

A Weakness Exposed: How the COVID-19 Pandemic Aggravated Issues on Family Planning in Hospital Health Information System

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Innovations to Address a Need: The Mindanao e-FHSIS Experience

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Rationale of the Studies

- During ReachHealth's routine monitoring activities and Pause and Reflect sessions, partners share **anecdotes on challenges to implementation of Field Health Services Information System (FHSIS)**, which is the national health information system of the country
- While these issues have been subject of much discussion, there's **been weak purposive documentation** to substantiate and validate these claims.
- As such, as part of the Implementation Research Training of ReachHealth's MERLA Unit, key staff undertook studies to **document two of the pervading issues on family planning health information system: FP in Hospital recording and reporting and the use of electronic tools.**

Objectives of the study



To describe **process of recording, reporting and integration of FP accomplishments into the FHSIS reports**, before and during the COVID 19 pandemic,



To assess the **use of electronic tools for FP FHSIS**



To determine the **compliance in the FP recording and reporting operational guidelines of the DOH,**



To identify **facilitating and inhibiting factors** affecting FP recording and reporting practice



To identify **data quality issues** in submitted FP reports

Methodology



Purposive Sampling Selection Criteria

FP in Hospital R&R

- History of submitting FP M1 reports
- ReachHealth Project Site
- Representing all types of health facilities and hospitals based on functional capacity

Mindanao e-FHSIS

- Accomplishing FHSIS 2018 reports
- Using at least one electronic tool for FHSIS 2018
- With assigned FHS coordinator/ point person



WHO

- **Encoders, FP and FHSIS coordinators of:**
 - Health facility
 - P/C/MHO
 - CHDs
- DOH CO Program Managers from **EB** and **KMITS**



HOW

- Key informant interview
- Records review of submitted M1 reports

WHERE

FP in Hospital R&R: Regions 3, 4A and 6

Mindanao e-FHSIS: Regions 10, 12, CARAGA, Davao City

LIMITATION: Sampled facilities are only from the public sector

RESULTS

Family Planning in Hospital Recording and Reporting

Results

Recording and Reporting Process Flow: Standard vs Actual

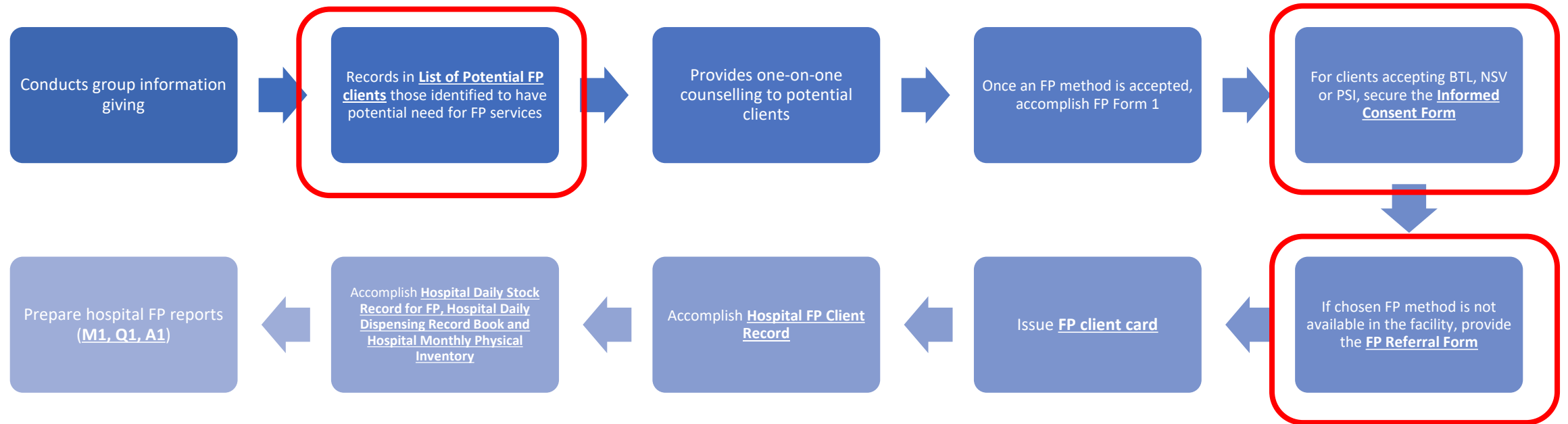


Figure 1. Patient flow and data capture process according to DOH's FP in Hospital recording and reporting operational guide

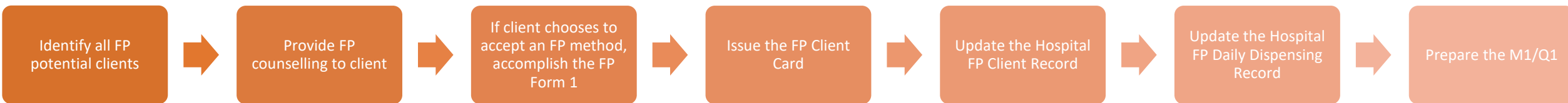


Figure 2. **Actual** FP in Hospital recording and reporting practice according to respondents

Results *Reporting and Integration Process Flow: Standard vs Actual*

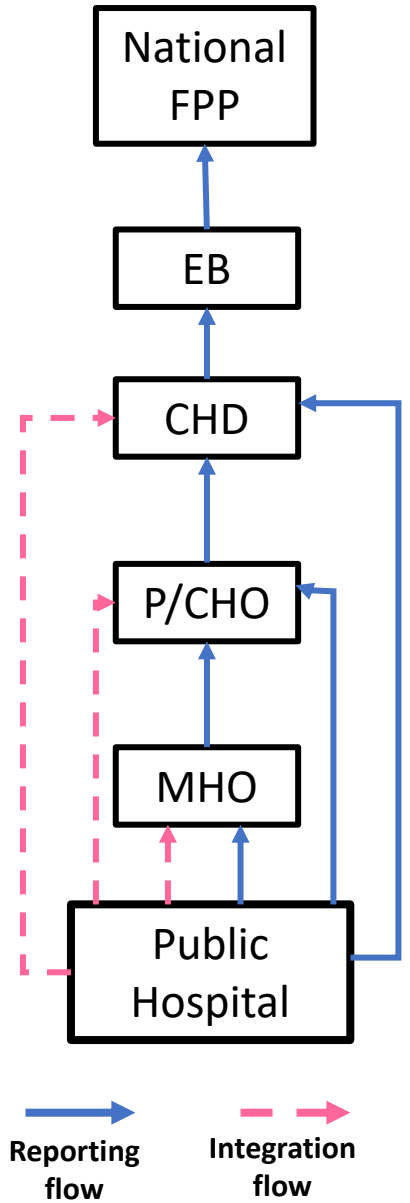


Figure 3. FP in Hospital reporting and integration process flow according to DOH operational guide

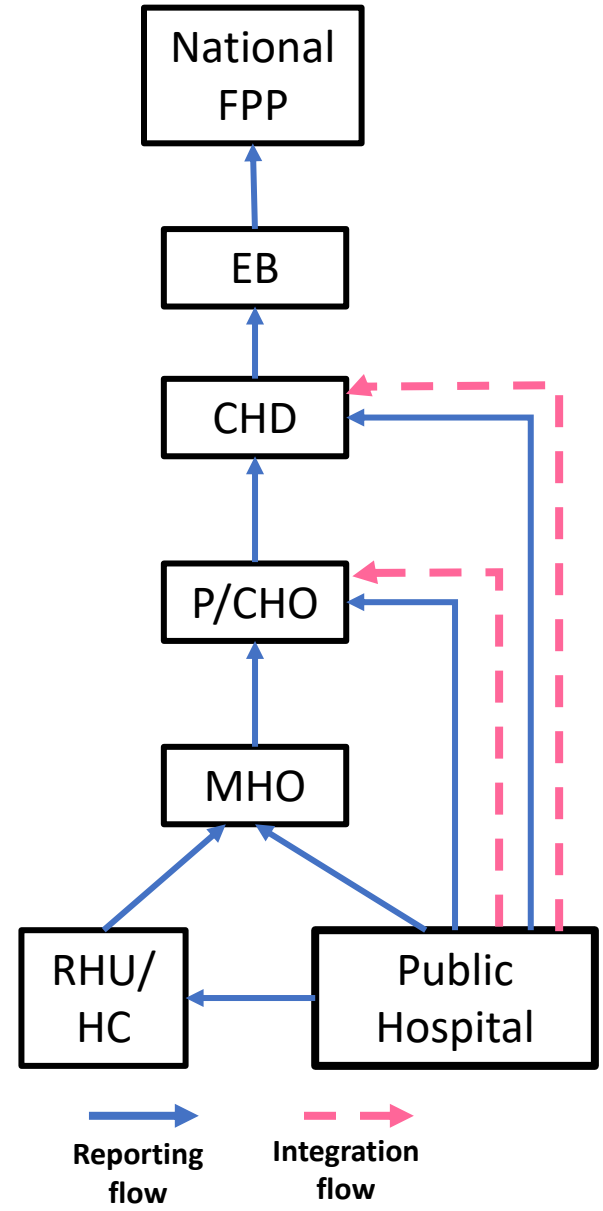
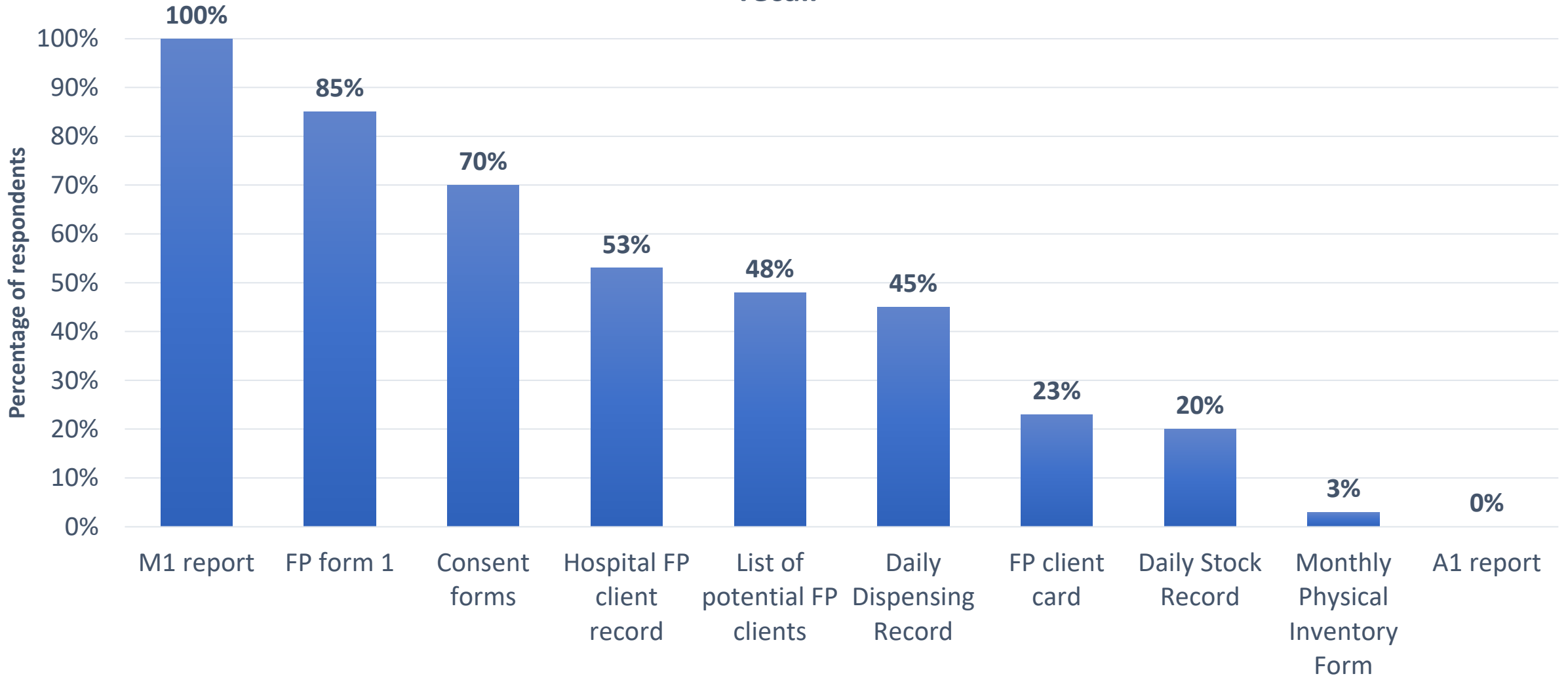


Figure 4. **Actual** FP in Hospital reporting and integration process flow according to respondents

Results

Compliance to FP in Hospital Recording and Reporting Operational Guide

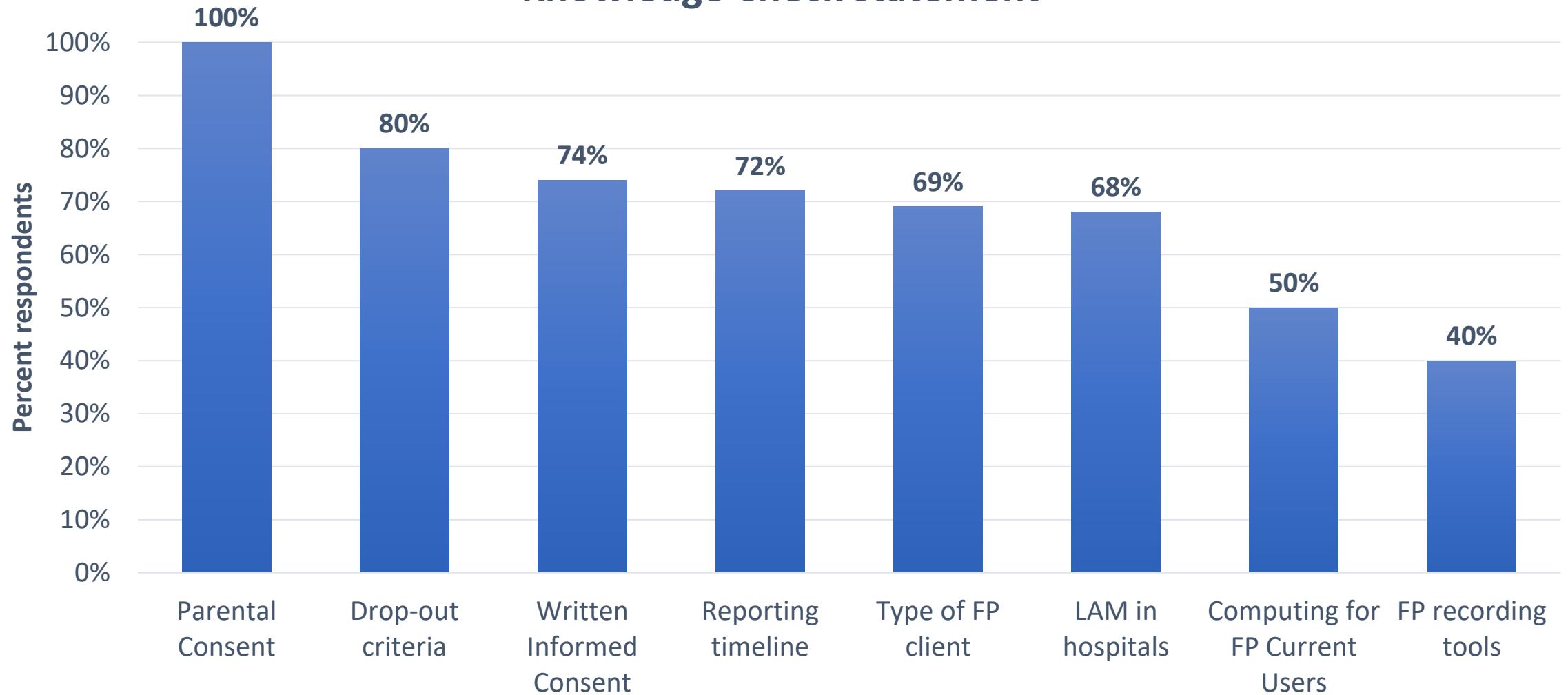
Use of prescribed FP in hospital recording and reporting tools according to respondent recall



Results

Knowledge Check

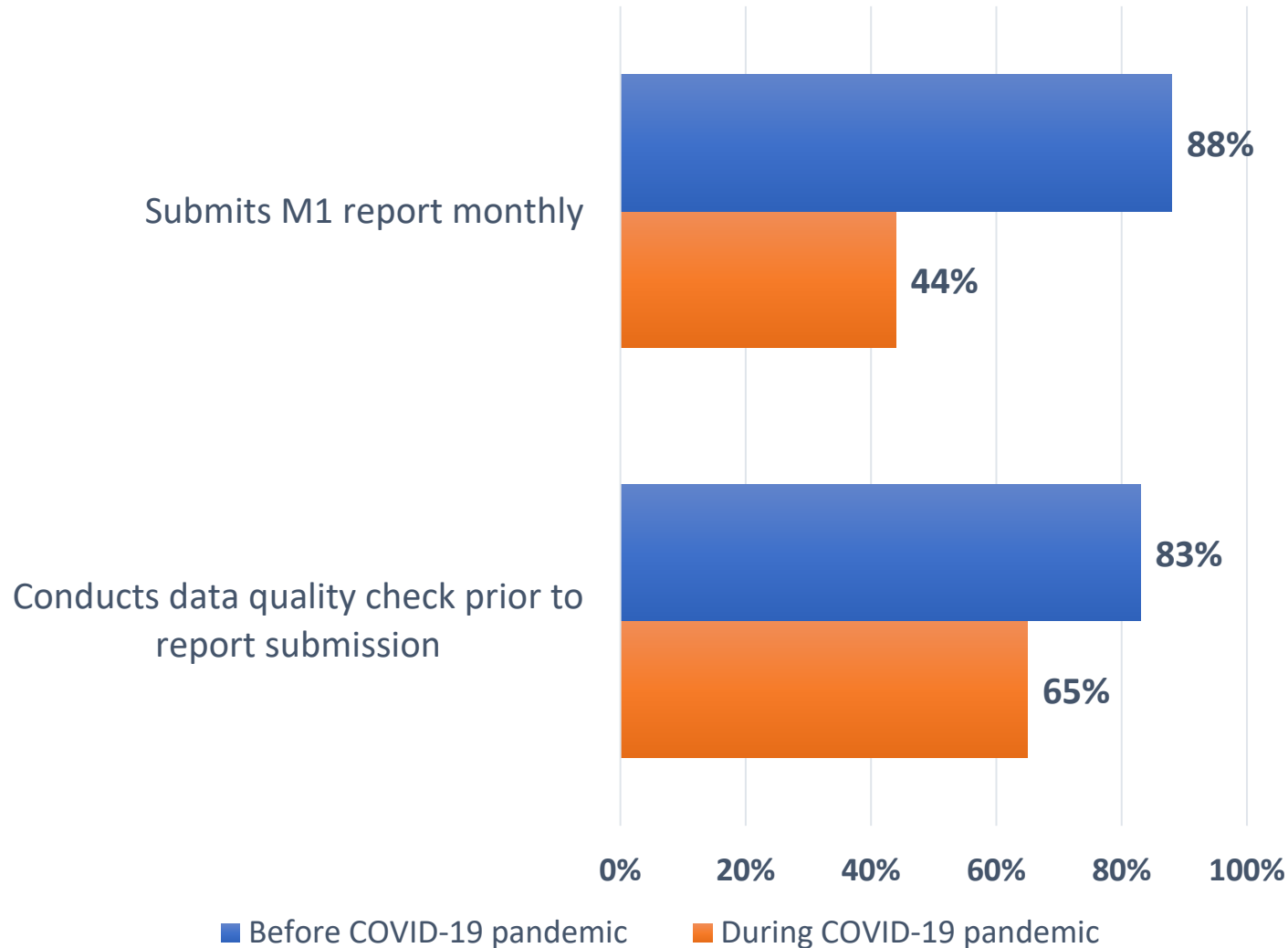
Percentage of respondents giving the correct response to each Knowledge Check statement



Results

Compliance to FP in Hospital Recording and Reporting Operational Guide

Reporting Practice Before and During COVID-19 Pandemic



Other findings:

- **Different understanding** of reporting units as to **where integration of hospital reports into FHSIS should happen**. This is seen in the variety of consolidation and reporting tools used in each area.
- **Provision of feedback** on FP reports submitted by hospitals **do not occur with regularity**

Results

Records Review of FP in Hospital M1 reports

Data Quality Elements	Definition of criteria	Percentage of hospitals with data quality issues in submitted M1 report	
		BEFORE COVID-19 pandemic	DURING COVID-19 pandemic
Completeness	All elements of the FP M1 reports are filled out. No blanks	47%	50%
Correctness	Correct computation of “Current User End” for each FP method in the hospital FP M1 report	50%	73%
Accuracy and Consistency	“Current User Beginning” and “Current User End” tallies “New Acceptor Previous Month” and “New Acceptor Present Month” tallies “Total Current User End” with age disaggregation tally with “Total Current User End”	50%	73%

Results

Challenges to FP Recording and Reporting Before and During the COVID-19 Pandemic

Factors	Challenges experienced during COVID-19 pandemic	Adaptive solution/s done
Human resource related	Inadequacy in the number of staff and available time to perform FP recording and reporting functions was felt more strongly during the pandemic	Staff finds time to complete FP recording and reporting, such as working overtime, wherein this sometimes leads to late submission
	The staff assigned to do FP recording and reporting is given other tasks to perform; thus, taking away their time to complete FP recording and reporting	
Timeliness of report submission	Delays in report submission worsened	Staff exerts best effort to try to comply with reporting timeline

RESULTS

Mindanao's e-FHSIS

Results

Mapping of FHSIS e-tool use

Reporting Level	E-tool being used	Reporting timeline	Actions taken on late reports
CHD	<ul style="list-style-type: none">• 50% uses e-tool from DOH National• 25% uses modified version of e-tool from National DOH• 25% uses their own developed e-tool	<ul style="list-style-type: none">• 75% submits their report quarterly• 25% submits monthly	<ul style="list-style-type: none">• 75% aggregates data from late reports to the next reporting period• 25% allows updating of reports in the previous quarters
C/PHO	<ul style="list-style-type: none">• 75% uses CHD provided e-tool• 25% developed their own tool	<ul style="list-style-type: none">• 75% submits monthly• 25% submits quarterly	25% allows for updating of previous reports
RHU	There is an equal percentage of RHUs who uses CHD-developed e-tool, e-tool from National DOH and a modified version of the DOH National e-tool	All submit reports monthly	All facilities add data from late reports to the next period's report.

Problems encountered in the use of E-tools and factors affecting them



HUMAN RESOURCE

- *Inadequate staff*
- *Multi-tasking, esp. during COVID*
- *Limited computer skills*



CAPACITY BUILDING

No formal training on e-tool use



EQUIPMENT

*Shared computer,
Slow internet*



DATA QUALITY

*Timeliness,
Completeness,
Clerical error*



E-TOOLS

*Non standardized
Formula,
Error/System
glitches*

Conclusions and Policy Implications



Findings highlight the **importance of adequate manpower, and logistics** to support **optimum implementation** of FP health information system. It also offered **insights for the Philippine e-Health Strategic Framework and Plan.**



While implementers introduced short-term solutions, **long-term resolution** would depend largely on **support and direction from national DOH**, especially as it moves towards **upholding health devolution and achievement of UHC.**

Utilizing data to improve practice

Results of these studies have been shared during the **MERLA Research Dissemination Forum last May 24, 2023**



Key takeaway from users and program managers, who have been implementing these systems for years, was that challenges to health information system remain fully unresolved to this day. This strengthens the imperative responsive policy interventions.

ReachHealth

Improved Health for Underserved Filipinos:
Family Planning and Maternal and Neonatal Health
Innovations and Capacity Building Platforms (FP/MNH ICP)



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