Others	Total Distribution	Branch	Project	
Condom (Pices)												
Pills (Cycle)												
Depo-Provera Doses)												
Jelly/Cream (Tubes)												
I.U.D. (Pices)												
Norplant (Doses)												
Foam Tablets												
Foam Tube												
Others.												
. . . . .												
. . . . .												
Total:												

ANNEX 5:

MINIMUM SET OF DATA ATTRIBUTES

Common Attributes

01. District Code Table
    1. District Code
    2. District Name

02. Village Development Committee (VDC) Table
    1. VDC Code
    2. VDC Name
    3. Controlling Districts Code

03. Project/District Office Code Table
    1. Project/DO Code
    2. Project/DO Name
    3. Project/DO Level

04. Activity Code Table
    1. Activity Code
    2. Activity Name

05. Donor Agency Code Table
    1. Donor Agency's Code
    2. Donor Agency's Name

06. Measurement Unit Code
    1. Unit Code
    2. Unit Name

07. Budget Table
    1. Fiscal Year
    2. Project Code
    3. Activity Code
    4. Budgeted Amount
    5. Revised Budget
    6. 1st Qtr Expenditure
    7. 2nd Qtr Expenditure
    8. 3rd Qtr Expenditure
    9. 4th Qtr Expenditure
    10 Cumulative Expenditure
    11. Balance Amount

08. FP Method Table
    1. FP Method Code
    2. FP Method Name

09. Group Discussion Table
    1. Group Discussion Code
    2. Group Discussion Topic

10 IEC Material Table
    1. IEC Material Code
    2. IEC Material Name

11 Contraceptive
    1. Contraceptive Code
    2. Contraceptive Name

Finance Division

Accounting Attributes

12. Transaction Recording Table
    1. Voucher Number
    2. Voucher Date
    3. Voucher Type
    4. Donor Code
    5. Project/Branch Code
    6. Activity Code (Account Number)
    7. Debit
    8. Credit
    9. Remark
    10. Posting Mark

Inventory Attributes

13. Goods Receive Information Table
    1. Form Number
    2. Goods Receive Date
    3. Goods Received From (Suppliers/Donor)
    4. Invoice Number
    5. Invoice Date
    6. Item Number
    7. P.O. Number
    8. Item Code
    9. Measurement Unit
    10. Quantity
    11. Unit Price
    12. Total Cost
    13. Remark

14. Store Issue Information Table
    1. Form Number
    2. Goods Issue Date
    3. Goods Issued To (Project/Division)
    4. Branch/Action Unit
    5. Donor Agency
    6. Item Number
    7. Item Code
    8. Measurement Unit
    9. Required Quantity
    10. Issued Quantity
    11. Unit Price
    12. Total Cost
    13. Remark

15. Items Transfer Table
    1. Transferrer Office Code
    2. Receiver Office Code
    3. Transfer Date
    4. Store Issue No
    5. Item Code
    6. Quantity
    7. Equip. Id. No.

<u>Personnel Information Attributes</u>

16. Employees Fixed Information Table
    1. Employees Code
    2. Employees Name
    3. Employees Date of Birth
    4. Employees Address
    5. Project Code
    6. Join Date
    7. Join Post
    8. Current Post
    9. Current Place
    10. Beneficiary
    11. No of Dependent

17. Employees Education Table
    1. Employees Code
    2. Education Date
    3. Acquired Education
    4. Subject

18. Employees Training Table
    1. Employees Code
    2. Acquired Training
    3. Training Date
    4. Training Duration
    5. Subject
    6. Place of Training
    (FPAN/Local/India/Abroad)
    7. Sponsor

19. Employees Financial Information Table
    1. Employees Code
    2. Current Salary
    3. Increment
    4. Increment Amount
    5. Allowances
    6. Deductions
    7. Bank
    8. Bank Account

20. Punishment Information Table
    1. Employees Code
    2. Punishment Date
    3. Punishment Type

21. Reward Information Table
    1. Employees Code
    2. Reward Date
    3. Reward Type

22. Family Information Table
    1. Employees Code
    2. Name of Dependent
    3. Age of Dependent

23. Promotion Information Table
    1. Employees Code
    2. Date of Promotion
    3. Post of Promotion
    4. Placement

24. Leave Information Table
    1. Employees Code
    2. Year & Quarter
    3. Type of Leave
    4. Duration(No of Days)
    5. Remark

Program Development and Operation Division

PDO Attributes

25. FP Method Users and Contraceptives Distribution
    1. District Code
    2. Project Code
    3. Quarter Number
    4. Year
    5. FP Method
    6. New Acceptors
    7. Continuous User
    8. Complications
    9. Referals
    10. Total Distribution

26. Drop-Out Tables
    1. Method
    2. Number
    3. Reason

27. Method Switching
    1. Method Used
    2. Method Switched to

29. Report on Training and Orientation.
    1. District Code
    2. Project Code
    3. Quarter Number
    4. Year
    5. Training Type
    6. VDC
    7. Participant Male
    8. Participant Female
    9. Resource Person Source
    10 Duration in Days
    11. Status (On Going/Completed)

30. Health Clinic Table
    1. District Code
    2. Project Code
    3. Quarter Number
    4. Year
    5. Clinic Type
    6. VDC
    7. Amount Collected

8. Time
9. No of Male
10 No of Female
11. No of Child
12. Total Number
13. Pregnant Women
14. Age <1 yrs
15. Age 1-5 yrs
16. Age 6-15 yrs
17. Age >15 yrs

31. MCH Clinic
    1. District Code
    2. Project Code
    3. Quarter Number
    4. Year
    5. Type of Clinic
    6. Time
    7. Pre-natal
    8. Post-natal
    9. Breast Feeding
    10 Counseling
    11. Oral Hydration
    12. Nutrition
    13. Immunization
    14. Others
    15. Total

32. IEC Material Distribution.
    1. District Code
    2. Project Code
    3. Quarter Number
    4. Year
    5. Type of Material
    6. VDC
    7. Source
    8. Unit
    9. Quantity
    10. Distribution/Display

33. IEC Project for FP Promotion and Motivation Table
    1. District Code
    2. Project Code
    3. Quarter Number
    4. Year
    5. Activity Code
    6. VDC Number

7. Unit
8. Quantity

34. Community Development Activity.
    1. District Code
    2. Project Code
    3. Quarter Number
    4. Year
    5. Activity
    6. Units
    7. Quantity
    8. VDC
    9. No of Hours
    10. Cash
    11. Labor Cost
    12. FPAN Contribution in Cash
    13. Progress Status

35. Group Discussion Report.
    1. District Code
    2. Project Code
    3. Quarter Number
    4. Year
    5. Type of Group Discussion
    6. VDC
    7. Times
    8. No of Eligible Couple
    9. No of FPAN Officials
    10. Volunteers
    11. Others

36. Home Visit and Supervision
    1. District Code
    2. Project Code
    3. Quarter Number
    4. Year
    5. VDC
    6. Community Workers Visit
    7. Women Volunteers Visit
    8. Supervisors Visit
    9. Branch Managers Visit
    10. Volunteers Visit
    11. Others Visit

37. Contraceptive Stock Statement.
    1. District Code
    2. Project Code

3. Quarter Number
4. Year
5. Contraceptives
6. Opening Balance
7. Received from Centre
8. Received from Others
9. Total Contraceptives(6+7+8)
10. Distribution Projects
11. Distribution Branches
12. Distribution Clients
13. Total Distribution
14. Balance at Branch
15. Balance at Project
16. Need for further three months

ANNEX 6: OUTPUT TABLES: EXECUTIVE INFORMATION REPORT

TABLE 1
POPULATION CHARACTERISTICS BY DISTRICTS

DISTRICT NAME	POPULATION							
	GENDER		AGE GROUP (YEARS)					
	MALES	FEMALES	TOTAL	<1	1-5	6-14	15-49	50+
KANCHANPUR								
DOTI								
KAILALI								
SURKHET								
BANKE								
DANG								
RUPANDEHI								
BAGLUNG								
NAWALPARAS								
KASKI								
CHITWAN								
MAKAWANPUR								
VALLEY								
KAVRE								
SARLAHI								
SAPTARI								
DHANUSHA								
SUNSARI								
MORANG								
DHANKUTI								
JHAPA								
BARDIYA								
DAILEKH								
ARGAKHANCHI								

TABLE 1 (CONTINUED)
POPULATION CHARACTERISTICS BY DISTRICTS

DISTRICT NAME	POPULATION CHARACTERISTICS							
	WOMEN		HEALTH AND LITERACY INDICATORS					
	MARRIED 15-49	UNMARRIED/ WIDOWED	BIRTH RATE	DEATH RATE	INFANT MORTALITY RATE	MATERNAL MORTALITY	AVERAGE CHILDREN PER FAMILY	LITERAC RATE
KANCHANPUR								
DOTI								
KAILALI								
SURKHET								
BANKE								
DANG								
RUPANDEHI								
BAGLUNG								
NAWALPARAS								
KASKI								
CHITWAN								
MAKAWANPUR								
VALLEY								
KAVRE								
SARLAHI								
SAPTARI								
DHANUSHA								
SUNSARI								
MORANG								
DHANKKUTI								
JHAPA								
BARDIYA								
DAILEKH								
ARGAKHANCHI								

TABLE 2
KEY ACHIEVEMENT INDICATORS BY TARGETS

INDICATORS (1)	LAST QUARTER (2)	THIS QUARTER (3)	PERCENT CHANGE (4)	THIS YEAR'S TARGET (5)	PERCENT OF YEAR'S TARGET ACHIEVED (6)
			[(3)-(2)]/(2)*100		(year's total) /(5)*100
Contraceptive Prevalence Rate (CPR)					
Total Number of Eligible Couples (ELCOs)					
Total Number Of New Acceptors					
Total Number of Continuous Users					
Number of Permanent Users					
Percent of Users That are Permanent Users					
Dropout Rate					
Number of Complications					
Number of Group Discussions					
Number of Persons Trained/Orientated					
Number of IEC Materials Distributions Made					
Number of Home Visits Made (Community Workers)					
Number of Home Visits Made (Women Volunteers)					
Number of Supervision Visits Made (Supervisors)					
Number of Supervision Visits Made (Branch Manager)					
Number of Supervision Visits Made (Branch Volunteer)					

TABLE 2 (CONTINUED)
KEY ACHIEVEMENT INDICATORS BY TARGETS
(HEALTH CLINICS)

INDICATORS (1)	LAST QUARTER (2)	THIS QUARTER (3)	PERCENT CHANGE (4)	THIS YEAR'S TARGET (5)	PERCENT OF YEAR'S TARGET ACHIEVED (6)
			[(3)-(2)]/(2)*100		(year's total) /(5)*100
Total Clinic Sessions					
Total Clinic Visits					
Total Visits/Session					
Total Male Visits					
Total Female Visits					
Total Pregnant Women Visits					
Total Less Than One Year-Old Visits					
Total 1-5 Year-Old Visits					
Total 6-15 Year-Old Visits					
Total Greater Than 15 Year-Old Visits					
Total Amount of Fees Collected					

TABLE 2 (CONTINUED)
KEY ACHIEVEMENT INDICATORS BY TARGETS
(MCH CLINIC IN BRANCHES)

INDICATORS (1)	LAST QUARTER (2)	THIS QUARTER (3)	PERCENT CHANGE (4)	THIS YEAR'S TARGET (5)	PERCENT OF YEAR'S TARGET ACHIEVED (6)
			[(3)-(2)]/(2)*100		(year's total) /(5)*100
Total Prenatal Visits					
Total Postnatal Visits					
Total Breast Feeding Counselling Session Visits					
Total Nutrition Visits					
Total Oral Rehydration Visits					
Total Immunization Visits					
Total Counselling Session Visits					
Number of IEC Materials Distributions Made					
Number of Home Visits Made (Community Workers)					
Number of Home Visits Made (Women Volunteers)					
Number of Supervision Visits Made (Supervisors)					
Number of Supervision Visits Made (Branch Manager)					
Number of Supervision Visits Made (Branch Volunteer)					

TABLE 3
EXPENDITURES IN RELATION TO BUDGET

BUDGET CATEGORY (1)	EXPENDED PREVIOUS QUARTER (2)	EXPENDED THIS QUARTER (3)	EXPENDED YEAR-TO-DATE (4)	YEARLY BUDGET (This Calendar Year) (5)	PERCENT YEARLY BUDGET REACHED (6)
					[(4)/(5)]*100
TOTAL					

TABLE 4
PERSONNEL BY TYPE AND STATUS

CATEGORY OF PERSONNEL (1)	LAST QUARTER				THIS QUARTER			
	NUMBER EMPLOYED (2)	PROMOTIONS (3)	LONG-TERM TRAINING (4)	ON EXTENDED LEAVE (5)	NUMBER EMPLOYED (6)	PROMOTIONS (7)	LONG-TERM TRAINING (8)	ON EXTENDED LEAVE (9)
I. SALARIED PERSONNEL								
Field Staff:								
Supervisors/Field Officers								
Field Workers								
Accountants								
Clinic Assistants								
Other								
Medical:								
Physicians								
Nurses								
Nurses Aides								
Paramedics								
Other								
Management:								
Support:								
TOTAL								
II. PARTIALLY FUNDED								
Volunteers/Community Volunteers								
Group Leaders								
Part-time Field Workers								
TOTAL								
III. UNPAID WORKERS								
Board Members								
Organization (club) Members								
TOTAL								

TABLE 5
FAMILY PLANNING USERS BY TYPE AND METHOD

METHOD (1)	TOTAL ACCEPTORS			TOTAL CONTINUOUS USERS			TOTAL USERS			PERCENT CURRENT ACTIVE USERS BY METHOD (11)
	THIS QUARTER (2)	LAST QUARTER (3)	PERCENT CHANGE (4)	THIS QUARTER (5)	LAST QUARTER (6)	PERCENT CHANGE (7)	THIS QUARTER (8)	LAST QUARTER (9)	PERCENT CHANGE (10)	
			(2-3)/2*100			(5-6)/5*100	(2)+(5)	(3)+(6)	(8-9)/8*100	(8)/ [sum(8)] *100
Pill										
Condom										
IUD										
Depo										
Norplant										
Foam										
Jelly/Cream										
Ligation										
Vasectomy										
Other (Specify)										
TOTAL										100.0

TABLE 6 (CONTINUED)
FAMILY PLANNING SUPPLIES BY METHOD AND STOCK
(FIELD UNITS)

METHOD (1)	LAST QUARTER				THIS QUARTER			
	OPENING STOCK (2)	TOTAL RECEIVED (3)	AMOUNT DISTRIBUTED (4)	CLOSING STOCK (5)	OPENING STOCK (6)	TOTAL RECEIVED (7)	AMOUNT DISTRIBUTED (8)	CLOSING STOCK (9)
Pill								
Condom								
IUD								
Depo								
Norplant								
Foam								
Jelly/Cream								
Ligation								
Vasectomy								
Other (Specify)								
TOTAL								

TABLE 6
FAMILY PLANNING SUPPLIES BY METHOD AND STOCK
(CENTRAL STORES)

METHOD (1)	LAST QUARTER				THIS QUARTER			
	OPENING STOCK (2)	TOTAL RECEIVED (3)	AMOUNT DISTRIBUTED (4)	CLOSING STOCK (5)	OPENING STOCK (6)	TOTAL RECEIVED (7)	AMOUNT DISTRIBUTED (8)	CLOSING STOCK (9)
Pill								
Condom								
IUD								
Depo								
Norplant								
Foam								
Jelly/Cream								
Ligation								
Vasectomy								
Other (Specify)								
TOTAL								

ANNEX 7: OUTPUT TABLES: FEED BACK REPORTS .

TABLE 1
STATUS OF QUARTERLY REPORTS BY DISTRICTS

DISTRICT NAME	QUARTER															
	FIRST (JAN-MAR)				SECOND (APR-JUN)				THIRD (JUL-SEP)				FOURTH (OCT-DEC)			
	LATE	INCOMPLETE	NOT SENT	ERRORS	LATE	INCOMPLETE	NOT SENT	ERRORS	LATE	INCOMPLETE	NOT SENT	ERRORS	LATE	INCOMPLETE	NOT SENT	ERRORS
KANCHANPUR																
DOTI																
KAILALI																
SURKHET																
BANKE																
DANG																
RUPANDEHI																
BAGLUNG																
NAWALPARAS																
KASKI																
CHITWAN																
MAKAWANPUR																
VALLEY																
KAVRE																
SARLAHI																
SAPTARI																
DHANUSHA																
SUNSARI																
MORANG																
DHANKUTI																
JHAPA																
BARDIYA																
DAILEKH																
ARGAKHANCHI																