



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	
I. TITLE: FIELD HEALTH SERVICES INFORMATION SYSTEM	
II. DESCRIPTION: The Field Health Services Information System (FHSIS) provides the Department of Health (DOH) with management information on the different public health programs. It is the official system of the DOH and designated national health statistics as per Executive Order 352. It was the unified, comprehensive and official source of data to Support documentation, analysis, planning and research for regional health program and other stakeholders for health.	
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 from quarterly to monthly basis by 2017.
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><b>A. RECORDING TOOLS:</b></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><b>1. Individual Treatment Record (ITR)</b></p> <p>The Individual Treatment Record is a document, form or piece of paper upon which is recorded 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><b>2. Target Client List (TCL)</b></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. TCL also facilitate the monitoring and supervision of service delivery activities, report services delivered. TCL data may provide a clinic-level database which can be accessed for further studies.</p> <p><b>3. Summary Table</b></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><b>a. Health Program Accomplishment</b> – 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>B. REPORTING TOOLS:</b></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 &amp; 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>
<b>E. TARGET POPULATION/CLIENT</b>	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.
<b>F. AREA OF COVERAGE</b>	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).
<b>G. PARTNER INSTITUTIONS</b>	Epidemiology Bureau, Department of Health; Provincial Health Office (LGU)



<p>H. POLICIES AND LAWS</p>	<p>Reporting of FHSIS from Field Health Units to DOH Central Office is anchored on Executive Order 352 (DESIGNATION OF STATISTICAL ACTIVITIES THAT WILL GENERATE CRITICAL DATA FOR DECISION-MAKING OF THE GOVERNMENT AND THE PRIVATE SECTOR) and DOH Administrative Order No. 2011-0010 (Implementing Procedures and Guidelines in Reporting Field Health Data to the DOH Central Office) .</p>
<p>III. STRATEGIES, ACTION POINTS, AND TIMELINE:</p> <p><b>Strategies:</b></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 and M2) filled up and submitted by midwives to the Public Health Nurse (PHN) in the Rural Health Unit (RHU). Data from M1 and M2 are then encoded to eFHSIS in the CHO / RHU upon validation. The city / municipal database is submitted to the Provincial Health Office (PHO) via email for merging. The merged provincial database will then be submitted to DOH ROIV-Calabarzon for consolidation, analysis and provision to the program managers.</p> <div data-bbox="277 602 1344 1300"> <p style="text-align: center;"><b>FLOW OF EFHSIS SCHEDULE OF SUBMISSION OF FIELD HEALTH UNIT TO NATIONAL REPORTING</b></p> <pre> graph LR     subgraph RHU_HC [RHU/HC]         ITR_TCL[ITR TCL] --&gt; M1_M2[M1 &amp; M2]         M1_M2 --&gt; Midwife     end     subgraph Municipal [Municipal Component City]         PHN     end     subgraph Provincial [Provincial]         Encoder     end     subgraph Regional [Regional]         Provincial_Coordinator[Provincial FHSIS Coordinator and IT]     end     subgraph National [National]         Regional_Coordinator[Regional FHSIS Coordinator and IT]     end      Midwife -- "submit report every 3rd day of succeeding month" --&gt; PHN     PHN -- "4th to 5th day validate report M1 &amp; M2" --&gt; Encoder     Encoder -- "encode the validated report M1 &amp; M2 and email to Provincial IT thru given official eFHSIS address 6th to 7th days of the succeeding mo." --&gt; Provincial_Coordinator     Provincial_Coordinator -- "validate and merge eFHSIS files submitted by FHL's (as monthly basis) and submit to region every 4th wk of every succeeding month" --&gt; Regional_Coordinator     Regional_Coordinator -- "validate and merge eFHSIS files submitted by FHL's (as qtrly basis) and submit to region every 1st wk of 2nd month after each quarter" --&gt; National     National -- "validate and merge eFHSIS files submitted by province incl. city for monthly and qtrly reports and disseminate to Program Managers for the compliance to EB-DOH as mandated for PHA assessment" --&gt; End[ ]           </pre> </div>	
<p><b>Action Points:</b></p> <ul style="list-style-type: none"> <li>-Included 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.</li> <li>- Allocated funds for one data reconciliation and validation activities per province</li> <li>- Included FHSIS report submission completeness status in the summary and system generated reports provided to cluster heads, PHTOs and PHOs/report senders in quarterly basis for program assessment and evaluation.</li> </ul>	



**Timeline:**

**Below is the schedule for the submission of FHSIS reports.**



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February 21, 2017

## ADVISORY

TO : ALL PROVINCIAL/CITY HEALTH OFFICE IN CALABARZON

FROM : **PRIO L. MAGPANTAY, MD, PHSAE, CESO III**  
Director IV

SUBJECT : **2017 Schedule for eFHSIS Report Submission**

The Department of Health – Regional Office IV-A Information System Unit would like to inform you of the 2017 schedule for eFHSIS report submission:

- Starting April, Provincial Health Offices are encouraged to submit reports to the Regional Office **monthly**.
- However, Provincial Health Offices are still encouraged to submit reports to the Regional Office on **quarterly** basis in line with the mandate given by the Department of Health as basis for regional submission to Epidemiology Bureau. Provincial quarterly data should be submitted to Regional FHSIS Unit **on or before the 1<sup>st</sup> week of the 2<sup>nd</sup> succeeding month following the quarter to be included in the official quarterly report.**

Reports to be Submitted	Deadline of Submission
<b>1<sup>st</sup> Quarter (January to March)</b>	<b>May 5, 2017</b>
April	May 26, 2017
May	June 30, 2017
June	July 28, 2017
<b>2<sup>nd</sup> Quarter (April to June)</b>	<b>August 4, 2017</b>
July	August 25, 2017
August	September 29, 2017
September	October 27, 2017
<b>3<sup>rd</sup> Quarter (July to September)</b>	<b>November 10, 2017</b>
October	November 24, 2017
November	December 29, 2017
December	January 26, 2017
<b>4<sup>th</sup> Quarter incl. Annual (Oct. to Dec.)</b>	<b>February 9, 2018</b>

- Reports should be submitted to **ro4a\_fhsisreport@yahoo.com**.
- Whatever is submitted to the regional office on the deadline shall be considered the official data of the province for the quarter/month. Additional data beyond the deadline **shall only be updated** on the next schedule of report submission.

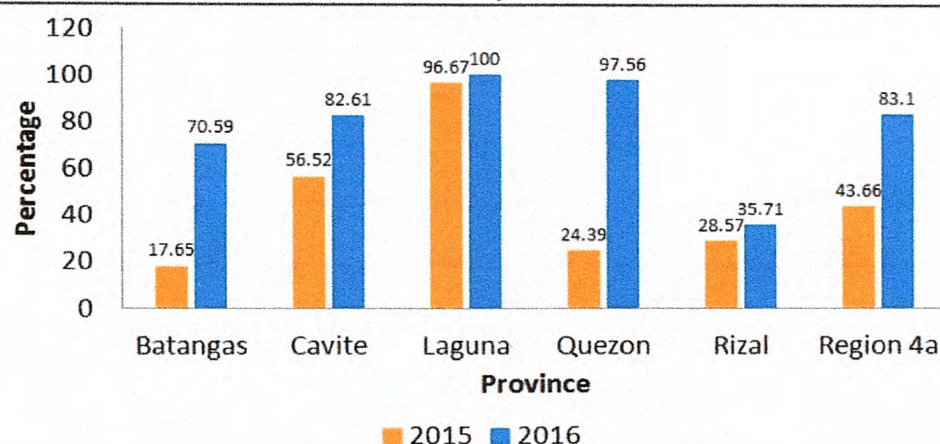


#### IV. PROGRAM ACCOMPLISHMENTS/STATUS

**TABLE I. COMPLETENESS OF SUBMITTED FHSIS REPORT, CALABARZON, JANUARY 1 TO DECEMBER 31, 2015 VS JANUARY 1 TO DECEMBER 31, 2016**

Province	# of LGUs	2015		2016		% increase/ decrease (2015 vs 2016)
		# of LGUs with complete report submitted	%	# of LGUs with complete report submitted	%	
Batangas	34	6	17.65	24	70.59	300% increase
Cavite	23	13	56.52	19	82.61	46% increase
Laguna	30	29	96.67	30	100.00	3% increase
Quezon	41	10	24.39	40	97.56	300% increase
Rizal	14	4	28.57	5	35.71	25% increase
Region IV-A	142	62	43.66	118	83.10	90% increase

**FIG I. COMPLETENESS OF SUBMITTED FHSIS REPORT BY PROVINCE, CALABARZON JANUARY 1 TO DECEMBER 31, 2015 VS JANUARY 1 TO DECEMBER 31, 2016**



**TABLE II. COMPLETENESS OF SUBMITTED FHSIS REPORT BY PROVINCE AND INDICATORS, CALABARZON, JANUARY 1 TO DECEMBER 31, 2016**

**FHSIS Report Submission Completeness Status**

Year: 2016      Period Covered: January to December      Regional Database as of: 4/10/2017

Province	No. of Reporting Unit (Barangays)	No. of Expected Reports as of December	CC	DH	FP	MC	Mal	Fil	Lep	Sch	TB	Mort	Nat TCL	Nat LCR	STI	DP*	EH*
Batangas	1,078	12,936	12,936	12,936	12,936	12,935	12,936	12,936	12,936	12,936	12,936	12,819	12,932	12,936	12,921	1,078	1,078
Cavite	829	9,945	9,945	9,945	9,945	9,943	9,945	9,945	9,945	9,945	9,945	9,441	9,939	9,940	9,923	803	829
Laguna	678	8,136	8,136	8,136	8,136	8,136	8,136	8,136	8,136	8,136	8,136	8,136	8,136	8,136	8,136	678	678
Quezon	1,242	14,904	14,904	14,904	14,904	14,904	14,904	14,904	14,904	14,904	14,904	14,616	14,904	14,904	14,904	1,242	1,242
Rizal	188	2,256	2,256	2,256	2,255	2,255	2,255	1,673	2,255	1,760	1,457	2,255	2,255	2,255	2,255	188	188
RO4A	4,015	48,180	48,177	48,177	48,177	48,173	48,179	47,597	48,179	47,684	47,381	47,267	48,167	48,172	48,139	3,989	4,015

\*Encoded annually


Legend:	
Submitted report complete	CC - Child Care
Submitted report incomplete	DH - Dental Health
No report submitted	FP - Family Planning
Submitted report more than no. of reporting unit	MC - Maternal Care
	Mal - Malaria
	Fil - Filariasis
	Lep - Leprosy
	Sch - Schistosomiasis
	TB - Tuberculosis
	Mort - Mortality
	Nat - Natality (TCL)
	TCL - Natality (TCL)
	Nat - Natality (LCR)
	LCR - Natality (LCR)
	STI - Sexually Transmitted Infections
	DP - Demographic Profile
	EH - Environmental Health



## V. CALENDAR OF ACTIVITIES:

Activity	Time Frame
<b>Documentation and dissemination of Report / Data Management</b>	
1. Consolidation / data quality review of reports - timeliness and completeness	Every 1st week of 2nd month after each quarter
2. Attendance to Inter-Agency Meeting (RSC-PSA)	Every 3rd week of April, July, October
3. Dissemination of status of completeness for eFHSIS provincial report to Program Managers	Every 1st week of 2nd month after each quarter
<b>Capacity Building</b>	
<b>1. Technical Assistance</b>	
a. eFHSIS Data Validation and Consolidation and eHEALTH Implementation in LGUs	February to November
b. Provision of Technical Assistance to FHUs and on-site monitoring	January to November
<b>2. Logistics Assistance</b>	
a. Provision of recording and reporting FHSIS forms to Field Health Unit	June

## VI. STATISTIC:



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**CALABARZON**  
**FHSIS**  
**Cumulative Report**  
 Annual      2016

Regional Database as of: 5/5/2017

Province	Population
Batangas	2,710,815
Cavite	3,945,265
Laguna	3,207,912
Quezon	2,192,831
Rizal	3,115,809
<b>CALABARZON</b>	<b>15,172,632</b>

Indicator	Number	Target	Rate/Ratio
Maternal deaths	120	52/100,000 LB	74 deaths/100,000 LB
Perinatal deaths	842	18/1,000 LB	5 deaths/1,000 LB
Neonatal deaths	1,166	10/1,000 LB	7 deaths/1,000 LB
Infant deaths	1,861	17/1,000 LB	12 deaths/1,000 LB
Under-five mortality	2,527	26/1,000 LB	16 deaths/1,000 LB
Neonatal tetanus deaths	5	<1/1,000 LB	0 deaths/1,000 LB
Mortality rate	57,487	-	4 deaths/1,000 pop.

Indicators	Elig. Pop.	Accomp.	%	Target
4 ANC*	409,661	152,254	37.17	90%
PW* given TT2+	409,661	142,688	34.83	80%
PW* given complete iron w/ Folic Acid	409,661	156,924	38.31	80%
PP* w/ at least 2 visits	409,661	183,617	44.82	-
PP* given iron	409,661	227,754	55.60	-
PP* given Vit. A	409,661	159,541	38.94	80%
CPR*	1,870,027	528,501	28.26	65%

Indicators	Elig. Pop.	Accomp.	%	Target
FIC*	409,661	240,666	58.75	95%
CIC*	409,661	45,417	11.09	-
EBF*	409,661	147,335	35.97	70%
NBS* (done)	216,264	73,090	33.80	85%
Vit. A				
6-11 mos.	204,831	224,620	109.66	90%
12-59 mos.	1,638,644	562,589	34.33	90%
Iron				
6-11 mos.	204,831	34,414	16.80	-
12-59 mos.	1,638,644	30,968	1.89	-
Deworming				
12-59 mos.	1,638,644	333,793	20.37	-
Micronutrient Powder				
6-11 mos.	204,831	21,448	10.47	-
12-23 mos.	409,661	29,905	7.30	-

\*ANC-ante-natal care; PW-pregnant women; PP-post-partum; CPR-contraceptive prevalence rate

Indicators	TCL	%	LCR	%
Livebirths	216,264	-	161,267	-
Deliveries	214,878	-	160,089	-
FBD	188,618	87.78	141,338	88.29
SBA	194,526	89.95	147,534	91.48

1. J06: Acute upper respiratory infections of multiple and unspecified sites
2. I10: Essential (primary) hypertension
3. J22: Unspecified acute lower respiratory infection
4. R05: Cough
5. R50: Fever of unknown origin
6. J00: Acute nasopharyngitis
7. T14: Injury of unspecified body region
8. T79: Certain early complications of trauma, not elsewhere classified
9. A09: Infectious gastroenteritis and colitis, unspecified

1. I21: Acute myocardial infarction
2. I18: Pneumonia, organism unspecified
3. I46: Cardiac arrest
4. I51: Complications and ill-defined descriptions of heart disease
5. I10: Essential (primary) hypertension
6. I25: Chronic ischemic heart disease
7. A41: Other septicemia
8. R57: Shock, not elsewhere classified
9. I64: Stroke, not specified as hemorrhage or infarction

\*FIC-fully immunized child; CIC-completely immunized child; EBF-exclusive breastfeeding; NBS-newborn screening

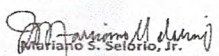


Table 8. Dental Health, CALABARZON, January 1 to December 31, 2016							
Indicators	Elig. Pop.	Accomp.	%	Indicators	Elig. Pop.	Accomp.	%
Orally fit children (12-71 mos.)	2,048,305	193,134	9.43	PW* provided w/ BOHC	409,661	291,892	71.25
Children 12-71 mos. old provided w/ basic oral health care (BOHC)	2,048,305	592,761	28.94	Older persons 60 yo & above provided w/ BOHC	1,046,912	240,900	23.01
Adolescent & youth (10-24 yo) provided w/ BOHC	4,551,790	750,117	16.48	*PW-Pregnant women			

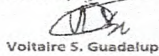
Table 9. Environmental Health, CALABARZON, January 1 to December 31, 2016									
Indicators	Households (HH)	Accomp.	%	Target	Indicators	Denominator	Accomp.	%	Target
Proportion of HH w/ access to improved or safe water supply					Proportion of food establishment w/ sanitary permits	81,612	67,500	83	100%
Level I		544,544			Proportion of food handlers w/ health certificates	273,564	261,196	77	100%
Level II		276,388							
Level III		2,011,777							
Total (I,II,III)		2,832,709	104.73	94%					
Proportion of HH w/ sanitary toilet facilities		2,522,885	93.27	93%					
HH w/ satisfactory disposal of solid waste	2,704,870	2,252,423	83.27	83%					
Proportion of HH w/ complete basic sanitation facilities		2,232,665	82.54	83%					

DISCLAIMER: Every effort has been made to provide accurate and updated information, however, errors can still occur. By using the information contained in this report, the reader assumes all risks in connection with such use. The DOH-RO IV-A shall not be held responsible for errors, nor liable for damage(s) resulting from use or reliance upon this material.

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