

RHRC CONSORTIUM MONITORING AND EVALUATION TOOLKIT

ROUTINE SERVICE STATISTICS PROTOCOL

Purpose The purpose of collecting and using service statistics is to help you monitor the utilization and quality of the services that you provide. The regular collection of data is an essential element of a health information system.

Description Monthly service statistics are collected by totaling information about daily activities (usually recorded in a “log book” or “patient register”) onto a summary sheet. Commonly, monthly data are compiled during the first few days of the next month and forwarded to the district or headquarters office by the fifth of that month. Monthly totals may be graphed onto hand-drawn charts. They also may be entered into computer spreadsheet software for automatic calculation and trend charting. In some settings, the distribution of monthly drug and commodity supplies occurs only after the previous month’s statistics are submitted.

The best system for collecting, analyzing and reporting monthly health statistics is tailored to the specific project but uses standard indicators that enable comparison to similar projects in other locations. [Click here](#) for a list of reproductive health indicators; this list was prepared as part of the *Compendium of Indicators for Evaluating Reproductive Health Programs*, August 2002 by the Measure Evaluation Project <http://www.cpc.unc.edu/measure/home.html>

Ethical Considerations

Approvals

Routine service statistics are usually required by health systems. Using data for study purposes may require obtaining permission. Some groups you may need to obtain permission from include UNHCR, Ministry of Health, civil authorities in your district, community representatives, your own organization and partner organizations.

Informed Consent, Privacy and Confidentiality

Routine service statistics do not usually individual interviews or records, so informed consent, privacy and confidentiality are not applicable. Nevertheless, managers should ensure that the service statistic information is not used to identify an individual.

Data Collection Forms and Content

In planning your data collection system and designing the forms you will use, you must decide:

- Why you are collecting the data. For example, are you collecting data because it is required by the district or headquarters office; because you want to be vigilant about a particular diagnosis such as syphilis, because you want to know how many women giving birth are assisted by a trained attendant?
- How data will be recorded.
- How data will be analyzed.

- How results will be reported and to whom.
- How to provide feedback to the health workers and to the community.

The data to be collected should be included in the system because of their relevance to the services being provided. The sample form included in this tool covers basic information for all components of reproductive health: safe motherhood, sexually transmitted infections including HIV, sexual violence and family planning. It must be modified to be useful in your particular program. In addition to the data collection form, we have included, as an example of how to show trend data, a sample Excel spreadsheet pre-set to graph antenatal care coverage.

[Click here](#) to see a sample Monthly Data Collection Form.

[Click here](#) for a sample Excel spreadsheet for recording routine reproductive health data.

Data Collection Procedures

Each activity is documented in a logbook or on a tally sheet as it is completed. Monthly, usually on the first or second day of the month, the activities of the previous month are counted and totals are entered on a monthly report form. The report is then delivered to the district office by the fifth day of the month. The monthly report should be signed by the health worker in charge of the clinic and by the chair of the community health committee.

At the district office, monthly reports from all clinics are reviewed and analyzed, and may be combined for a summary report sent to senior levels in the organization. In some settings reports may be sent to regional offices quarterly or annually.

Data Collector Characteristics

Routinely collected data should be compiled by health facility clerks, the health workers who collect the information and their supervisors. In some regions a member of the community health committee also works with clinic staff on the monthly report. Usually the clinic director or manager is responsible for completing monthly forms and forwarding them to others.

Data Collector Training

All health workers who are responsible for completing forms should be trained in the use of each form. Allow at least two full days for training with several opportunities for learners to practice using the form.

Time Frame Health service statistics are usually collected and reported monthly. However, some health systems have quarterly semi-annual or annual reporting cycles.

Analysis Plan

Monthly statistics from a clinic should be entered month-by-month on an annual chart in a way that shows trends visually. This can be done manually or on a computer. It can be done at the clinic or at the district office. If this level of analysis takes place at the district office, a copy of the chart should be returned

to the clinic each month so that local staff and residents can see and discuss clinic trends. In subsequent years, data can be compared for seasonal variations and trends over time.

[Click here](#) to view sample charts showing monthly patient visits over two years at "Clinic A".

Use of Data All of the information collected should be used to assure the provision of high quality client-focused health services.

Some of the ways that collecting and analyzing statistics routinely allows you to monitor your work include:

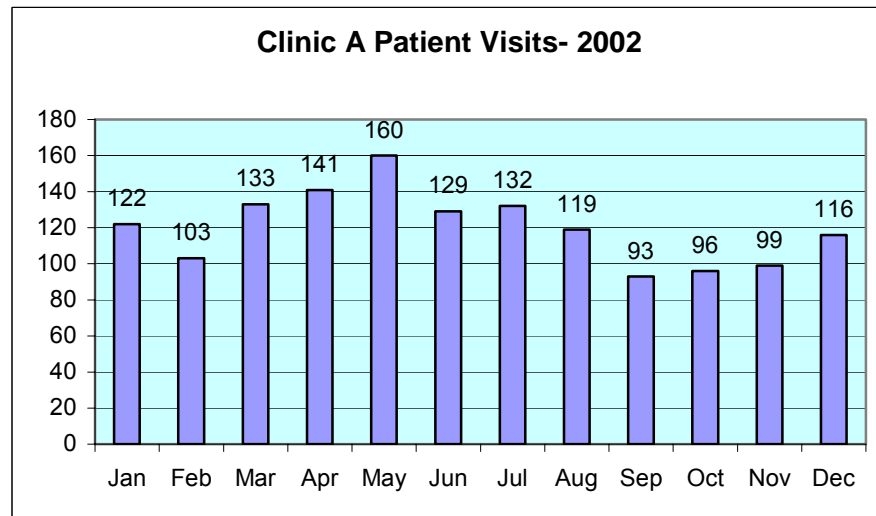
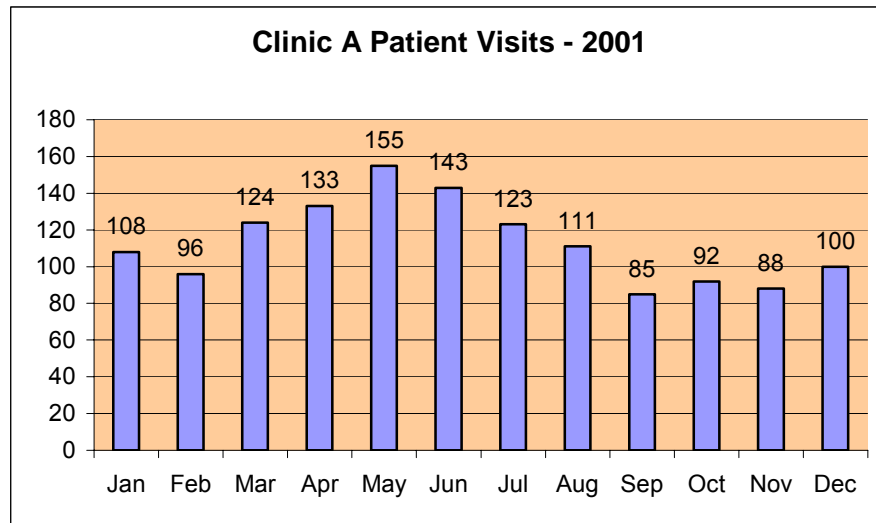
- counting the numbers of people who are using services and deciding if they meet your expectations;
- reviewing data over time to look for trends and seasonality;
- reviewing demographic and other characteristics of the people who attend your clinic to determine if there are sub-populations who are not using services so that you can find ways to reach them;
- measuring the efficiency of the service by comparing use of resources (human, material, financial) with numbers of clients served, or numbers of commodities distributed, or number of persons informed;
- comparing drug usage with numbers of relevant diagnoses;
- justifying staffing needs based on service utilization;
- comparing actual activities with planned activities.

Dissemination Plan

Information on monthly health statistics should be available to the population served by the health facility. This can be done by posting charts showing usage statistics in the reception area of the clinic and by discussing the data at community meetings.

Analysis completed at the district level should be communicated with the health facilities from which it is collected. District health information should also be communicated to the provincial level where it is aggregated and communicated to the national level. At the national level, information is appropriately communicated globally through the World Health Organization.

Monthly Service Statistics for Clinic A 2001 and 2002



Analysis questions:

1. In 2002, what month had the highest number of patient visits? What month had the lowest?
2. How do the data from 2002 compare to 2001?
3. compare 2001 and 2002 figures. Do you notice a pattern? How might you explain the pattern

Sample Worksheet for Monthly Reproductive Health Reporting

Month: _____ Year: _____
 Camp: _____ Agency: _____
 Total Population: _____ WRA (15-49): _____

1 Safe Motherhood – Antepartum Care		<19 years	>19 years	Total
1a	Number of antenatal visits (first visit)			
1b	Number of antenatal visits (repeat)			
1c	Total antenatal visits			
1d	Number of pregnant women screened for syphilis			
1e	Number of pregnant women testing positive for syphilis			

2 Safe Motherhood – Intrapartum Care		Hospital	Clinic	Home	Total
2a	Number of deliveries attended by trained health worker -- includes schooled personnel, eg., MD, RN, MW, etc. (not CHW, TBA, trained TBA)				
2b	Number of deliveries NOT attended by trained health worker				
2c	Number of live births (any respiration or heartbeat)				
2d	Number of stillbirths (>24 weeks gestation)				
2e	Number of low birth weight babies (>2500 gms)				
2f	Number of neonatal deaths (live birth dies ≤ 28 days)				
2g	Number of women treated for complications of abortion (spontaneous or elective)				
2h	Number of women treated for other obstetric emergencies				
2i	Number of maternal deaths (pregnancy related cause, during pregnancy or up to 42 days after end of pregnancy)				

3 Safe Motherhood – Postpartum Care		Number
3a	Number of women seen within 42 days after delivery (first postpartum visit)	

4 Sexual Violence		Number
4a	Number of cases of sexual violence reported	
4b	Number of cases receiving medical care within 3 days of	

incident	
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5	STI/HIV/AIDS	Number		
5a	Number of units of blood transfused			
5b	Number of units of blood for transfusion tested for HIV			
5c	Number of condoms distributed			
5d	Number of cases of STI treated	Male	Female	Total
	- urethral discharge			
	- genital ulcers			
	- vaginal discharge			
	Total			

6	Family Planning			
6a	Number of users of modern methods of family planning			
		Beginning of Month	New this Month	Dropouts & Defaulters
	By Method			Total Continuing
	-COC			
	-Injectible			
	-POP			
	-IUD			
	Total			