

PD-ARE 662

**TRIP REPORT
PHILIPPINES FAMILY PLANNING
MIS NEEDS ASSESSMENT**

JUNE 1 - 12, 1992

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**Project No.: 936-3055
Contract No.: DPE-3055-C-00-0051-000
Task Order No.: NAI-30-PH**

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I. EXECUTIVE SUMMARY

At the request of USAID/Manila, a team from the Family Planning Management Development Project (FPMD) of MSH (Saul Helfenbein, Chief, Asia/Near East division of FPMD, and Peter Savosnick, Training Manager, MIS Program, MSH) and Enrica Aquino, Program Officer, OPHN, conducted a two-week Needs Assessment of family planning management information systems in the Philippines. The Needs Assessment took place on the eve of a major restructuring of the Philippines centralized system of government administration to a highly decentralized local government approach, with enormous consequences for information systems in the field of health services management.

USAID requested FPMD to review the Family Health Services Information System (FHSIS), which is the main source of family planning information, as well as other information systems development activity underway. Concern has been expressed over the capability of the FHSIS to provide timely, accurate and complete information on family planning performance. After several years of development, the FHSIS is still not fully operational, as indicated by the low reporting rate on contraceptive logistics.

The Needs Assessment concluded that in view of the fact that the FHSIS has only been operational for a little over a year, time has not been sufficient for a national system to be implemented and to function at desirable levels of efficiency. Implementation problems are aggravated by the lack of clear lines of responsibility and authority to direct the introduction of the FHSIS. This has been rectified for the moment and has allowed initiative to be taken to correct the problems.

However, the nature of the problems will be changed with devolution to local government as the system will now have a whole new set of clients at local government level. If these clients don't become users, it is unlikely that the system will work. In fact, FHSIS will even lose its denomination as such under devolution. It is also important to point out that the revisions proposed for FHSIS won't have a significant effect on the quality of data, which will ultimately depend on the vested interest of the first-line users in the system.

The effect of devolution will have to be factored into any efforts to have a "national family planning information system." Most probably there will have to be multiple systems which address the needs of the individual government units, linked by a small set of compatible indicators which can be used at the national level for decisions related to strategic issues of coverage, quality and sustainability.

The Needs Assessment team's recommendations focus on mechanisms to build on the investment in the FHSIS development and to link this investment with the new structure of decision making being created by decentralization of the health delivery system under local government devolution. The following FPMD interventions are recommended to ensure that these two conditions are met:

- FPMD would work with the Department of Health's Health Intelligence Service (HIS) and other appropriate counterpart organizations such as the Development Academy of the Philippines to train mayors, governors and other senior local officials to integrate family planning information into their development planning. It would assist HIS to design training and systems packages based on the revised FHSIS for use at the local level that would integrate data from all service provider organizations into an area planning process.

- FPMD would work with the HIS staff involved with the FHSIS to develop supervisory, technical and trouble-shooting capabilities to provide support to Local Government Unit population and information officers. FPMD assistance would involve skills development training, Training Of Trainers, and other technical areas. This type of collaboration could be extended to other potential counterparts.

- In order for the HIS team to become effective, it will need competent counterparts at the local level to serve local MIS technical trouble-shooting networks while working with the local government. FPMD would support the HIS team to develop this sentinel network. FPMD assistance would involve skills development and a variety of methodologies to be determined.

II. BACKGROUND

A. Family Health Services Information System

The FHSIS is the first computerized system implemented nationwide by the Department of Health. The FHSIS was developed and is presently operated by the Management Advisory Service of the Department of Health. Currently, the FHSIS has provincial, regional and national versions. The provincial FHSIS allows data entry and report generation of service statistics from the barangay (community), municipal, district and provincial levels of selected public health programs. It is being implemented in the 75 provinces.

The regional FHSIS consolidates the provincial data while the national FHSIS still to be developed will consolidate the regional data. The FHSIS is intended to address the short-term data needs of DOH staff with managerial or supervisory functions. It provides summary data on health service delivery and selected program accomplishment indicators at the barangay, municipal, city, district, provincial, regional and national levels, which when combined with data from other sources, can be used for program monitoring and evaluation purposes.

The FHSIS was designed to be the principal provider of information on family planning activities following the transfer of program responsibilities from the Population Commission (POPCOM) to the DOH Family Planning Services Division (FPS). The issues concerning

the collection, analysis and reporting of family planning performance information are compounded by issues related to this change in structure.

The transfer of responsibility for program management from POPCOM to DOHFPS has been traumatic since the FPS was not prepared to assume the major management functions such as MIS, Supervision and Logistics, and has been slow to develop these functions over the past three years. In addition, the transition from a vertically structured management program under POPCOM to an integrated FPMCH program under FPS has diluted management focus. Furthermore, the FP program is currently facing a second major transition under devolution when it has not yet sufficiently coped with the first transition.

Concurrent with this reorganization, the POPCOM information system was dismantled. The POPCOM MIS had been developed over a period of years and had reached a level of sophistication and operational efficiency. It was replaced by the DOH FPS system based on data submitted by FPS supervisors. Meanwhile the DOH began its major undertaking to develop the FHSIS which included FP service data. Remnants of the POPCOM MIS survive in forms used by NGOs and commercial enterprises providing family planning services.

B. Needs Assessment

The Needs Assessment involved a series of interviews with officials of government and private sector family planning service providers at the national level, site visits to Laguna Province and Region XI, and a review of key documents. (See Annex 1 for a list of Persons Contacted and Annex 2 for a list of Key Documents the Needs Assessment team reviewed.)

The methodology of the Needs Assessment consisted of the following:

- a) Identification and tracking of all systems in use for gathering and reporting family planning service data and their stage of development and implementation of national, provincial and field levels;
- b) Identification of collection, reporting, processing, and verification procedures, identification of problems in the above causing delay, errors, and duplication;
- c) Assessment of the impact of organizational and management environments on information systems (specifically the transfer of MIS responsibilities from POPCOM to DOH, the impending devolution and transfer of program responsibility to local government level); and finally and most importantly,
- d) Assessment of the extent and manner of utilization of information by managers at different levels for operational and strategic purposes.

The report presents findings from interviews and site visits, conclusions based on the above, and a series of recommendations to improve the impact of the MIS on the family planning program. (General information on the Philippines' Family Planning Program is available in the FPMD Management Needs Assessment Report of June 1991.)

III. FINDINGS

Reports and studies undertaken by the DOH and the University of the Philippines Population Institute acknowledge information systems problems. The Management Advisory Services in the Department of Health also identified several problem areas in their Information System Strategic Plan (December 1991). The MAS report noted several key problem areas:

- The DOH does not have an official clearinghouse of information or data, resulting in multiple record keeping among services and agencies. As such, no two official figures that DOH presents are consistent.
- Insufficient or lack of data/information is another problem that plagues the Department. This is true especially for hospital operations, where very little data is available. Public health programs are taken care of by the program managers who are saying that information generated by the system is not enough for planning and decision-making. More often than not, the reports submitted by the field offices are inaccurate and incomplete.
- For central office operations that require submission of regular reports from field units, the problem lies in delayed and inaccurate reporting. The tedious task of consolidating statistical reports from one level to another, that is from the BHS to RHU to DHO to IPHO to RHO and then to the central office to get the national figure contributes to the delay and oftentimes inaccuracy of data reported.¹

A report prepared by the Population Institute on Non-DOH Family Planning Implementing Agencies observed the following:

From the information collected, it was found that the reporting forms currently used are not uniform except for the POPCOM Form FP1, 2, 2s, and 3. Several supplementary forms are used, and their numbers largely depended on the nature of the agency's operation. The use of supplementary forms resulted in the non-uniformity of available information for all non-DOH agencies. Record-keeping procedures are not standardized, thus producing data of uneven quality. Some non-DOH agencies require excessive reports which are

¹ "Information System Strategic Plan of the Department of Health." Department of Health Management Advisory Service, December 1991.

oftentimes duplicative. A streamlining of reports is indicated. The inventory results showed, however, that the current system of reporting is able to generate basic information on family planning clinic outputs.²

The FPMD Needs Assessment confirms the above observations. Our most important findings cover both the DOH and non-DOH information systems follow. Findings are categorized by 1) Systems Proliferation, 2) Development efforts, and 3) Systems Operations.

1. Information Systems Proliferation

- There are several systems in operation collecting family planning service data, each of which is producing annual reports of various levels of accuracy. Three reports are appended for 1991 data. The reports have been produced by the DOH FHSIS, the DOH Technical Secretariat, and the DOHFPS program, based on data from its FP coordinators. The first two report on DOH and NGO activities, the third only on DOH activities. (See Annexes 3A, 3B, 3C for the above reports.)

- There are also other related information efforts which have potential relationships to a family planning MIS: Rapids, Pop Council OR, GIS, and most importantly, Demographic and Health Survey. Table 1 provides an inventory of FP MIS efforts.

TABLE 1:

Organization	System	Current Activity
DOH - MAS and HIS	FHSIS	Make changes in computer program, simplify and improve output tables, change software used at provincial level.
DOH - FPS	ISP (Information Systems Plan), funded by UNFPA	Develop new program to produce national performance reports and operational reports. Performance reports will integrate FHSIS results.

² Zablan, Zelda C. "Interim Reporting and Monitoring Systems of Family Planning-Related Activities of non-DOH FP Implementing Agencies." University of the Philippines Population Institute, June 1990.

DOH	HAMIS (Health and Management Information Systems), funded by GTZ	Integrate data for graphic presentation at local level
DOH	Rapid Model, funded by USAID	
DOH	GIS, World Bank	
DOH - Technical Secretariat	CCMIS, funded by USAID	Contraceptive Logistics system with MIS implications
NGO - FPOP	Model for the Asia region funded IPPF	
NGO - PNGOC	Integrated financial and service MIS, funded by USAID	
DOH	DHS	
	OR - Pop Council	

2. Family Planning Systems Development Activities

- The DOHFPS has initiated a major project to develop an FP-MIS funded by UNFPA. This new system currently called Information Systems Plan is designed to provide the FFS with strategic, intermediate and operation information. The first phase dealing with strategic (performance) information is nearly completed. The system is dependent on FHSIS data. It does not take into consideration NGO data. FPS is also supplementing its information needs with cluster surveys conducted by the University of the Philippines Population Institute. Preliminary results have been made available to FPS.

- There are multiple efforts currently underway to improve the FHSIS:

- a) Responsibility for the DOH information systems has been centralized under the recently formed Health Intelligence Service (HIS) which is under the authority of an under-secretary who has initiated action to revise and simplify the FHSIS;

b) The FHSIS Monitoring and Review Committee under HIS is discussing ways of integrating DOH and NGO family planning data; c) HIS is developing a project to integrate FHSIS with the local government in Cebu.

■ NGOs are also involved in development efforts:

a) Family Planning Organization of the Philippines is involved in a regional IPPF-sponsored activity;

b) The Philippines NGO Council on Population project also has a MIS development component.

3. Systems Operations

■ In practice many different systems operate concurrently and in parallel. In the public sector, for example, Provincial Population Offices operate a population-based system using the volunteer Barangay Service Point Officer (BSPO), the DOH uses the FHSIS based on the Barangay Health Station (BHS) and Rural Health Unit (RHU). The Department of Labor and Employment (DOLE) uses its own system for industrial-based services. The NGOs use the former POPCOM system for clinic and outreach services. The FPS uses its FP coordinators to provide information. A entirely separate system for contraceptive logistics is being developed.

■ At each level there are multiple reporting responsibilities using different forms. The NGOs are using the POPCOM forms for reporting. The reporting systems do not facilitate comparisons among service delivery points and analysis of coverage by area. Even though NGOs are required to report to the nearest RHU, the provincial DOH cannot easily aggregate these data and identify their sources. Furthermore, it is not clear whether the NGO data are reported separately from DOH data.

■ The data reported in both the DOH and NGO systems are error prone due to some double counting of NGO clients and community-based clients, multiple definitions for new acceptors and continuing users, and tabulation and transcription errors. There is a general consensus that there is over-reporting, though the estimates we heard vary from 5% to 50%. The verification procedures in operation tend to focus on correcting gross anomalies rather than on validation of the data.

■ Computerized and manual consolidation methods often introduce error. The FHSIS at the provincial level still has problems, some of which are being addressed. The verification process causes delays in reporting. Each reporting level delays submission and/or consolidation until the gross anomalies have been corrected.

■ The delays and the methods for incorporating corrections and providing feedback tend to dilute confidence in the overall system, causing many service delivery outlets to fall back on their own improvised systems to give them the information they need to manage their activities. These delays are exacerbated by the capacity limitation of the FHSIS computers, the lack of a manual backup for computers when they crash, the inability to enter data on more than one computer at the provincial level, and the length of time it takes to process output tables.

■ There is currently very little use of information especially for strategic decisions related to coverage, quality and sustainability of the program, even though the emphasis on data collection is for strategic purposes. Provincial and service levels use information for supervisory purposes on a more consistent basis.

IV. CONCLUSIONS

1. Annual performance data from the DOH and NGOs' family planning activities are available from different sources. The transition from POPCOM to DOHFPS management has resulted in the fragmentation of family planning information systems so that at present data from different service providers are neither consolidated nor integrated. The new reorganization of the HIS headed by an under-secretary could serve to rectify this situation. In the meantime, potential information users must gather existing reports from a variety of sources by themselves.
2. Interpretation of existing reports depends on assessment of the degree and direction of error. As these reports probably do not reflect actual performance, for the foreseeable future users of such reports will need to conduct sample surveys or rely on the triennial Demographic and Health Survey (DHS) to assess the degree of adjustment which needs to be made in the data.
3. The multiple MIS's are all bogged down with huge amounts of data that are collected but not used. The lack of utilization and the delays and breakdowns in reporting lead to the support of parallel systems at the provincial level and below. In the absence of utilization, there is no vested interest in making the FHSIS work. With devolution, systematic utilization at all levels will be of even greater importance to ensure regular reporting to the central level.
4. The FHSIS has only been operational for a little over a year. This is insufficient time for a national system to be implemented and to function at desirable levels of efficiency. Implementation problems are aggravated by the lack of clear lines of responsibility and authority to direct the introduction and modification of the FHSIS. The designation of the HIS to oversee review and modification has rectified this problem for the moment and has allowed initiative to be taken to correct the problems. However, devolution will change the nature of the problem once again, as the system will now have a whole new set of clients at the local government level. If

these clients don't become users, it is unlikely that the system will work. In fact, the FHSIS could even lose its denomination as such under devolution. It is also important to point out that the revisions proposed for FHSIS won't have a significant effect on the quality of data, which will ultimately depend on the vested interest of the first-line users in the system.

5. The effect of devolution will have to be factored into any efforts to develop a "national family planning information system." One can envision multiple systems which address the needs of the individual government units, linked by a small set of compatible indicators which can be used at the national level for decisions related to strategic issues of coverage, quality and sustainability.
6. Given the multiple direct and indirect MIS-related efforts, coordination among them needs to be supported and strengthened so that users at all levels see the relationships between them and how the information they produce can be used for their strategic, technical and operational decisions.
7. The introduction of yet another system with a new set of forms would further traumatize the already overburdened service providers on whom the whole system rests.

V. RECOMMENDATIONS

A. General

1. Although the role of a strong authoritative information "Coordinator" will likely change under devolution, a dynamic focal point to resolve technical problems, coordinate development efforts and provide technical assistance to the local governments will be needed more than ever. USAID should support the continued functioning of such an information unit with the above responsibilities.
2. A prerequisite for an effective MIS is a clear focus on management utilization. With the exception of supervisory needs at Provincial and RHU levels, this type of management focus is extremely poor. USAID should encourage the development of such a focus which would deal at all levels with critical issues of coverage, quality and sustainability. Focusing on these issues whenever reports are submitted and data are examined will give the MIS program purpose.
3. All efforts related to the production of family planning and demographic information both routine and non-routine should be considered as components of a family planning MIS and their development and implementation should be coordinated and focused to serve the management needs of local government. USAID should ensure that results of various related MIS efforts including DHS, Rapid, Data for Decision Making, and

CCMIS, can be interpreted, applied, and disseminated for decision making at the local level.

4. Notwithstanding current problems in the FHSIS and issues related to its use in a decentralized environment, this system still holds the most promise. Other major MIS efforts such as IPS/FPS, Rapid, GIS, and HAMIS depend on the FHSIS for its source data. USAID should continue to support efforts to resolve technical and operational problems as well as efforts to translate FHSIS to a local government environment such as that planned for Cebu.

B. Specific Recommendations for Potential FPMD Interventions

1. Adaptation of FHSIS to LGU

a) FPMD can play a role in supporting the effective use of family planning information at the local government level building upon the planned application of FHSIS in a local environment such as planned for Cebu.

b) FPMD would work with HIS and other appropriate counterpart organizations such as the Development Academy of the Philippines to train mayors and governors and other senior local officials to integrate family planning information into their development planning. It would assist HIS to design training and systems packages based on the revised FHSIS for use at the local level that would integrate data from all service provider organizations into an area planning process.

c) The training would stress information utilization for decision making related to coverage, quality and sustainability, using current FHSIS data, selecting other indicators for these areas, and institutionalizing the MIS as part of local development activity. FPMD would work with HIS and other departments to expand this approach to local areas.

2. Strengthening HIS Support functions

Concurrently with strategy 1, FPMD would work with the HIS staff involved with the FHSIS to develop supervisory, technical and trouble-shooting capabilities to provide support to Local Government population and information officers. FPMD assistance would involve skills development training, TOT, and other technical skills development. This type of collaboration could be extended to other potential counterparts.

3. **Development of Sentinel MIS support teams**

There are already 75 provincial and 14 regional FHSIS coordinators who hold other functions as well. These staff could well play an important role in the local government in MIS development and FHSIS application. In order for the HIS teams to become effective they will need competent counterparts at the local level on whom they can rely. These FHSIS coordinators could become the core of an MIS technical trouble-shooting network while working with the local government. FPMD would support the HIS team to develop this sentinel network. FPMD assistance would involve skills development and a variety of methodologies to be determined.

ANNEX 1:
PERSONS CONTACTED

PERSONS CONTACTED

A. USAID:

Dr. E. Voulgaropolous, Chief, HPN
Ms. E. Oldwine, POP Officer
Ms. E. Aquino, Program Officer

B. DEPARTMENT OF HEALTH

Mr. Mario Taguiwalo, Under-Secretary

Technical Secretariat:

Dr. R. Esmundo

Management Advisory Service:

Ms. M. Pons, Director

Health Intelligence Service:

Dr. Manuel Dayrit
Dr. Susan Gregario

DOH Family Planning Services:

Ms. Cecile Galli
Ms. S. Villacorta
Mr. A. Miramez

C. NATIONAL ECONOMIC DEVELOPMENT AUTHORITY

Ms. F. Torres, Director
Ms. Theresa Fernandez

D. UNIVERSITY OF THE PHILIPPINES POPULATION INSTITUTE

Prof. Zelda Zablan

E. U.S. COOPERATING AGENCIES

Management Sciences for Health:

Dr. Steve Solter, Chief of Party, Child Survival Project
Mr. Sonny Santa-Maria, MIS, Child Survival Project

John Snow Inc. Family Planning Logistics Management Project

Mr. David Alt, Logistics Advisor

F. UNITED NATIONS

UNFPA:

Ms. Cathy Solter, MSC Advisor

Mr. G. Walmsley, Director

G. NON-GOVERNMENTAL ORGANIZATIONS

Population Commission:

Dr. Garcia, Executive Director

Col. Ventura Sim

Philippines NGO Council on Population:(PNGOC)

Mr. Merca, Executive Director

Family Planning Organization of the Philippines: (FPOP)

Mr. Romel De Rosario

Mr. Adel Africa

Mr. Angel Montez

Integrated Maternal and Child Care Services and Development, Inc. (IMCCDSI)

Institute for Maternal and Child Health (IMCH):

Dr. Jose Obordo

H. REGIONAL ORGANIZATIONS

1. LAGUNA Province Region IV:

Mr. Gesmundo Robiso, Population Officer

Pila RHO Training Center

POL Clinic

FPOP Clinic/ CBD

Barangay Health Center

2. DOH Region XI (Davao):

Dr. Salvadore Estrera, Chief, Technical Services

Mr. Baby Ilage, Statistician

NEDA (Region XI):

Mr. Santiago Ingeño, Regional Director

Ms. Vilma Amon, Chief, Social Services Division

Ms. Femia Calderon, Chief, Macro Planning Division

DOLE XI:

Ms. Brenda Villafuerte, Assistant Regional Director
Ms. Zenaida Yuson, FP Coordinator
Ms. Rose Manapat, FP Coordinator

Population Commission:

Ms. Pompeia Cortel, Planning Officer, IV
Ms. Eva Yamson, Planning Officer, II

FPOP:

Ms. Myrna Sevilla, Area Supervisor
Mr. Virgilio Rosario, Chapter Program Manager

PNGOC Davao:

Mr. Garcia, Project Director

IMCH FP Clinic (Malate), Toril, Danao City:

Dr. Bernardo Malate, physician
Ms. Veronica Barradas, RW
Ms. Edna Alimundoz, Area Supervisor

(IMCCSDI) Clinica Alvarez, Matina, Davao City:

Dr. Generoso Alvarez, Physician
Ms. Helen Concepcion, Nurse

Davao del Norte, Provincial Population Office:

Ms. Clarita Galagala, Population Program Officer

Davao del Norte, Provincial Health Office:

Dr. Prospero Padilla, Provincial Health Officer
Ms. Margarita Royo, FP Coordinator
Mr. German Brion, Statistician/ Computer Operator

North Davao Colleges Foundation (PNGOC Project) Panabo, Danao del Norte:

Mr. Aurelio Garcia, Project Director

Tagum Development Corporation (TADECO) Banana Plantation FP Clinic:

Dr. Maximo Samblingo, Chairman, Family Welfare Committee, Co-Dentist
Ms. Yosi Sale, Midwife
Ms. Edna Casas, Nurse

ANNEX 2:
KEY DOCUMENTS

KEY DOCUMENTS

- Project Paper: Family Planning Assistance Project (492-0396)." A.I.D., Manila, Philippines, February 1990.
- illum, Thomas W., Ph.D.; Elizabeth Q. Bulatao, M.A., Donald E. Morisky, Sc.D., William R. Thomas III, B.B.A., for A.I.D. "Evaluation of the USAID/Philippines Population Planning III Project," January 6 - 31, 1986, Report Number 85-72-036. Ed. Population Technical Assistance Project, International Science and Technology Institute, Inc., May 12, 1986.
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- the Philippine Family Planning Program (1990-1994).* Department of Health, Manila, Philippines, 1990.
- raft Document from "FP Logistics Distribution System: Region VI." May - June 1992.
- P Clinic Reporting Manual." Commission on Population, 1982.
- outreach Field Reporting Manual." Commission on Population, 1982.
- he Use and Analysis of Data for Managers of Health Programs -- Module One: Simple Statistics and Graphs." Republic of the Philippines Department of Health.
- raft Document -- FPOP Computer Information.
- the NGO NewsLink.* Philippine NGO Council on Population, Health and Welfare, Volume II, Number 6.
- raft Sheets." Philippine NGO Council on Population, Health and Welfare.
- formation Systems Strategic Plan of the Department of Health." Department of Health Management Advisory Service, December 1991.
- 1992 First Quarter Management Report," Family Planning Organization of the Philippines.

ANNEX 3A:
DOH FHSIS REPORT

MID 1991: REPORTED NUMBER OF ACCEPTORS/USERS BY FP METHOD

AGENCY	STERILIZATION					INJECT-				TOTAL
	BTL	VAS	IUD	PILLS	CONDOM	RHYTHM	NFP	ABLE	OTHERS	
DOH										
NA:	12944	155	17461	193615	45949	25217	3967	-	1636	300944
CU:	176412†	1681†	93606	593249	127551	67003	14270	-	1636	1367917
CMDPA										
NA:	-	-	147	5958	-	-	-	-	-	6105
CU:	-	-	757	12604	-	-	-	-	-	13361
IMCH										
NA:	391	10	3796	5686	579	184	63	35	34	10778 + 6481††
CU:	-	-	113216	85856	6437	2240	1102	146	474	209471
FPOP										
NA:	3340	-	789	7706	1716	557	-	-	295	14403
CU:	-	-	13432	63888	13264	7280	-	-	3043	100907
DND-AFP										
NA:	122	1	56	863	214	77	13	2	7	1355
CU:	-	-	1368	4711	5811	96	16	-	66	12068
INCCSDI										
NA:	335	1	3219	4960	474	21	52	25	9	9096
CU:	-	-	19593	12905	1060	120	98	51	9	33836
UP-PGH/RHCC										
NA:	455	5	609	272	70	-	7	-	8	1426
CU:	-	-	7505	5136	566	-	9	5	78	13299
PCF										
NA:	-	-	-	-	-	-	-	-	-	-
CU:	-	-	-	-	-	-	-	-	-	-
PFNFP										
NA:	-	-	-	-	-	-	5551	-	-	5551
CU:	-	-	-	-	-	-	8952	-	-	8952
DEVCON										
NA:	-	-	-	402	11	-	-	-	-	413
CU:	-	-	155	4078	36	-	-	-	-	4269
TULUNGAN										
NA:	-	-	9	2705	333	203	16	43	43	3352
CU:	-	-	1402	138608	41027	12016	1482	6	2158	196899
DOLE										
NA:	297	3	174	2563	839	-	787	-	145	4808
CU:	-	-	1995	25577	18594	-	11072	-	1109	58347
=====										
TOTAL: NA	17884	175	26260	224730	50185	26259	10456	105	2177	358231 + 6481††
CU	176412†	1681†	253029	946812	214346	86755	37001	208	8573	1726817
=====										

† Current Users

†† FPOP performance (aggregate numbers- not specific to FP methods)

HALF YEAR ACCOMPLISHMENTS
JAN. - JUNE 1991

ACCOMPLISHMENTS	PLANNED 1991	ACTUAL	% OF ACCOMPLISHMENT
1. New Service Outlets			
a. DOH Outlets	154	0	0
b. Other GO Outlets	351	0	0
c. NGO Outlets	146	1	0.6849
d. NFP Centers	5	0	0
TOTAL	556	1	0.1799
2. Maintenance of Existing Service Outlets			
a. DOH Outlets	2,392	2,300	96.1538
b. Other NGO Outlets	813	640	104.4046
c. NGO Clinics	328	372	114.1104
d. NFP Centers	5	23	460.0000
TOTAL	3,338	3335	99.9700
3. Training			
a. Health Workers on basic FP	5,323	183	3.0593
b. Health professionals on specialized FP skills	1,928	96	4.9844
c. Health professionals on different FP refresher courses	2,947	250	8.3339
d. MDs/RNs/RMs on VSC	472	11	2.3256
4. Acceptors	1,228,600	112,486	9.1556
5. Continuing Users	3,002,400	449,268	14.9704

TRAINING COMPONENT
Jan.-June 1991

Training Courses Conducted	DOH-FPS	IMCCSDI	Agencies CMDPA	PNGOC	DOLE	TOTAL
FP Courses:						
- Basic	213	20	-	-	-	233
- Skills Trng.	19	-	-	-	-	19
- TCU 380A ..	110	-	-	-	-	110
- VSC	11	-	-	-	-	11
- Refresher	156	135	-	-	-	291
- Preceptor	175	20	-	-	-	195
- TOT	-	10	-	-	-	10
- Back-up	-	50	-	-	-	50
						919
Other Trainings:						
- Self-employed midwives	-	20	-	-	-	20
- Recruitment and motivational trng.	-	-	20	-	-	20
- Seminar-workshop for local media practitioners	-	-	-	18	-	18
- Follow-up activities workshop	-	-	-	44	-	44
- Management motivation	-	-	-	-	42	42
- Labor leaders' orientation	-	-	-	-	32	32
- Family welfare committee wkshp.	-	-	-	-	86	86
						262
						Total = 1181

ANNEX 3B:
DOH TECHNICAL SECRETARIAT REPORT

**THE
PHILIPPINE FAMILY PLANNING
PROGRAM**

1986 - 1991

EXECUTIVE SUMMARY

The following report reflects the performance of the PF/Population Program from 1986 to 1991 as gathered from various available sources, among which are:

The World Bank Report;
POPCOM Annual Report;
DOH Service Statistics; and
Annual Reports from Participating Agencies.

As a background, the FP/Population Program was coordinated by the Commission on Population (POPCOM) up to 1988. In 1989, the POPCOM Board designated the Department of Health as the lead agency in FP services with 2 specific roles: as an implementing agency delivering FP services thru the DOH hospital and clinic network and as a coordinating agency for consulting, organizing, guiding, monitoring and leading all other participating government and non-government agencies. The turnover was not without the accompanying confusion and turmoil in operations and the FP monitoring, logistics and even systems were disrupted.

By 1990, however, the DOH had negotiated new funding agreements with program donors and managed to initiate new systems. Although the new systems are still under review and testing as of today, operations have picked up.

FP Service Statistics
1986-1991

Year	Target		Actual Accomplishment					COORDINATING AGENCY	
	NA	CU	NA	CU	% Accomplishment NA CU		CPR		TFR
1986*	796,398	-	540,362	-	68%	-	45.7%	4.53 ¹	POPCOM
1987*	-	-	-	-	-	-	44.0%	-	POPCOM
1988*	-	-	524,621	-	-	-	47.0%	-	POPCOM
1989*	1,387,200	-	470,000	1,288,670	33.8%	-	-	3.85	DCH
1990**	1,140,000	3,004,800	801,704	2,801,713	70%	93%	-	-	DCH
1991**	1,228,600	3,062,400	520,579	2,019,450	42%	66%	-	-	DCH

NA = New Acceptors

CU = Continuing Users

* based on annual reports of POPCOM

** based on partial reports from PAs submitted to DOH

¹TFR as of 1984

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NEW ACCEPTORS BY METHOD :
1986-1991

	1986	1987	1988	1989	1990	1991	TOTAL
VSC	86,047		60,591	40,490	94,761	65,119	347,008
Pill	274,148		263,009	272,603	492,980	284,717	1,587,457
IUD	50,477		39,444	35,328	130,341	102,763	358,353
DMPA/Injectable	11,393		9,406	4,230	1,091	450	26,570
NFP	8,213		14,300	17,468	16,949	10,306	67,236
Calendar	31,650		-	16,998	20,015	13,147	81,810
Condom	55,939		-	59,298	43,418	40,925	199,580
Others	22,495		137,871	23,591	2,149	3,152	216,761
Total	540,362		524,621	470,006	801,704	520,579	2,884,775

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SERVICE DELIVERY

	1986	1987	1988	1989	1990	1991
New Service Outlets	-	-	-	4	38	8
Maintenance of Existing Service Outlets	3,445	-	3,545	-	2,557	2,263
CITs	40	-	39	42	4	4

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FP Training Statistics

TRAINING	1986	1987	1988	1989	1990	1991
A. Health Professionals (MDs, RNs, RMs)						
✓ FP Basic & IUD Skills Training	1028	87*	338		333	2805
- VSC					3	134
- Refresher Courses						758
- Other Trainings					696	356
B. Other Health/FP/Pop. Workers						
- FP Trainings	253					154
- IEC		305	3233	203	471	1361
- Other Courses	8038				26	43

*There were 87 doctors, nurses and midwives trained on Basic and VSC (per POPCOM Annual Report)

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	1986	1987	1988	1989	1990	1991
IEC materials developed and produced						
a. Broadcast Radio				6 tapes-jingles 40 episodes-radio prog. 5 radio spots 5 T.V. spots		
T.V.		1-14 part T.V. series				
b. Print						
Comics	15,000 copies			5,000 copies		
Posters/Flipcharts			4,000 copies	40,095 "		307,440 copies
Leaflets/Brochures	2,215,000 "		1,000 "	63,160 "		
Manuals/Booklets	55,000 copies	1,000 copies	5000 "	1,000 sets		11,500 copies
Others/Unspecified			314,116 copies			54,000 copies
Stickers				17,070 copies		
Newsletters						1,000 copies
c. Audio-Visuals						
STP						
Video-tapes						15 video-tapes
d. Multi-media						2 cinema spots distributed to 200 prov'l. theaters

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RESEARCH ACTIVITIES
1986-1991

	1986	1987	1988	1989	1990	1991
a. Operations research						
Completed		4	3	2	4	4
On-going						14
Planned						7
b. Contraceptive research						
Completed		3				
On-going						1
c. Management research						
Completed		2				
On-going						1
d. Policy research						
Completed		1	1			
e. Surveys/Census						
Completed		1				
On-going						1

CONTRACEPTIVE PROCUREMENT

1986 - 1991

(IN THOUSANDS)

	1986	1987	1988	1989	1990	1991
LO-GENTROL PILLS		7,369.2	10,535.2			3,079.2
MARVELON PILLS					1,804.8	
CONDOM	8,136.0		576.0		2,682	7,140.0
CuT - 380 A IUD			85.8	18.0	144.0	92.0

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FUNDING
In Million Pesos

	USAID	WB	UNFPA	TOTAL
1986	29.90	27.80	9.70	67.40
1987	33.10	9.90	3.70	46.70
1988	29.10	0.80	5.90	35.80
1989	53.00	-	35.50	88.50
1990	382.00	0.07	11.50	393.57
1991	213.80	0.29	145.30	359.39
TOTAL	740.90	38.86	211.60	991.36

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ANNEX 3C:
DOH FPS REPORT

FAMILY PLANNING PROGRAM PERFORMANCE*
 DEPARTMENT OF HEALTH/FAMILY PLANNING SERVICE
 ACCEPTORS - JANUARY TO DECEMBER 1991 11/30/92

REGION	SERVICE OUTLETS	RCM		VSS		NFP	CONDOM	RHYTHM	OTHERS	TOTAL	EXPECTED OUTPUT	% ACCOMP.	MEAN NA/CL./ PER MO.	USE EFFECT.
		IUD	PILL	VS	BTL									
I	158	930	27108	15	2395	1158	5180	2682	0	40968	37056	110.6%	22	76.6%
II	118	2555	26535	0	3257	366	2401	507	0	35621	27559	129.3%	25	82.3%
III	229	2517	64082	4	8142	1726	9621	5217	0	91309	78151	116.8%	33	79.2%
IV	272	8803	93139	84	7649	3035	24490	27209	0	164409	95215	172.7%	50	74.8%
V	141	1940	25084	15	1009	1233	9867	9056	0	48354	36316	133.1%	29	71.2%
VI	164	2657	43685	38	2134	2329	17836	13354	0	82033	59596	137.6%	42	71.3%
VII	164	6536	40745	36	3059	474	19008	4872	0	74730	56239	132.9%	38	73.0%
VIII	179	1811	25968	40	1730	1201	6170	6979	0	43899	33575	130.4%	20	74.9%
IX	111	1185	23527	6	781	465	2265	1248	0	29477	34173	86.3%	22	79.8%
2) X	141	5408	29141	46	1147	104	4741	1296	0	41883	43011	87.2%	33	79.9%
1) XI	89	2465	19880	14	1208	35	3230	1000	0	27882	64942	42.9%	52	79.4%
XII	92	5589	25359	38	876	2467	3674	6850	0	44844	29891	150.0%	41	77.8%
NCR	273	1410	32925	107	892	3408	10828	10338	0	59908	109797	54.6%	18	72.0%
CAR	89	863	7201	9	1471	1944	4389	2602	6	18985	12256	154.9%	18	70.3%
TOTAL	2220	43769	485370	452	36250	20045	125200	93210	6	804302	722877	111.3%	31	75.5%
*		5.4%	60.3%	0.1%	4.5%	2.5%	15.6%	11.6%	0.0%	100.0%				
		0.96	0.83	1	1	0.7	0.42	0.63	0.5					

*Source: Regional Report

1) Jan. to June '91

2) Jan. to Sept. '91

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FAMILY PLANNING PROGRAM PERFORMANCE*
DEPARTMENT OF HEALTH/FAMILY PLANNING SERVICE
CURRENT USERS - ENDING DECEMBER 1991

REGION	SERVICE OUTLETS	RCH		VSS		NFP	CONDOM	RHYTHM	OTHERS	TOTAL	EXPECTED OUTPUT	% ACCOMP.	MEAN CU/CL. PER MO.	USE EFFECT.
		IUD	PILL	VS	BTL									
I	158	2601	61521	52	19909	1608	17083	6930	0	109704	92639	118.4%	58	78.6%
II	118	7832	53999	0	9440	762	3873	1004	0	31910	68897	118.9%	56	83.9%
III	229	6095	116931	17	55438	3850	15246	3061	0	200638	195381	102.7%	73	84.4%
IV	272	21016	112576	231	15803	5607	21463	18025	0	194721	238036	81.8%	60	79.1%
V	141	3243	44310	19	9281	1283	16811	12270	0	87217	90787	96.1%	52	74.4%
VI	164	6006	68982	2	497	541	30148	2041	0	108217	148993	72.6%	55	71.9%
VII	164	15841	73651	21	21112	504	28542	6875	0	146546	140598	104.2%	74	77.9%
VIII	179	3357	37051	573	8775	723	5738	7655	0	63872	84185	75.9%	30	79.9%
IX	111	7264	60243	254	9359	0	6762	1980	0	85862	85434	100.5%	64	82.3%
2) X	141	15819	61172	338	15030	54	7790	413	0	100616	120026	83.8%	79	84.4%
1) XI	89	18656	72538	306	35677	105	11471	2348	0	141101	162356	86.9%	264	85.4%
XII	92	10743	40990	38	1028	3393	5978	8019	0	70189	74729	93.9%	64	76.6%
NCR	273	12919	53365	353	15919	4633	14240	13738	0	115167	274494	42.0%	35	78.9%
CAR	89	2386	15324	22	3022	833	8558	1481	21	31647	30640	103.3%	30	73.2%
TOTAL	2220	133778	877653	2226	220290	23896	193703	85840	21	1537407	1807195	85.1%	60	80.1%
%		8.7%	57.1%	0.1%	14.3%	1.6%	12.6%	5.6%	0.0%	100.0%				
		0.96	0.83	1	1	0.7	0.42	0.63	0.5					

* Source: Regional Report

1) Jan. to June '91

2) Jan. to Sept. '91

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