

PD-ABJ 313

**TECHNICAL ASSISTANCE IN MIS
PHILIPPINES DOH**

10 - 29 JANUARY 1994

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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I. EXECUTIVE SUMMARY

Kip Eckroad visited the Philippines in January, 1994 to provide technical assistance in MIS to the Department of Health (DOH) and two Local Government Units (LGUs), Iloilo City and Pangasinan Province. The work is part of a larger effort by FPMD to provide start-up support for the USAID funded Integrated Family Planning Maternal Health Program (IFPMHP), and to strengthen management capacity of local government units under devolution. While there have been several prior MIS visits to assess the situation, this visit is the first one to actually begin the process of designing and implementing interventions.

Analyses and needs assessments were carried out at the central level, and in the two pilot LGUs. The situation at the central level DOH suffers primarily from a lack of clear definition of roles in the context of devolution. It was found that, while there are many different agencies providing MIS assistance and services, there is not a clear definition of what information is required at the central level. The principal need is in the area of definition of indicators and benchmarks. As these issues are clarified there will be a need for information systems which track these variables with respect to the monitoring of the goals of the IFPMHP.

The situation in Iloilo City is simplified by the fact that it has jurisdiction over the health and family planning service delivery. The City Population Office is the principal agency in family planning services and appears relatively well organized for providing those services. Their priority for MIS development is the computerization of service delivery statistics, which will require review and modification to the manual data entry forms. A plan was agreed upon for carrying out the computerization of their service statistics. A need was also identified for improving the organization and accessibility of structural and operational information related to the delivery of those services.

In Pangasinan the situation was found to require more remedial actions in order to assure timely access to family planning service delivery statistics. Due to problems with the DOH system for collection and computerization of all health service delivery data at the Provincial Health Offices (CHO), the Provincial Population Office (PPO) has inadequate access to data for monitoring family planning services at the municipality level. A plan was proposed for resolving this situation by improving data consolidation at the Rural Health Unit (RHU) level, and redirecting the flow of this information directly to the PPO in addition to its normal channel of flow to the CHO. The plan includes the development and testing of new consolidation forms and monitoring the incremental implementation of improvements to all of the RHUs. It was also found that the PPO in Pangasinan could benefit from a structural and operational information system which allows them to more easily access data on who is doing what with what resources.

A Draft MIS workplan was developed and discussed for carrying out a series of MIS related technical assistance activities during 1994. The plan calls for about eight visits by Boston based MIS consultants, as well as continuous ongoing support from local MIS consultants.

II. BACKGROUND

As part of an overall decentralization of many government functions, the Philippines Department of Health (DOH), has over the course of the last two years, relinquished the greater part of its role in managing local family planning (FP) and health care facilities. Under this process of devolution, primary responsibility for the facilities now falls to local authorities. Known collectively as Local Government Units (LGUs), they include the governments of Highly-urbanized and Independent Cities, Provinces and Municipalities. Their resources, managerial abilities, and commitment to family planning and child survival programs vary widely. The role of the national DOH is now reoriented to offering guidance, training, some funding, setting policies and standards and selected supplies to the LGUs, and assisting in the coordination and pass through of international assistance to them.

In the context of this situation USAID has been supporting the DOH in trying to develop new models for providing technical assistance in family planning to the LGUs. Part of this support has been through centrally funded Cooperating Agencies (CAs) such as FPMD working directly with the LGUs. In late 1992 and the beginning of 1993 FPMD consultants made a couple of trips to carry out an assessment and develop a plan for providing technical assistance in MIS. Plans were made to provide support to two pilot LGUs, one province and one city.

By the middle of 1993, however, FPMD was asked to play a broader role in initiating the Integrated Family Planning Maternal Health Program (IFPMHP), USAID's Population Assistance Strategy for 1993-1998. FPMD consultants traveled to the Philippines in May and again in July of 1993 to work out the details for a buy-in through which FPMD would provide support to the DOH Office for Special Concerns (OSC) in launching its LGU Performance Program (LPP). By October a long term advisor had arrived and the process was begun for establishing an office and hiring local advisors.

The trip which is the topic of this report is the first in a series of MIS consultancies to provide the pilot LGUs with the support which was planned in the previous year, but also to provide broader MIS support to the OSC and the LPP.

III. PURPOSE/SCOPE OF WORK

The general purpose of the consultancy was to provide technical assistance in MIS to the two pilot LGUs, Iloilo City and Pangasinan province, and to the OSC in preparing to implement its LGU Performance Program. The specific scope of work included the following points:

- Work with the Office for Special Concerns to finalize benchmarks for the LGU performance grants, and determine what information systems need to be developed/enhanced to allow the OSC to monitor LGU progress and annual performance.

- Visit Pangasinan Province and Iloilo City to address MIS issues identified by these LGUs in their performance grants plan.
- Determine overall what model MIS technical assistance would be useful for these LGUs.
- Coordinate MIS activities with other cooperating agencies, including Macro Systems, Bureau of the Census, and Data for Decision Making.
- Prepare a final, detailed workplan for the MIS component of the FPMD project in collaboration with the FPMD Resident Advisor and the OSC. The workplan will identify specific tasks, a schedule of activities and resources required.
- Specify qualifications and identify/interview candidates for the FPMD project MIS long term advisor, in collaboration with the Resident Advisor and the OSC.

IV. ACTIVITIES

A. Central Level Meetings

Upon arrival briefings were held at USAID and at the Office for Special Concerns. These briefings provided general background and helped to identify additional persons to meet with at the DOH and among the USAID cooperating agencies. A debriefing was held at USAID to report on findings and recommendations, but none was held at OSC due to Dr. Reodica being out of town.

An effort was made to meet with a number of relevant offices at the DOH but time did not permit more than general discussions on the role of MIS in devolution and the LPP. Meetings were held with the systems specialist at the Family Planning Service (FPS) and with the Field Epidemiology Training Program (FETP). Meetings were held with of the Health Intelligence Service (HIS) and, since Sid Nepomuceno was the counterpart who accompanied me on the field visits, it was possible to learn the most about this agency. Sid and the HIS have been major players in the development of the Field Health Service Information System (FHSIS) which is an effort to provide integrated data collection, processing and reporting at all levels of DOH service delivery. It was not possible to meet with someone from the Management and Administrative Service (MAS) which also has a role in the FHSIS.

A couple of meetings were held with the long term advisor for the U.S. Bureau of Census which is providing support to the National Statistics Office (NSO). Meetings at the NSO included discussions and demonstrations of the computerization of census data at the provincial level which the NSO is promoting. One meeting with the Director of the NSO, and two of his staff persons explored the possibility of closer collaboration between the NSO

and the health sector. The Director was quite enthusiastic about this prospect. There was a brief discussion with the Resident Advisor of the JSI Family Planning Logistics Management project to learn about the CDLMIS system of data collection for contraceptive supply distribution. In addition a discussion was also held with consultants from the CDC Data for Decision Making project.

Several meetings and discussions were held with FPMD/Manila staff, and a candidate was interviewed for the MIS advisor position. A list of most of the persons contacted at the central level as well as in the LGUs is presented in Appendix I.

B. Visit to Iloilo City

From January 17-19 the consultant, accompanied by Sid Nepomuceno, visited Iloilo City, primarily to work with Mary Edurese and her staff at the City Population Office (CPO). The first half day of the visit, the CPO staff was finishing a Research Utilization Workshop at Central Philippines University (CPU) sponsored by the Population Council. The consultants attended this half day session and met briefly with persons from CPU and Population Council.

The afternoon of the first day was spent in a discussion with the CPO staff on the information needs of the Office, and on definition of terms. The remaining two days were spent visiting the City Health Officer and gathering further information on the CPO operations. During these meetings it was possible to gain a better understanding of, and agreement on, what the MIS priorities of the CPO are.

C. Visit to Pangasinan Province

From January 21-25 the consultant visited Pangasinan Province; he was joined on January 24 by Sid Nepomuceno and Sonny Santa Maria, another MSH consultant. The first day was spent in general discussions with Luz Muego and her staff at the Provincial Population Office (PPO), and in a brief meeting with the Governor.

On the 24th, together with Dr. Nepomuceno and Mr. Santa Maria, a visit was made to the regional hospital in Dagupan to review the functioning of the FHSIS. The City Health Office and City Population Offices of Dagupan were also visited. On the afternoon of the 24th visits were made to Santa Cruz District Hospital and the Mangaldan RHU II to determine how the service statistics data collection actually functions in sample LGUs.

On the morning of the final day a visit was made to the National Statistics Agency (the provincial branch of the NSO) to review their capabilities with the provincial census database. The remainder of the time was spent summarizing the findings with the PPO staff and suggesting next steps.

V. FINDINGS AND CONCLUSIONS

A. Central Level Meetings

One of the principal issues at the central level is the need for clarification on what information will be required by the central level DOH and its various Services and Offices. There is a tendency to continue to want the same quantity and frequency of data as was required by the DOH's operational nature in their pre-devolution role. There is also a tendency to continue to prescribe how data is to be collected and processed, rather than specifying information requirements from, and offering assistance to, the LGUs, which now have both the responsibility and authority for implementation of data collection systems. There are a number of agencies within the DOH, including HIS, MAS, and FEPT, which are involved in different aspects of MIS. There should be some way of organizing these valuable resources to support the LGUs instead of imposing what amounts to often conflicting or duplicative requirements and tasks.

The DDM project is planning a national workshop on indicators which may begin to address the issue of DOH information needs in their new role under devolution. Nevertheless, it will undoubtedly take some time to clarify what the DOH's new role in MIS should be. In the meantime, there is a need to compile a list of institutional resources (within the DOH, in other government agencies, among NGOs, and donor agencies) which can be made available to the LGUs for support in various aspects of MIS. For example, there are two government agencies, the FETP in the DOH with support the DDM project and the NSO with support from the U.S. Census Bureau, which have interest in and capability to support LGUs in the implementation of small cluster surveys. There are likely other organizations, such as Philippine universities, which are also capable of providing support in this area. What is needed is a mechanism for coordinating these resources and making them more accessible to the LGUs.

In addition to the general MIS support at and from the central DOH level, there are MIS activities associated with providing direct support to the OSC and the LPP. Once the benchmarks for the LPP are established, it will be necessary to implement systems which will track progress toward meeting those objectives. In addition, a system needs to be implemented which will provide information on the status of the "performance grant" proposals as they are evaluated and approved, and later as they are implemented.

B. Visit to Iloilo City

From the standpoint of family planning, Iloilo City is in the enviable position of having a relatively simple, well organized structure. There is a clear division between the CPO and CHO, with the CPO assuming all responsibilities for family planning services except for those requiring specific medical expertise. The BSPOs are responsible for virtually all

resupply of condoms and pills, and there exists an effective referral system which allows the BSPO to be informed of client visits to health facilities for surgical methods, IUD insertions and initial supply of pills.

The CPO keeps relatively good track of structural and operational information available for providing family planning services, as demonstrated by their manual list of facilities, staffing and services (see Appendix II). However, because it is a manual system it only contains the most basic information and it is difficult to update. They also have recently completed a survey of all married couples of reproductive age (MCRAs) but have had difficulty in analyzing the results. Both of these areas of information needs represent potential systems which could be computerized.

The simplicity of organizational structure, combined with the city's manageable size, creates the environment to move ahead quickly in the development of a computerized service statistics system. During the discussion of their information needs a list of data variables was developed and precise definitions were agreed upon. (See Appendix III.) These data definitions were then used to develop a sample form for the recording of client visit information by the BSPOs, and another form for recording monthly tallies of the same information. (See Appendices IV and V.) Dr. Nepomuceno said similar forms were being developed by the HIS and he agreed to make them available for testing as well.

It was agreed that the MIS workplan for 1994 in Iloilo City will focus primarily on the development of a prototype system for service delivery data collection and computerization of processing and reporting the data. It is anticipated that the data entry forms will be tested and a partial test version of the computerized software will be ready for implementation by July. The rest of the year will be spent refining the system and working with the CPO in its use. It is also expected that during this time a computerized system for tracking structural and operational information can be implemented.

C. Visit to Pangasinan Province

The Provincial Population Office in Pangasinan has the responsibility for coordinating family planning services in a large, populous province where, for the most part, the responsibility for the delivery of services lies elsewhere. Most of the delivery of family planning services is carried out under the structure of the Provincial Health Office, and under the direct jurisdiction of forty six municipalities and one component city. A principal objective of the MIS in Pangasinan should be to provide improved access to structural and operational information, that is, information which systematically describes who is doing what, where and with what resources. This would include a list of all health facilities and personnel, and the services which they perform. Similar information should be readily available on NGO structures and operations. To facilitate this a table was developed listing all health facilities, and providing space for recording staffing and services information. (See Appendix VI.) It is expected that these tables could be filled out, and the data later entered into a computer.

Another objective should be to provide the PPO with timely, accurate data on family planning service delivery. The computerization of data entry and data processing for FHSIS has not been functioning for about a year and hundreds of folders full of data consolidation forms line the walls of the FHSIS office. Family planning information from these forms are manually tabulated for the PPO but this did not appear to be frequent, nor timely, nor carried out with the consistency which would lead to accuracy. The PPO should have available, on a monthly basis and within forty-five days of the end of a month, family planning service delivery data which is consolidated for the RHU and district hospital levels.

While the FHSIS has completely broken down at the provincial level with no clear signs that it will be fixed soon, the manual recording of information at the service delivery sites appears to be functioning well in all but a few municipalities. A system is needed (if it doesn't already exist) for tabulating consolidated family planning service delivery data at RHU level and sending it directly to the PPO. A first step in accomplishing this is to develop forms for tabulating consolidated data at the RHUs. There is some indication that some consolidation forms exist and are being used in some of the RHUs. Dr. Nepomuceno, on the other hand, indicated that the HIS was in the process of developing new forms for this purpose. It was agreed that these new forms would be tested in some of the RHUs.

In an effort to begin tracking this process of consolidating family planning data and making it directly available to the PPO a sample form was left with the PPO for recording the receipt of this information from each RHU. The expectation is that by the end of the year the PPO could be receiving service statistics directly from more than half of the municipalities, and that each of these could assure that all or most BHSs are being included in the statistics. (See Appendix VII.)

VI. RECOMMENDATIONS AND NEXT STEPS

A number of areas have been identified where information systems must be improved in order for the LPP to function smoothly and for devolution to proceed effectively. The following is a brief summary of those activities where MIS technical assistance can be helpful. In addition, a tentative MIS workplan for 1994 is presented in Appendix VIII.

A. MIS Support for the DOH and Central Level

1. General Project Support

There are a number of MIS tasks at the central level, including general advice on the structure of the planning process, participation in the planning workshops, the development of benchmark indicators, and the development of project monitoring procedures.

2. OSC/LPP Project

The OSC and the LPP project must specify what benchmark indicators will be required of the LGUs for monitoring their performance. In addition, they must define global indicators for measuring their own success and the performance of the project. MIS technical assistance will need to provide a simple information system which will record these benchmarks and monitor their accomplishment.

3. Family Planning Service

The FPS must define a minimal set of indicators that they require, consisting primarily of service delivery indicators based on a set of standard definition of terms. The periodicity and specificity of information should reflect the change in role from that of manager to that of oversight.

4. Maternal and Child Health

As with FPS, MCH must come up with a minimal set of indicators which will allow them to monitor the health status of the country and assure that certain norms and standards are maintained. Again the focus should be on *what* and not *how*.

5. Develop MIS Resource Library

Under devolution it is up to the LGUs to decide what kinds of information systems best meet their needs, but they may not have the experience and knowledge to make informed decisions, let alone implement them. A system is needed which will provide the LGUs with information and resources, and which will assist them in both the decisions as well as the implementation. There is a broad range of areas of technical assistance which may be needed, from design and implementation of computerized service statistics to the design and implementation of special studies. There is specialized expertise in computer hardware and software, in questionnaire design, sample design and survey execution, and in analysis and the use of information.

A simple system, such as standardized fact sheets, is needed which will begin to categorize and document the organizations which can provide these resources. The fact sheets should contain the organization's name and contact person, the areas of expertise available, and the funding mechanisms for making the resource available to the LGUs. In addition, a strategy is needed to make the resources available to the LGUs. As part of the MIS technical assistance the process of developing this resource library will be coordinated and facilitated, but the actual inputs need to come from the various organizations.

B. MIS Support for the LGUs

1. Iloilo City, Service Statistics

The CPO must select the new forms for recording BSPO service statistics at the client level, and for recording monthly consolidations of those statistics at the BSPO level. To support this activity the MIS technical assistance consultants will provide sample forms for field testing. Once the forms are selected, a software program will be provided for computerizing the data entry, processing and reporting of this information.

2. Pangasinan Province

A system must be developed which provides the PPO with direct access to monthly RHU level consolidations of family planning service statistics. Since the services are under the jurisdiction of 46 municipalities and two cities, it can be expected that the way that service statistics are handled will vary among these LGUs. MIS technical assistance will help to initiate an incremental approach for incorporating each of these LGUs. It will begin by introducing new consolidation forms in a few LGUs and gradually expanding the number which can provide this consolidated information in the form required by the PPO. MIS technical assistance consultants will also support the PPO in tracking the progress for establishing this system.

3. Structural/Operational Information

In both of the pilot LGUs MIS technical assistance consultants will provide support in improving the organization and accessibility to information on the structure of their family planning services and the operational resources which they have for providing those services. This support will include the computerization of this information.

4. MIS Support to 20 LGUs

MIS support will be provided to the 20 LGUs selected for the LPP participation in 1994 in the form of preparation and participation in the LGU Workshops and the process for developing their performance plans.

APPENDIX I: PARTIAL LIST OF PERSONS CONTACTED

USAID/Manila:

Ms. Eilene Oldwine, Chief, Population Office

U.S. Collaborating Agencies:

Mr. Glenn Ferri, Resident Advisor, Bureau of Census

Mr. David Alt, Resident Advisor, JSI-FPLM

Mr. Robert Fagen, CDC-DDM

Department of Health:

Dr. Carmencita Reodica, Assistant Secretary, OSC

Dr. Manuel Dayrit, Assistant Secretary

Dr. Rosendo Capul, Special Advisor to the Secretary

Mr. Adel Marave, Information Analyst, FPS

Other Governmental:

Mr. Africa, Director, National Statistics Office

Iloilo City Population Office:

Ms. Mary Endurese, City Population Officer

Ms. Fermina Hamsani, PPO III

Ms. Edna Querubin, PPO III

Mr. Rodel Lapastora, PPO II

Ms. Helen Hormigoso, PPO II

Mrs. Milagros Sarceno, BSPO

Mrs. Eden Jover, BSPO

Mrs. Diana Agupo, BSPO

Iloilo City Health Office:

Dr. Urmenico Baronda, City Health Officer

Dr. Anabelle Tang, F.P. Coordinator

Iloilo Regional Offices:

Dr. Merreditas Cavaneyro, Officer in Charge, Reg. Health Office

Mr. Rex Sergio, Director of Research Division, Reg. Population Office

Pangasinan Provincial Government:

Mr. Aguedo Agbayani, Governor

Pangasinan Provincial Population Office:

Ms. Luz Muego, Provincial Population Officer
Mr. Henry Melido, Nurse Coordinator
Ms. Lolita Quiros, HMSI
Ms. Vicky Banez, Planning Officer
Ms. Doris Caponongan, Project Development Officer
Ms. Cristina Aquino, Training Officer
Mr. Reginaldo Orfilla, Admin. Officer III

Santa Cruz City:

Ms. Amrilen Novilla, City Population Officer
Dr. Juan Pizarro, City health Officer
Dr. Armando de Vera, Assistant City Health Officer
Dr. G'il del Rosario, Chief, San Carlos Dist. Hospital
Ms. Olivia Gulla, Statistics Officer

Mangaldan RHU II:

Ms. Victoria Sotto, Municipal Population Officer
Ms. Natividad Almazan, Public Health Nurse
Ms. Laureta Frialde, Rural Midwife

STAFFING OF ILOILO CITY HEALTH OFFICE MAIN CLINIC
AND BARANGAY HEALTH STATIONS

No. of BSPOs	SERVICE CENTER	ADDRESS	CONTACT PERSON	STAFFING						SERVICES OFFERED				
				MD	Sr. PHM	PHM	MW	Dent.	Pi.l	IUD	Insert.	FVS	MVS	
Lab.														
36	CHO Main Health Clinic	Ortiz St. I.C.	Fe Miraflores	1	1	7	2	3	xxx	xxx				PS/S/U
22	Jaro I Main Health Clinic,	Jaro	Melvin Granada	1	1	4	1	1	xxx					
13	Mandurriao Main Health Clinic	Mand.	Dr. A. Tang	1	1	1	1	1	xxx	xxx				PS
32	LaPaz Main Puer. Center,	LaPaz	Mae Moiuela	1	1	3	1		xxx	xxx				
23	Molo Main Health Center,	Molo District	Susan Cuevas	1	2	1	1	1	xxx					
13	Arevalo Main Health Center,	Arevalo	Merrian Espedido	1	1				xxx					
12	Balantang Jaro II Health,	Balantang, Jaro	A.J. Armonio	1	1	2	1		xxx					
	San Isidro Health Center,	Jaro District	Jcle Jopson						xxx					
	Calubihan Health Center,	Jaro District	Eva Simonio											
	San Pedro Health Center,	Jaro District	Lourdes Calpofofo						xxx					
	Ingore Health Center,	LaPaz District	Mrs. Jardeleza						xxx					
	Caingin Health Center,	LaPaz District	Mrs. Jardeleza											
	Jereos Health Center,	LaPaz District	Louela Cabalfin						xxx					
	Ticud Health Center,	LaPaz District	Louela Cabalfin											
2	Bo. Obrero Health Center,	Lapuz District	Ilovita Daluz	1	1	1			xxx	xxx				
10	Lapuz Health Center,	Lapuz District	Elna Lagos	1		1	1		xxx					
	Tabucan Health Center,	Mand. District	Dr. A. Tang						xxx					
	Taft North Health Center,	Mand. District	Luisa Hipolito		1		1		xxx					
	Hibao-an Health Center,	Mand. District	Sotera Sulcepuedes											
	Mohon Health Center,	Arevalo District	Gerlie Meloa											
	Sta. Cruz Health Center,	Arevalo District	Emelyn Cabrado											
	Calumpang Health Center,	Molo District	Marilyn Diocena											
	Compania Health Center,	Molo District	Daisy Jamasan						xxx					
	Kolo Blvd. Health Center,	Molo District												
	Fundidor Health Center,	Molo District												
	Villa Anita Health Center,	City Proper												
	Edganzon Health Center,	City Proper												
	Rizal Pala-pala Health Center,	City Proper												
	Esperanza Tanza Health Center,	City Proper												
	Veterans Village Health Center,	City Proper												
	Mabolo Delgado Health Center,	City Proper												
	Balabago Health Center,	Jaro II District	Nilda Hallares			1	1		xxx					
	Tacas Health Center,	Jaro II District	Juliet Anino				1		xxx	xxx				
	Quintin Salas Health Center,	Jaro II	Vicky Benedicto				1		xxx					
	Buhang Health Center,	Jaro II District	Vicky Benedicto				1		xxx					
	Cubay Health Center,	Jaro II District	Cora Casugbo				1		xxx					
	Tagbak Health Center,	Jaro II District	Lyn Ganzon				1		xxx					

APPENDIX III: DATA DEFINITIONS, ILOILO CITY POPULATION OFFICE

As a first step in the development process, partial operational specifications have been established based on arriving at common definitions for system variables. The following represents the clarification arrived at on client and service based variables.

CLIENT BASED VARIABLES

NEW ACCEPTORS The number of clients, during a specified period such as a month or quarter, who are new to program and accepting contraception for the first time. (The "program" includes all family planning service providers, LGU or NGO, who receive supplies from the City Population Office.

DROPOUTS The number of clients, during a specified period such as a month or quarter, who have been confirmed to have left the program, by ceasing to use contraception or by failing to be contacted or resupplied for three months after their last scheduled follow up visit or resupply.

TRANSFERS IN The number of clients, during a specified period such as a month or quarter, who have been in the program but, from the perspective of the reporting service delivery point (BSPO, BHS, clinic, etc.), has transferred in from another service delivery point.

TRANSFERS OUT The number of clients, during a specified period such as a month or quarter, who have been in the program but, from the perspective of the reporting service delivery point (BSPO, BHS, clinic, etc.), has transferred in from another service delivery point.

SHIFTERS The number of clients, during a specified period such as a month or quarter, who remain in the program and with the reporting service delivery point (BSPO, BHS, clinic, etc.), but have switched from one contraceptive measure to another.

RESTARTERS The number of clients, during a specified period such as a month or quarter, who have been in the program, have dropped out of the program and who again become acceptors in the program.

GRADUATES The number of clients, during a specified period such as a month or quarter, who have been in the program but discontinue contraceptive use due to having reached an age where it is no longer needed.

CURRENT USERS The number of clients, at a specified point in time such as the end of a month or quarter, who have not passed their last scheduled follow up visit or resupply and hence are not considered "overdue" for their family planning service.

DEFAULT USERS The number of clients, at a specified point in time such as the end of a month or quarter, who have not been contacted or resupplied on or before their last scheduled follow up visit or resupply but who have not been confirmed to have left the program, by ceasing to use contraception, and have not been "overdue" for follow up or resupply for more than three months.

SERVICE BASED VARIABLES

BSPO/CLIENT CONTACT TYPE There is certain basic information which is required about each contact between BSPO and client including the type of contact indicating whether it is the first time there has been contact between a BSPO and a particular client or whether it is a follow up visit.

VISIT OR CONTACT PLACE It is also desirable to know how a particular contact or visit was initiated in terms of whether a) the client visits the BSPO, b) the BSPO visits the client, or it was the result of c) a public assembly or group meeting.

SERVICE: COUNSELLING/MOTIVATION In addition, information is needed on the type of service being provided by the BSPO. In the case of counselling or motivation service it is important to know if it is a) general Family Planning motivation or b) method Specific motivation, in which case the method must also be known.

SERVICE: RESUPPLY OF CONTRACEPTION If the service is the resupply of contraceptives information is needed on a) the timeliness-whether or not the resupply was late, b) the method of contraception being supplied, and c) the quantity being resupplied.

SERVICE: FOLLOW UP ON CONTRACEPTION It is also important to have information if the service is to follow up on the use of a method such as a) the type of method, b) if continued use is confirmed, c) if there are complications, and d) if another method is requested.

SERVICE: CLIENT REFERRAL If the service includes referral of the client to another facility it will be useful to record a) the facility being referred to, b) the purpose of the referral, c) whether or not the BSPO accompanied the client, and d) whether or not the client went and the service was provided.

SERVICE: IEC MATERIAL USED It may also be desirable to know if IEC material was used and what kinds of material were distributed.

APPENDIX V: ILOILO MONTHLY DATA TALLY FORMS

MONTHLY TALLY SHEETS

BSPO: _____

MONTH/YEAR: /

SUMMARY OF CLIENTS AT END OF MONTH BY METHOD							
STATUS	Condom	Pill	IUD	FVSC	MVSC	NFP	Other
Current User							
Default User							
Non User							
SUMMARY OF CHANGES DURING THE MONTH BY METHOD							
CHANGES	Condom	Pill	IUD	FVSC	MVSC	NFP	Other
New Acceptors							
Shifters to							
Shifters from							
Transfers in							
Transfers out							
Drop outs							
Graduates							

Municipality	Org	Facility	Staffing			Services				
			MDs	PHNs	MWs	Condom	Pills	IUDs	VSC	Other
AGNO	LGU	BHU I	MDs	PHNs	MWs					
AGNO	LGU	BHU II								
AGUILAR	LGU	BHU I								
ALCALA	LGU	BHU I								
ALAMINOS	LGU	BHU I								
ALAMINOS	LGU	BHU II								
ANDA	LGU	BHU I								
ASINGAN	LGU	BHU II								
ASINGAN	LGU	BHU I								
BALUNGAO	LGU	BHU I								
BANI	LGU	BHU II								
BANI	LGU	BHU I								
BASISTA	LGU	BHU I								
BAUTISTA	LGU	BHU I								
BAYAMBANG	LGU	BHU II								
BAYAMBANG	LGU	BHU I								
BINALONAN	LGU	BHU I								
BINMALEY	LGU	BHU I								
BINMALEY	LGU	BHU II								
BOLINAO	LGU	BHU I								
BOLINAO	LGU	BHU II								

BOLINAO	LGU	BOLINAO CMTY. HOSP.								
BUGALLON	LGU	BHU I								
BUGALLON	LGU	BHU II								
BURGOS	LGU	BHU I								
CALASIAO	LGU	BHU II								
CALASIAO	LGU	BHU I								
DASOL	LGU	BHU I								
INFANTA	LGU	BHU I								
LABRADOR	LGU	BHU I								
LAOAC	LGU	BHU I								
LINGAYEN	LGU	BHU II								
LINGAYEN	LGU	BHU I								
MABINI	LGU	BHU I								
MALASIQUI	LGU	BHU I								
MALASIQUI	LGU	BHU II								
MANAOAG	LGU	BHU I								
MANGALDAN	LGU	BHU II								
MANGALDAN	LGU	BHU I								
MANGATAREM	LGU	BHU II								
MANGATAREM	LGU	BHU I								
MAPANDAN	LGU	BHU I								
NATIVIDAD	LGU	BHU I								
POZORRUBIO	LGU	BHU I								

ROSALES	LGU	BHU I								
SAN CARLOS CITY	LGU	BHU I								
SAN CARLOS CITY	LGU	BHU II								
SAN JACINTO	LGU	BHU I								
SAN QUINTIN	LGU	BHU I								
SAN MANUEL	LGU	BHU I								
SAN FABIAN	LGU	BHU II								
SAN NICOLAS	LGU	BHU I								
SAN FABIAN	LGU	BHU I								
SISON	LGU	BHU I								
STA. BARBARA	LGU	BHU I								
STA. MARIA	LGU	BHU I								
STO. TOMAS	LGU	BHU I								
SUAL	LGU	BHU I								
TAYUG	LGU	BHU I								
UMINGAN	LGU	BHU II								
UMINGAN	LGU	BHU I								
UMINGAN	LGU	UMINGAN CMTY. HOSP.								
URBIZTONDO	LGU	BHU I								
URDANETA	LGU	BHU II								
URDANETA	LGU	BHU I								
VILLASIS	LGU	BHU I								

Municipality	Org	Facility	Staffing			Services				
			MDs	PHNs	MWs	Condom	Pills	IUDs	VSC	Other
DAGUPAN CITY	PHO	PANGASINAN PROV. HOSP.								
ALIMINOS	PHO	W. P. DIST. HOSP.								
BAYAMBANG	PHO	BAYAMBANG DIST. HOSP.								
MANGATAREM	PHO	MANGATAREM DIST. HOSP.								
SAN CARLOS CITY	PHO	SAN CARLOS DIST HOSP.								
URDANETA	PHO	URDANETA DIST. HOSP.								
TAYUG	PHO	E.P. DIST. HOSP.								

Municipality	Org	Facility	Staffing			Services				
			MDs	PHNs	MWs	Condom	Pills	IUDs	VSC	Other
ALAMINOS	NGO	ALAMINOS WPOP CLINIC								
ALAMINOS	NGO	ALAMINOS IMCH CLINIC								
BAYAMBANG	NGO	BAYAMBANG IMCH CLINIC								
BINALONAN	NGO	BINALONAN IMCH CLINIC								
LAOAC	NGO	LAOAC IMCH CLINIC								
LINGAYEN	NGO	LINGAYEN IMCH CLINIC								
MALASIQUI	NGO	MALASIQUI IMCH CLINIC								
MANAOAG	NGO	MANAOAG IMCH CLINIC								
POZORRUBIO	NGO	POZORRUBIO IMCCSDI CLINI								
ROSALES	NGO	ROSALES IMCH CLINIC								
SAN JACINTO	NGO	SAN JACINTO IMCH CLINIC								
UMINGAN	NGO	UMIGAN IMCH CLINIC								
URDANETA	NGO	URDANETA IMCH CLINIC								

APPENDIX VII: 1994 MIS WORKPLAN

Dates	Activity	Person in Charge	Number of Days
1/11/94	Work with FPMD to define plan components and structure.	Sid	1
1/1-28/94	Finalize design of forms for data consolidation in Pangasinan.	Sid	3
1/1-28/94	Final design and implementation of sample forms for Iloilo.	Sid	3
2/28-3/1/94	MIS session of Workshop.	Sid	2
2/1-28/94	Develop national level service delivery indicators for FP/MCH.	Sid, Sonny	2, 2
3/1-30/94	Develop computerized programs for Iloilo City and Pangasinan.	Kip	10
3/1-30/94	Implementation of forms in Pangasinan.	Sonny, Alvin	10
2/28-3/30/94	Develop format for MIS resource fact sheet and plan for implementation.	Sonny	4
3/1-31/94	Develop strategic plan for MIS Project/OSC indicators and national level FP/MCH indicators, and for roles definition and TA master plan.	Sid Riitta-Liissa	5 5 Boston 15 Philippines
4/54	Followup TA: - In Iloilo, review forms selection and introduce pilot software. - In Pangasinan, review consolidation forms and define next steps. - At central level, review progress on indicators.	Kip Margaret	10 15
4-9/94	Local TA to LGUs for workshop followup.	Alvin	
4-12/94	Local TA to 2 pilot LGUs between Boston visits.	Alvin	
5/94	Software development and refinements.	Kip .	10 Boston

6/94	Followup TA for progress review installation of software, and design for project management.	Kip Sid	15-20 10
7-8/94	Followup TA to DOH and pilot LGUs; trouble shoot and train in software.	Margaret	15
9/94	Software modifications and improvements.	Kip	10 Boston
10/94	Followup TA to DOH and pilot LGUs; review all systems and make necessary adjustments; training and documentation.	Kip Margaret Sid	15 15 10
12/94	Followup TA to DOH and pilot LGUs; final review and recommendations for next steps.	Kip Sid	10 5