

# ENGAGING THE PRIVATE HEALTH-CARE SECTOR TO IMPROVE LOCAL MONITORING AND EVALUATION OF FAMILY PLANNING AND MATERNAL AND CHILD HEALTH PROGRAMS IN THE PHILIPPINES

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## INTRODUCTION

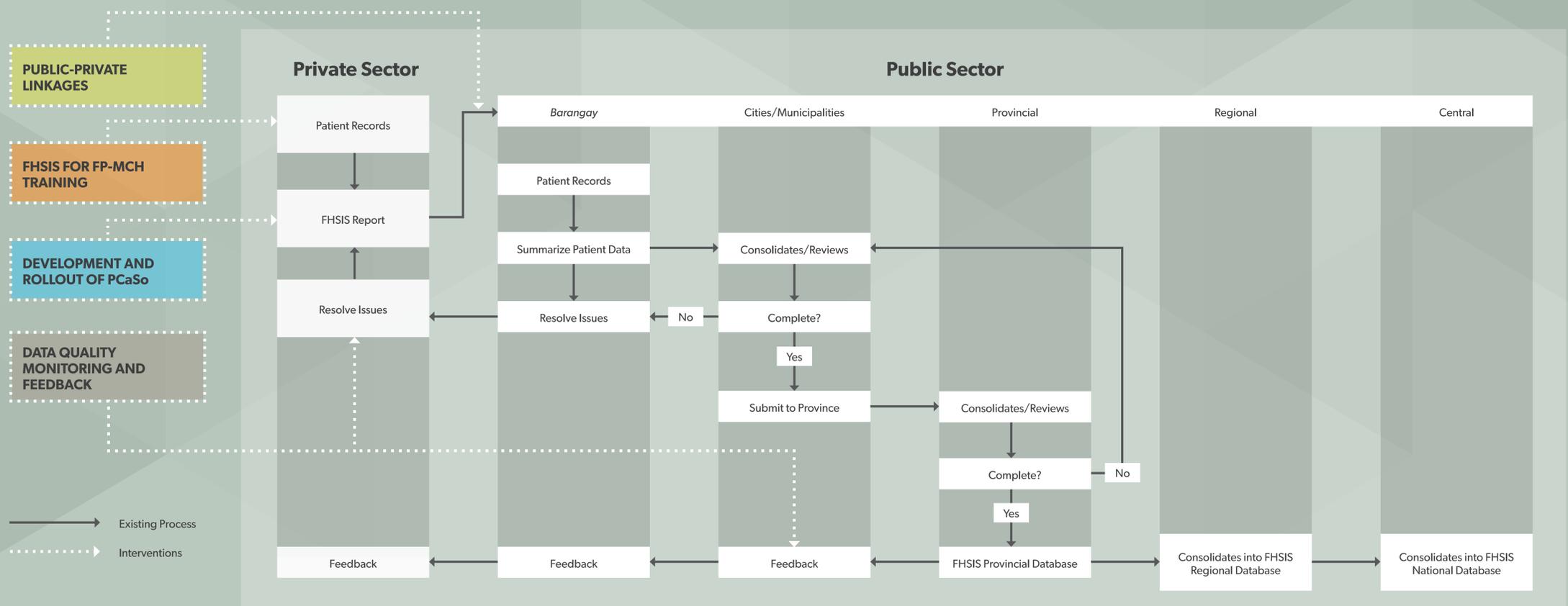
In the Philippines, services for family planning and maternal and child health (FP-MCH) have generally been regarded as primarily a public effort by the Department of Health and local government units. Under this operating framework, monitoring and evaluation of FP-MCH covers only the public sector and is performed as a collateral function of public sector service delivery. However, achievements in FP-MCH are increasingly a result of both public and private efforts. Public-private partnerships are needed 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. Collecting health data from private clinics and private health-care providers, and incorporating it into data from the public sector, provides managers and policy-makers a more complete view of health trends.

The USAID-funded Private Sector Mobilization for Family Health — Phase 2 (PRISM2) Project, which ran from 2009 to 2014, assisted the Philippines Department of Health and local government units in engaging and mobilizing private sector resources in the delivery of FP-MCH services and products. A key component of the project focused on expanding private sector compliance with common monitoring and evaluation standards, under the stewardship of the public sector.

## INITIATIVE

The Department of Health developed the Field Health Service Information System (FHSIS) to better manage its nationwide health service delivery activities and to provide the basic service data needed to monitor activities in each health program. As an official system of the Department of Health, the FHSIS is intended to address the short-term needs of the Department of Health and local government staff with managerial or supervisory functions in health facilities and program areas. The FHSIS is the only information system in the government system that functions down to the *barangay* (village) level. The PRISM2 project built on the public sector FHSIS by:

- » Designing and implementing an FP-MCH-focused FHSIS training program for private sector health service providers
- » Developing and rolling out an electronic reporting system as a point of care solution (PCaSo) for use in the private sector
- » Establishing linkages between private providers and the public sector
- » Establishing mechanisms for data quality monitoring and control



### PUBLIC-PRIVATE LINKAGES

As part of PRISM2's larger initiative of integrating the private sector into local service delivery networks, public and private sector health managers and providers were encouraged to sign a formal partnership agreement documenting roles, responsibilities, requirements, and expectations to encourage compliance with data collection protocols and timely submission of information.

### FHSIS FOR FP-MCH TRAINING

The PRISM2 project aimed to build the data management competencies of private sector practitioners to enable them to integrate data from this sector into the regular FHSIS reporting system for FP-MCH. To standardize the training of private health-care providers on FHSIS, PRISM2 developed a training module focusing on FP-MCH recording and reporting. Local public sector health managers facilitated the training of private practice midwives and private hospital staff, strengthening the partnership between the public and private health sectors. At the end of each training session, the private facilities and the public sector representatives agreed on the reporting flow and dates of submissions.

### DEVELOPMENT AND ROLLOUT OF PCaSo

To increase the efficiency of patient recordkeeping, and to ensure error-free generation of FHSIS reports by private practice midwives, PRISM2 developed customized, standalone computerized patient recording software that collects FP-MCH services data on individual clients. The PCaSo produces automated and error-free FHSIS summary reports for submission to the public sector, eliminating manual counting and saving private midwives considerable time. Facilities complete a PCaSo readiness checklist prior to installation of the system and training in its use. While PCaSo is free to use and has no recurring license fee, prior to receiving the free software the project required facilities to commit to submitting monthly FP-MCH reports to the public sector and to undergo training on FHSIS for FP-MCH.

### DATA QUALITY MONITORING AND FEEDBACK

Maintaining high-quality data is important in every information system. As part of the FHSIS learning process, staff from the local public health department coached private midwives monthly by using a data validation guide that the project developed. These coaching activities were done either through facility visits or group data validation meetings for areas with a larger number of midwives. During monitoring and coaching activities, public sector partners checked the accuracy of the reports generated by the private midwives against the target client lists and individual treatment records. Clarifications and discussions in collaborative meetings further maximized the learning process. Public health managers also provided feedback to each reporting private facility.

## RESULTS

During the course of the five-year PRISM2 project, 994 private health providers (mostly private practice midwives) representing 709 private facilities were trained on the FP-MCH portion of the FHSIS. Private facilities trained on the FHSIS reported more than 134,000 facility-based deliveries, more than 78,000 postpartum mothers who initiated breastfeeding within the first hour of delivery, and more than 31,000 current users of family planning. These data represent up to 12 percent of the overall FP-MCH accomplishments in some locations, despite the fact that the initiative focused only on a sub-set of private health-care providers. Overall, the data reported from the private sector through the FHSIS are significant given that achievements and progress in the private sector had previously gone unreported.



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