

Family Planning and Health Systems Unit

Strategy for Improving Health Information Systems at the LGU Level

(DRAFT)

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Strategy for Improving Health Information Systems at the LGU Level (Draft)

Background

One of the major commitments of the LEAD for Health Project is the improvement of the health information systems of the local government units to support the delivery of family planning and other health services. Health information systems (HIS) already exist at all levels of health service delivery in the country and many of these systems were designed before the implementation of the Local Government Code. The decentralization passed on the responsibilities for health management and service delivery to the LGUs and many of the national HIS and procedures were simply passed on to LGUs for adoption in their local settings. This has affected the efficiency of the systems, which was further compounded by the lack of skills of local health staff in data collection and use.

An efficient HIS is one that enables 1) the systematic and accurate collection of representative data in a timely manner, and 2) analysis of data for use in decision making and providing feedback to stakeholders. It includes the functional capacity for data collection, analysis, and timely dissemination of information to data collectors and users.

Current Situation

A. Existing LGU-Level Health Information Systems

The following are the major information systems used at the LGU level:

1. Field Health Service Information System (FHSIS)

This is the official and most extensively used health information system in the country. This system provides the Department of Health (DOH) with field-based surveillance and program management information on selected public health programs. Established in 1989, the system has been institutionalized nationwide. The FHSIS was modified in 1996 and came to be known as the Modified FHSIS. The Modified FHSIS continued to be the official reporting system used by the LGUs even after the implementation of the Local Government Code. The limitation of the FHSIS is that the data reflected are only those for clients seen at the public health facility. It does not capture data on clients availing of services from the private sector and those who are not availing of any services at all. Thus, it cannot compute accurately for coverage rates like CPR and FIC. There is no feedback report (from the DOH) generated from the FHSIS that can be used by the LGU for planning and intervention.

2. Decentralized Field Health Service Information System (DFHSIS)

Recently, there was an attempt to further modify the FHSIS into a decentralized FHSIS to be more responsive to local health needs. This is being piloted in 48 municipalities and 3 cities located in 3 provinces from 3 different regions. This version of the system has reduced the number of indicators that need to be reported by LGUs. While the DFHSIS has reduced the number of indicators to be collected, it did not prevent the LGUs, PHOs, and CHDs from including other health indicators, which they deemed important and responsive to their needs. This resulted in LGUs actually adding back majority of the indicators in the original FHSIS. As in the case of the modified FHSIS, the decentralized FHSIS only collects and records data on clients who were seen and serviced at the public health facilities.

3. Community-Based Monitoring and Information System (CBMIS)

Under the USAID-funded Matching Grant Program, MSH assisted in developing a procedure for identifying unmet needs for FP, EPI, TTV for pregnant women, and vitamin A supplementation. It involves family enumeration using the CBMIS as service delivery tool in identifying the needs of the community for selected health services. It is the only existing system that gathers this kind of information at the LGU level. Coverage rates for FP, vitamin A, and EPI can likewise be computed using CBMIS if adequate (at least 80%) family enumeration in the LGUs has been accomplished and these can be verified using simple and existing means. The difficulty with CBMIS is the quarterly updating of the system as required then by the DOH. It is believed that quarterly updating is unnecessary and that yearly updating would be more reasonable, with the system still maintaining its usefulness. The CBMIS has been implemented in 470 LGUs, majority of which are still continuing to use CBMIS even after the MGP has ended.

4. *Sentrong Sigla* Health Facility Assessment Checklist

Self-assessment is a critical step towards *Sentrong Sigla* (SS) certification. It is an instrument to help facilities and staff in assessing their status vis-à-vis the SS Quality Standards List (QSL). Self-assessment must be viewed as a continuing effort of health staff towards continuous quality improvement. Its ultimate objective is to improve overall quality of services.

This Facility Self-Assessment Checklist (FSAC) is offered as a guide for the Rural Health Center/Main Health Center to facilitate the process. The health staff accomplishes it as a team rather than individually. In that way, the effort and responsibility are shared and there is greater possibility of the facility meeting the standards.

5. Surveys

- National Demographic Health Survey (NDHS) and Family Planning Survey (FPS)

The National Statistics Office conducts the NDHS every 5 years and the FPS, annually. Both surveys provide the most accurate estimates of health data on a regional basis and, sometimes, down to the provincial level. However, they cannot define LGU-level rates due to limited sample size.

- LGU Cluster Surveys

Cluster surveys are periodically conducted at the LGU level to determine specific program coverage, particularly after special program activities, e.g. vitamin A supplementation. Most, if not all, of these surveys are funded by foreign donors.

6. Community-Based Disease Surveillance System (CDSS)

A few LGUs have established a local health monitoring system focusing on immunizable diseases and selected infectious diseases with potential for outbreak. It is commonly called community-based disease surveillance system. This system has been designed, developed, implemented, and maintained by specially trained local health staff designated as surveillance officers. The CDSS is a take off from the national epidemic sentinel surveillance system, which monitors health events in regional and provincial sentinel hospitals.

B. Status of Data Collection and Utilization

- The modified FHSIS continues to be the official reporting system used by LGUs.
- The FHSIS reflect data only on those clients seen at the public health facility. It does not capture data on clients availing of services from the private sector. Thus, it cannot compute accurately for coverage rates like CPR. There is no feedback report (from the DOH) generated from the FHSIS that can be used by the LGU.
- A pilot province for the decentralized FHSIS reverted back to the modified FHSIS saying that they need more indicators for their use.
- The CBMIS continues to be implemented in some LGUs even covering the whole municipality. However, data reported showed unbelievably high coverage rates for CPR, vitamin A, and EPI. This could probably be due to the burden of doing quarterly updating, which resulted in some inaccuracies in the data generated.
- CDSS is functioning well in some LGUs. It has reached the stage where local health managers, LCEs, and even the media look at it as a reliable

source of information on notifiable diseases. It has been serving its purpose, that is, to serve as an early warning for disease outbreaks and establish disease trends for the locality. It was able to detect clustering of diseases that was not detected by the national system.

- The TB registry at the health center level looks good except for the fact that the LGUs were able to identify only a few number of TB cases.
- The TB registry does not capture the TB patients availing of privately provided services, thereby, depriving the LGU of a very important piece of information for TB control.
- Health staff is not keen on analyzing and interpreting data obtained from the FHSIS and other similar systems.
- Health staff is not familiar with methods of data collection, collation, analysis, interpretation, and presentation of data.

Proposed HIS Strategy

With the existence of several HIS at different health service delivery levels, one must be cautious in introducing another breed of health information system. Thus, the project's HIS strategy would be to improve the existing HIS at the LGU level by focusing on the following:

- a) enhancing the capacity of LGU health managers and staff in data collection, analysis, planning, and measurement of their health performance;
- b) developing local capacity in designing interventions and strategies for improving health services; and
- c) assisting in setting up local health monitoring procedures by building on, supporting, or improving the existing information system at the LGU level.

A standardized approach to community level health needs assessment and service monitoring. The widely adopted CBMIS will be reviewed and revised to simplify the formats and procedures for identifying and recording the unmet needs of families for family planning, vitamin A supplementation, TB case detection and management, and immunization. While minimum data elements will be retained, the LGU teams will be allowed some flexibility in revising their service performance monitoring and in developing their own operational procedures. This task is eased by the fact that most of the LGUs to be targeted for project participation are already familiar with and applying CBMIS in selected, more disadvantaged barangays. The intention is to facilitate a structured needs and performance assessment across the LGU's barangays, in preparation for expanding the coverage of FP and other essential services to the total LGU population. In addition, early attention will be given to devising practical options for use by BHWs, community leaders, and other groups in monitoring health needs, service coverage, and client knowledge of and satisfaction with these essential services.

An enhanced health monitoring system (Health Watch Function). The clustered LGU engagement and strategy development process to be used among participating LGUs allows a "district" health monitoring capability to be developed by each cluster.

Some municipalities and districts already have experience in designing and implementing their own disease surveillance systems. This approach can be used to facilitate the design of LGU health performance monitoring systems that can be linked with the existing FHSIS maintained by health facilities. Following are the features of such monitoring system:

- With appropriate facilitation, LGU planning teams will devise their own monitoring framework, indicators, and data sources and undertake monitoring for purposes of responding to project requirements for performance and impact reporting.
- LGUs will be expected to maintain CBMIS data on unmet needs using locally designed methods for updating status of coverage. In some cases, BHWs will be asked to maintain family records with critical services being routinely followed-up and recorded. In other cases, coverage monitoring through regionally managed surveys could be undertaken. LGUs will have to demonstrate the achievement of their service performance targets through some combination of methods, the operation of which will be monitored by the SIO, CHD, and LEAD project staff.
- Monitoring of service problems will be undertaken through a combination of “trigger” indicators, such as commodity stock outages, temporary non-functioning of health facilities, and client, politician, media or health board complaints. The key feature of such dysfunction monitoring is its ability to enable the community to register its concern about health problems and conditions of service.

LGU health strategy implementation monitoring. One of the products of the project and SIO facilitation of LGU service strategy design and implementation planning and monitoring will be simple schemes for monitoring the progress and problems encountered by LGUs in carrying out their planned development activities. Simple activity and product schedules will be maintained by the LGU project management and periodically shared with project and NGO staff providing support and facilitation. Completion of important milestones such as the implementation of local commodity procurement procedures would be indicated in such monitoring, along with delays in achieving intended milestones. This is intended to call the attention of LCEs, as well as project facilitators on the need for appropriate intervention.

Use of the LGU assessment and planning phases as the principal venues for HIS and Data Enhancement. The entire process of performance and management assessment, LGU strategic and implementation planning, finalization of Memoranda of Agreement, and setting up of the LGU monitoring system, will be used as key managerial tasks that could strengthen the LGU teams’ ability to assemble, structure, analyze, and utilize data for planning, monitoring, and decision-making. At the moment the following formats are included to facilitate the assembly and analysis of assessment data by the LGU teams:

- a) Demographic profile, by barangay (service target groups and indigent families)
- b) Health indicators profile, by barangay (related to Vitamin A, Immunization, TB and Maternal deaths)

- c) FP Service Availability Profile, by barangay
- d) Drop-out rates for Family Planning
- e) Health Systems Management Tool containing formats for:
 - Health policy inventory
 - Planning for contraceptive self-reliance
 - Planning for supplies of TB drugs, Vitamin A capsules, STI treatment, and condoms
 - Local Health Board activities and functions
 - LGU financial situation, allocation, including insurance coverage of indigents
 - Public and private sector links
- f) Community-Based Monitoring and Information System Needs Assessment Formats (EPI, Vitamin A supplementation, Family Planning, and Tuberculosis (optional))
- g) *Sentrong Sigla* RHU Facility Self-Assessment Checklist
- h) LGU mapping of public and private services

The completion of these formats will be facilitated by a structured preparation process or syllabus where LGU assessment teams will become familiar with the data formats and the procedures for their completion, and plan for the conduct of the assessment.

The LGU teams will then be assisted in carrying out a strategic and implementation planning process during which the above information will be used to complete a standard set of planning tasks, which when taken together, will produce the following information products:

- a) Quantified statement of subject health problems and services
- b) Identification of priority barangays
- c) Table of problem reduction objectives, service performance and constraint reduction targets
- d) Causal problem diagram (constraints and underlying causes)
- e) List of priority constraints
- f) Ideas for constraint reduction and target achievement
- g) Resource development targets
- h) Strategy design
 - Service improvement strategy
 - Human resource development
 - Financing
 - Logistics (CSR)
 - LGU advocacy and policy development
 - Information and management strengthening
- i) Implementation activity and product schedule
- j) LGU performance and implementation monitoring framework and procedures

Again, the LGU teams will be provided with prepared formats for each of these planning products as well as procedural guidance, checklists, and decision criteria. The planning process will require some facilitation from LEAD and SIO staff, but the teams on their own will develop the planning products.

Provide support to LGU monitoring during implementation. The LEAD Project will provide facilitation and technical assistance to the LGUs, either directly or through SIOs, during the strategy implementation stage. This technical assistance will facilitate LGU implementation and use of their monitoring framework, including the assembly of specified data, its analysis, and presentation. This monitoring support will include an opportunity for LGU management teams to learn how to set up modest databases for maintaining and analyzing their problems, service performance data, progress milestones, and benchmarks. Geographic presentations will also be supported.

Critical Steps in Implementing the Strategy:

1. Incorporate in the CBMIS and FHSIS assessment new information on current problems and difficulties as they are encountered, and prepare an inventory of common LGU HIS problems.
2. Review past HIS development activities and innovations carried out by LGUs in previous projects, and cataloging interesting innovations for broader application.
3. Finalize the formats and steps for both the in-depth assessment process and the LGU planning process and test them in actual LGU situations.
4. Revise the formats and processes to resolve difficulties discovered in the tests.
5. Identify a central SIO that is capable of contributing to the continuing development of the assessment and planning processes and in training regional SIOs in facilitation techniques.
6. Coordinate with the National Epidemiology Center for all matters pertaining to LGU data management and use, and cross-fertilize ideas for improving the utility of the FHSIS.
7. Explore and describe alternative LGU monitoring frameworks and procedures for the LGUs' consideration at the end of the planning process and during early implementation.

**LEAD for HEALTH Framework for
Improving Health Information Systems at the LGU Level**

