Assessment of the Record-keeping and Reporting System of the Bangladesh Health and Population Sector Programme at the Union Level

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Glossary

AHI	Assistant Health Inspector
ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCC	Behaviour Change Communication
CC	Community Clinic
DFP	Directorate of Family Planning
DGHS	Directorate General of Health Services
ESP	Essential Services Package
EDD	Expected Date of Delivery
FGD	Focus Group Discussion
FHC	Family Health Card
FP	Family Planning
FPI	Family Planning Inspector
FRO	Field Research Officer
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
GR	Geographical Reconnaissance
HA	Health Assistant
HPSP	Health and Population Sector Programme
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
IMCI	Integrated Management of Childhood Illness
IUD	Inra-uterine Device
LMP	Last Menstrual Period
MA	Medical Assistant
MCH	Maternal and Child Health
MOHFW	Ministry of Health and Family Welfare
MP	Menstrual Period
ORP	Operations Research Project
SACMO	Sub-Assistant Community Medical Officer
SC	Satellite Clinic
STD	Sexually Transmitted Diseases
RD	Rural Dispensary
TB	Tuberculosis Bacillus
TT	Tetanus Toxoid
UHC	Upazila Health Complex
UH&FWC	Union Health and Family Welfare Centre
UMIS	Unified Management Information System

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Abstract

As part of health sector reforms in Bangladesh, the Unified Management Information System (UMIS) Unit of the Directorate General of Health Services (DGHS) of the Ministry of Health and Family Welfare (MOHFW) has introduced a new record-keeping and reporting system. The objective of the new system is to keep record and report of the Essential Services Package (ESP) offered at the upazila level and below. In February 2000, the service providers at the union level began to use the new record-keeping and reporting tools in the Union Health and Family Welfare Centres (UH&FWCs) and Rural Dispensaries (RDs) and in mobile outreach sites, known as Satellite Clinics (SCs). This study assessed the extent to which the new system was functioning at the union level, identifying its limitations, and recommending improvements. Nine experienced Field Research Officers (FROs) of the Operations Research Project (ORP) of the ICDDR,B: Centre for Health and Population Research monitored the implementation of the new system at the union level. The monitoring was conducted in randomly selected 36 UH&FWCs/RDs of Chittagong and 15 UH&FWCs/RDs of Jessore district during February 2000-March 2001. A formatted monitoring tool was used for recording the observed and reviewed information. Besides, in-depth interviews and focus-group discussions (FGDs) with the service providers were also conducted to collect data.

It was observed that the new record-keeping and reporting tools were being used, and fulfilled the record-keeping and reporting requirements at the union level of both the districts. A less number of tools was used compared to the previous system and, therefore, users-friendly and easily manageable. The service providers committed less than 10% omissions when they were observed by the FROs during service delivery, and the rate of omissions increased to as high as 34% in the selected section when they were not. The workload during peak hours, inadequate training, and inadequate supervision contributed to such omissions. Unclear instructions from the national level to discontinue the use of some record-keeping and reporting tools of the previous system also contributed to omissions. Although the UMIS Unit has done the voluminous task of integrating the record-keeping and reporting system successfully that operated quite independently for a long time, the service providers need time to get acquainted with it. With systematic monitoring and supervisory support, the extent of omissions can be reduced gradually.

Introduction

The Health and Population Sector Programme (HPSP) of Bangladesh under the Ministry of Health and Family Welfare (MOHFW), adopted for implementation during 1998-2003, is aimed at providing a package of integrated health and family-planning services, namely Essential Services Package (ESP). The package includes: (i) reproductive healthcare, (ii) child healthcare, (iii) communicable disease control, (iv) limited curative care, and (v) behaviour change communication (BCC). One-stop provision of services from static health centre within various tiers of the rural health system has been adopted as the principal strategy [1]. A unified management structure has been introduced at the upazila level and below with clear delineation of responsibility of the service providers of each tier [2]. The tiers are Community Clinic (CC) at the ward/field level, Union Health and Family Welfare Centre (UH&FWC)/Rural Dispensary (RD) at the union level, and Upazila Health Complex (UHC) at the upazila level. The job descriptions of all staff in all three tiers have been revised and implemented. All these measures warranted the integration of the record-keeping and reporting system at the upazila level and below that were operating independently.

In the national plan, there is a provision for one UH&FWC per union, and presently about 4,000 UH&FWCs are functional throughout the country to offer promotive, preventive and curative healthcare services with a daily outdoor attendance of 40 patients [3]. The service providers at the UH&FWCs mainly include two paramedics, one female, designated as Family Welfare Visitor (FWV), and the other one is a male, designated as Sub-Assistant Community Medical Officer (SACMO). The MOHFW has posted 1,362 Medical Officers (MOs) in the UH&FWCs. The FWVs are responsible mainly for providing services to pregnant and postpartum women, treat mothers and children suffering from minor ailments, and offer contraceptive services, including intra-uterine device (IUD), and injectables and conduct BCC sessions. The FWVs are also mandated to organize 8 satellite clinics (SC) per month at the community-donated space within the union. According to the job descriptions, the SACMO provides general treatment to patients with fever, cough, skin disease, diarrhoea, dysentery, acidity, malnutrition, surgical first-aid, snake bite, dog bite, drowning, burn, and referral of patients with complications, and conduct health-education sessions in schools and other public places [4]. The other static service-delivery centres are Rural Dispensaries (RDs) which are operational in some unions and staffed with either MO or Medical Assistant (MA) and a Pharmacist, to provide curative services.

Until formal launching of the HPSP, the information need of the Directorate General of Health Services (DGHS) was met by the Health Information Unit (HIU), established in 1976. The DGHS mainly administered a number of vertical programmes and maintained their own record-keeping and reporting system. The DGHS has been providing services from the limited number of RDs which have no prominent role at the union level. The DGHS had its own record-keeping system, and reporting of monthly performances of these RDs was included with that of UHC.

The Directorate of Family Planning (DFP) mainly administered the family planning (FP) programme until maternal and child health (MCH) services was included during the mid 1980s as a component of family planning (FP) and delivered through the UH&FWC. As such the presence of DFP at the union level was quite prominent. The

Management Information System (MIS) Unit of the DFP was established in 1979 to meet the information need of both family planning and maternal and child health. Prior to launching of the HPSP, the UH&FWC and SC had to maintain 19 different registers, forms, and cards for recording information which may be divided into three broad categories: (i) service register, (ii) client cards, and (iii) format for client screening [5]. In addition to these registers the "MIS Form 2" was used for reporting the monthly progress of services provided from the UH&FWC and also the status of supplies and logistics distributed and for placing indents.

As part of health sector reforms, the MOHFW integrated both HIU and MIS units and established a Unified Management Information System (UMIS) Unit located within the DGHS. The UMIS Unit took the leading role and worked through a national taskforce to introduce the new system. A senior professional of Operations Research Project (ORP), currently renamed as Family Health Research Project (FHRP), of the ICDDR,B: Centre for Health and Population Research, worked actively with the UMIS Unit as a member of the national taskforce in designing, pilot-testing, and finalizing all the record-keeping and reporting tools, and their frequency of use was also determined. The UMIS Unit introduced the following set of new record-keeping and reporting tools for the UH&FWCs and RDs from February 2000.

Record-keeping Tools	**Frequency of use**
Daily Clinic Register	Daily
Follow-up Register	Daily
Family Health Card	At the time of seeking service
Reporting Tools	
Ward/Community Clinic-wise Geographical Reconnaissance (GR) Report of Union	Yearly
Morbidity Report of Union	Yearly
Performance Report (UMIS Report Form 2)	Monthly

The UMIS Unit approved the continuation of several other registers, such as IUD Payment Register, Sterilization Payment Register, Stock and Balance Register, and other financial and logistics-related formats previously introduced by the DFP, several forms and cards used for TB and leprosy introduced by vertical programmes, and EPI tally sheets and formats used for the Epidemiological Information System (EIS) introduced by the DGHS.

The Daily Clinic Register (Appendix 1) is designed to record particulars of all clients: serial number, household number, name of client, address, sex, age, and purpose of visit and services offered/referred, supplies given, and service charge by FWV, SACMO, and MO at the UH&FWC/RD level.

The Follow-up Register (Appendix 2) is designed to record particulars of all pregnant women and injectable acceptors receiving service from the FWV. The section of pregnant women of this register has a provision to record the pregnancy status of women which includes date of last menstrual period (LMP), expected date of delivery (EDD), date of tetanus toxoid (TT) given, date of visit for antenatal care provided, date

of delivery, pregnancy outcome, delivery conducted by and place of delivery. The section on injectable acceptors' list has provision to record names of client, address, date of first dose, brand, and date of subsequent doses and actual date of receiving injectable. If an enlisted client fails to make the scheduled visit, the FWV will provide detail particulars of the client to the Family Welfare Assistant (FWA) so that the client is contacted at home and reminded of the scheduled visit to the FWV.

A client-retained Family Health Card (FHC) (Appendix 3) has provision to record detailed particulars of a family, number of living children and immunization status, pregnancy status of women which includes date of LMP, date of TT given, date of visit for ANC received, EDD, date of delivery, pregnancy outcome, delivery conducted by and place of delivery, outcome, past pregnancy history, including complications and services offered to all members of a family at any service-delivery site. It is mandatory to issue one FHC to each family throughout the country.

The reporting tools include Yearly GR Report Form 2 (Appendix 4), Yearly Morbidity Report Form 2 (Appendix 5), and Monthly Performance Report (UMIS Report Form-2) (Appendix 6). Compiled Ward/Community Clinic-wise population-based data on selected indicators are reported in Yearly GR Report Form 2 and 14 selected diseases in Yearly Morbidity Report Form 2 collected by the Health Assistants (HAs) and FWA. These reports are then submitted to the Assistant Health Inspector (AHI) and Family Planning Inspector (FPI), the union-level supervisory staff for compilation for an union and for submission to Upazila Family Planning Officer (UFPO) who forwards it to Upazila Health and Family Planning Officer (UH&FPO) after examination.

ESP services provided at the UH&FWC, all CCs and during home visits are reported in UMIS Report Form 2, and are sent to the upazila level by the FWV and SACMO. There are seven sections in the form for recording information under the headings: family planning, child care, mothers care, behavioural change communication (BCC) activities, follow-up activities, diseases treated, and logistics and supplies. Except the section on diseases treated, the performance of CCs and during home visit is jointly prepared by the HA and FWA in UMIS Report Form 1, and is sent to the UH&FWC level for inclusion into UMIS Report Form 2.

The new system was introduced in all tiers of 22 upazilas of Chittagong and Jessore districts from February 2000. The MOHFW entrusted the ORP to supply all UMIS formats and to conduct intensive monitoring and assessment of the extent of use of the UMIS tools.

Objectives

The present study was carried out to assess the extent to which the UMIS recording and reporting formats were implemented at the union level. The overall objectives of the study were to assess the extent to which the new systems were able to support the management of patients at the UH&FWCs/RDs and SCs and to identify the changes needed to make the new system user-friendly for the service providers. The specific objectives of the study were to:

- Assess the extent of record-keeping and reporting tools implemented at the union level.
- Assess the extent of record-keeping tools that support the management of patients by the service providers.
- Understand the extent of reporting tools implemented at the union level.
- Assess the extent of the user-friendliness record-keeping and reporting tools for the service providers.
- Identify additional record-keeping and reporting tools used.
- Identify limitations of the record-keeping and reporting tools.

- Formulate recommendations how the new system can be improved

Methods and Materials

Nine experienced Field Research Officers (FROs) of the ORP were deployed to carry out routine monitoring of implementation of the new system. Each FRO was mandated to review the record of at least 10 clients in the Daily Clinic Register and Follow-up Register from randomly selected UH&FWCs/RDs of Chittagong and Jessore districts during February 2000 - March 2001. In addition, the FROs also observed the service providers while providing services and keeping records. Different numbers of unions were purposively selected from the two districts as the number of upazilas and unions in Chittagong was double than that of Jessore. Since the type of service providers at the UH&FWCs and SCs is same, no observation was carried out in the SCs. Details of the methods used for data collection were as follows:

Observation of Service Providers: The FROs observed 148 clients recorded in the Daily Clinic Register in 11 unions of Chittagong district and 102 clients in 7 unions of Jessore district.

Review of Records: The FROs reviewed information about 247 clients in 25 unions of Chittagong district and 79 clients in 8 unions of Jessore district recorded in the Daily Clinic Register and 381 clients in Chittagong and 91 clients in Jessore recorded in the Follow-up Register. They used a set of formatted monitoring tools for this purpose, and identified omissions committed by the service providers in filling out different sections/columns of the registers and formats**.**

Operational definition of omissions is: “information not recorded in the registers and formats as instructed."

In-depth Interview: In-depth interviews with 141 service providers in Chittagong and 86 service providers in Jessore were conducted in the randomly-selected unions. On an average, 20-25 minutes were spent in interviewing each service provider. A guideline for interviewing the service providers was used.

Focus-group Discussion: Four FGD sessions with 5-6 selected FWVs SACMOs/MAs were conducted in four selected unions of each district. The FGDs were held at the UH&FWC of respective unions, and it required approximately one and half hours to two hours to complete a session. One well-communicated union and one remote union from each district were also purposively selected. A guideline for FGDs with the service providers was used.

Findings

Use of Record-keeping Tools

All record-keeping tools designed for the union level were being used in all observed unions of Chittagong and Jessore districts. Findings on the use of each of the new record-keeping tools have been described below:

Daily Clinic Register

It was observed that the service providers could fill in the columns properly. They committed very few omissions when they were closely monitored at the time of providing services. However, the number of omissions tended to increase when they were not observed which was apparent from the review of recorded data. Table 1 describes the percentage of omissions committed in selected sections/columns in both the situations by districts.

Table 1. Percentage of omissions in selected sections of the Daily Clinic Register by district

Section	Observed		Reviewed	
	Chittagong (n=148)	Jessore (n=102)	Chittagong (n=247)	Jessore (n=79)
Age	0	0	15	20
Reason for visit	1	2	7	7
Service provided	7	8	23	34
Supply given	1	3	3	12

The FROs reviewed information recorded in the Daily Clinic Register, and observed the service providers while providing services and keeping records. The service providers committed no omissions in the column of age when they were observed by the FROs, and recorded actual age of client as instructed. The FROs found very negligible omissions (less than 10%) in the columns of reason for visit,

service provided, and supplies given in both Chittagong and Jessore districts. On the other hand, the rate of omissions in the column of age was 15% and 20% respectively, while records of Chittagong and Jessore districts were reviewed. The service providers tend to put tick mark instead of writing actual age when they were not observed. In the column of services provided, 23% omissions in Chittagong district and 34% in Jessore district were found.

Follow-up Register

All information about pregnant women or injectable clients were initially recorded in the Daily Clinic Register, and were then transferred to the Follow-up Register. On the basis of this record, required services were provided at the UH&FWC, and follow-up visits were planned to make home visits if necessary. This register also has a section to record BCC activities carried out at the UH&FWC. Table 2 presents the percentage of omissions found in the selected columns of the pregnant women and childbirth, injectable acceptors list, and BCC meeting sections of the Follow-up Register in both the districts.

Table 2. Percentage of omissions in selected sections of Follow-up Register by district

Section and Column	Percent of omissions	
	Chittagong	Jessore
List of pregnant women and child birth	**(n=381)**	**(n=91)**
Date of LMP	17	31
Date of EDD	23	29
Date of TT given	42	47
Date of ANC received	29	17
Date of delivery	33	30
Pregnancy outcome	57	38
Delivery conducted by	40	35
Place of delivery	43	30
List of injectable acceptors	**(n=36)**	**(n=18)**
Date of first dose	27	36
Name of brand	10	23
Date of subsequent doses	20	0
BCC activities	**(n=111)**	**(n=32)**
Participant by sex	5	9
Agenda	35	9
Method used	39	9

Substantial rate of omissions in recording LMP, EDD, date of TT given, date of ANC provided, date of delivery, pregnancy outcome, delivery conducted by, and place of delivery was found in Chittagong and Jessore districts. The service providers used the Daily Clinic Register first at the time of providing services. After completion of providing services, the service providers are supposed to record necessary information in the Follow-up Register simultaneously. It was observed that the service providers preferred to do this after providing services. Therefore, the service providers have to depend on their memory for recording related information in the Follow-up Register,

resulting in skipping of some information. In addition, the use of an obsolete register namely ANC Register, by some service providers and insufficient supervisory visits also contributed to such omissions. High rate of omission in the columns of pregnancy outcome, delivery conducted by, and place of delivery occurred. Since most deliveries were conducted at home, these data were not easily available for updating routinely.

Under the section of injectable acceptors list, the rate of omission in recording the date of first dose of injection was 27% and 36% in Chittagong and Jessore respectively. The continuing injectable acceptors could recall the date of first brand name and dose of injection, resulting in skipping of information. Omission in recording the name of brand was higher (23%) in Jessore and was lower (10%) in Chittagong. Omission in date of subsequent doses is higher in Chittagong (20%), while no omission was found in Jessore. Negligence and use of an obsolete card, namely injectable card, previously provided by the DFP contributed to such omissions.

The omissions in agenda and method used columns under the section of BCC activities were higher in Chittagong than in Jessore. It was found that the BCC activities were usually documented after the meeting was over, and were, therefore, not recorded properly. Inadequate training, supervision, and monitoring were the main reasons for such omissions.

Family Health Card

The HAs and FWAs are supposed to issue the Family Health Card (FHC) during annual Geographic Reconnaissance (GR) conducted from February to June 2000. The HA and FWAs distributed the cards to all families in Chittagong and Jessore districts. Any member of a family when in need of service is required to produce the FHC to the service providers so that they can review record of services offered in the past and update it. The FHC can also be used as a screening checklist for contraception, ANC, PNC, diarrhoea and acute respiratory infection (ARI) and as a referral slip. The FHC should replace all other cards issued by different vertical programmes. Findings on the use of FHC have been described in another report.

Use of Reporting Tools

All reporting tools designed for union level were being used in all observed unions of Chittagong and Jessore districts. Findings on the use of each of the new reporting tools have been described below:

Ward/Community Clinic-wise GR Report of Union (GR Report Form 2)

The AHI took the leading role in compiling of the GR report of union level mainly because of their past experience in activity like GR. The service providers of UH&FWC had no role in this issue, and there was no omission.

Yearly Morbidity Report of Union (Morbidity Report No. 2)

Both AHI and FPI were found to take compilation role. No omission was observed. The service providers of UH&FWC had no role in this issue.

Monthly Performance Report (UMIS Reporting Form 2)

The findings revealed that the service providers did not make any major omissions in filling this form. They neither reported any other problems except that they had difficulty in filling figure exceeding three digits in some designated columns due to narrow space.

Use of Additional Tools

It was observed that some service providers at the UH&FWC used additional tools supplied by the DFP before inception of the HPSP. A list of additional tools used in both the UH&FWC is presented in Table 3.

Table 3. Additional tools used in UH&FWC

Title of the tools	UH&FWC
IUD Card	✓
IUD Certificate	✓
IUD Removal and Follow-up Register	✓
ANC Register	✓
MR Register	✓
Consent Form for sterilization client	✓
Injectable card	✓

IUD Card: This card was issued to all acceptors of IUD for follow-up purpose before inception of the HPSP. Although the FHC could serve the same purpose, the IUD card was still used in some areas. The service providers were found to update if the IUD acceptors carried this card to the UH&FWC.

IUD Certificate: This certificate was used for screening all IUD clients, obtain their consents, and record the referrer's name. It was preserved at the UH&FWC for future reference.

IUD Follow-up and Removal Register: This register was used for recording the findings of follow-up visits, causes of removal, if any, and post-removal contraception-use status. This issue needed to be examined as the UMIS unit did not address.

ANC Register: This register was used for recording pregnancy history, LMP, EDD, blood pressure, weight, oedema, haemoglobin, urine analysis, and pulse rate of the foetus of all pregnant women. Post-delivery conditions of mother and the newborn were also recorded in this register. The “list of pregnant women” and of the newly-introduced Follow-up Register contained most information of this register. However, the service providers informed that the ANC Register has provision to record information on more than three ANC visits, but the Follow-up Register can accommodate only three ANC visits.

MR Register: The Menstrual Regulation (MR) Register was used for recording particulars of MR clients, i.e. age, parity, number of living children, LMP and MR history. It also has provision for documenting problems encountered by the service providers during conduct of MR and also post-MR complication, if any.

Sterilization Clients' Consent Form: This format was used for screening all sterilization clients with a record of obstetrical history, physical examinations, and menstrual history, including clients' consent. It is preserved at the UH&FWC for future reference.

Injectable Card: This card was issued to all injectable acceptors to record subsequent doses provided by the service provider. So, the clients can obtain subsequent dose from anywhere by showing the card. The FHC can address this issue.
Most service providers interviewed stated that the use of these additional tools was a duplication of works and hampered their normal work as the provision of recording these data has been made under the new system.

Problems and Limitations of Record-keeping and Reporting Tools

The reported nature of problems faced by the service providers in using the record-keeping and reporting formats was as follows:

Daily Clinic Register

Space to write serial number, household number, services and supplies provided are narrow. Information recorded in the column for purpose of visit and services provided bears almost similar meaning.

Follow-up Register

Columns and rows of all sections of the register are narrow to record necessary information. There is no provision to record BP, weight, oedema, haemoglobin, more than three ANC visits, urine analysis, and pulse rate of the foetus of all pregnant women. There is no section to record information about an IUD acceptor requiring follow-up services. The service providers felt the need of a Bangla Calendar to determine dates of subsequent visits of clients. The register has been labeled for the use of FWV only, but other service providers, such as SACMO/MA, also needed to use it. Therefore, the service providers suggested making this correction so that all unions-level service providers can use this register.

UMIS Reporting Form 2

There is no provision to report the number of referral cases of family planning by methods, such as injectables, IUD, Norplant and sterilization. The service providers also added that there was no provision to include the number of patients treated and reported in the UMIS Reporting Form 1 and identical space for transferring to the UMIS Reporting Form 2. The service providers felt that a complete picture of total patients treated in a union cannot be prepared to meet their occasional need of the higher authority.

The list of diseases in the UMIS Report Form 2 should be reviewed. The list has some diseases, such as leprosy, filariasis, and kala-azar which cannot be treated by the service providers of UH&FWC, and there are several separate formats for reporting. They were also confused whether RTIs/STDs should be combined with gynaecological disease. Similarly, the list of logistics was incomplete, as drugs and other supplies inside Drug and Dietary Supplementary (DDS) kit cannot be reported. The service providers informed that the status of distribution of vitamin B complex, folic acid, and requisites for IUD could not be reported in this format.

Suggestions of Users About UMIS

The service providers were asked whether they have any suggestion to improve the UMIS at union level. In response, they provided the following suggestions:

Daily Clinic Register

There should be more space to write the services and supplies provided so that the providers can record necessary information clearly. Column for the purpose of visit and services provided may be merged.

Follow-up Register

Columns and rows of all sections of this register need to be widened. A provision to record the information on foetal heart sound, height of uterus, weight, oedema, BP, haemoglobin, sugar, and albumin in the section of pregnant women and child birth as requirement of complete check-up should be created.

The caption “to be filled in by FWV” written on the top of pregnant mothers and child birth and injectable acceptors list section should be deleted as the Register is also used by the SACMO.

Since most of the rural mothers mentioned Bangla date while reporting their LMP and due dose of injectables, a Bangla calendar may be attached at the end of both Daily Clinic Register and Follow-up Register to assist the service providers to determine LMP, EDD and date of due dose of injectables.

There is no provision to record the findings of follow-up home visits to clients after IUD insertions. Therefore, a separate section for recording the information about IUD client needs to be added.

UMIS Reporting Form 2

Column for referral of contraceptives should be sub-divided by methods to reflect performance on referrals made to include them from UMIS 1 for reporting in this format.

Provision should be made to compile diseases treated reported in UMIS 1 with that of the UH&FWC to be reported in UMIS 2 to meet the infrequent need of the authority. The list of diseases of the UMIS Reporting Form 2 needs to be reviewed to report commonly treated diseases at the UH&FWC and CC level which will eventually help simplify the work of service providers. The list of logistics and supplies in the UMIS Reporting Form 2 needs to be reviewed, as logistics and supplies for the CCs and during home visits are planned to be reported separately.

Although, in this study, no observation of time required recording and reporting in the new system was carried out, the perceptions of the union-level providers about the new system were assessed. About one-fourth of the FWVs and 28% of the SACMOs/MAs requested that the new system was time-consuming.

Use of Additional Tools

The use of additional record-keeping and reporting tools, such as IUD card, IUD certificate, IUD Removal and Follow-up Register, ANC and PNC Register, MR Register, and Consent Form for Sterilization Client needs careful review to integrate with the MIS tools. The injectable card should not be used because the FHC can fulfil this requirement.

Recommendations

Unification of the record-keeping and reporting system of two independent programmes is indeed a voluminous task, and should be done in a phased manner. The UMIS Unit has done a significant job toward unification of the system.

Some of the service providers could not record information in the record-keeping tools properly due to lack of knowledge, thereby making omissions. One-day training was not sufficient for the service providers as they stated. Therefore, there should be a provision of refreshers training for them to overcome the problem.

The service providers reported that there was inadequate supervision from the upazila and district levels. Therefore, a system of supportive supervision needs to be continued as part of routine activities to reduce omissions and for an improved record-keeping and reporting system.

The case of inclusion of IUD acceptors list in the Follow-up Register and use of additional tools used at the UHFWC level need to be examined and integrated with the UMIS.

In line with new job descriptions of the service providers of UH&FWC, the UMIS Reporting Form 2 requires further examination to accommodate the recommendations of the service providers. The UMIS Unit should continuously extend its support for the development of local-level action plan to assist day-to-day management and decision-making at the union level. The MOHFW should give more efforts to gradually upgrade the record-keeping and reporting system to measure the progress and use in policy formulation.

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Daily Clinic Register

Date	Sl. no.	Household no	Name of patient	Name of village	Sex		Age					Weight	Reason of service received	Service provided/ refer	Supply provided	Service charge*
					Male	Female	0-11 month	1-4 year	5-14 years	15-49 years	50+ years					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

** Whenever applicable*

Follow-up Register

List of Pregnant Women and Child Birth

(To be filled up by Family Welfare Visitor)

Sl. no.	HH no.	Date of enlistment	Name of woman and her husband	Name of village	LMP	EDD	TT Immunization					Date of ANC given			Date of delivery	Out-come result*	Delivery attended by	Place of delivery	Remarks
							1st	2nd	3rd	4th	5th	1st	2nd	3rd					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

***Outcome result** = Live birth (Mature), Live birth (Premature), Abortion and Still birth.

UMIS/UHFWC/Register-2/Section-2

Follow-up Register

List of Injectable Acceptors

(To be filled by FWA)

Sl. no.	House hold no.	Name of acceptor and her husband and village	Date of first dose	Name of brand	Subsequent doses													Remarks
1	2	3	4	5	6													7
					Due date													
					Actual date													
					Brand													
					Due date													
					Actual date													
					Brand													
					Due date													
					Actual date													
					Brand													
					Due date													
					Actual date													
					Brand													
					Due date													
					Actual date													
					Brand													

Follow-up Register

BCC Activities

(To be filled up by HA/FWA)

Date	Address of meeting	Attendance		Subject discussed	Material used*	Name and designation of facilitator	Date	Address of meeting	Attendance		Subject discussed	Material used*	Name and designation of facilitator
		Male	Female						Male	Female			
1	2	3	4	5	6	7	1	2	3	4	5	6	7

* Flip Chart, Poster, Leaf-let, Movie Show etc.

Appendix 3

Government of the Peoples' Republic of Bangladesh
Ministry of Health & Family Welfare
Directorate General of Health Services
Unified Management Information System (UMIS)

Family Health Card

HH no.	Address:	Date of card distribution:
ELCO. no.		Alive Son: Dau:
Name of the woman	Age:	Newly wed? ☐ Yes (Duration of marriege <1yr.) ☐ No
Hus:/HHH's name:	Age:	Currently using FP method:
Pop. of household: Male: ..... Female: ..... Total:		

Below 1 yr. children's immunization (EPI) & vitamin-A distribution

Child's name	Age		Date of immunization and vitamin-A distribution					
			BCG	DPT/Polio			Measles/Polio-4	Vita-A
				1	2	3		
		Due date						
		Actual date						
		Due date						
		Actual date						
		Due date						
		Actual date						

TT immunization for 15-49 yrs. women

Woman's name	Age	Date of immunization				
		1st	2nd	3rd	4th	5th

Antenatal Check-up

Risk factors:	**Hypertension** ☐ Yes ☐ No	**Height:** ☐ < 145 cm ☐ > 145 cm
Diabetes: ☐ Yes ☐ No	**Heart disease** ☐ Yes ☐ No	**Age of youngest child:** ☐ < 2 yrs. ☐ > 2 Yrs.

Past obstetric history

Pregnancy	Year	Outcome
1		
2		
3		
4		
5		

Outcome: Live birth (Mature baby)
Live birth (Immature baby)
Abortion
Still birth

Past obstetric complication

Bleeding during pregnancy	
Postpartum bleeding	
Prolonged labor	
Obstructed labor	
Caesarian section	
Retained placenta	
Neonatal death within 48 hours	
Eclampsia	
Pre-eclampsia	
Multiple pregnancy	

Other services given

Date	Name	Reason for visit/Diagnosis	Treatment/Action taken	Next visit date	Name and designation of service provider

Antenatal Check-up

Last menstruation period (LMP): ..... Expected date of delivery (EDD): .....

Date	Wt.	BP	Oedema 0/+/++	Hb%/ Anaemia	Jaundice	Fundal height	Foetal			Breast /Nipple	Urine Examination		Any other complication	Treatment/ Action taken	Name and designation of the service provider
							Presen-tation	Move-ment	foetal sound		Albumin 0/+/++	Sugar 0/+/++			

Delivery related information	**Date of delivery:**	**Place of delivery:** ☐ At home ☐ Hospital/Clinic ☐ Other
	Type of delivery: ☐ Normal ☐ Forceps/Vacuum ☐ Caesarian	**Outcome of pregnancy:** ☐ Live birth ☐ Still birth ☐ Abortion ☐ Other

	Date	Temp.	BP	Hb%/ Anaemia	Oedema	Breast/ Nipple	Uterus height	Vaginal discharge/ Blood discharge	Perineal tear	Vitamin-A given	Treatment/Action taken	Name & designation of the service provider
Postnatal check-up												

	Date	weight*	Sex	Eye infection**	Cord infection	Any other abnormality	Breast feeding	Treatment/Action taken	Name & designation of service provider
Check-up of newborn									

* Record the weight of the baby in growth monitoring chart.

** If the baby has eye infection then check whether the mother is suffering from RTI by using RTI checklist.

Family Planning (FP) Screening Checklist and Distribution of FP Commodities

Family planning method screening	Oral pill	Injectable	IUD	Norplant
Date of screening				
Date of LMP				
No child				
Breast feeding baby: age < 6 months				
H/O Jaundice				
Migraine				
Age > 40 yrs. and smoker				
H/O severe leg pain				
Chest pain/chest pain after simple work				
Bleeding between menses/after coitus				
Unexplained bleeding				
Severe low abdominal/back pain				
Severe menstrual cramps				
Offensive/purulent vaginal discharge				
H/O Ectopic pregnancy				
Uncontrolled diabetes				
TB treatment with Rifampicin				
H/O Epilepsy				
Physical and laboratory examination				
High blood pressure				
Over weight				
Lump in breast				
Uterus big size or soft				
Cervical bleeding on touch				
Cervical tenderness				
Hemoglobin % <45				

Note:

1. Put ✓ for " Yes" and × for "No". If any of the box marked " Yes" (✓), then the corresponding method is not suitable for the woman.
2. The shaded boxes against the questions are not applicable for the corresponding method. So the shaded boxes will remain blank.

Family planning method distribution					
Injectable			**Pill/Condom**		
Due date	Brand name	Actual pushing date	Date of distri-bution	Brand name	Quantity

IUD		
Brand name	Date of insertion	Date of removal
1.		
2.		

Norplant	
Date of insertion	Date of removal

Sterilization	
Type	Date of sterilization

Management of child <5 yrs. with cough or difficult breathing/diarrhoea/fever/malnutrition

Date of visit						
Name						
Age						
1. Look: Do the children have danger sigh?						
Abnormal sleepy/unconscious/difficult to wake						
Difficult to breast feeding/drinking water						
Convulsion						
Sever malnutrition (skinny/water in hand and leg/thin hear)						
2. Do the children suffering form cough/difficult breathing?						
Respiratory rate/minutes						
Chest indrawing						
Abnormal sound in breathing (Stridor)						
3. Do the children suffering form fever?						
How many days?						
Temperature						
4. Do the children suffering form diarrhoea/loose motion?						
How many days						
Blood in stool						
Rest less/irritable						
Sunken eye						
Drink eagerly/thirsty						
Skin goes back slowly at normal position						
5. Diagnosis: Put tick mark (✔) in the appropriate row is given below after review the symptoms recorded in the upper sections for this format.						
ARI	Very severe disease*					
	Severe pneumonia*					
	Pneumonia					
	Common cough (No pneumonia)					
Diarrhoes	Diarrhoea (with dehydration)*					
	Diarrhoea (without dehydration)					
Dysentery*						
Fever						
Severe malnutrition*						
6. Treatment/service given:						

* Refer the client after giving first aid.

Distribution of vita-A to the children of 1-5 yr.
Name:
Date of vit-A distribution
1.
2.
3.
4.
5.
6.
7.
8.

Name:
Date of vit-A distribution
1.
2.
3.
4.
5.
6.
7.
8.

Growth Monitoring

(Take weigh of children of 0-36 months in every month)

The growth of the children is well if the line goes up ward.

Give additional food to the children every day if the line remains parallel.

Consult with doctor and give more additional food to the children every day if the line goes down ward.

- **Upper line:**
  WHO approved 50th sentile boy.
- **Meddle line:**
  WHO approved 3rd sentile girl.
- **Lower line:**
  60% of 1st line indicates the severe malnutrition of the children.

Kilogram

1st year

2nd year

3rd year

Special Note

Two different line graphs to be drawn including name of the child in case of two children of 0-36 months of age found in a same family. It may be mentioned that different colours to be used to draw the line graphs.

***Appendix 3** (contd.)*

Ward/Community Clinicwise Geographical Reconnaissance (GR) Report of Union

(To be compiled by Assistant Health Inspector and Family Planning Inspector)

Union: ……..... Thana: …… District: …… Month: ..... Year: .....

Sl. no.	Name of Ward/ Community Clinic	Population															No. of currently pregnant woman	No. of live-births during last year (by place of delivery)				Breast-feeding status				Source of drinking water[1]			Type of latrine used[2]		
		Age distribution*												Total				At hospital /clinic		At home		Colostrum given		Exclusively breastfed							
		0-11 month		11-23 month(s)		2-4 years		5-14 years		15-49 years		50+ years																			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	T		M	F	M	F	M	F	M	F	Supply	Tube-well	Others	Water seal	Pit	Others
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Total																															

* Age distribution: **0-11 month** = 11 months 29 days after LB; **12-23 months** = From 12 to 23 months and 29 days; **2-4 years** = From 2 to 4 years 11 months and 29 days; **5-14 years** = 5 to 14 years 11 months and 29 days **15-49 years** = From 15 to 49 years 11 months and 29 days; **50+ years** = 50 years and above.

1. Source of drinking water: **S** = Supply **T** = Tubewell **O** = Other 2. Type of latrine used: **W** = Water seal **P** = Pit **O** = Others

Sl. no.	Name of Ward/ Community Clinic	Total number of eligible couples	Family planning-related												Child immunization				No. of children <5 years of age received 2-dose VAC during last year		Women TT		Death during last year								
			Family planning method user									Source of methods			12-23 months old children								0-28 day(s)		29 days – 11 months		1-4 year(s)		5 years and above		
			Oral pill	Condom	Injectables	IUD	Norplant	Mal e sterilization	Female sterilization	Total	CPR	GoB	NGO	Market	DPT3		Measles/ OPV-4				TT 2-4 doses given	TT5 doses given									Maternal*
															M	F	M	F	M	F			M	F	M	F	M	F	M	F	
33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64
Total																															

* **Maternal** = Death during pregnant, delivery, or 42 days after delivery

.....
Signature
Family Welfare Assistant

.....
Signature
Health Assistant

Appendix 4

Yearly Morbidity Report of Union

(To be compiled by Assistant Health Inspector and Family Planning Inspector)

Month: ……. Year: ……

Union: ……. Thana: ……. District: ……

Total number of households visited	Name of diseases	Number of cases		Source of treatment	
		Male	Female	Govt. hospital or clinic	Non-govt./private hospital or clinic
	1. Diarrhoea				
	2. Dysentery				
	3. Pneumonia				
	4. Tuberculosis				
	5. Polio				
	6. Leprosy				
	7. Malnutrition				
	8. Anaemia				
	9. Goitre				
	10. Tetanus				
	11. Malaria				
	12. Filariasis				
	13. Night blindness				
	14. Measles				
Total:					

.....
Signature
Family Welfare Assistant
Date: ..... /..... /.....

.....
Signature
Health Assistant
Date: ..... /..... /.....

Union Health and Family Welfare Centre

Monthly Performance Report

(To be filled up by SACMO/FWVA)

Month..... Year.....

Union ..... Thana..... District.....

1. Family-planning services

Service centre	Family-planning methods given								Side-effect management				Referred for side effect management	Referred for method	Total service charge*
	Pill	Condom	Injectable	IUD	Norplant	Male sterilization	Female sterilization	Total	Injection	IUD	Norplant	Sterilization			
UHFWC															
Total															

2. Child care

Service centre	BCG	DPT+ Polio-1	DPT+ Polio-2	DPT+ Polio-3	Measles+ polio-4	Vitamin A	Total service charge*
UHFWC							
Total							

** Where applicable*

(A)

3. Mother care

Service centre	ANC visit			TT given										Total service charge*
	1st	2nd	3rd	Pregnant women					Non-pregnant women					
				1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th	
UHFWC														
Total														

Service centre	Pregnant women received Tab Iron Folic acid	MR	MR related complica-tion treated	Delivery/ Pregnancy related complication treated	Delivery			Post natal care	Refer for pregnancy /PNC	Total service charge*
					At clinic	At home				
						FWV/ MO	FWA			
UHFWC										
Total										

** Where applicable*

(A)

4. BCC activities

Centre	BCC Session				
	Hospital/Clinic	School	Uthan shova	Film show	Others
UHFWC					
Total					

5. Follow-up visit

Centre	EPI drop-out	Pregnant women	FP method drop-out	DOTS cases treated	Other follow-up
UHFWC					
Total					

(B)

6. Diseases treated

Name of disease		Age group												Referred	Total service charge*
		0-11 m		1-4 yr		5-14 yr		15-49 yr		50+ yr		Total			
		M	F	M	F	M	F	M	F	M	F	M	F		
1. Diarrhea															
2. Dysentery															
3. Malaria	Uncomplicated														
	Severe														
	Treatment failure														
4. Int. worm infection															
5. Peptic ulcer															
6. Tuberculosis															
7. ARI	Cough and cold														
	Pneumonia														
	Severe														
	Very severe														
8. Dyptharia															
9. Pertusis															
10. Skin disease															
11. Jaundice															
12. Tetanus (excluding neonatal)															
13. Tetanus neonatal															
14. Night blindness															
15. Goiter															
16. Anemia															
17. Malnutrition															
18. Asthma															
19. Measles															
20. Chicken pox															
21. Conjunctivitis															
22. Ear infection															
23. Dental disease															
24. Acute flacid paralysis															
25. Poisoning															
26. Injury															
27. Gynecological problem															
28. Leprosy															
29. Filarisis															
30. Kala-azar															
31. RTI/STD															
32. Blood pressure															
33. Diabetes															
34. PUO															
35.															
36.															
Total															

***** *Where applicable*

(C)

7. Logistics and supply

Items	Opening	Received	Total	Distri-bution	Adjust-ment	Closing balance	Demand for next month
1. Condom (pcs)							
2. Contraceptive Pill (low doze)							
3. Contraceptive Injection Vial/Ampul)							
4. 1% Genson Violet							
5. 25% Glucose ampule							
6. Amoxycillin syrup							
7. Ampicilin Cap 500mg							
8. Ampicilin Inj 500mg							
9. Antacid Tab							
10. Atropine Tab							
11. Atropine Inj							
12. BB oil							
13. Benjamin Penecilin Inj (1.2)							
14. Butapen Tab							
15. Chloromphenicol eye/ear drop							
16. Chlorophenermin							
17. Chloroquine Tab							
18. Chloroquine Inj							
19. Ciprofloxacin Cap (500mg)							
20. Cloxacilin Cap (500mg)							
21. Cloxacilin Inj (500mg)							
22. Contrimoxazole Syrup							
23. Cotrimoxazol (Paediatric) Tab							
24. Cotrimoxazol Tab (480mg)							
25. Dexamethason Inj							
26. Doxicycline 500mg							
27. Orgomatrin Inj (0.5ml)							
28. Erythromycin Tab 500mg							
29. Furacin Tub (anticeptic cream)							
30. Gentamycin Inj 20mg							

Contd...

Items	Opening balance	Received	Total	Distribution	Adjustment	Closing balance	Demand for next month
31. Gentamycin Inj 80mg							
32. Histacin Tab							
33. IV fluid (Dextroze aqua 5%)							
34. IV fluid (Dextroze saline o. 9%)							
35. Mabandazole Tab							
36. Mabandazole 500mg							
37. Metronidazole 400mg							
38. Nelidexic acid Tab 500mg							
39. Neobacrin ointment							
40. Nitroglycerin Tab							
41. Oral saline Packet							
42. Paracetamol syrup							
43. Paracetamol Tab 500mg							
44. Phenoxamythile penicilin tab							
45. Quinine Inj							
46. Salbutamol Syrup							
47. Solocortef Inj							
48. Centosenon Inj (5IU)							
49. Tetracycline Cap (250mg)							
50. Whitfield ointment							

....

Signature Signature

Family Welfare Visitor Sub-Assistant Community Medical Officer