Conclusion: Although the findings of the study reveal that the TT coverage among the pregnant women was high in urban Dhaka, other ANC services were very weak. The results of the study also suggest that there is still ample room for improvement in the delivery and organization of antenatal care, particularly in the process of client-provider interaction.

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Incorporation of Checklists in Clinic Information System Supports the Delivery of Quality Essential Health Services

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Objective: Assess the impact of introducing a revised clinic information system on the quality of essential health services provided at the urban NGO clinics.

Methodology: A card-based client-oriented information system for the urban primary-level NGO clinics was developed that incorporated screening checklists on key elements of a number of essential services. Thus, there were checklists on screening for family planning methods, antenatal and postnatal check-up, assessment of reproductive tract infection cases, and assessment of children with diarrhoeal disease and acute respiratory tract infections. The system was tested in 1996 at the two primary-level clinics of a non-governmental organization (NGO) in Dhaka city. The study was quasi-experimental with another two urban primary-level clinics where service records were kept in registers, serving as comparison. Data for evaluation were collected through independent observations and review of the clinic cards.

Results: In the intervention clinics, in nearly 85% of the new clients seeking injectable contraceptives, the paramedics carried out the minimum required screening. Almost all (98%) of the pregnant women were screened as per the organization's guidelines, and important physical examinations were done in about 69% of the cases. In the comparison clinics, none of the clients who came either for injectable contraceptives or for antenatal check-up received the full range of screening procedures. Before the introduction of the protocol for syndromic diagnosis of RTI cases in the intervention clinics and after the training on the protocol, the diagnosis made by the paramedics was based mostly on the amount of vaginal discharge and the condition of cervix. With the introduction of checklist on RTI, in about 92% of the cases with vaginal discharge, syndromic diagnosis was made according to the protocol, based primarily on the characteristics of vaginal discharge and the partner's symptoms.

Conclusion: Incorporating checklists in a client-oriented routine record-keeping system assisted service providers to follow assessment protocols according to the organizational standards.

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