



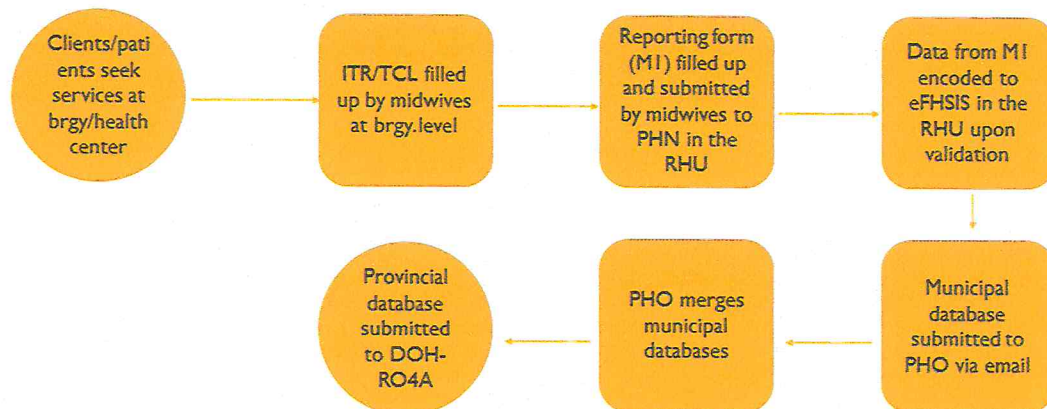
**Republic of the Philippines
Department of Health
Knowledge Management and
Information Technology Service**

Control No.:	KMITS-KMD- Web Form 2.A
Revision No.:	0
Effectivity:	April 1, 2016

WEBSITE CONTENT UPDATE FORM 2.A HEALTH PROGRAMS	
ACTION: <input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Delete	
TITLE: Field Health Services Information System	
DESCRIPTION: <i>(Please use separate sheet if necessary)</i>	
A. VISION	Timely and quality health data for program managers of Region IV-A.
B. MISSION	Shall lead in ensuring "timely and quality health data" for the program managers of Region IV-A by empowering LGU counterparts in innovations available for data management.
C. OBJECTIVES	To be able to provide updated data to the program managers of Region IV-A on a monthly basis.
D. PROGRAM COMPONENTS	<p>The Field Health Information System is composed of data recording and reporting at the local level, followed by the data processing and data analysis at the regional level for the utilization of the program managers.</p> <p>A. RECORDING TOOLS:</p> <p>These are facility based documents. Data are more detailed and contains day to day activities of the health workers. The source of data for this component is the services delivered to patients/clients.</p> <p>1. Individual Treatment Record (ITR)</p> <p>The Individual Treatment Record is a document, form or piece of paper which contains the date, name, address of patient, presenting symptoms or complaint of the patient on consultation and the diagnosis (if available), treatment and date of treatment. This record will be maintained as part of the system of records at each health facility on all patients seen.</p> <p>2. Target Client List (TCL)</p> <p>The Target Client Lists constitute the second recording tool of the FHSIS and are intended to serve several purposes. The tool enables the midwife or nurse to plan and carries out patient care and service delivery. Such lists will be of considerable value to midwives/nurses in monitoring service delivery to groups of patients identified as "targets" or "eligibles" for a particular health program. TCLs also facilitate the monitoring and supervision of service delivery activities and report services delivered. TCL data may provide a clinic-level database which can be accessed for further studies.</p> <p>3. Summary Table</p> <p>The Summary Tables is a form with 12-month columns retained at the facility (BHS) where the midwife records all monthly data. The Summary Table is composed of; a) Health Program Accomplishment; b) Morbidity Diseases.</p> <p>a. Health Program Accomplishment – the midwife records a summary of all the data from TCL or registries. This summary table is an easy source of data for reports being prepared by the midwife. It would be wise to keep this updated as this can serve as proof of accomplishments to show LGU officials whenever they visit the facility. This also serves as the data source for any survey, special study, or research that may include the facility. This can serve as a tool for the midwife to assess her own accomplishments.</p> <p>b. Morbidity Diseases – the midwife accomplished this table on a monthly basis. This summary table can also be the source of ten leading causes of morbidity and reportable disease for the municipality/city. This summary table will help the Health Centers staff get the monthly trend of diseases.</p>

	<p>4. Monthly Consolidation Table (MCT)</p> <p>The Monthly Consolidation Table - the Public Health Nurse (PHN) records data from all barangays. This is the source document of the nurse for the Quarterly Form. The MCT shall serve as the output table of the RHU as it already contains listing of indicators by barangay.</p> <p>B. REPORTING TOOLS:</p> <p>These are summary data that are transmitted or submitted on a monthly, quarterly and on annual basis to higher level. The source of data for this component is dependent on the ST and MCT.</p> <p>1. The Monthly Form</p> <p>a. Program Report (M1)</p> <p>The Monthly Form contains selected indicators categorized as maternal care, child care, family planning and disease control. The indicators found in the TCL and Summary Tables are also recorded in M1. The midwife should copy the data from the Summary Table to the Monthly Form which she regularly submits monthly to the public health nurse. It helps the midwife capture the monthly data so that it would be easier for the nurse to consolidate and prepare the quarterly report.</p> <p>b. Morbidity Report (M2)</p> <p>The Monthly Morbidity Disease Report contains a list of all diseases by age and sex. The midwife uses the form for the monthly consolidation report of Morbidity Diseases and is submitted to the PHN for quarterly consolidation.</p> <p>2. The Quarterly Form</p> <p>a. Program Report (Q1)</p> <p>The Quarterly Form is the municipality/city health report that contains the three month total of indicators categorized as maternal care, family planning, child care, dental health and disease control. There should only be one Quarterly Form per municipality/city.</p> <p>In the event that there are two or more RHUs/MHCs in the municipality/city, the consolidation shall be done by or under the direction of the MHO/CHO who sits as vice chairperson of the Local Health Board (LHB). The Quarterly Form is submitted to the Provincial Health Office (PHO) for consolidation.</p> <p>b. Morbidity Report (Q2)</p> <p>The PHN uses the form for the Quarterly Consolidation Report of Morbidity Diseases to consolidate the Monthly Morbidity Diseases taken from the Summary Table. The Quarterly Consolidation Report of Morbidity Diseases is submitted every third week of the first month of the succeeding quarter.</p> <p>3. The Annual Forms (A-BRGY, A1, A2 & A3)</p> <p>The Annual Form 1 (A1) consists of data and indicators needed only on a yearly basis. A-BRGY Form is the report of midwife which contains data on demographic, environmental, natality and mortality. Annual Form 2 (A2) is the report, listing all diseases and their occurrence in the municipality/city. This report is disaggregated by age and sex. Annual Form 3 (A3) is the report of all deaths occurred in the municipality/city disaggregated by age and sex.</p>
E. TARGET POPULATION/CLIENT	The Field Health Information System is specifically designed to provide data for the utilization of the program managers of DOH RO IV-A. Other clients include researchers, non-government organizations and other government agencies.
F. AREA OF COVERAGE	Data were collected from the Field Health Units (FHUs) in CALABARZON which includes the Rural Health Units (RHUs), City Health Offices (CHOs) and Barangay Health Stations (BHS).
G. PARTNER INSTITUTIONS	Epidemiology Bureau, Department of Health
H. POLICIES AND LAWS	Reporting of FHSIS from Field Health Units to DOH Central Office is anchored on DOH AO No. 2011-0010.
<p>STRATEGIES, ACTION POINTS, AND TIMELINE</p> <p><u>Strategies</u></p> <p>-The Field Health Information System reporting starts when the clients/patients seek services at the health facilities. ITR/TCL are filled-up by midwives at the barangay level followed by the reporting form (M1) filled up and submitted by midwives to the Public Health Nurse (PHN) in the Rural Health Unit (RHU). Data from M1 are then encoded to eFHSIS in the RHU upon validation. The municipal database is submitted to the Provincial Health Office (PHO) via email for merging. The merged provincial database will then be submitted to DOH RO4a for consolidation, analysis and provision to the program managers.</p>	

FHSIS REPORTING FLOW



Action Points

-This includes monitoring of the compliance of the Field Health Units (FHUs) to the submission of FHSIS Reports in terms of timeliness and completeness of the reports. Technical Assistance Visits are also done to provide support needed by the FHUs.

Timeline

Below is the schedule for the submission of FHSIS reports.

FHSIS Reports to be Submitted	Deadline of Submission
January	Feb 25, 2019
February	March 25, 2019
March	April 22, 2019
1st Quarter (January to March)	April 22, 2019
April	May 27, 2019
May	June 24, 2019
June	July 22, 2019
2nd Quarter (April to June)	July 22, 2019
July	August 26, 2019
August	September 23, 2019
September	October 21, 2019
3rd Quarter (July to September)	October 21, 2019
October	November 25, 2019
November	December 23, 2019
December	January 20, 2020
4th Quarter (October to December)	January 20, 2020
Annual 2019	January 20, 2020

PROGRAM ACCOMPLISHMENTS/STATUS



FHSIS Report Submission Status of Completeness Region IV-A CALABARZON

**JANUARY -
OCTOBER
2019
UPDATE**

Table 1. Percentage of FHSIS Report Completeness per Province, January to October, 2019*

Area	Number of Reporting Barangays	Expected Number of Reports (Brngs x 12 indicators x 10 months)	No. of Complete Reports	% Completeness
CALABARZON	4,022	482,640	449,652	93.17
Batangas	1,078	129,360	117,930	91.16
Cavite	829	99,480	91,110	91.59
Laguna	685	82,200	82,200	100.00
Quezon	1,242	149,040	136,926	91.87
Rizal	188	22,560	21,486	95.24

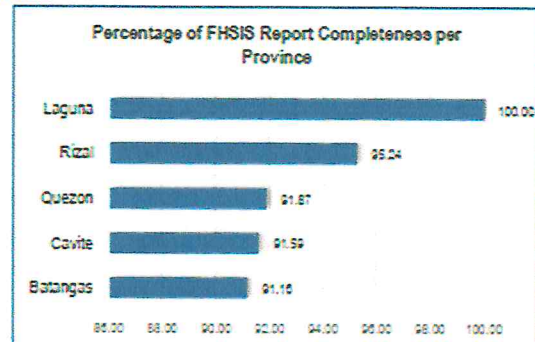


Table 2. Percentage of FHSIS Report Completeness per Indicator, January to October, 2019*

Area	Indicator											
	Child Care	Dental Care	Family Planning	Filaria	Leprosy	Malaria	Maternal Care	Mortality	Natality LCR	Natality TCL	Sexually Transmitted Infections	Schisto-somiasis
CALABARZON	94.01	92.18	95.28	93.64	93.08	93.64	93.99	90.84	92.02	93.86	92.21	93.25
Batangas	91.64	89.47	95.08	92.68	92.67	92.77	91.54	85.81	88.56	91.51	89.74	92.38
Cavite	92.28	90.78	92.03	92.18	91.95	92.20	92.29	90.28	89.81	92.04	91.21	91.99
Laguna	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Quezon	93.60	90.64	94.75	91.80	90.18	91.64	93.54	90.04	91.56	93.41	90.43	90.87
Rizal	96.01	96.48	97.02	94.57	94.41	95.00	95.96	94.10	95.48	95.85	94.10	94.89

Table 3. Percentage of FHSIS Report Completeness per month, as of latest update*

Month	Province					
	CALABARZON	Batangas	Cavite	Laguna	Quezon	Rizal
January	98.79	99.21	99.18	100.00	97.32	99.96
February	98.67	99.06	99.46	100.00	96.91	99.69
March	97.24	98.96	99.85	100.00	96.82	98.49
April	96.71	98.26	99.74	100.00	95.24	98.71
May	94.61	92.77	92.73	100.00	93.93	98.23
June	94.53	92.88	92.45	100.00	93.65	98.98
July	94.21	93.47	92.33	100.00	92.21	98.80
August	94.25	93.34	92.14	100.00	92.59	98.71
September	90.24	88.28	86.31	100.00	88.79	92.86
October	72.41	56.01	73.68	100.00	71.25	67.95
November	-	-	-	-	-	-
December	-	-	-	-	-	-

Legend:

- Submitted report - Complete
- Submitted report - Incomplete
- No Report Submitted
- Submitted more than the required number of reports

*Updated as of Dec. 09, 2019

ANALYSIS OF REPORTING PER BARANGAY

Total reporting barangays in CALABARZON:

4,022

Table 4. Summary of Report Status per Barangay

No. of Brgy.	%	Issue
0	0.00%	no report since January
1397	34.73%	incomplete report (Jan-Oct)
377	9.37%	no report for Oct but complete for Jan-Sep
539	13.40%	no report for Oct and incomplete for Jan-Sep
67	1.67%	no report for Sep-Oct but complete for Jan-Aug
203	5.05%	no report for Sep-Oct and incomplete for Jan-Aug
43	1.07%	consistently incomplete since January

Table 5. Report Status of Barangays per Program Indicator

Report	NO REPORT SINCE JANUARY		INCOMPLETE REPORTS (JAN TO MAR)	
	No. of Brgy.	%	No. of Brgy.	%
Child Care	88	2.19%	988	24.56%
Dental Care	56	1.39%	979	24.34%
Family Planning	14	0.35%	966	24.02%
Filaria	91	2.26%	789	19.62%
Leprosy	57	1.42%	792	19.69%
Malaria	90	2.24%	822	20.44%
Maternal Care	89	2.21%	990	24.61%
Mortality	114	2.83%	968	24.07%
Natality LCR	14	0.35%	1004	24.96%
Natality TCL	89	2.21%	992	24.66%
Sexually Transmitted Infections (STIs)	88	2.19%	885	22.00%
Schistosomiasis	71	1.77%	826	20.54%

Actions to be taken: Communication letters for the provincial governors and mayors regarding the status of FHSIS reporting in their respective provinces/cities/municipalities, to be sent on a quarterly basis.

CALENDAR OF ACTIVITIES

Activity	Time Frame
Data Management	
1. Consolidation of FHSIS reports submitted by provinces	every last day of the next month following each quarter
2. Review and analysis of FHSIS reports submitted by provinces (timeliness, completeness and quality)	every 2nd week of the 2nd month following each quarter
3. Dissemination of FHSIS Summary Reports of Accomplishment and Completeness to Program Coordinators	every 2nd week of the 2nd month following each quarter
4. Innovation of database thru excel	Q1-Q4
Capacity Building	
1. Orientation on the Revised FHSIS Manual of Procedures Version 2018 for Batangas, Rizal and Quezon	November
2. Orientation on the Revised FHSIS Manual of Procedures Version 2018 for the Cities/Municipalities of Laguna	November
3. Attendance to Inter-Agency Meeting	Q1-Q4 (as requested)
Provision of FHSIS Forms	
1. Provision of FHSIS MOP Version 2018 to Cities/Municipalities	4 th Quarter
2. Provision of FHSIS Forms Version 2018 to Cities/Municipalities	4 th Quarter
Response to Data Requests	
1. Response to FOI requests and other relevant data requests	Q1-Q4 (as requested)

STATISTICS



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CALABARZON	
FHSIS	
Cumulative Report	
January to October	2019

Regional Database as of: 12/09/2019

Table 1. Projected Population, CALABARZON, 2019	
Province	Population
Batangas	2,957,600
Cavite	4,187,538
Laguna	3,339,270
Quezon	2,229,991
Rizal	3,222,926
CALABARZON	15,937,325

Table 2. Mortality Indicators, CALABARZON, January 1 to October 31, 2019				
Indicator	Number	NOH Target	Rate/Ratio	
Maternal deaths	46	52/100,000 LB	42 deaths/100,000 LB	
Perinatal deaths	223	18/1,000 LB	2 deaths/1,000 LB	
Neonatal deaths	649	10/1,000 LB	6 deaths/1,000 LB	
Infant deaths	904	17/1,000 LB	8 deaths/1,000 LB	
Under-five mortality	1,430	26/1,000 LB	13 deaths/1,000 LB	
Neonatal tetanus deaths	13	<1/1,000 LB	0 deaths/1,000 LB	
Total Mortality	40,925	-	3 deaths/1,000 pop.	

Table 3. Maternal Health Indicators, CALABARZON, January 1 to October 31, 2019				
Indicators	Elig. Pop.	Accomp.	%	Target
4 ANC*	314,221	124,610	39.66	90% (NOH)
PW* given TT2+	314,221	113,175	36.02	80% (NOH)
PW* given complete Iron w/ Folic Acid	314,221	127,583	40.60	80% (NOH)
PP* w/ at least 2 visits	314,221	144,638	46.03	95% (Program)
PP* given Iron	314,221	139,578	44.42	80% (Program)
PP* given Vit. A	314,221	134,034	42.66	80% (NOH)

*ANC-ante-natal care; PW-pregnant women; PP-post-partum

Table 5. Natality, CALABARZON, January 1 to October 31, 2019					
Indicators	TCL	%	LCR	%	NOH Target
Livebirths	153,246	-	109,013	-	-
Deliveries	151,821	-	108,599	-	-
FBD	143,360	94.43	100,913	92.92	90%
SBA	145,272	94.80	102,991	94.48	90%

Table 4. Child Health Indicators, CALABARZON, January 1 to October 31, 2019				
Indicators	Elig. Pop.	Accomp.	%	Target
FIC*	314,221	189,785	60.40	95% (NOH)
CIC*	314,221	27,542	8.77	-
EBF*	26,172	118,485	452.72	70% (NOH)
NBS* (done)	153,246	62,419	40.73	85% (NOH)
Vit. A				
6-11 mos.	157,061	177,694	113.14	90% (NOH)
12-59 mos.	1,299,570	444,011	34.17	90% (NOH)
Iron				
6-11 mos.	157,061	26,489	16.87	90% (Program)
12-59 mos.	1,299,570	30,980	2.38	90% (Program)
Deworming				
12-59 mos.	1,299,570	386,060	29.71	10.23% (Program)
Received MNP				
6-11 mos.	157,061	30,320	19.30	90% (Program)
12-23 mos.	312,362	33,053	10.58	90% (Program)

*FIC-fully immunized child; CIC-completely immunized child; EBF-exclusive breastfeeding; NBS-newborn screening; MNP-Micronutrients Powder

Table 6. Top 10 Leading Causes of Morbidity in FHUs, CALABARZON, January 1 to October 31, 2019	
1. J06: Acute upper respiratory infections of multiple and unspecified sites	
2. I10: Essential (primary) hypertension	
3. R05: Cough	
4. R50: Fever of unknown origin	
5. J00: Acute nasopharyngitis (Common Cold) ACUTE RHINITIS (CORIZA)	
6. J22: Unspecified acute lower respiratory infection (Acute Respiratory Infection) (ABU) Bacterial ACUTE LOWER RESPIRATORY TRACT INFECTION	
7. N39: Other disorders of urinary system	
8. T14: Injury of unspecified body region	
9. B34: Viral infection of unspecified site	
10. T79: Certain early complications of trauma, not elsewhere classified	

Table 7. Top 10 Leading Causes of Mortality in FHUs, CALABARZON, January 1 to October 31, 2019	
1. I21: Acute myocardial infarction	
2. J18: Pneumonia, organism unspecified	
3. I46: Cardiac arrest	
4. I10: Essential (primary) hypertension	
5. J96: Respiratory failure, not elsewhere classified	
6. I51: Complications and ill-defined descriptions of heart disease	
7. R57: Shock, not elsewhere classified	
8. A41: Other septicemia	
9. N18: Chronic renal failure	
10. I50: Heart failure	

Table 8. Dental Health Indicators, CALABARZON, January 1 to October 31, 2019

Indicators	Elig. Pop.	Accomp.	%	Target
Orally fit children (12-71 mos.)	2,151,539	111,113	5.16	5% (NOH)
Children 12-71 mos. old provided w/ basic oral health care (BOHC)	2,151,539	227,418	10.57	5% (Regional)
Adolescent & youth (10-24 yo) provided w/ BOHC	4,781,198	280,441	5.87	10% (Regional)
PW* provided w/ BOHC	314,221	53,379	16.99	15% (Regional)
Older persons 60 y/o & above provided w/ BOHC	1,111,811	83,365	7.50	10% (Regional)

*PW-Pregnant women

Table 9. Family Planning, January 1 to June 30, 2019*

Indicator	Elig. Pop.	Accomp.	%	NOH Target
Contraceptive Prevalence Rate	4,357,771	829,823	19.04	65%

*CPR is computed every quarter only

I. PROGRAM MANAGER CONTACT INFORMATION

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II. DATE LAST UPDATED: DECEMBER 9, 2019

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RAIZA V. VIAÑA

STATISTICIAN II

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DR. EDUARDO C. JANAIRÓ

REGIONAL DIRECTOR

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