### Chapter 3

### **Information Gathering**

### 3.1 Introduction

Information gathering is an art and a science. The approach and manner, in which information is gathered, require persons with sensitivity, common sense and knowledge of what and when to gather and the channels used to secure information. Before one determines where to go for information or what tools to use, the first requirement is to figure out what information to gather. Much of the information we need to analyze relates to the organization in general, the user staff, and the workflow. Information about the organization's policies, goals, objectives, and structure explain the kind of environment that promotes the introduction of computer-based systems. Company policies are guidelines that determine the conduct of business. Policies are translated into rules and procedures for achieving goals. Another kind of information for analysis is knowledge about the people who run the present system, their job functions and information requirements, the relationships of their jobs to the existing system and the interpersonal network that holds the user group together. The main focus is on the roles of the people, authority relationships and inters personnel relations. The workflow focuses on what happens to the data through various points in a system. This can be shown by a data flow diagram or a system flow chart. A data flow diagram represents the information generated at each processing point in the system and the direction it takes from source to destination. A system flowchart describes the physical system. The information available from such charts explains the procedures used for performing tasks and work schedules.

### 3.2 Information Gathering using Different Tools

In this section we have presented the information we have collected from the respective organization.

#### 3.2.1 Forms and Documents

Review of existing documents and forms helps to seek insight into a system which describes the current system capabilities, its operations, or activities.

# 3.2.1.1 Distribution of Service-related Form (Upazila to Division)

District wise/Upazila wise

Distribution & Performed Division

## Reporting Month:

	District Upazila		Distribution													
Sl. No					Injectable	•	IUI	D	Implant							
Divis /Dist Tota	sion rict	Shukhi A	Apon	(Pieces)	Vial	Syringe	Distribution	Remove	Implanon	Jadel	Remove					

						Distr	ibution					
										220		
	Misoprostol	MRM	7.1%	Inj	Inj Oxytocin	MNP	Kit	MR (MVA)	Kit	DDS Kit	Inj Antennal	Inj
ECP	(Dose)	Pack	Chlorhexidine	MgS04	(Dose)	(Sachet)					Corticosteroid	

	Perfori	ned	
	Permanent	Method	
		Female (Number)	
		Post-partum	
Male (Number)	Normal		Total

# 3.2.1.2 Food and Nutrition Tracking Form

Division wise / District wise Consolidated Nutrition Services Reporting Period: from, To,

			N	utrition Servi	ces (Woman	& Mother of 0–23	-month age Childr	en	
SI	Division /District Upazila /Thana	Counseling on IYCF, IFA, Vitamin-A & Hand washing	No. of pregnant mother Received IFA & Calcium Tablet	No. of mother (0- 23Months) Received IFA & Calcium Tablet	No. of children Exclusive feeding up to 6 months	No. of children (6-23Month) feeding complementary foods	No. of children (24-59Month) feeding complementary foods	No. of children Received MNP Sachet (6- 23Months)	No. of children Received MNP Sachet (24- 59Month)
No Tota	<u> </u> 								

No. of children Feeding Zink pill with ORS suffering from Diarrhea	No. of children (6- 59Month) conducted GMP	No. of children (6- 59Month) Identifying Suffering from MAM	No. of children (6- 59Month) Suffering from SAM & Referred	No. of children (6- 59Month) Identifying Child Stunting	No. of children (6- 59Month) Identifying Child Wasting	No. of children (6-59 Month) Identifying Child Under weight

## 3.2.1.3 Mother and Child Health Tracking Form

Division wise Maternal & Child Health, Reproductive health Services

Reporting Period: From, To,

			_			Reproductive H ANC Services	lealth Services			
SI No.	Division	ANC-1	ANC-2	ANC-3	ANC-4	Counseling on FP method after Post Partum	Receive Misoprostol	7.1% chlorhexidine gluconate for umbilical cord care	No. of mother Suffering from APH	No. of mother receive Inj.antenatal carotid steroids in (24-34 weeks)
1	Column No.	91	92	93	94	95	96	97	98	99
Tota	al									

					Repro	ductive Healt	th Service	S		
			D	elivery Ser	rvices					
ŀ	lome			Hospital	/Clinic					
Trained	Nontrained		C-	Others (Forceps/ Vacuum/		No. of uses	No. of mother	No. of mother feeding	No. of services post	No. of pre- eclampsia
Person	Person	Normal	_	•	(AMTSL)			Misoprostol		patient
100	101	102	103	104	105	106	107	108	109	110

										Chilo	l Ser	vices	(0-5 Y	ears)					
	Division	No. of		No. of Immunized Child (0-15Months)															
			lo. of ewborn	OPV & Pentavalent (DPT, Hep-B, Hib)		PCV		ВОРУ		IPV (Fractional)		MR		No. of referred child					
SI. No		received KMC Services	BCG	1	2	3	1	2	3	1	2	3	1	2	1	2	Disease	Pneumonia	Diarrheal
	Column No.	158	159	160 161			164				-		170		172	173	174 175	175	
Tot	al																		

									No. of Death	1		
	Low birth	Low birth			No.		ath child . year)	birth				
Live	weight Newborn (Weight		Immature Newborn (Before 37 weeks)	Still birth			29Days to below 1Year		No. of death Childbirth (1-5Year)	Maternal Death	Others Death	
176	177	178	179	180	181	182	183	184	185	186	187	188

### 3.2.2 On-site Observation

A fact-finding method used by the systems analyst is on-site or direct observation. It is the process of recognizing and noting people, objects and occurrences to obtain information. The major objective of on-site observation is to get as close as possible to the "real" system being studied. For this reason, it is important that the analyst is knowledgeable about the general makeup and activities of the system. The analyst's role is that of an information seeker.

During our on-site observation, we visited different sectors of the organization. Every sector was performing specific tasks that were assigned to them. There was enough presence of the modern technology. Every sector had their dedicated computer, printer, scanner and other necessary peripherals. Although enough technology was present, not all sectors were seen to use them. Some sector preferred working without the help of computers.

#### 3.2.3 Interview

On-site observation is less effective for learning about people's perceptions, feelings and motivations. The alternative is the personal interview and the questionnaire. In both the methods heavy reliance is placed on the interviewees report for information about the job, the present system, or experience. The quality of the response is judged in terms of its reliability and validity.

The interview is a face-to-face interpersonal role situation in which a person called the interviewer asks a person being interviewed questions designed to gather information about a problem area. The interview is the oldest and most often used device for gathering information in system work. It can be used for two main purposes

- As an exploratory device to identify relations or verify information
- To capture information, as it exists.

Systems analyst collects information from individuals or groups by interviewing. The analyst can be formal, legalistic, play politics, or be informal; as the success of an interview depends on the skill of analyst as interviewer.

To analyse the system of Family Planning Department, we Interviewed the Upper Quality Assistant. He was very polite and helpful to provide the information that we were looking for.

### Interview with the Upper Quality Assistant:

1. Interviewer: What is the main function of the organization?

**Interviewee:** The organization sends the directives that are to be implemented selected by the central authority to the field workers. It then reports back to authority the result of the field work done. It works as a mediation between field works and central authority.

2. Interviewer: What problems does the organization face in its day-to-day activities?

**Interviewee:** Due to bureaucratic complications logistics allotments are not supplied in time. If there is any technology related problem, it takes a lot of time to solve.

3. Interviewer: Is the whole working system of the organization digitized? If not, why?

**Interviewee:** There is presence of digital technology in all sectors. But some sectors are unable to implement them due to lack of training or ineffective training. Also, the senior officials find it uncomfortable using digital techniques.

**4. Interviewer:** Do you have enough infrastructure for effectively provide your service across the country?

**Interviewee:** The district level offices are located in rented houses and the upazila level offices are located in the upazila health complex under the Directorate of Health. Some offices of upazila parishad are being operated in two rooms, so space is not adequate. Adequate infrastructure can boost the operation of the organization

5. Interviewer: How effectively do this organization implements the use of E-nothi?

Interviewee: The E-nothi system is not being used properly.

**6. Interviewer:** What is the obstacle for not using e-nothi?

**Interviewee:** E-nothi related training is not enough. The training needs to be more descriptive.

7. Interviewer: Do you have your own dedicated database?

**Interviewee:** The process of creating database is ongoing. It will be implemented soon.

**8. Interviewer:** How does promotions take place in the organization?

**Interviewee:** There is a provision for promotion of officers and employees, but the promotion is not visible or inadequate due to bureaucratic complications.

9. Interviewer: How do you recruit new people?

**Interviewee:** New people are employed through examination.

**10. Interviewer:** Is the present recruitment process effective?

**Interviewee:** Due to lack of manpower, recruitment process is delayed, exams are being held rarely. Also, proper scrutiny of skilled people cannot be conducted.

**11. Interviewer:** What do you think your contribution to the overall development of Bangladesh?

**Interviewee:** We work mainly on population control. And mother and child health care. We have lessened mother's death during child birth. We work to ensure every child to be healthy and happy.