# Session 2 A

# The Primary Register

The Design and Management of Recording Registers

# Rationalizing Primary Registers

- **It is "easy" to rationalise registers – we have done it so many times already.** Tamilnadu, Rajasthan, West Bengal, Orissa, Bihar..Madhya Pradesh…. And NHSRC too…
- **Every health sector reform programme since 1988 has always had a component of strengthening HMIS…But each time it is rediscovered anew…**
- At one level the register is a trivial issue and at another level it is impossible….well, almost…
- One needs to define the "problematic"- to theorise it .. Then build on what is available – the alternative –a central register model is dangerous.

# Three Dimensions of Health Register…..

**For a peripheral outreach health worker**

1. Records the work I have done… **the service register**
2. Help me keep track of clients who need follow up… **the tracking register.**
3. Generate data needed for reporting to higher authorities. **– the reporting function.**

**For a hospital or health facility:**

1. Record of services registered.
2. Keep track of patients for follow up
3. Generate data for reporting upwards and for local data analysis- the management function.

# Recording Services rendered.

- Essentially a Line List of Services Given /Health Events.
- Six to ten columns:
  1. Name of person,
  2. age of person,
  3. sex,
  4. Identification No if any ( not to be filled up then)
  5. community/economic status/rural or urban ??- in hospital this would come from registration counter
  6. service rendered (immunisation , ANC, contraceptive distribution, sputum collected, or blood tested, assisted delivery, curative care rendered etc.)
  7. to 10: Remarks/other dimensions- eg in labour room register- type of delivery, complication, breastfeeding in first hour, weight of child- relates to outcome of care and health data needed for follow up

# In the hospital out patient

- Sl. No.
- Name of person,
- Identification No.( case sheet no.)- this would be able to get community, urban- rural and BPL status.
- Age of person,
- sex,
- Diagnosis- one of the accepted statements with codes
- service rendered: investigation ordered, prescription given, procedure done, follow up date
- Other Health Data Needed for follow up- in case there is no retrievable case sheet system

# Issues in the ANM's recording register

- The ANM has to visit many villages and would therefore need something very portable- a single book- not a set of 18 registers- to carry to each place.
- Normally she enters it in a diary and then comes back to center and enters it into appropriate registers.
  - Since the diary is not formatted- she would miss out on many data elements and then try to fill it up from memory.
  - Cross –posting could be difficult- since there are no reference numbers and providing numbers itself could be a challenge.
  - And entering directly into the tracking register is impossible too-
- Solutions: 1. Monthly Service Register or 2. One Register or two registers per anganwadi-1000 population with all three components in them or 3. Set of five registers with all three components in each

# The tracking function:

- Whom to track? For what to track?
- A series of services have to be given. To ensure all elements of the package are actually delivered – over repeated visits.
- First five columns same as service delivery register.
- Then one column for each service- with or without date on which the service was delivered. Instead of yes or no one can write the date.
- One column each for derivative data- eg full immunisation, ante-natal care in first trimester- for ease of computing from tracking register.

# Monthly Computing format

- There should be a computing form in each register.
- Preferably bound as part of the service delivery register.
- One computing form for each month- identical with reporting format. Except that one could get disaggregated data, where relevant, and sum up the data to be reported.
- Part of the numbers would come from service delivery register and part would come from tracking register- and part would be a combination of both. Go back and improve these two registers so as to make computing easy.

# The Bind: organisation of records- for the sub-center

**Kept at the sub-center.**

- Demographic  data base plus eligible couples- gives to base line figures and the ID nos.- also captures baseline changes- births, deaths, marriages, migrations.- Filled up once a year and then updated.
- The Pregnancy Tracking Register.
- The Child Tracking Register
- The Labour Room Record- for home and SC

**Taken with her to the service delivery point.**

- The Service Delivery Register- line list of services given.
- The Daily Events Register- Line list of Births, Deaths, Marriages, Also records: Meetings, OP cases, home visits.- may separate these if she is the official data collector for births and deaths.

***There are many alternative ways of doing this.***

# The Organisation of records in the hospital

- Ideally through a Hospital management information system.
- Or else service delivery registers for each ward/activity
- Case sheets and data bases for tracking patients
- And then a mechanism of facility level aggregation.

God… at least in HMIS… lives in the details…!!!

Thank You