



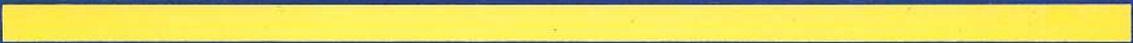
HAMIS

Health and Management Information System

DOH

Family Health Management in the Philippines

A Household Survey on Health,
Health Behavior and Health Expenditure



DOH

Department of Health of the Republic of the Philippines
Deutsche Gesellschaft für Technische Zusammenarbeit

gtz

Health and Management Information System
HAMIS

Editors

Detlef Schwefel¹, Benjamin Ariel Marte², Teofila Remotigue¹

- 1 German Agency for Technical Cooperation, Manila, Philippines
2 Department of Health of the Republic of the Philippines, Manila

Family Health Management
in the Philippines

A Household Survey on Health,
Health Behavior and Health Expenditure

Manila 1997

Philippine-German Cooperation
between the
Department of Health (DOH) of the Republic of the Philippines
German Technical Cooperation (GTZ)
German Federal Ministry for Economic Cooperation and Development (BMZ)
to Strengthen the
Health and Management Information System
(HAMIS)

Occasional Paper No. 16

Copyright by HAMIS
Department of Health
San Lazaro Compound, Rizal Avenue
1003 Santa Cruz, Manila, Philippines
Telefax: (63-2) 711 61 40 or 815 31 64

Family Health Management in the Philippines

A Household Survey on Health, Health Behavior and Health Expenditure

Table of Content

Table of Contents	i
Preface	ii
Acknowledgments	iii
Context	iv

A Household Health Expenditure Survey in Quezon Province	1
<i>Ophelia Mendoza</i>	
Household Health Economics in the Philippines	31
<i>Rachel Delino, Maria Teresa Carpio, Detlef Schwefel</i>	
Factors Affecting the Expenditure of Treatment of Four Selected Health Complaints	45
<i>Chitra Kumar Gurung</i>	
Predictors of Health Insurance Membership	109
<i>Laarni Quiles</i>	
Household Health Expenditure Survey: Summary Tables by Urban and Rural Areas	115
<i>Rachel Delino</i>	
	Municipalities 116
	Household Profile 121
	Household Roster 128
	Household Health Behavior 134
	Illnesses / Health Conditions 155
	Hospitalization 163
	Permanent Disability 170
	Contacts with Health Workers / Institutions 177
	Barangay Data 188
Household Health Expenditure Survey Questionnaire	191

Key Words:	Household Health Expenditure Survey, Cost of Illness, Health Care Financing, Household Health Economics, Health Insurance, Quezon Province, Philippines
------------	---

Family Health Management in the Philippines

A Household Survey on Health, Health Behavior and Health Expenditure

Preface

Since 1989 the German Ministry for Economic Cooperation and Development (BMZ) has supported the strengthening of the Health and Management Information System (HAMIS) of the Department of Health (DOH) through its German Technical Cooperation (GTZ).

The long-term goal of HAMIS is to improve the health services in the Philippines. The short-term purpose of the project is to provide and utilize relevant information and knowledge for a more equity, efficiency and effectiveness-oriented health management system. Based on a successful pilot phase (1989-1992) and implementation phase (1992-1995) the project now intends to consolidate the results to accomplish a sustainable institutionalization of the project components.

The HAMIS project has successfully realized most of its planned activities and has achieved very good results. Different HAMIS software modules were introduced to the national and some local governments and institutions aimed at the gradual and self-sustained take-over by the users. Social processes to strengthen information production and utilization were initiated and promoted, e.g., by quality assurance conferences. Through the HAMIS Contests on good health care management a variety of community programs for those in need was identified and integrated into an extended national networking. Several of the programs developed or discovered by HAMIS received national recognition for their valuable contributions to health and social development.

The articles in this book have one thing in common. They all make use of data gathered from the 1992 Household Health Expenditure Survey of Quezon Province. The said survey was conducted not only to provide essential background data for health care planning and management but to validate existing data as well. The questionnaire used in the survey was based on a detailed draft by HAMIS which was later developed and pilot-tested by the Department of Epidemiology and Biostatistics of the College of Public Health--University of the Philippines Manila. The survey aimed to examine the health-seeking behavior of households, the direct and indirect cost of illness and the financing strategies for health care. This book contains some highlights of the survey. Intended to serve as a resourcebook, it provides summary results in tabular form.

This publication is one of the many achievements of HAMIS. We welcome this contribution to the performance of the Department of Health. We see it as a fruitful result of a good Philippine-German Partnership.

Carmencita Noriega Reodica, M.D.,M.H.A.,CESO II
Secretary of Health, Department of Health
Republic of the Philippines

Milagros L. Fernandez, M.D.,M.P.H.,CESO II
Chief of Staff and Undersecretary of Health
Department of Health

Family Health Management in the Philippines

A Household Survey on Health, Health Behavior and Health Expenditure

Acknowledgments

We would like to thank the following for their assistance and support:

Integrated Provincial Health Office, Quezon Province

Dr. Manuel Salazar and Dr. Mario Cuento
All the Mayors and Municipal Health Officers of the different municipalities of Quezon

University of the Philippines - College of Public Health

Dr. Jane C. Baltazar, Ms. Rosario S. David,
the Field Survey Leaders, the Field Interviewers

Most especially to

the people of Quezon Province who gave time to respond to our questions.

We wish to thank all contributors for sharing their ideas and putting their messages across. We are especially indebted to Rachel Delino, who ably managed and processed the voluminous survey data into meaningful results.

THANK YOU VERY MUCH, INDEED!

Family Health Management in the Philippines

A Household Survey on Health, Health Behavior and Health Expenditure

Context

1. General Context

Valid and reliable information is an essential prerequisite for a more effective, efficient, and equitable health care system. On request of the Philippine Government the Federal Republic of Germany supports such endeavors through a grant channeled through the German Agency for Technical Cooperation (GTZ) on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ), 1989 - 1998.

Through the Goal Oriented Project Planning (ZOPP) methodology, which is mandatory for all German official development cooperation, repeatedly it was discovered that a core problem in health care management is an inefficient and ineffective health and management information system. Six major causes were identified:

- | | | |
|--|---|-------------------------------|
| > information gaps | = | lack of supply |
| > underutilization of data | = | lack of demand |
| > excessive generation of data | = | oversupply |
| > poor reliability and validity of data | = | poor product quality |
| > lack of skills in information management | = | poor production processes and |
| > lack of cost-effectiveness of health management. | | |

Following ZOPP methodology, these problems were translated into objectives and operationalized by identifying the activities to achieve them.

The interaction between planning, exploration, implementation and replanning showed clearly that developing or strengthening health and management information systems is not just a technical matter of data handling and informatics. It is a joint task for medical, economic and social sciences. It has at least four dimensions:

- > **information on management** means discovering good management practices in the field, thus understanding from reality and not just from textbooks what good management is and the role data and information play in it
- > **information for management** means improving management of health care through data and information and thus enhancing an information culture for key areas of concern; for example, decentralized health care and assured health care for the poor
- > **information management** asks for information economics, i.e. efficiency in informatics and information collection as well as using need-responsiveness and cost-effectiveness concepts

- > **project management** means addressing this broad focus pragmatically in view of constraints.

These four dimensions of HAMIS deny a predominantly technical notion of health and management information systems. Rather, it is an incremental but nevertheless systematic approach to use data and information and understanding to strengthen a knowledge-based, i.e. rational decision making towards effectiveness, efficiency and equity in health care.

2. Specific context

Increased decentralization of health care tries to strengthen self-control and management at a level closer to the communities. The following approaches were used to justify and develop the first steps of a need-responsive and cost-effective Health and Management Information System (HAMIS) to support decentralized health care management.

2.1 Information needs

Five approaches were used to design a need-responsive Health and Management Information System (HAMIS).

- > **felt information needs** of health managers were identified via a survey with 192 health managers in two provinces of Northern Mindanao
- > **implicit normative information needs** according to the state of the art of public health were elaborated by an outstanding expert
- > **explicit normative information needs** were drafted according to an economic decision making framework for the health sector
- > **expressed information needs** were analyzed by case studies of good health care management schemes that were discovered all over of the Philippines
- > **comparative information needs** were assessed via a review of health reporting abroad

2.2 Information demand and supply

The health and management indicators that emerged from these steps were reviewed and validated by health managers at local, regional and national level. After further technical review this list of indicators was provided through a survey to more than 10 different groups of health professionals and decision makers to identify a cost-effective shortlist of key indicators for management at the decentralized levels of health care. Existing as well as potential sources for all indicators were identified and compared according to criteria of availability and cost.

2.3 Information systems of HAMIS

These steps allow us to propose need-responsive and cost-effective information systems. Based on this HAMIS is working actually on the following lines of production and marketing.

2.3.1. Public health information systems

The Field Health Services Information System (FHSIS) of the Department of Health contains very important data on health services that is being brought back to the lower levels of health care management in a way understandable to the grassroots health workers; we propose the use of our BLACKBOX information system which is based on the FHSIS data. A menu driven software is ready for application by any interested province, district, municipality or even barangay health station. As of now it contains data on 14 health programs and on population, morbidity and mortality.

2.3.2. Hospital information systems

In this area HAMIS operates at two levels, at the level of handling the existing routine data available in the Department of Health and at the level of setting up information systems proper at the hospital level.

- > Routine data on hospitals: Data compiled with the Department's Hospital Operations and Management Service (HOMS) form contain important data on hospital services. HAMIS developed a computerized encoding and retrieval system for this data on public hospitals (HOMSBOX) as well as on data given by private hospitals licensed by the Department of Health (LEILA).
- > Hospital information system: On the other hand side, a consultant of HAMIS has successfully adapted his computerized Private Hospital Information System to be used in a Public Provincial Hospital. This LUCENA system basically is a menu driven software for admissions and medical records and contains data on patients, physicians, sociodemographics and on morbidity and mortality. Actually it is being replicated in more than 40 hospitals with quite different sizes and locations. An outpatient module is being prepared. Other modules are under study.

2.3.3. Material and money management information systems

According to our analyses on information needs and demands data on logistics, procurement and financing in the sectors of field health services and of hospitals are missing, especially.

- > Logistics information system: For the management of drugs, medical and laboratory supply we propose our HAMIS Logistics Information System as a starting point. It was pilot tested, first in the MARAMAG district hospital in Mindanao and so we call it. Its base is a software of the National Computer Center. A broad band replication is on the way.
- > Money management information system: A MONEY management information system for use in public hospitals was developed, too. It follows the flow of monies and takes as starting points the cashier and the accountant in the hospitals. Such information systems will be merged eventually and linked to the payroll, billing and other information systems in the hospitals and similar institutions of health care.

2.3.4. Health financing and insurance information systems

Institutional money and material management information systems will be linked eventually with broader information systems on health care financing. In this area, HAMIS presently works at three levels.

- > Provincewide institutional studies on costs and financing for health (PISCO) look into the details of financial management of provincial, district, and municipal hospitals as well as of smaller health care institutions.
- > The household level of health care financing was studied through a representative household survey of 1,728 households in Quezon province and dealt with health seeking behavior and private health expenditure (QUESEX); direct and indirect costs and sources of financing were the main topics of this survey.
- > Intermediary levels of health care financing for communities through cooperatives, mother clubs, local health insurances, loan arrangements and the like are being studied and strengthened via a special string of sub-projects of HAMIS related to the discovery of good health care management through nationwide contests (DISCO).

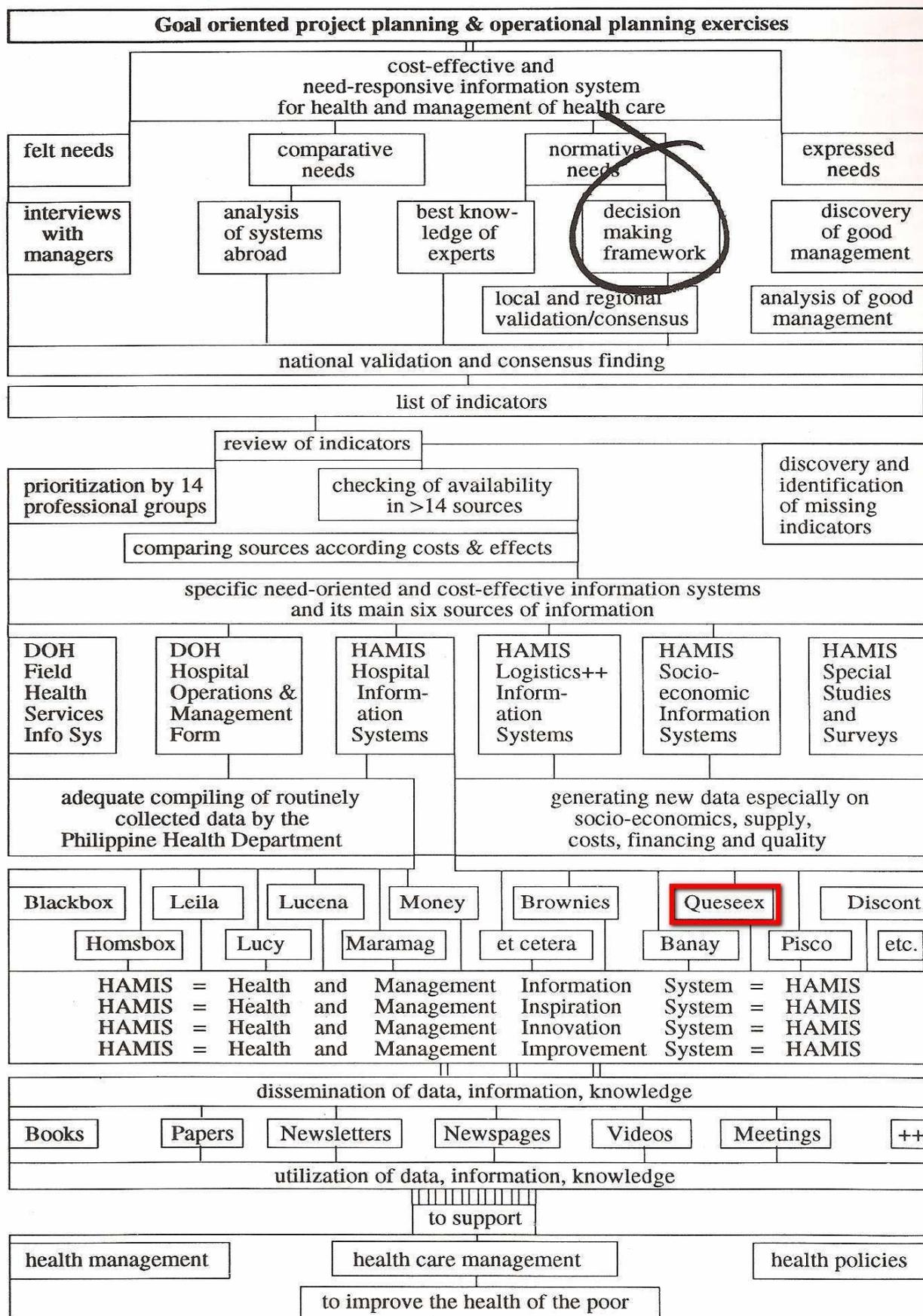
2.3.5. Socio-economic information systems

Here we support one system on barangays that is in the hands of the midwives and one system on the puroks in the hands of the barangay health workers.

- > Barangay information system: The missing link between socio-economics and health care can be filled by using the HAMIS Barangay Socio-economic Profile that contains in addition to socio-economic data, data on culture and provision of and access to health care at the local levels. A menu driven software is available with all such data for the barangays in Bukidnon Province; we call it BROWNIES and it can be linked with BLACKBOX. It is being used now in eight provinces.
- > Purok information system: This system includes data of an autochthonous information system that is in the hands of community health workers. Household information on a few basic indicators, e.g., immunization, family planning, sanitation, is put on spot maps and is a means of community health awareness and empowerment. We call it BANAY, the Visayan word for groupings of households. It is now a national program, already.

2.3.6. Information systems on good health care management

Last not least, one important step for obtaining knowledge on the data and information needed for good management is the discovery of good management. HAMIS discovered more than 250 such schemes through national contests and supports and learns from the best hundred-twenty. The factors of success were analyzed and the role that data/information played as a production factor for such “good” management. Support is given to the self-organization of the winners into networks of excellency in health care management. The Federation of the HAMIS Winners in the Philippines, Inc., emerged as a consultative body for the Department of Health and is influencing health policy and law making.



2.3.7. Conclusion and graphical summary

When data/information/knowledge obtained with these instruments are being recycled back in an understandable way to (local) governments and health workers, the health management system will increase equity, efficiency and effectiveness of health care. This is our aim and purpose.

The figure in the preceding page expresses in a graphical way our steps to strengthen the Philippine Health and Management Information System (HAMIS). The positioning of this volume is encircled in this cognitive mapping of our project strategy.

3. This publication

This publication is part of our dissemination strategy for HAMIS. We strongly believe that applied information economics must care for the entire production cycle of information, i.e. bridging needs, demands, (factors of) production, consumption and reproduction. The proof of the pudding is in its eating. If we fail to bring back information to the health care managers and to the populace taking health in their own hands, the production of information would be meaningless.

This is why now we try to find our ways to disseminate our findings to the different clienteles via workshops, (quality assurance) conferences, videos, newsletters, newspaper pages, popular books and occasional papers. This series of Occasional Papers is intended for all levels of health (care) managers, especially for those who are working to improve effectiveness, efficiency and equity of health care.

Manila, March 1997

Professor Dr. Detlef Schwefel
HAMIS Program Advisor
Deutsche Gesellschaft für Technische Zusammenarbeit

Dr. Benjamin Ariel Marte
HAMIS Program Manager
Department of Health