

The logo for GTZ (Gesellschaft für Technische Zusammenarbeit) is located in the top right corner. It consists of the lowercase letters 'gtz' in a white, italicized, sans-serif font, with a red outline and a red shadow effect.The acronym 'HAMIS' is displayed in a large, bold, black, sans-serif font, centered within a yellow rectangular area. This yellow area is framed by a red border.

Health and Management Information System

The logo for the Department of Health (DOH) is located in the bottom left corner of the yellow area. It features the letters 'DOH' in a bold, white, sans-serif font, with a blue outline and a blue shadow effect.

# Good Health Care Management

The Winners of the First HAMIS Contest



**DOH**

**gtz**

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

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Health and Management Information System

**HAMIS**

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**Good Health  
Care Management**

The Winners of the First HAMIS Contest

**Melahi Pons, Detlef Schwefel**

Manila 1993

Philippine-German Cooperation  
between the  
Department of Health (DOH)  
of the Republic of the Philippines  
German Agency for Technical Cooperation (GTZ)  
German Federal Ministry for Economic Cooperation (BMZ)  
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Health and Management Information System  
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Keywords: Health care management, Innovations, HAMIS contest winners

**First HAMIS Contest Winners****HAMIS Gold Medalists**

Diabetic patients association	Lucena	114
Drugstore cooperative	Manila	103
Mothers club for PHC	Surigao	131

**HAMIS Silver Medalists**

Three years ambassadors	15 sites	70
University's outreach	Iloilo	107
Health and social center	Manila	119
Radio for health	Quezon City	141
Doctor's community health	Cebu	149
Herbal medicine	Samar	154
Community health as a mission	Pasay	158
Medicinal plants	Laguna	167

**HAMIS Bronze Medalists**

Herbal medicines	Iloilo	51
Redemptorist community health	Tacloban	55
BHS beautification	Batangas	63
Malnutrition and embroidery	Negros	67
Alternative malaria control	Tawi-Tawi	82
Health insurance	Batangas	85
Multipurpose charity	Quezon	91
Water and PHC	La Union	93
Integrated development agency	Pampanga	97
BHW health stations	Quezon	111
TB program	Marinduque	112
Basic health care	Cebu	117
Family welfare program	Antique	124
Malaria and vector control	Camarines	125

Motherclubs and PHC	Ilocos	129
Barangay disaster brigade	Cebu	139
Youth group and health	Leyte	146
Barangay health workers	Misamis	175

**DOH Recognition Awards**

Health insurance	Manila/Laguna	47
Student induced self help	Cebu	49
Minihospital	Romblon	59
Masterlisting	Negros	61
Neighbourhood house care	Cotabato	65
Hospital networking	Iligan	78
Health banking and development	Sorsogon	80
Community empowerment	Samar	87
Workers health	Philippines	89
Nutrition and MCH	Davao	94
Radio show for health	Isabela	98
Health financing by cooperative	Sorsogon	100
BHW association for PHC	Samar	127
Saving for health & development	Quezon	135
Information nutrition for the poor	Manila	137
Indigency program	Isabela	147
Refugees mental health	Bataan	163
Improved Rural Health Unit	Romblon	165
Community based health program	Samar	170
Ladies association	Mountain	173

**Other Recognition Awards**

PHC for mental health	Bulacan	53
Nutrition village	Agusan	57
Private public health	Negros	76

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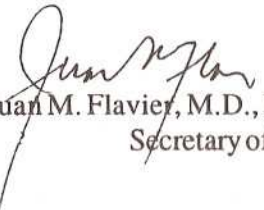
## Preface

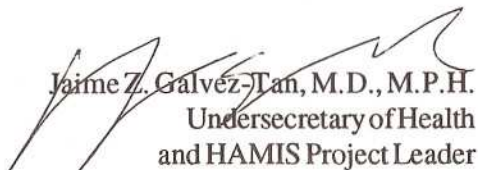
The Department of Health aims to put health in the hands of the people. To achieve this purpose, information can matter more than any material resources. Primary health care as well as any other element in the health system need information support. Information is especially required to realize knowledge-based decision making at all levels of health care management. Information provides power to people who should take health in their own hands.

In the course of the Philippine-German cooperation towards strengthening the Health and Management Information System (HAMIS) of the Department of Health, a number of exciting undertakings were done and innovative findings discovered. But what good are these discoveries if not drawn to the public's attention? What good are all the data, understanding and knowledge if only stored in our files and not shared or brought forth to the consciousness of people who can actually take health care management into their own hands? This series of publication aims to share the experien-

ces of HAMIS towards health in the hands of the people. We are confident that with this development, more will be compelled to share the experiences they have acquired in the practise of health care management; more will be willed to make known, relevant information they have discovered and have built-up.

The HAMIS Project has shown that efforts towards health in the hands of the people can be stimulating and innovative, unique and exciting.

  
 Juan M. Flaviez, M.D., M.P.H.  
 Secretary of Health

  
 Jaime Z. Galvez-Tan, M.D., M.P.H.  
 Undersecretary of Health  
 and HAMIS Project Leader

# Good Health Care Management

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## 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 endeavours through a grant channeled through the German Agency for Technical Cooperation (GTZ) on behalf of the Federal Ministry for Economic Cooperation (BMZ), starting 1989.

Through the Goal Oriented Project Planning (ZOPP) methodology, which is mandatory for all German official development aid, 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
- > underutilization of data
- > excessive generation of data
- > poor reliability and validity of data

- > lack of skills in information management
- > 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** are being analyzed by case studies of good health care management schemes that were discovered in 50 provinces 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 grassroot 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 8 hospitals with quite different sizes and locations to test its robustness. 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 is being pilot tested in two hospitals and a Regional Health Office, in Mindanao, first in the MARAMAG district hospital and so we call it. Its base is a software of the National Computer Center.
- > Money management information system: A MONEY management information system for use in public hospitals is under development. 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 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 more than 1,500 households in Quezon province and dealt with health seeking behavior and private health expenditure (QUESEEX); direct and indirect costs and sources of financing were the main topics of this survey.
- > Intermediary levels of health care financing 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 (DISCONT).

### 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 replicated now in two other provinces.

- > Purok information system: This system includes also data on 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.

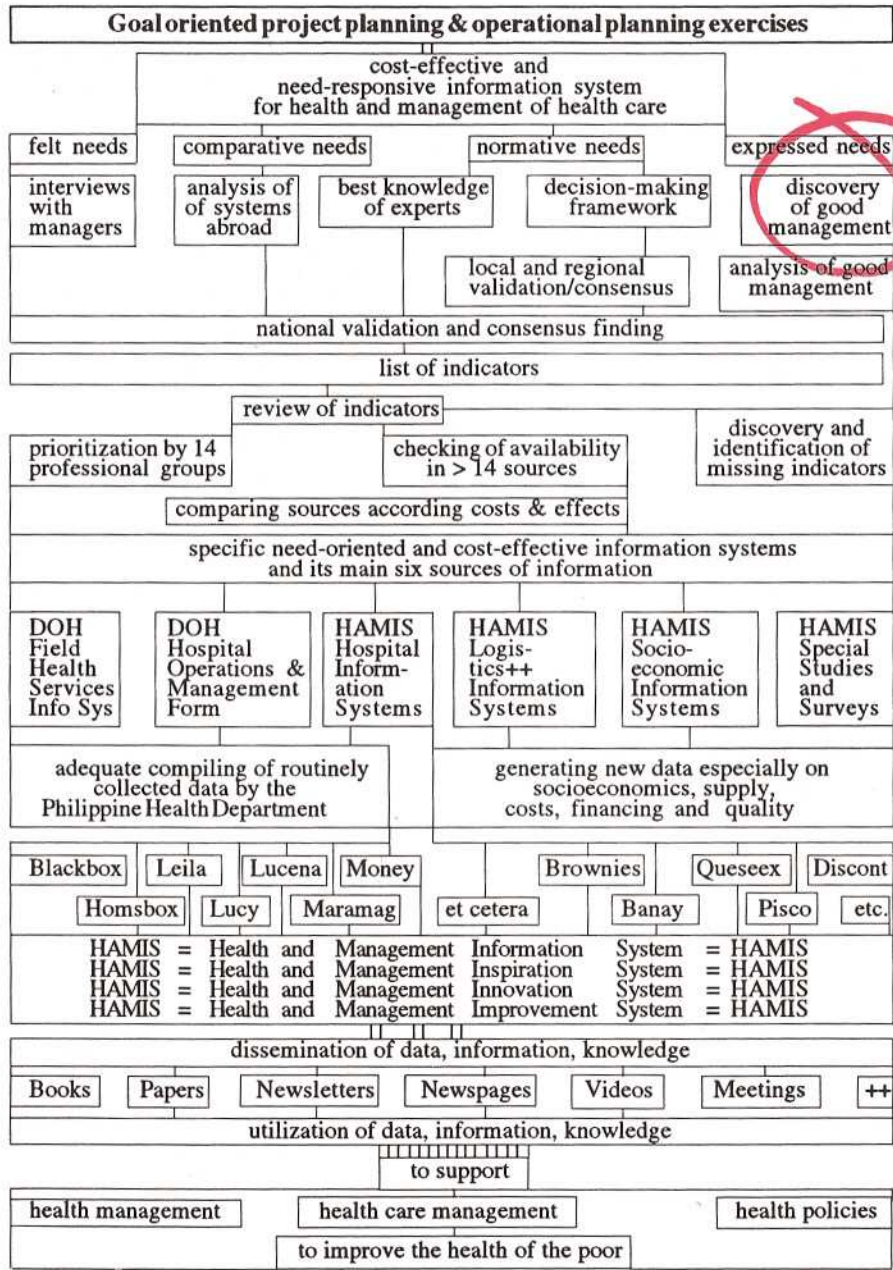
### 2.3.6. Information systems on good health care management

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 100 such schemes through a national contest and supports and learns from the best fifty-two. Actually the factors of success are being analysed 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.

### 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 following page expresses our steps to strengthen the Philippine Health and Management Information System (HAMIS) in a graphical way.



**3. This publication**

This publication is an essential 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 clientele via workshops, conferences, videos, newsletters, newspapers, popular books and occasional papers. This series of Popular Papers is intended for all levels of health (care) managers, especially for those close to the grassroots who take health (care) in their own hands, working to improve effectiveness, efficiency and equity of health care.

The positioning of this volume of our Popular Papers is encircled in the foregoing cognitive mapping of our project strategy.

Manila, June 1993



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 HAMIS Project Manager  
 Deutsche Gesellschaft für  
 Technische Zusammenarbeit



Melahi C. Pons  
 Department of Health  
 Management Advisory Service  
 HAMIS Counterpart

# Good Health Care Management

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## Executive Summary

To be able to improve health care management one should know what good health care management is. One source of information is to discover, describe and analyze examples of such a management. At the level of local health services a contest for discovering innovations is a choice which will be exemplified and justified in this paper.

More than 100 applications for the HAMIS Contest were received from all regions of the Philippines and from 52 of the 75 provinces. All applications were submitted to a standardized fourfold peer review. Additionally, a total of 70 projects from 50 provinces were screened in detail through site visits. A checklist of 59 binarily worded criteria looked into quality, innovativeness, effectiveness, equity, efficiency and sustainability. One project was unanimously chosen as the best by all Selection Committee members, two others with only one dissenting vote each. In a ceremony held in Malacañan Palace, the three gold and the eight silver winners were given their awards by the President of the Philippines, the German Ambassador and the Secretary of Health.

The Contest showed that there are innovative ways of improving effectiveness and efficiency of health care for those in need. Research is underway to study factors of success in depth. The HAMIS winners demonstrate that good management makes possible improvement in health care under any given circumstances. The experience of the winners showed that good health care

management does the right things despite scarcity of resources and immobility of institutions and people. Good health care management

- > discovers untapped resources in the sense of financial, material, moral and time resources, as for example through innovative ways of fund raising or using herbal plants or converting charity into economics or using the time of mothers of malnourished children,
- > mobilizes human and intellectual resources, as for example via empowerment of mothers and health workers and through better use of knowledge and information,
- > combines existing resource patterns resulting in multiplicative effects, as for example university training and health services or private and public health services or radio stations,
- > reconfirms productivity gains through self-organization and banding together, as for example through patient associations and drug cooperatives.

Good health care management in this sense is the more productive use of otherwise overlooked resources for the benefit of those in need.

After the contest, the 52 winners formed a southern and a northern association to strengthen and be lobbyists for good management. HAMIS Clubs were built upon issues of mutual interest, i.e. community health workers, herbal medicine, drug cooperatives, health financing and insurance. The winners are co-equal partners for preparing, imple-menting and using the next contest to bring into the fold new excellent health care managers and to establish and renew self-sustainable reassurance networks to benefit the poor.