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MKOMANI MIS DEVELOPMENT

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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INTRODUCTION

The Family Planning Management Development Project (FPMD) provides ongoing technical assistance to Mkomani Clinic Society in several areas of management development. This report focuses on FPMD's management information systems (MIS) development work at Mkomani, which serves two primary objectives: the provision of more useful management information and the improvement of Mkomani's external reporting capabilities.

During this trip to Mkomani the consultant met several times with Mr. Victor Were, the project administrator, to review the status of the manual service statistics systems and to make recommendations regarding future work. In addition, the consultant met with the Project Director and the Deputy Director to review several of the issues related to the development and implementation of Mkomani's management information systems.

DAILY FAMILY PLANNING ACTIVITY REGISTER

The daily family planning activity register is the main register for recording FP services provided by the clinic. It is the primary source for most information used for external reporting purposes. It is therefore important that data from the two clinics (Mkomani and Bomu) be consistent, and that the quality and accuracy of information recorded is high. Several recommendations were made during the previous trip and have been included in Appendix I. Comments and recommendations pertaining to systems reviewed during this trip are listed below:

Observations and Recommendations on the Daily Family Planning Activity Register:

1. Currently, the blank column next to "Pills" is used to record the client's age and the blank column next to "Gloves" is used to record parity.

Recommendation: Both age and parity are recorded in the client's record. Therefore, it is not necessary to repeat this information, in the daily register. This information is not being used on an ongoing basis.

2. One of the new columns added to the register is used to record check-ups. Despite this, the word "check-up" is often written on the row in some of the blank spaces. Other times, the word "check-up" is written and a tick put in the check-up column. On other occasions, the word "check-up" is written and no tick or mark is made in the check-up column.

Recommendation: The spaces provided in the FP register to record specific information should only be used for the purposes that they are designed. Text should only appear in the "Comments-Remarks" column at the far right of the page. A clear and uncluttered page will facilitate the tabulation of data in the rows and the transfer of information to the monthly and/or quarterly reports.

3. The word "insertion" is sometimes written in one of the rows. Again, on occasion a mark is made in the column reserved for IUD insertions. Frequently, the word "re-insertion" is written, as are the words "removal" and "reinsertion."

Recommendation: Space provided should be used to record the data in the columns and comments should only be made in the comments column. IUD insertions should be marked with a tick in the appropriate (type) column. It is not necessary to write reinsertion or insertion. An IUD removal can be marked as a check-up.

4. The "Comments-Remarks" column in the register is used to record the revisit date and location (location refers to the general area) in which the clients live.

Recommendation: It is useful to record the date of a client's revisit so that CSWs can follow up on "defaulters". However, systematic follow-up rarely occurs and there is no

protocol for follow-up. FPMD recommends that Mr. Were, the project administrator carry out an analysis of the number of defaulters. Exact figures are not necessary but it should provide the organization with a perception of the scope of the issue. Below is a suggested approach:

Using the Daily Family Planning Activity Register, track the follow-up visit of all clients during February 1991 by date for both clinics. The following procedure can be used:

- a). Count and record the number of follow-up appointments made and count and record the total number of clients during the same period.
- b). Compile a separate list of the names and client number of each of the clients and the probable reason why they have been asked to return to the clinic, e.g. for resupply of pills or injection etc.
- c). Count the number of clients who return on the date that the appointment was made.
- d). Cover the period from one week prior to the appointment date to three weeks after the appointment date and record if the client returned to the clinic. A distinction should be made between clients who returned before the appointment date and those who returned after the appointment date. A distinction can also be made with regard to the week the client returned, (one week after, two weeks after, or three weeks after).

The results from the simple survey should guide Mkomani in posing some of the following questions:

- In a given month, is the number of people who do not return for follow-up high?
- Is there a difference in follow-up rates between Mkomani and Bomu? If so why?
- Which of the methods or reasons for which the clients return to the clinic do you consider to be the most critical?
- Based on each of the categories identified, count the number of clients in each category that did not return.

In order to assess the effort needed to follow-up defaulters, the project administrator must interview a reasonable number of defaulting clients to determine why they did not return to the clinic. This assessment can be carried out by interviewing the same group of clients used for the first part of the exercise. If a follow-up is made on 40 defaulters, 20 could be from the original group and 20 could be selected from current defaulters using one week late for the appointment as the definition of a defaulter. The purpose of splitting the group selected for follow-up is to determine how

successful a "follow-up visit" is in getting the defaulter supplied with commodities or to make a revisit to the clinic. A standard questionnaire should be developed to elicit the reasons for not keeping the appointment and what the consequences (if any) were of that action. The questionnaire should be used during each of follow-up interviews. The management team should develop the actual questionnaire, however, the following is a sample list of useful questions:

SAMPLE SURVEY QUESTIONNAIRE

1. Name.....
2. Age.....
3. Are you currently using a FP method?
4. If [yes] what method are you using today?..
5. Did you know that you had an appointment to return to the clinic on.. [insert date]?
6. What was the reason that you were supposed to return to the clinic?
7. Did you miss the appointment?
8. What was the reason that you did not return to the clinic for the appointment?.....
9. Since the appointment, have you stop using the FP method? or changed the method?
10. If you missed your appointment:
 - Did you go to the other clinic (Bomu or Mkomani)?
 - Did you go to any other clinic?
 - Have you been to either of the Mkomani clinics since the last appointment [insert date]?
 - Have you received any FP supplies from any other source than the Mkomani clinics since the last visit to the clinic? If yes, where did you get those supplies?

In addition, the number of successful follow-ups and the reasons for failure to follow-up a client (such as unable to locate the client) should be recorded. This information can be used by the Project Director to determine protocols for following up on defaulting clients and the human resources necessary for this process. A record should be kept if the CSWs distribute pills or condoms during the follow-up visit.

[NOTE: The consultant reviewed the records to locate the four clients who had revisit appointments on July 17, 1991. Only one client kept the revisit appointment on July 17. Between July 17 - August 17, the remaining three clients did not visit either clinic.]

Recommendation: It is not necessary to record the client's address in the "Comments-Remarks" column as this information is already stored in the individual client records.

5. An attempt had been made to total the numbers in each column at the bottom of the page and transfer this information to the top of the next page as a balance brought forward.

Recommendation: All columns should be totalled and the balances brought forward to the top of the following page. In addition, a new page should be started at the beginning of each month. This will facilitate the transfer of data from one page to the next and make it easier to total the activities for the month. This will also make it easier to transfer information from the daily register to the computerized system.

6. One new form, the Daily Family Planning Report, has been introduced that lists the 15 most common catchment areas and gives a column for New Acceptors, Continuing Acceptors and contraceptives issued by method.

Recommendation: Although knowing the number of clients by specific catchment area may be interesting, it is unclear how this information will be used to make decisions on a daily basis. It is unnecessary to record the individual client's address and to tabulate and transfer individual records by catchment area. With the removal of the catchment area address from the Daily Family Planning Activity Register, it will be extremely difficult to complete this form. FPMD recommends that this form no longer be used by the clinic administrator.

7. Ten pages with client data were missing from one of the Daily Family Planning Activity Registers.

Recommendation: We recommend that the project administrator carry out a regular inspection of the registers to ensure that pages are not removed or lost from the register. This should happen at least once a month and more frequently for the next three months. This will ensure that the recommendations on how the register should be completed are monitored and any problems are immediately addressed.

8. The procedure currently used to transfer information from the Daily Family Planning Activity Register to a daily form is extremely cumbersome (see Appendix II). Data from the activity register is transferred on a daily basis and then summarized at the end of the month. This form records New Clients and Revisit Clients by method of contraception, which is how Mkomani reports to Pathfinder. The National Family Planning Information System (NFPIS) does not require this breakdown. It requires the total number of new acceptors, revisits and the contraceptive commodities by method distributed during the quarter. The NFPIS format does not require the person transferring the data to read information on a line by line basis (though the former method does). The NFPIS method enables a transfer of the already summed totals from the register to the reporting form.

Recommendation: Since the detailed data from the daily form is not used by Mkomani, Pathfinder should consider allowing Mkomani to use the same format for reporting as the NFPIS. It would still be possible to conduct a sample of data from one month per year to develop ratios (percentage users by method). The changes in behavior do not appear to be significant enough to warrant the collection of this information on a daily basis. A survey of the period between April 1 and September 30, 1991 resulted in the following ratios:

	Ratio of New Acceptors	Ratio of Revisits
Injections	18.5%	29.4%
IUDs	18.5%	10.0%
Pills	55.3%	56.7%
Condoms	3.3%	1.6%
Foam Tab.	2.6%	1.8%
Foam	1.7%	0.5%

WEEKLY REPORTING FROM THE CSWS:

Reporting by Community Service Workers (CSW) has improved in the last quarter. However, there are still concerns about the accuracy and validity of some of the information that they collect and report. The consultant reviewed the weekly reporting format and reports to the NFPIS and Pathfinder and discussed eventually using this information for managing the project with the Mkomani Project Administrator.

Observations and Recommendations on the Weekly Reporting Form for CBD Activities

A sample of (7) CSWs weekly reporting forms (see Appendix III) for the week ending November 16, 1991 was reviewed and the following observations were made:

FORM 1. The number of new acceptors and revisits were recorded incorrectly. One can see from the number of pill cycles distributed that either two clients have received six pill cycles each or the number of clients has been incorrectly recorded.

FORM 2. Two single cycles were distributed and only one client was recorded.

FORM 3. Six pill cycles were distributed and only one client was recorded. Without knowing too much about distribution patterns, the question still arises as to whether or not this is normal? This worker recorded one IEC Clinic on Tuesday with 33 participants.

FORM 4. One village meeting with 120 people was recorded. Is this figure normal?

FORM 5. A village meeting with 22 people was recorded on Tuesday.

FORM 6. The pill columns were not totalled. An IEC Clinic was held on Monday with 100 people and a village meeting on Tuesday with 30 people.

FORM 7. Three different cycles of pills were distributed and only two clients recorded on one day. Two single cycles were distributed and three clients recorded on one day. One day, nine cycles were distributed and no clients were recorded. One Clinic IEC was carried out on Monday with 140 participants.

One of the first questions that arose when reviewing the forms is why are so many mistakes made in recording the number of new acceptors and revisit clients. In addition, why are so many village meetings taking place on Tuesday? Is it reasonable to assume that two very large Clinic IEC sessions were carried out on the same day and by CSWs from the same area?

Recommendation: The project administrator should carry out a review similar to the one outlined above on a weekly basis. A record should be kept of all observations made regarding the reporting forms. These observations should be reported to the Deputy Director in-charge of the CBD project and used as part of the performance appraisal of individual CSWs. The Deputy Director should follow-up on these observations during her regular meetings with the CSWs and keep a record of explanations and any recommended action. Over time it is expected that many of these anomalies will be reduced.

In the time since the consultant's previous visit, some modifications have been made to the Weekly Reporting Form for CBD Activities. Some of these, such as the addition of a field to record the new and revisit acceptors of condoms, have simplified the completion of the Pathfinder forms.

Recommendation: The CSWs should continue to record all referrals they make by type of referral. When completing the NFPIS and Pathfinder quarterly reporting forms, the number of confirmed referrals can be derived from the CBD referral book, (see below). It is

expected that some additional referrals made by the CSWs (especially for Tubal Ligation or Voluntary Sterilization) can be confirmed and reported directly to the project administrator. The practice of writing an [R] next to the referral on the weekly reporting form to indicate that it has not been confirmed should be discontinued.

It is not clear whether or not the CSWs are recording the number of people they see during a home visit. There is some indication that at least some of the CSWs are only recording the actual number of home visits. It also appears that they conduct few home visits.

Recommendation: Some additional time should be spent with the CSWs to ensure they understand the procedures to follow when they record any of their activities and services on the form. This is true for recording IEC sessions where more than one CSW attends or recording the number of participants at a village meeting.

CBD REFERRAL RECORDING BOOK

Each clinic keeps track of referrals made by the CSW in a small notebook. Some of the recommendations made by the consultant during the previous visit have been followed. The following observations were made about the current status of the Referral Book:

1. At present each clinic uses a different format for recording referrals.
2. There has been a slight change in the format as agreed upon during the consultant's previous visit. One column for age had been added and the column for New Acceptor had been moved to a different place.
3. Records were not as neat or as accurate as they should be.
4. The consultant followed up on a sample of referrals made by the Bomu CSWs during the week ending 16th November. Twelve referrals (not including VSC) were made during this period to Mkomani, of which only one was confirmed.

Recommendation: The two clinics should use the same format for the CBD referral book. A copy of the correct format designed to reduce the amount of duplication of information between the client record to the CBD referral book was given to both clinics. The project administrator should explain to FP nurses why it is important to maintain a consistent format. He should also monitor this by inspecting the record book on a regular basis (once a week).

The referral book should be used to summarize all referral information. The FP nurse should transfer all confirmed VSC referrals carried out at the clinics on a weekly basis. The FP nurse should record the date, name, client number, name of motivator and in the column "Other-Reasons", write TL or VAS.

The project administrator should compile a report using the CBD referral book and the Weekly Reporting Form which gives the total number of FP referrals made and the total number of referrals confirmed. This should be made on an individual CSW basis. This report should be compiled once a month and given to the Deputy Director for review and analysis.

SUMMARIZING AND USING THE CBD INFORMATION

It is important to ensure that data collection, flow and reporting processes become operational as soon as possible. To facilitate data use and reporting prior to computerization, the consultant and the Project Administrator developed a revised format (See Appendix IV. This form, "Register for CSW Activities", records the activities for one CSW over a period of three months. One line on the form is designed so that the clinic administrator can transfer data from the CBD referral book to the form to facilitate a comparison between referrals made/recorded and referrals confirmed by the FP nurse). This format, which should be completed by the Project Administrator in each clinic, will permit the Deputy Director to get a quick overview of the performance of individual CSWs. It is designed for new acceptors, revisits, number of referrals made, and quantity of IEC activities. This system also facilitates the reporting to Pathfinder by compiling information from the weekly CBD activity form.

When completing the quarterly reporting formats for Pathfinder and NFPIS, the CBD referral book should be used to record the actual number of confirmed referrals. On a monthly basis the project administrator should compile a summary of the performance of each CSW by transferring the information from the form shown in Appendix III to the Register for CSW Activities. One line reflects the total performance for the month including the total number of referrals made. Below that line the project administrator should transfer the actual number of referrals recorded for each CSW from the CBD referral book. (There will be a time lag between referrals made and confirmed referrals that should be less apparent in a trend analysis but should be taken into consideration when looking at monthly totals). Every month the Project Administrator should compile a "Monthly Summary of CSW Activities" (See Appendix V). At the end of each quarter the Project Administrator should transfer the information from the monthly summary to the "Quarterly Summary of CSW Activities" (See Appendix VI). All of these reports should be given to the Deputy Director in-charge of the CSWs with a copy to the Project Director. One copy of the report should be stored in a service statistics file, where it can be easily located.

In his first report, the Project Administrator should include some of the basic indicators outlined below:

1. Average number of referrals made per month and CSW
2. Average number of referrals confirmed per month and CSW
3. Average number of new acceptors and revisit per month and CSW

4. Average number of Home Visits per month and CSW
5. Average number of Clinic IEC sessions per month and CSW
6. Average number of participants per clinic IEC session
7. Average number of Depot IEC sessions per month and CSW

The project team should review and discuss these figures to determine the implications vis-à-vis achievement of overall project objectives. Several questions should be posed:

Do these performance levels accurately reflect the potential work output of the CSWs?

What explanation do we have for the significantly below average performance of a certain CSW?

What can we learn from the significantly higher performance of other CSWs?

What do we intend to do about the significantly below average performance of CSWs who cannot satisfactorily explain or justify their low performance?

With closer supervision, more constructive feedback and improved motivation, can we expect an improvement in the average performance level of CSWs?

The answers to these questions leads to direct solutions. However, this information will contribute to an understanding of the project and its potential areas of weakness.

ROLES AND RESPONSIBILITIES

An issue raised during the visit was the need to clarify the role of the Project Administrator. The Project Administrator should be responsible for managing the information systems with a focus on accuracy, timeliness, validity of data collection and some data processing. The Project Administrator should be responsible for data processing. The Deputy Director and the Management Team should ultimately be responsible for data interpretation. However, the Project Administrator should identify anomalies in the data and bring them to the attention of senior management. [A section on data analysis has been included in Appendix VII].

APPENDIX I

MKOMANI TRIP REPORT

SEPTEMBER 1991

Review of System Implementation

The purpose of this trip was to conduct an in-depth analysis of the management information systems (MIS) at Mkomani, looking at both the present manual systems and the priorities for development of a computerized MIS. Due to recent changes at Mkomani including the departure of the Project Director, death of the Community Services Coordinator, lack of a full-time Project Doctor and loss in transit of the computer equipment the consultant's scope of work for this trip was revised. During discussions held with Pathfinder/Nairobi, we felt that the level of effort should be shortened from six to two days and should focus on MIS work already initiated, community services, and clinic based family planning service statistics systems.

Family Planning Service Statistics

Mkomani provides both clinic and community based family planning services through its two clinics (Mkomani and Bomu) and its 20 community service workers. During this trip the consultant reviewed the existing manual system used in the field and at the Mkomani clinics.

Community Services

A weekly reporting form, and the daily client registration form developed in March 1991 were reviewed. The following observations were made:

- The community service workers (CSWs) were trying to use the daily client registration form to record details for every contact. They often found this impossible because they talk to many people in situations where recording particulars is difficult. (e.g. in a matatu-taxi)

Recommendation: It was not originally intended for CSWs to record every contact made, which is both time consuming and unnecessary. Instead, CSWs should use the form to record clients who receive contraceptives. To keep track of all contacts made, CSWs can record the number of contacts in the comment field at the bottom of the form (e.g. talked to 10 people on the matatu, etc.)

CSWs were not using the weekly reporting form as a tally sheet in the field. Instead they transferred information from a diary or pieces of paper to the weekly reporting form at the end of the week.

Recommendation: The project director should make sure that all CSWs are provided with a thin hardcover file with the forms and instructed how to use the form as a tally sheet.

Mr. Victor Were, Mkomani Clinic Society Administrator, and Peter Savosnick, FPMD MIS consultant, made a detailed review of the Mkomani clinic weekly reporting forms for the weeks of August 19-24 and 26-31, (10 CSWs work for the Mkomani clinic). The following observations and recommendations were made:

- Of the expected 20 forms, one was missing.

Recommendation: The CSW supervisor should track all weekly reporting forms. A computerized system could generate a list of non-reporting CSWs for the new community service coordinator on a weekly basis.

- Of the 20 forms scrutinized, 15 forms had some form of error that was easily detected by visual inspection.

Recommendation: The administrator Victor Were should make a simple visual verification of the accuracy and completeness of the forms prior to compilation and entry into a computerized system.

- The most common error was the CSWs failure to record condom users as new acceptors or revisits. This indicates a clear under counting of clients. In addition, the forms had several errors in column and row additions on the forms. Shown below is a summary table of the CSW weekly reporting forms for the weeks of August 19-24 and 26-31:

WEEKLY REPORTING FORM FOR MKOMANI COMMUNITY FP SERVICES.

CSW I.D.	PILL CYCLES DISTRIBUTED		CONDOMS DISTRIB.		NEW CLIENTS		REVISIT CLIENTS		HOME VISITS	
	WEEK 1	WEEK 2	W1	W2	W1	W2	W1	W2	W1	W2
A.	28	18	1000	3200	4	2	6	3	131	43
B.	23	22	0	0	2	1	7	7	45	64
C.	15	18	1200	900	3	3	2	3	57	76
D.	26	41	300	4700	2	4	7	9	24	67
E.	20	27	500	2000	2	2	6	7	57	27
F.	N/A	6	N/A	100	N/A	3	N/A	1	N/A	104
G.	16	16	0	500	1	2	5	5	45	72
H.	9	10	0	1400	0	2	3	2	27	78
I.	12	18	0	0	0	3	4	4	14	47
J.	19	20	0	0	1	3	6	5	46	69

Recommendation: As soon as the community services coordinator is hired, a regular monthly analysis should begin (even prior to computerization). A review of the above table elicits the following questions.

- a) Given different interpretations of what constitutes a home visit, how objectively is this figure being recorded? [A home visit should be defined by the number of adults who are counseled, contacted etc. during a visit to a house or apartment. For example, a worker who visits one Swahili house that accommodates 6 separate families and talks to 4 adults should record 4 home visits.]
- b) Why do some CSWs make over 100 home visits a week while others average less than half that number?
- c) What is the relationship between the number of home visits and the number of clients [both new and revisit]?
- d) How effectively are the CSWs recording the number of condoms distributed to clients and/or depot holders?
- e) What was the reason that 30% of the CSWs did not distribute any condoms to clients during the two weeks reviewed?
- f) If we assume that none of the CSWs are recording the condom users and revisit clients as indicated by the table above, should we consider the average number of revisits for pill users (which is less than 1 per day in a six day working week) as low or average?
- g) How effectively does this compare to other CBD programs?

There are several levels of analysis that can be carried out on the weekly reporting form. Some of the daily recorded information will be aggregated into weekly totals prior to being input into the planned computerized system.

Recommendation: System users, in addition to analyzing the information from the planned computerized system, should also examine the forms manually. It is important that the person in charge of the community services program is satisfied with the accuracy, timeliness and validity of the information collected and recorded. A series of regular checks should also be carried out to ensure the consistency of the collected information. For example, some of the CSWs give 3 pill cycles to new pill users and others give only 1 cycle. It is important for the community service coordinator to be aware of and understand the reasons for these variations.

The consultants reviewed the recorded clinic-based family planning service information. The following are their observations and recommendations regarding the Ministry of Health (MOH) Daily Family Planning Activity Register:

- Client information is recorded on the client card and transferred to the daily FP activity register at the end of the day.

Recommendation: The clinic administrator should periodically review the recorded

information to ensure that it is being accurately transferred from the client cards to the daily FP activity register.

- Clients who visit the clinic for examinations and/or counseling who do not receive contraceptives are being recorded as a revisit or a new client. In one example, a client who came for an IUD examination and did not receive a new IUD was recorded as a new client because it was her first visit to Mkomani. When Pathfinder reviewed monthly reports they found that the number calculated as CYP for IUDs was over counted. All examinations, whether or not an IUD was inserted, were counted as revisits.

Recommendation: The MOH's definition of new acceptors and revisits must be used to facilitate Mkomani's ability to report to the national family planning information system (NFPIS) and to the National Council for Population and Development (NCPD). In addition, the consultants recommend that a column for "Other Services" be added to the daily FP activity register to record all FP services provided that do not include the distribution of a FP commodity. Finally, a column should be added to the daily register to record pregnancy tests.

The CSWs raised the issue of their referral recording practices. The NFPIS/MOH specifies that referrals must be confirmed in order to be recorded. This places a heavy burden on the CSWs who must ensure that the cases which they refer to the two clinics are confirmed. This is easy in the case of sterilization where CSWs accompany the client to the clinic, but difficult when the client is referred for an examination. At present Mkomani referrals are recorded in the CBD Referral Record Book.

Each client referred by a CSW receives a referral card which he/she must show to the FP nurse at the clinic. In addition, the client is issued a new client card and a consecutive client number which is entered in the diary together with all the information recorded on the card.

The consultant observed that the referred client information was not being entered into the daily FP activity register. The reason given was that referral clients should not be included in the daily register if they were already recorded in the CBD referral book.

Recommendation: It is not necessary for client information to be recorded in three places. However, it is important that client information be recorded in the daily FP activity register at the clinic. The consultant recommends that the following steps be taken to simplify the recording and reporting of referrals:

1. The CSW should record all referrals including reason for referral, date of referral and any other pertinent information. This will give some indication of the CSWs work load.
2. All referrals to either clinic should be recorded in the daily FP activity register. This will simplify the compilation of any monthly reporting forms.
3. The CBD referral record book should be simplified and used in both clinics. The CBD referral record book need only contain the following: date, client number, name of motivator, type of service provided, (i.e. examination, counselling, injection, IUD, pills, condoms), and comments. The quantities of contraceptives do not need to be recorded in this register as it will be recorded

in the daily FP activity register. The CBD referral record book can be used to count the number of effective referrals by motivator and reason for referral. This can be compared to the stated number of referrals that have been made by the CSW.

NOTE: A meeting was held on 5th September between Peter Savosnick, Victor Were, Mr. Meni Chacha the administrator for the Bomu clinic and Mrs. Edith Tijara Ngao, the FP-nurse at Mkomani clinic to review the findings and recommendations. It was agreed that the daily family planning activity register would be used for all FP clients served by the clinic including referred clients. It was also agreed that necessary changes would be made to simplify the CBD referral record book and the recording of referrals by CSWs.

APPENDIX II

CLINIC: BOMU

MONTH: OCTOBER YEAR: 1991

DAY & DATE	NEW FAMILY PLANNING CLIENTS						REVISTS					
	PILLS	IUCD	COND	DEPO.	FOAM	TOTAL	PILLS	IUCD	COND	DEPO.	FOAM	
MON												
TUE 1.10.91	-	-	-	-	-	-	7	4		2		
2.10.91 WED	1	-	-	-	-	1	4	-	-	3	-	
3.10.91 THUR	-	-	-	-	-	-	4	1	-	2	-	
4.10.91 FRI	2	4	-	-	-	4	6	-	-	6	=	
5.10.91 SAT	3	-	-	-	-	3	11	-	-	2	=	
7.10.91 MON	1	+	1	1	-	4	8	1	-	3	=	
8.10.91 TUE	1	-	1	-	-	2	2	-	1	3	=	
9.10.91 WED	-	-	-	-	-	-	8	2	-	2	=	
10.10.91 THUR	PUBLIC HOLIDAY											
11.10.91 FRI	5	1	-	-	-	6	6	1	-	7	=	
12.10.91 SAT	2	-	-	1	-	3	4	-	-	-	=	
14.10.91 MON	2	-	-	1	-	3	8	3	-	4	=	
15.10.91 TUE	-	-	-	-	-	-	6	-	-	5	=	
16.10.91 WED	2	-	-	-	-	2	9	-	-	4	=	
17.10.91 THUR	3	-	-	-	-	3	2	-	-	7	=	
18.10.91 FRI	3	-	-	-	-	3	9	-	-	3	=	
19.10.91 SAT	-	-	-	-	-	-	-	-	-	-	=	
20.10.91 MON	PUBLIC HOLIDAY											
22.10.91 TUE	1	1	-	-	-	2	13	2	-	8	=	
23.10.91 WED	1	1	-	-	-	2	5	-	-	2	=	
24.10.91 THUR	-	-	-	-	-	-	3	1	-	4	=	
25.10.91 FRI	-	-	-	-	-	-	14	-	-	3	=	
26.10.91 SAT	-	-	-	-	-	-	3	-	-	1	=	
28.10.91 MON	2	-	-	1	-	3	12	-	-	4	=	
29.10.91 TUE	1	-	1	-	-	2	7	-	-	3	=	
30.10.91 WED	2	-	-	-	-	2	8	-	-	3	=	
31.10.91 THUR												
FRI	G.L. Done. 2.											
MONTHLY TOTALS	34	14	3	4	-	45	157	15	1	81	2	

DAY & DATE	PATIENTS						REVISITS						
	PILL	INJ	WOUND	OTHER	TOTAL	PHYS	WOUND	COND	DEPO	FOAM	TOTAL	TL	
MON.													
TUE.													
1-10-91	1	-	-	-	-	1	20	3	1	6	-	30	
WED.													
2-10-91	3	1	-	-	-	4	15	2	-	4	-	21	
THUR.													
3-10-91	4	2	1	1	1	9	12	4	1	9	-	26	
FRI.													
4-10-91	1	-	-	1	-	2	15	4	-	7	-	26	
SAT.													
5-10-91	-	-	-	-	-	-	2	-	-	-	-	2	
MON.													
7-10-91	2	-	-	2	-	4	13	2	-	9	-	24	
TUE.													
8-10-91	-	-	-	1	-	1	11	3	-	10	-	24	
WED.													
9-10-91	4	-	-	-	-	4	8	7	-	9	-	24	
THUR.													
10-10-91	P	U	B	L	I	C	H	O	L	I	D	A	Y
FRI.													
11-10-91	-	-	-	-	-	-	22	8	-	14	-	44	
SAT.													
12-10-91				O	F	F		D	U	T	Y		
MON.													
14-10-91	-	-	-	-	-	-	10	4	-	7	-	21	
TUE.													
15-10-91	6	-	-	-	-	6	4	2	-	3	-	9	
WED.													
16-10-91	-	-	-	-	-	-	10	4	-	5	1	20	
THUR.													
17-10-91	-	-	-	-	-	-	11	2	-	6	-	19	
FRI.													
18-10-91	2	1	-	-	-	3	21	2	-	10	1	34	
SAT.													
19-10-91	-	-	-	-	-	-	-	-	-	-	-	-	
MON.													
21-10-91	P	U	B	L	I	C	H	O	L	I	D	A	
TUE.													
22-10-91	-	-	1	-	-	1	12	8	-	8	-	28	
WED.													
23-10-91	4	-	-	3	-	7	17	5	-	8	-	30	
THUR.													
24-10-91	1	1	-	1	-	3	14	6	1	-	1	22	
FRI.													
25-10-91	-	-	-	-	-	-	12	2	1	8	-	23	
SAT.													
26-10-91	-	-	-	-	-	-	-	-	-	-	-	-	
MON.													
28-10-91	4	1	-	2	-	7	16	5	-	8	2	31	
TUE.													
29-10-91	-	-	-	-	-	-	8	4	-	6	2	20	
WED.													
30-10-91	2	-	-	-	-	2	5	3	-	7	1	16	
THUR.													
31-10-91	1	-	-	-	-	1	6	5	-	4	-	15	
FRI.													
SAT.													
MONTHLY TOTAL													

APPENDIX III

MKOMANI CLINIC SOCIETY

WEEKLY REPORTING FORM FOR CBD ACTIVITIES

Name: _____ Area: _____

Start Date: _____ End Date: _____

	Mon	Tue	Wed	Thur	Fri	Sat	Tota.
<u>Dates</u> _____							
1. <u>Pill Cycles:</u>	[REDACTED]						
a. <u>Microgynon</u>							
b. <u>Neogynon</u>							
c. <u>Eugynon</u>							
d. <u>Microlut</u>							
e. <u>Nordette</u>							
f. <u>Logynon</u>							
g. <u>Trinodial</u>							
· <u>Total Pills</u>							
2. <u>Pill Clients:</u>	[REDACTED]						
a. <u>New Acceptors</u>							
b. <u>Revisits</u>							
3. <u>Condoms:</u>	[REDACTED]						
<u>Quan.to clients</u>							
4. <u>No. of clients</u>	[REDACTED]						
a. <u>New Clients</u>							
b. <u>Revisits</u>							
5. <u>Depot Holders</u>	[REDACTED]						
<u>Quant.to Depot</u>							
6. <u>No.of Dep.Holders</u>	[REDACTED]						
a. <u>New Depot Holders</u>							
b. <u>Old Depot Holders</u>							
7. <u>Referrals:</u>	[REDACTED]						
A. <u>VSC</u>							
i. <u>Mkomani</u>							
ii. <u>Other Inst.</u>							

	Mon	Tue	Wed	Thur	Fri	Sat	Total
7.B. <u>IUD:</u>							
i) <u>Mkomani</u>							
ii) <u>Other Inst.</u>							
C. <u>Injectables:</u>							
i) <u>Mkomani</u>							
ii) <u>Other Inst.</u>							
D. <u>Examinations:</u>							
i) <u>Mkomani</u>							
ii) <u>Other Inst.</u>							
E. <u>Side Effects:</u>							
i) <u>Mkomani</u>							
ii) <u>Other Inst.</u>							
F. <u>Non FP visits</u>							
a) <u>Maternal</u>							
b) <u>Child</u>							
c) <u>Others</u>							
G. <u>IEG</u>	[REDACTED]						
1. <u>Home visits</u>							
2. <u>Village Meetings</u>							
<u>No. of Part.</u>							
3. <u>Clinic IEC</u>							
<u>No. of Part.</u>							
4. <u>Institutional IEC</u>							
<u>No. of Part.</u>							
5. <u>Women Groups:</u>							
<u>No. of Part.</u>							
6. <u>School IEC:</u>							
<u>No. of Part.</u>							
7. <u>Depot visits</u>							
<u>No. of Part.</u>							
8. <u>Others</u>							
<u>No. of Part.</u>							

Signature of CBD Agent:

Signature of Supervisor:

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APPENDIX IV

NAME OF CSW:

REGISTER FOR CSW ACTIVITIES

Start Date:

WEEK:	NEW USERS		QUANTITY		REFERRALS MKOMANI					REFERRALS OTHER INST.					NON-FP.			IEC				REVISITS		
	PILLS #	COND. #	PILLS #	COND. #	T.L. #	V.S. #	INJ. #	IUD #	PILL #	T.L. #	V.S. #	INJ. #	IUD #	PILL #	MAT. #	CHILD #	Other #	Home Visits	Other Events	# PART.	Total Part.	PILL #	COND. #	
1																								
2																								
3																								
4																								
Total																								
Act. Ref.																								
1																								
2																								
3																								
4																								
Total																								
Act. Ref.																								
1																								
2																								
3																								
4																								
Total																								
Act. Ref.																								
TOTAL																								

24

APPENDIX V

Start Date:

MONTHLY SUMMARY OF CSW ACTIVITIES

NAME:	NEW USERS		QUANTITY		REFERRALS MKOMANI					REFERRALS OTHER INST.					NON-FP.			IEC				REVISITS		
	PILLS	COND.	PILLS	COND.	T.L.	V.S.	INJ.	IUD	PILL	T.L.	V.S.	INJ.	IUD	PILL	MAT.	CHILD	Other	Home	Other	#	Total	PILL	COND.	
	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	Visits	Events	PART.	Part.	#	#	
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
TOTAL																								

A

APPENDIX VI

Start Date:

QUARTERLY SUMMARY OF CSW ACTIVITIES

NAME:	NEW USERS		QUANTITY		REFERRALS MKOMANI					REFERRALS OTHER INST.					NON-FP.			IEC				REVISITS	
	PILLS	COND.	PILLS	COND.	T.L.	V.S.	INJ.	IUD	PILL	T.L.	V.S.	INJ.	IUD	PILL	MAT.	CHILD	Other	Home	Other	#	Total	PILL	COND.
	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	Visits	Events	PART.	Part.	#	#
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19																							
20																							
21																							
22																							
TOTAL																							

APPENDIX VII

DATA ANALYSIS

Data analysis is the process of transforming raw data collected from the field into information which can be used by the planner or manager for understanding program status or making better decisions. Data analysis is often broken into two distinct stages. The first is data processing, in which data collected from multiple sources and at different times are combined into one general data base. Often data is grouped into different levels of aggregation for use by different levels of program managers. Thus, for example, information on the number of cycles of pills distributed by each worker might be presented as individual tallies for the area supervisor (team leader), regional totals for the regional managers, and national totals for the national director. Another type of data processing is statistical analysis, whereby data is organized according to various statistical methodologies. Examples of this might be the average number of CYP by method for each region during the past month. This sort of statistical analysis may be helpful in allowing the manager to understand and use large quantities of information.

The second stage of data analysis is data interpretation in which processed data is presented to planners and managers in an easily understandable format. The choice of presentation is an important factor in the accurate interpretation of data; different presentations can make the difference between useful information and uninterpretable data. An example of this is a program manager trying to predict the number of new CBD workers that should be recruited for the coming year. He is presented with the yearly summaries from each worker in the past year. This data, which is very long, is not very helpful to a busy manager. On the other hand, a table with the targeted number of CBD workers by region, number of CBD workers trained during the year by region, number of CBD workers at the beginning and end of the year, number of acceptors by region and size of target population by region, provides him with the information he needs in a concise format.