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Improving Local Monitoring and Evaluation for Family Planning and Maternal and Child Health Services for the Private Sector



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November 2014

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Acronyms

CHO	City Health Office
DOH-RO	Department of Health – Regional Office
FP-MCH	Family Planning and Maternal and Child Health
FHS	Family Health Survey
FHSIS	Field Health Services Information System
MI	Monthly Report Form
MHO	Municipal Health Office
NDHS	National Demographic and Health Survey
PCaSo	Point for Care Solution
PHO	Provincial Health Office
PRISM2	Private Sector Mobilization for Family Health – Phase 2

Background

In the Philippines, the services for family planning and maternal and child health have generally been regarded as primarily a public effort by the Department of Health and local government units. This was thought to be the most reasonable way to go, especially in developing countries, because from a social standpoint, public-sector delivery of health services is preferred to private-sector delivery primarily because of lower cost.

Under this publicly dominated operating framework, monitoring and evaluation activities for FP-MCH covered only the public sector and performed as a collateral function of public sector service delivery.

To achieve better FP-MCH outcomes—such as a reduction in the unmet need for contraception or an increase in the number of deliveries attended by skilled birth attendants—the public and private sector need to work together as partners. Collecting health data from the private sector and incorporating it into the data from the public sector would give health managers and policy makers a better, more complete, picture of the health trends nationally and locally. The reality is that the private sector's role, and the way it links with the national health information system, is largely underdeveloped.

The Field Health Services Information System or FHSIS, which is considered the only information system in the government machinery that is in place down to the *barangay* level, is only used by the public sector. FHSIS is almost never used in the private sector. Aside from national surveys such as the National and Demographic and Health Survey (NDHS) and the Family Health Survey (FHS) which are conducted every five years, there are no standard methods for measuring and monitoring health care data across the public and private sectors.

The good news is that increasingly the government is recognizing the importance of private sector participation through its public private partnership schemes across all agencies, including the health sector. Data that would be gathered from the private sector would greatly improve the overall monitoring of health service delivery in the country.

However, integrating private and public health sector data into one system is easier said than done. Barriers and gaps to the development of such a system would include costs related to data collection. Who should pay for what is a question rarely resolved with a straightforward answer. The diversity of the units of data collection is another big barrier, as is data privacy that might jeopardize medical confidentiality. Finally, there is always the issue of data administration leaving a grey area of who will be in-charge.

To further stress the importance of monitoring the private sector health data on FP-MCH, the NDHS findings from 1998 to 2008 demonstrate that increasingly FP-MCH services have become a result of both public-private efforts. Table I shows that pills and condoms were increasingly sourced from the private sector and by the year 2008, they were sourced mostly from the private sector.

Table 1. Public-private shares in different FP methods and various MCH services

Method	1998		2003		2008	
	Public	Private	Public	Private	Public	Private
IUD	82	18	80	20	81	19
BTL	66	34	76	24	73	27
Injectable	92	8	92	8	84	16
Pills	76	24	57	43	22	78
Condoms	41	59	27	73	7	93

Furthermore, the NDHS revealed that there has been a decrease in the use of the public sector for family planning services from 67 percent in 2003 to 46 percent in 2008 and an increase in the use of the private sector from 29 percent in 2003 and 51 percent in 2008.

The big challenge is how to accurately capture and incorporate private sector data into the public sector recording and reporting information system. To address this challenge, PRISM2 focused on making monitoring and evaluation a part of the public sector function, extending compliance with common standards among the private sector within the parameters of the national FHSIS. Through the stewardship of the public sector, this technical assistance aimed to capture and include private sector services in the official public health information system.

Enhancing Coverage of FHSIS Implementation to include the Private Sector

Through the leadership of the public sector such as the City Health Offices (CHOs), Municipal Health Offices (MHOs) and Provincial Health Offices (PHOs), private practicing midwives were trained on FHSIS, with a focus on the FP-MCH components, with the objective of enabling them to accomplish the reporting tools and forms of FHSIS.

To standardize the training of private partners on FHSIS, the USAID Private Sector Mobilization for Family Health-Phase 2 (PRISM2) project developed a training module for FHSIS focusing on FP-MCH recording and reporting.^{1,2} The Department of Health Regional Offices (DOH-ROs) and local public health partners were tapped to facilitate and lead the training of the private sector. In this way, the partnership between the public and private health sectors in the locality was strengthened. The training concentrated only on FP-MCH health indicators, individual treatment records, target client lists and the monthly report form or MI for prenatal, postpartum, family planning and child care. At the end of each training session, the private facilities and the public sector in charge of the area where the private facility is located agree on the reporting flow and dates of submission of MI reports. A copy of the FHSIS facilitator's and participant's guides are available in PRISM2's Knowledge Products DVD.

¹PRISM2, FHSIS Training for FP-MCH Facilitator's Guide, November 2014

²PRISM2, FHSIS Training for FP-MCH Participant's Guide, November 2014

Design of the FHSIS Training for the Private Sector on FP-MCH Services

The FHSIS training on FP-MCH for the private sector is a two-day training activity that builds the competency of private sector practitioners to be part of the regular FHSIS reporting system, specifically for FP-MCH services. The schedule of the two-day training is shown in [Annex A](#).

General objective: To enable private health practitioners to accomplish the recording and reporting forms of FHSIS on FP-MCH services.

Specific objectives: At the end of the training, participants are able to:

- understand the Department of Health's FHSIS;
- define and understand the different FP-MCH indicators used in the FHSIS;
- demonstrate skills in accomplishing the recording and reporting forms for the FP-MCH component of FHSIS; and
- understand the reporting flow of FP-MCH reports of the FHSIS.

Training methodology: Adult learning principles are used throughout the training process where inputs and actual applications are conducted through exercises. Existing methods and forms of the FHSIS are used in the training, but focused only on the FP-MCH indicators portion of the whole FHSIS module.

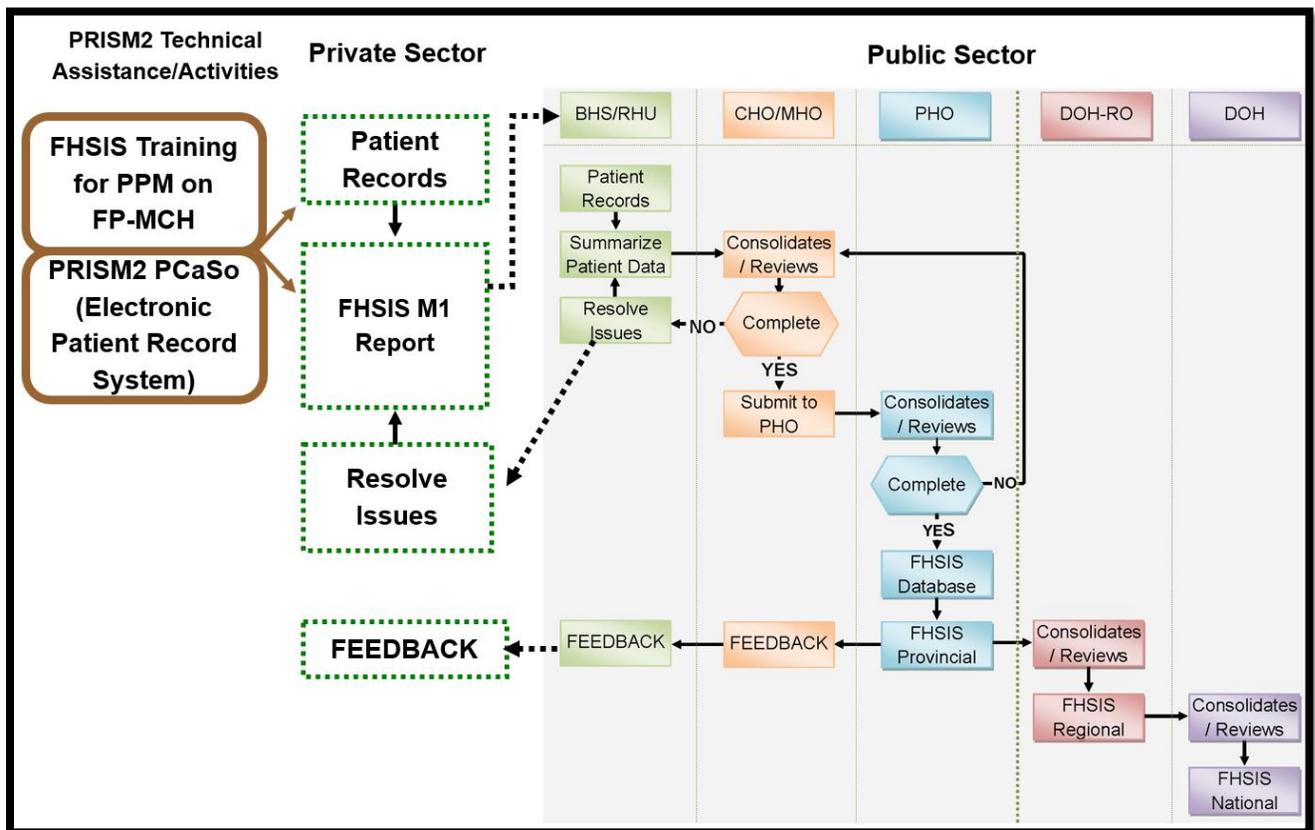
Participants: Participants are private practicing health professionals, including private midwives, nurses and doctors with private clinics providing FP-MCH services. These are the private practicing professionals who are engaged by public sector partners to be part of the service delivery network for FP-MCH in the area.

Evaluation: Pre-tests and post-tests are provided to the participants to determine the progress of the participants' understanding on the FHSIS. The exercises and plenary presentations also determine participants acquired skills in properly accomplishing the different forms of FHSIS.

Post-training coaching and mentoring: It is not expected for the participants to fully master the process of recording and reporting after the two-day training. To ensure the continuing learning of the participants on FHSIS, regular coaching activities are conducted by the public partners. These coaching activities are either done through facility visits or group data validation activities.

Private and Public Sector FHSIS Linkage

The data collected by the private facilities using FHSIS are submitted to local health partners in the location where the private facility is located. Figure I below shows the linkages between the private and public sectors for the purposes of FHSIS reporting on FP-MCH.

Figure I. Private and Public Sector FHSIS Linkage

The FHSIS report from the public sector starts from the lowest unit which is the *barangay* health station or rural health unit. It then goes to the city or municipal health office, to the provincial health office, to the DOH-RO and finally to the central Department of Health. For the private sector, the private midwives trained on FHSIS submit their M1 reports to the *barangay* health station or rural health unit in charge of the area where the private facility is located. This reporting flow should be agreed by the private and public sectors during the training on FHSIS. The public managers are expected to lead the process on resolving data quality issues and to provide feedback to each reporting private facility.

Ensuring FHSIS Data Quality and Integrity

Maintaining good quality data is important in every information system. As part of the FHSIS learning process, the private midwives are regularly coached on a monthly basis by public sector partners using the “data validation guide” developed by the project ([Annex B](#)). These coaching activities are either done through facility visits or through group data validation meeting for areas with a large number of participating private midwives. During group data validation activities, the public partners check the accuracy of the M1 reports generated by the private midwives against the target client lists and individual treatment records. Clarifications and discussions are done in plenary to further maximize the learning process.

Electronic Reporting of FHSIS MI Forms using the Point of Care Solution (PCaSo)

With all the efforts put into ensuring quality data in the FHSIS monthly reports, experience shows us that mistakes are still very common. This is true for both the public and private sector setting and this is due primarily to the method of manually counting the indicators for FP and MCH services. To increase the efficiency of patient record keeping, and error-free generation of FHSIS MI reports by private practicing midwives, the concept of an electronic patient data recording and automating the report generation was introduced by the project. The project developed the Point of Care Solution or PCaSo for short.^{3,4}

PCaSo is a customized, stand-alone, computerized patient recording software that collects FP-MCH services data on individual clients. It was developed to increase the efficiency of patient record keeping and data reporting of private sector partners, following the structure of the government's FHSIS. PCaSo is capable of producing automated and error-free FHSIS summary reports for submission to the public health nurse or midwife in charge of the catchment area where the private health provider is located. Manual counting was eliminated and no more spending hours or days in summarizing the MI reports. PCaSo can generate error-free MI report in less than a minute with just a few clicks of the mouse. The PRISM2 project oriented staff from over 190 health facilities on the use of PCaSo to support improvements in the quality of data reporting on FP-MCH.

Although the software was developed primarily for the use of private birthing homes, it can also be used by the public sector (recognizing that it would be limited only to FP-MCH indicators). Using a self-administered PCaSo readiness assessment checklist ([Annex C](#)), the facilities can determine if they are ready to use PCaSo. PCaSo is free to use and there is no recurring license fee to be paid annually. However, the project made two requirements of facilities before they received the free software. First, they had to commit themselves to submit FP-MCH reports to the public sector partner on a monthly basis. Second, they would have to undergo training on FHSIS for FP-MCH for them to fully understand the indicators collected for the program.

A copy of the PCaSo User's Manual is available in PRISM2's Knowledge Products DVD.

³ PRISM2, Point of Care Solution Software, August 2014

⁴ PRISM2, Point of Care Solution User's Manual, November 2014

A snapshot of the PCaSo user interface is shown in Figure 2 below, and a sample of a PCaSo generated M1 report is shown in Figure 3.

Figure 2. PCaSo User Interface

The screenshot displays the PCaSo (Point of Care Solution) user interface for a patient profile. At the top, there is a navigation bar with icons for navigation, a record count of 11 (Total (Unsorted)), and buttons for 'Show All', 'New Record', 'Delete Record', 'Find', and 'Sort'. Below this is a layout selector set to 'Patient Profile' and a 'View As' button. The main header features the PCaSo logo and the clinic name: PINAGPALA MATERNITY CLINIC, NO. 789 DALANDAN ST., MABOLO, ANTIPOLO, RIZAL. A secondary navigation bar includes 'Patients', 'Patient Profile', 'M1 Report', and 'Configuration', with a 'Patient 2 of 11' indicator and navigation arrows.

The patient profile section shows:

- CN: PMC2661**
- LOCSIN, PANGELINA MEDINA** Female, 30 y/o
- Patient No.: P-002
- PhilHealth No.: 120008796335

A search bar is available with fields for 'First Name' (PANGELINA) and 'LastName' (LOCSIN), and a 'Search' button. Below the patient name are tabs for 'Patient Profile', 'Family Planning', 'PreNatal Care', 'Delivery', and 'PostNatal Care'. The 'Patient Profile' tab is active, showing the following information:

CASE No. PMC2661

Patient Personal Information

Last Name	First Name	Middle Name	Date of Birth
LOCSIN	PANGELINA	MEDINA	9/8/1983
Sex	Civil Status	Occupation	Citizenship
<input type="radio"/> Male <input checked="" type="radio"/> Female	MARRIED	SECRETARY	FILIPINO
			Religion
			ROMAN CATHOLIC

Spouse Personal Information

Last Name	First Name	Middle Name	Date of Birth
LOCSIN	PIOLO	DELA ROSA	4/21/2080
Sex	Occupation	Citizenship	Religion
<input checked="" type="radio"/> Male <input type="radio"/> Female	SALES MANAGER	FILIPINO	ROMAN CATHOLIC

Contact Information

House No./Street	Telephone No.		
#161 ATIS ST.			
Purok/Village	Barangay	City/Municipality	Mobile No.
	MABOLO	ANTIPOLO	
Province	Region	Zip Code	Email Address
RIZAL	NCR		

PhilHealth Information

PhilHealth Number	PhilHealth Member Category
120008796335	<input type="radio"/> Employed in Government <input checked="" type="radio"/> Employed in Private <input type="radio"/> Individually Paying <input type="radio"/> Sponsored <input type="radio"/> OFW <input type="radio"/> Lifetime
PhilHealth Member Type	Patient is the Member

Blood Type

Blood Type	RH Factor
<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> O <input type="radio"/> AB	<input checked="" type="radio"/> Positive <input type="radio"/> Negative

Figure 3. A Sample of FHSIS MI Report Generated by PCaSo

 		FHSIS REPORT for the MONTH of: May YEAR: 2014 Name of Birthing Home: PINAGPALA MATERNITY CLINIC Municipality/City: ANTIPOLO Province: RIZAL Projected Population of the Year: _____ <i>For submission to RHU</i>			FHSIS version 2012  Birthing Home / Lying-in Clinic	
MATERNAL CARE				Number		
Pregnant women with 4 or more Prenatal visits				5		
Pregnant women given 2 doses of Tetanus Toxoid				3		
Pregnant women given TT2 plus				4		
Pregnant women given complete iron w/ folic acid supplementation				5		
Postpartum women with at least 2 postpartum visits				4		
Postpartum women given complete iron supplementation				1		
Postpartum women given Vitamin A supplementation				4		
Postpartum women initiated breastfeeding within one (1) hour after delivery				4		
Women 10-49 years old given Iron supplementation				1		
Deliveries				6		
FAMILY PLANNING METHOD	Current User (Beginning Month)	Acceptors		Dropout (Present Month)	Current User (End of Month)	New Acceptors of the present Month
		New Acceptors (Previous Month)	Other Acceptors (Present Month)			
a. Female Sterilization/BTL	0	0	0	0	0	0
b. Male Sterilization/Vasectomy	0	0	0	0	0	0
c. Pills	3	2	1	3	3	0
d. IUD (Intrauterine Device)	0	0	0	0	0	0
e. Injectables (DMPA/CIC)	0	0	3	0	3	0
f. NFP-CM (Cervical Mucus)	0	0	0	0	0	0
g. NFP-BBT (Basal Body Temperature)	0	0	0	0	0	0
h. NFP-STM (Sympto-thermal Method)	0	0	0	0	0	0
i. NFP-SDM (Standard Days Method)	0	0	0	0	0	0
j. NFP-LAM (Lactational Amenorrhea Method)	0	0	0	0	0	0
k. Condom	1	0	0	1	0	0
l. Implant	0	0	0	0	0	1
Total	4	2	4	4	6	1

Note: Have a separate report for new acceptors for the month/quarter for method.

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Recommendations for Public Private Partnership

The public health sector, through the PHO, CHO and MHO, should provide the leadership in improving the monitoring and evaluation of FP-MCH services in their localities. Through the stewardship of the public sector, the private sector will become part of the national health information system where both the public and private health providers participate. To encourage and sustain the participation of the private sector in the national health information system, they should be provided with the tools, skills and avenue necessary for quality collection and reporting of health data.

PRISM2 Experiences

Strengthening monitoring and evaluation, and including the private sector in the collection of data on FP-MCH has the potential to significantly improve the public sector's overall understanding of the health and health care situation across the country, as well as supporting them in their role as stewards over the private sector. Below are some examples of the experiences of PRISM2 related to improving local monitoring and evaluation for FP-MCH services for the private sector.

FHSIS training: During the course of the five-year PRISM2 project, 994 private health providers, mainly midwives, were trained on the FP-MCH portion of the FHSIS. These 994 health providers came from 709 private facilities. Over just a few years of implementation, the private facilities trained on FHSIS reported more than 134,000 facility-based deliveries, over 78,000 postpartum mothers who initiated breastfeeding within the first hour of delivery and over 31,000 current users of family planning. These are significant numbers from the private sector which were previously going completely unreported.

Nueva Ecija: In Nueva Ecija, the DOH-retained Paulino J. Garcia Regional Memorial Medical Center, the private Wesleyan Hospital, the Philippine Hospital Association, the City Health Office of Cabanatuan and the Provincial Health Office worked together to install an electronic recording and reporting system for FP-MCH, using PCaSo. This system connected all seven LGU-owned hospitals, 12 private hospitals, and one DOH-retained hospital, and established data flows to the CHO, PHO and DOH-RO III. This ensures that hospital data on FP-MCH will be available to the province and region for program feedback, program shifts, resource mobilization and planning purposes.

Annexes

Annex A: FHSIS Training Schedule:

Time	Topics	Expected Products
Day 1		
8:00 – 8:30	Registration	
8:30 – 9:00	Opening Program <ul style="list-style-type: none"> • Welcome Remarks • Introduction of Participants • Training Objectives 	
9:00 – 10:00	Session 1: Overview and Components of FHSIS	Group output on FP-MCH services in the facility
10:00 – 10:15	Break	
10:15 – 12:00	Session 2A: Prenatal and Postpartum Maternal Care Indicators	Correctly filled out Individual Treatment Record
12:00 – 1:00	Lunch	
1:00 – 3:00	Session 2B: Prenatal and Postpartum Target Client List	Correctly filled out TCLs for Prenatal and Postpartum
3:00 - 3:15	Break	
3:15 – 5:00	Session 2C: Monthly Form for Maternal Care Indicators	Correctly filled out MI Form
Day 2		
8:00 – 8:30	Recap	
8:30 – 10:30	Session 3A: Family Planning Indicators and Corresponding Target Client List	Correctly filled out TCL for FP
10:30 – 10:45	Break	
10:45 – 12:00	Session 3B: Monthly Report Form for Family Planning Indicators	Correctly filled out MI Form
12:00 – 1:00	Lunch	
1:00 – 2:30	Session 4A: Child Care Indicators and Corresponding Target Client List	Correctly filled out TCL for Child Care
2:30 – 3:30	Session 4B: Monthly Report Form for Child Care	Correctly filled out MI Form for Child Care
3:30 - 3:45	Break	
3:45 – 4:30	Session 5: Reporting Flow and Time lines of Reports	Agreed flow of reporting and dates of submission
4:30 – 5:00	Evaluation and Closing Program	

Annex B: FHSIS MI Data Validation Guide

How to Validate Private Sector FP-MCH Data



**A Quick Guide for Private
Practicing Midwives (PPMs)**

How to Validate Private Sector FP-MCH Data

**A Quick Guide for Private Practicing
Midwives (PPMs)**

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ACRONYMS

ADP	Alternative Distribution Point
ANC	Antenatal Care
CU	Current User
DOH	Department of Health
FBD	Facility-Based Delivery
FHSIS M1	Field Health Service Information System Monthly Report Form
FP Form 1	Family Planning Form 1
FP-CBT	Family Planning Competency-Based Training
FP-MCH	Family Planning and Maternal and Child Health
FP/RH	Family Planning/Reproductive Health
GATHER	Greet Ask Tell Help Explain Return
IBF	Initiated Breastfeeding
MCH	Maternal and Child Health
MCP	Maternal Care Package
SBA	Skilled Birth Attendant
SDN	Service Delivery Network
TCL	Target Client List

1. What is Private Sector FP-MCH Data?

Comprises all FP-MCH information contributed by the newly mobilized and engaged private health facilities in public-private partnership implementations of the FP-MCH programs.

2. Data Source

These are set of data which will be used to monitor, report, and manage achievements of the health providers in order to increase and sustain provision of quality FP-MCH services and products for both public and private sector partners.

FHSIS Monthly Report Form (M1)

The **FHSIS M1 Form** contains selected indicators categorized as maternal care, child care, and family planning. (See Figure 1)

FHSIS Indicator
Current User (CU) - are FP clients who have been carried over from the previous months by adding the new acceptors from the previous month and adding the new acceptors of the present month and deducting the drop-outs of present month.
4 Antenatal Care (ANC) - means that at least one visit occurs during the first trimester, one during the second trimester and at least 2 visits during the third trimester.
Initiated breastfeeding (IBF) - number of postpartum or lactating women who initiated breastfeeding within 1 hour after giving birth

	FHSIS REPORT for the MONTH of: <u>June</u> YEAR: <u>2012</u> Name of Birthing Home: <u>Manipis Lying-in Clinic</u> Municipality/City: <u>49KM Lalaan II, Silang</u> Province: <u>Cavite</u> Projected Population of the Year: _____ <i>For submission to RHU</i>			FHSIS version 2012  Birthing Home / Lying-in Clinic		
	MATERNAL CARE				Number	
Pregnant women with 4 or more Prenatal visits				4		
Pregnant women given 2 doses of Tetanus Toxoid				4		
Pregnant women given TT2 plus				4		
Pregnant women given complete iron w/ folic acid supplementation				3		
Postpartum women with at least 2 postpartum visits				2		
Postpartum women given complete iron supplementation				4		
Postpartum women given Vitamin A supplementation				3		
Postpartum women initiated breastfeeding within one (1) hour after delivery				3		
Women 10-49 years old given Iron supplementation				5		
Deliveries				5		
FAMILY PLANNING METHOD	Current User (Beginning Month)	Acceptors		Dropout (Present Month)	Current User (End of Month)	New
		New Acceptors (Previous Month)	Other Acceptors (Present Month)			
a. Female Sterilization/BTL	0	0	0	0	0	0
b. Male Sterilization/Vasectomy	0	0	0	0	0	0
c. Pills	5	4	1	0	10	0
d. IUD (Intrauterine Device)	1	1	0	0	2	1
e. Injectables (DMPA/CIC)	3	1	2	0	6	1
f. NFP-CM (Cervical Mucus)	0	0	2	0	0	0
g. NFP-BBT (Basal Body Temperature)	0	0	0	0	0	0
h. NFP-STM (Symptothermal Method)	0	0	0	0	0	0
i. NFP-SDM (Standard Days Method)	0	0	0	0	0	0
j. NFP-LAM (Lactational Amenorrhea Method)	2	2	0	0	4	1
k. Condom	3	1	2	0	6	2
l. Implant	0	0	0	0	0	0
Total	14	9	9	0	9	5

Get the value of FP methods from Current User of End of Month

Note: Have a separate report for new acceptors for the month/quarter for method.

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Figure 1: FHSIS M1

Why is there a need to validate?

- To ensure the completeness, accuracy, and consistency of the submitted data
- To ensure that reported data are supported by evidence

How should the data be validated?**COMPLETENESS CHECK****M1 Form****Supporting Documents:**

- Target Client List for Prenatal Care
- Target Client List for Postpartum Care
- Target Client List for Child Care
- Target Client List for Family Planning

ACCURACY AND CONSISTENCY CHECK**M1 Form**

- ✓ Cross-check the data entry under *Pregnant women with 4 or more prenatal visits* with the TCL for Prenatal Care

	FHSIS REPORT for the MONTH of: <u>June</u> YEAR: <u>2012</u> Name of Birthing Home: <u>Manipis Lying-in Clinic</u> Municipality/City: <u>49KM Lalaan II, Silang</u> Province: <u>Cavite</u> Projected Population of the Year: _____ <i>For submission to RHU</i>	<i>FHSIS version 2012</i>  Birthing Home / Lying-in Clinic							
	<table border="1"> <thead> <tr> <th style="text-align: center;">MATERNAL CARE</th> <th style="text-align: center;">Number</th> </tr> </thead> <tbody> <tr> <td>Pregnant women with 4 or more Prenatal visits</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Pregnant women given 2 doses of Tetanus Toxoid</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Pregnant women given TT2 plus</td> <td style="text-align: center;">4</td> </tr> </tbody> </table>		MATERNAL CARE	Number	Pregnant women with 4 or more Prenatal visits	4	Pregnant women given 2 doses of Tetanus Toxoid	4	Pregnant women given TT2 plus
MATERNAL CARE	Number								
Pregnant women with 4 or more Prenatal visits	4								
Pregnant women given 2 doses of Tetanus Toxoid	4								
Pregnant women given TT2 plus	4								

- ✓ Check that reported data on the FHSIS-M1 forms meet the recommended schedule of visits during the entire pregnancy period (client with at least 1 visit during the first trimester, 1 visit during the second trimester and 2 visits during the third trimester).

TARGET CLIENT LIST FOR PRENATAL CARE

DATE OF REGISTRATION mm/dd/yyyy (1)	FAMILY SERIAL NO. (2)	NAME (3)	ADDRESS (4)	AGE (5)	LMP/ G-P (6)	EDC (7)	DATE PRENATAL VISITS (8)		
							FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER
02/14/11	PMC2656	NINA J. ANDRES	#12 Santol St., Mabolo, Antipolo, Rizal	30	12/19/10 G1P0	09/26/11	02/14/11	03/25/11; 05/16/11	07/04/11; 08/05/11; 09/04/11
03/16/11	PMC2669	SUSAN B. BANTUGAN	#254 Papaya St., Mabolo, Antipolo, Rizal	36	01/25/11 G3P2	11/01/11	03/16/11	06/05/11; 07/04/11	09/03/11
03/25/11	PMC2661	PANGELINA M. LOCSIN	#161 Atis St., Mabolo, Antipolo, Rizal	27	01/15/11 G3P2	10/22/11	03/25/11	05/15/11; 06/25/11	
06/01/11	PMC2672	MARILOU C. CABA	#113 Mangga St. Mabolo, Antipolo, Rizal	28	03/28/11 G2P1	01/04/12	06/01/11	07/30/11	10/21/11; 12/13/11
06/09/11	PMC2679	MELANIE M. CARLOS	#111 Pili St. Mabolo, Antipolo, Rizal	26	04/08/11 G3P2	01/15/12	06/09/11	08/06/11; 09/12/11; 10/11/11	11/13/11; 12/03/11

* TCL for Prenatal Care includes all pregnant women eligible for prenatal care/service

- ✓ Cross-check the data entry under *Postpartum women initiated breastfeeding after one hour of delivery* with the TCL for Postpartum Care

Pregnant women given 2 doses of Tetanus Toxoid	4
Pregnant women given TT2 plus	4
Pregnant women given complete iron w/ folic acid supplementation	3
Postpartum women with at least 2 postpartum visits	2
Postpartum women given complete iron supplementation	4
Postpartum women given Vitamin A supplementation	3
Postpartum women initiated breastfeeding within one (1) hour after delivery	3

CLIENT LIST FOR POSTPARTUM CARE

DATE & TIME OF DELIVERY (1)	FAMILY SERIAL NO. (2)	NAME (3)	ADDRESS (4)	DATE POST-PARTUM VISITS (5)		DATE AND TIME INITIATED BREASTFEEDING (6)	MICRONUTRIENT SUPPLEMENTATION (7)			REMARKS (8)
				WITHIN 24 HOURS AFTER DELIVERY	WITHIN ONE WEEK AFTER DELIVERY		IRON DATE / NO. TABLETS		VITAMIN A DATE	
09/22/11 11:45 PM	PMC2656	NINA J. ANDRES	#12 Santol St., Mabolo, Antipolo, Rizal	09/23/11	09/27/11	09/23/11 12:30 AM	09/23/11 30	10/26/11 30	09/23/11	
11/01/11 3:45 PM	PMC2669	SUSAN B. BANTUGAN	#254 Papaya St., Mabolo, Antipolo, Rizal	11/01/11		11/01/11 6:15 PM	11/01/11 30	12/15/11 30	11/11/11	
10/21/11 12:17 PM	PMC2661	PANGELINA M. LOCSIN	#161 Atis St., Mabolo, Antipolo, Rizal	10/21/11	10/27/11	10/21/11 1:15 PM	10/21/11 30	11/27/11 30	10/27/11	
12/31/11 4:15 PM	PMC2672	MARILOU C. CABA	#113 Mangga St. Mabolo, Antipolo, Rizal	12/31/11	01/06/12	12/31/11 5:10 PM	12/31/11 30	01/06/12 30	03/06/12 30	12/31/11
01/10/12 10:15 AM	PMC2678	MELANIE M. CARLOS	#111 Pili St. Mabolo, Antipolo, Rizal	01/10/12	01/15/12	01/10/12 11:10 AM	01/10/12 30	01/15/12 30	03/10/12 30	01/15/12

*TCL for Postpartum Care includes all women within the catchment area who had a delivery

- ✓ Cross-check the data entry under *Number of Deliveries* with the TCL for Postpartum Care

Postpartum women given complete iron supplementation	4
Postpartum women given Vitamin A supplementation	3
Postpartum women initiated breastfeeding within one (1) hour after delivery	3
Women 10-49 years old given iron supplementation	5
Deliveries	5

CLIENT LIST FOR POSTPARTUM CARE

DATE & TIME OF DELIVERY (1)	FAMILY SERIAL NO. (2)	NAME (3)	ADDRESS (4)	DATE POST-PARTUM VISITS (5)		DATE AND TIME INITIATED BREASTFEEDING (6)	MICRONUTRIENT SUPPLEMENTATION (7)				REMARKS (8)
				WIN 24 HOURS AFTER DELIVERY	WITHIN ONE WEEK AFTER DELIVERY		IRON		VITAMIN A		
							DATE / NO. TABLETS	DATE	DATE		
09/22/11 11:45 PM	PMC2656	NINA J. ANDRES	#12 Santol St., Mabolo, Antipolo, Rizal	09/23/11	09/27/11	09/23/11 12:30 AM	09/23/11 30	10/26/11 30		09/23/11	
11/01/11 3:45 PM	PMC2656	SUSAN B. BANTUGAN	#254 Papaya St., Mabolo, Antipolo, Rizal	11/01/11		11/01/11 6:15 PM	11/01/11 30	12/15/11 30		11/11/11	
10/21/11 12:17 PM	PMC2651	PANGELINA M. LOCSIN	#161 Atis St., Mabolo, Antipolo, Rizal	10/21/11	10/27/11	10/21/11 1:15 PM	10/21/11 30	11/27/11 30		10/27/11	
12/31/11 4:15 PM	PMC2672	MARILOU C. CABA	#113 Mangga St. Mabolo, Antipolo, Rizal	12/31/11	01/06/12	12/31/11 5:10 PM	12/31/11 30	01/06/12 30	03/06/12 30	12/31/11	
01/10/12 10:15 AM	PMC2678	MEGANIE M. CARLOS	#111 Pili St. Mabolo, Antipolo, Rizal	01/10/12	01/15/12	01/10/12 11:10 AM	01/10/12 30	01/15/12 30	03/10/12 30	01/15/12	

- ✓ Cross-check the data entry under *Family Planning Method* with the TCL for Family Planning and FP Form 1

FAMILY PLANNING METHOD	Current User (Beginning Month)	Acceptors		Dropout (Present Month)	Current User (End of Month)	New Acceptors of the present Month
		New Acceptors (Previous Month)	Other Acceptors (Present Month)			
		a. Female Sterilization/BTL	0			
b. Male Sterilization/Vasectomy	0	0	0	0	0	0
c. Pills	5	4	1	0	10	0
d. IUD (Intrauterine Device)	1	1	0	0	2	1
e. Injectables (DMPA/CIC)	3	1	2	0	6	1
f. NFP-CM (Cervical Mucus)	0	0	2	0	0	0
g. NFP-BBT (Basal Body Temperature)	0	0	0	0	0	0
h. NFP-STM (Symptothermal Method)	0	0	0	0	0	0
i. NFP-SDM (Standard Days Method)	0	0	0	0	0	0
j. NFP-LAM (Lactational Amenorrhea Method)	2	2	0	0	4	1
k. Condom	3	1	2	0	6	2
l. Implant	0	0	0	0	0	0
Total	14	9	9	0	9	5

Note: Have a separate report for new acceptors for the month/quarter for method.

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TCL-FP TARGET CLIENT LIST FOR FAMILY PLANNING INJECTABLE

FHSS v. 2008

DATE OF REGISTRATION mm/dd/yy (1)	FAMILY SERIAL NO. (2)	NAME (3)	ADDRESS (4)	AGE (5)	INJECTABLE <small>(PUT NAME OF FP METHOD)</small>	
					TYPE OF CLIENT* (use codes) (6)	PREVIOUS METHOD** (use codes) (7)
04/28/11	PMC3523	Cristy S. Lustre	#15 San Jose St., Mabolo, Antipolo Rizal	29	CU	
05/16/12	PMC3790	Glenda D. Aquino	#33 Sitaw St, Mabolo, Antipolo, Rizal	30	NA	NONE
03/18/12	PMC3723	Nikka J. Habacon	#77 Ubas St, Mabolo, Antipolo, Rizal	29	CM	Pills

* *Type of Client:* CU = Current Users
 NA = New Acceptors
 CM = Changing Method
 CC = Changing Clinic
 RS = Restart

** *Previous Method:*
 CON = Condom
 INJ = Depot-medroxy Progesterone Acetate (DMPA)
 IUD = Intra-uterine Device
 PILLS = Pills

NFP-BBT= Basal Body Temp
 NFP-CM = Cervical Mucus Method
 NFP-STM = Symptothermal Method
 NFP-LAM = Lactational Amenorrhea Method

NFP-SDM = Standard Days Method
 MSTR/Vasec = Male Ster/Vasectomy
 FSTR/BTL = Female Ster/Bilateral Tubal Ligation

*TCL for Family Planning includes all eligible women and men aged 15-49 who are receiving a family planning service provided by the reporting clinic.

- ✓ Cross-check the data entry under *Number of Total Live births* with the TCL for Postpartum Care

Fully Immunized Child (0-11 mos)				Anemic Children 6-11 months old seen			
Completely Immunized Child(12-23 mos)				Anemic Children 6-11 mos received full dose iron			
Total Livebirths	0	5	5	Anemic Children 12-59 months old seen			
Child Protected at Birth (CPAB)				Anemic Children 12-59 mos received full dose iron			

CLIENT LIST FOR POSTPARTUM CARE

DATE & TIME OF DELIVERY (1)	FAMILY SERIAL NO. (2)	NAME (3)	ADDRESS (4)	DATE POST-PARTUM VISITS (5)		DATE AND TIME INITIATED BREASTFEEDING (6)	MICRONUTRIENT SUPPLEMENTATION (7)				REMARKS (8)
				WITHIN 24 HOURS AFTER DELIVERY	WITHIN ONE WEEK AFTER DELIVERY		IRON			VITAMIN A	
							DATE / NO. TABLETS	DATE			
09/22/11 11:45 PM	PMC2658	NINA J. ANDRES	#12 Santol St, Mabolo, Antipolo, Rizal	09/23/11	09/27/11	09/23/11 12:30 AM	09/23/11 30	10/26/11 30		09/23/11	
11/01/11 3:45 PM	PMC2669	SUSAN B. BANTUGAN	#254 Papaya St, Mabolo, Antipolo, Rizal	11/01/11		11/01/11 6:15 PM	11/01/11 30	12/15/11 30		11/11/11	
10/21/11 12:17 PM	PMC2661	PANGELINA M. LOCSIN	#161 Atis St., Mabolo, Antipolo, Rizal	10/21/11	10/27/11	10/21/11 1:15 PM	10/21/11 30	11/27/11 30		10/27/11	
12/31/11 4:15 PM	PMC2672	MARILOU C. CABA	#113 Manga St. Mabolo, Antipolo, Rizal	12/31/11	01/06/12	12/31/11 5:10 PM	12/31/11 30	01/06/12 30	03/06/12 30	12/31/11	
01/10/12 10:15 AM	PMC2678	MELANIE M. CARLOS	#111 Pili St. Mabolo, Antipolo, Rizal	01/10/12	01/15/12	01/10/12 11:10 AM	01/10/12 30	01/15/12 30	03/10/12 30	01/15/12	

Annex B: FHSIS Monthly Service Form (M1)

 		FHSIS REPORT for the MONTH of: _____ YEAR: _____ Name of Birthing Home: _____ Municipality/City: _____ Province: _____ Projected Population of the Year: _____ <i>For submission to RHU</i>		FHSIS version 2012  Birthing Home / Lying-in Clinic		
MATERNAL CARE				Number		
Pregnant women with 4 or more Prenatal visits						
Pregnant women given 2 doses of Tetanus Toxoid						
Pregnant women given TT2 plus						
Pregnant women given complete iron w/ folic acid supplementation						
Postpartum women with at least 2 postpartum visits						
Postpartum women given complete iron supplementation						
Postpartum women given Vitamin A supplementation						
Postpartum women initiated breastfeeding within one (1) hour after delivery						
Women 10-49 years old given Iron supplementation						
Deliveries						
FAMILY PLANNING METHOD	Current User (Beginning Month)	Acceptors		Dropout (Present Month)	Current User (End of Month)	New Acceptors of the present Month
		New Acceptors (Previous Month)	Other Acceptors (Present Month)			
a. Female Sterilization/BTL						
b. Male Sterilization/Vasectomy						
c. Pills						
d. IUD (Intrauterine Device)						
e. Injectables (DMPA/CIC)						
f. NFP-CM (Cervical Mucus)						
g. NFP-BBT (Basal Body Temperature)						
h. NFP-STM (Symptothermal Method)						
i. NFP-SDM (Standard Days Method)						
j. NFP-LAM (Lactational Amenorrhea Method)						
k. Condom						
l. Implant						
Total						

Note: Have a separate report for new acceptors for the month/quarter for method.

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CHILD CARE		Male	Female	Total	CHILD CARE	Male	Female	Total	
Immunization given <1 yr						Children 24-35 months old received Vitamin A			
						Children 36-47 months old received Vitamin A			
• Hepa B1	w/in 24 hrs.			Children 48-59 months old received Vitamin A					
	> 24 hrs.			Infant 2-5 mos w/ LBW received full dose iron					
• PENTA	1			Infant 6-11 months old received Iron					
	2			Children 12-23 months old received Iron					
	3			Children 24-35 months old received Iron					
• OPV	1			Children 36-47 months old received Iron					
	2			Children 48-59 months old received Iron					
	3			Infant 6-11 months received MNP					
• MCV	MCV1 (AMV)			Children 12-23 months received MNP					
	MCV2 (MMR)			Sick Children 6-11 months seen					
• ROTA	1			Sick Children 6-11 months received Vitamin A					
	2			Sick Children 12-59 months seen					
	3			Sick Children 12-59 months received Vitamin A					
• PCV	1			Children 12-59 mos. old given de-worming tablet/syrup					
	2			Infant 2-5 mos w/ Low Birth Weight seen					
	3								
Fully Immunized Child (0-11 mos)				Anemic Children 6-11 months old seen					
Completely Immunized Child(12-23 mos)				Anemic Children 6-11 mos received full dose iron					
Total Livebirths				Anemic Children 12-59 months old seen					
Child Protected at Birth (CPAB)				Anemic Children 12-59 mos received full dose iron					
Infant age 6 months seen				Diarrhea cases 0-59 months old seen					
Infant exclusively breastfed until 6th month				Diarrhea cases 0-59 mos old received ORS					
Infant given complimentary food from 6-8 months				Diarrhea 0-59 mos received ORS/ORT w/ zinc					
Infant referred for newborn screening				Pneumonia cases 0-59 months old					
Infant 6-11 months old received Vitamin A				Pneumonia cases 0-59 mos. old completed Tx					
Children 12-23 months old received Vitamin A									

Annex C: PCaSo Readiness Checklist

The PCaSo is a proposed stand-alone electronic data capture system that will record, consolidate, and generate family planning data from private midwife clinics. The checklist below will be used to assess the need of private clinics for the development of a database system to record family planning data.

Answering the following organizational and operational questions will help us understand some of the system requirements and business processes that will impact the development and deployment of the proposed database system. Please provide the necessary information below:

For Assessment of:			
Facility Name			
Address			
Name of Respondent			
Position/Designation			
Component	Criteria	Yes / No / NA	
System Proposal (Defined Need)	Do you need an electronic FP data recording system to easily consolidate reports on FP?		
	Is the current reporting process of FP data done manually?		
	If your answer for both questions above is yes, please list of all the FP reports consolidated in your facility below:		
	Report Title (List all of the FP-related data reports consolidated in your facility)	Consolidation period (monthly/quarterly/annually)	
System hardware requirements (Laptop/PC, Infrastructure)	Will your facility provide dedicated machine (laptop/pc) to host the system?		
	If laptop/PC will be provided, please fill-up needed information below:		
	Laptop/PC Specs	Details (Please provide specs information if available)	
	OS Name		
	Processor		
	Version or Service Pack installed?		
	Do you have Wi-Fi/LAN/internet connection ready in your facility?		
System Ownership (Time, Resources, Personnel)	Will your facility provide staff with the necessary characteristics and knowledge to serve as system administrator (end-user)?		
	Will your facility allow time for personnel to attend end-user training?		
Comments			