FACILITATOR'S GUIDE

Training Programme
on Management of a Gender Sensitive
Health Micro-Insurance Scheme (HMIS)
in the Philippines

The ILO Subregional Office for South-East Asia and the Pacific, located in Manila, serves Australia, Fiji, Indonesia, New Zealand, Papua New Guinea, the Philippines, Solomon Islands, Timor Leste and Vanuatu. It also works with other countries in the Pacific on their road to the ILO membership.

The Subregional Office promotes Decent Work in the above countries to provide opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity. The Decent Work integrates ILO's four strategic objectives - rights at work, employment, social protection, and social dialogue. The Office works closely with its tripartite constituents in the subregion through Decent Work Country Programmes, which define national social development priorities within the overall framework of the Decent Work agenda.

ILO Subregional Office for South-East Asia and the Pacific
19th Floor, Yuchengco Tower, RCBC Plaza
6819 Ayala Avenue, 1229 Makati City
P.O. Box 4959 Makati City, Philippines
Tel. No.: (632) 580-9900
Fax No.: (632) 580-9999
E-mail: manila@ilomnl.org.ph
Website: www.ilo.org/manila

The Strategies and Tools against social Exclusion and Poverty global programme (STEP) of the International Labour Organization (ILO) is active in two interdependent thematic areas: the extension of social protection to the excluded and integrated approaches to social inclusion.

STEP supports the design and dissemination of innovative systems intended to extend social protection to excluded populations, particularly in the informal economy. It focuses in particular on systems based on the participation and organization of the excluded. STEP also contributes to strengthening links between these systems and other social protection mechanisms. In this way, STEP supports the establishment of coherent national social protection systems, based on the values of efficiency, equity and solidarity.

STEP's action in the field of social protection is placed in the broader framework of combating poverty and social exclusion. It gives special emphasis to improving understanding of the phenomena of social exclusion and to consolidating integrated approaches at the methodological level which endeavour to reduce this problem. STEP pays special attention to the relationship between the local and national levels, while at the same contributing to international activities and agenda.

STEP combines different types of activities: studies and research; the development of methodological tools and reference documents, training, the execution of field projects, technical assistance for the definition and implementation of policies and the development of networking between the various actors.

The programme's activities are carried out within the Social Security Policy and Development Branch of the ILO, and particularly its Global Campaign on Social Security and Coverage for All.

Strategies and Tools against social Exclusion and Poverty programme
Social Security Policy and Development Branch
International Labour Office
4, route des Morillons
CH-1211 Geneva 22 Switzerland
Tel: (+41 22) 799 6544; Fax: (+41 22) 799 6644
Email: step@ilo.org

Table of Contents

Introduction

Studies have shown that community-based Health Micro-Insurance Schemes (HMIS) are promising alternatives to help the informal sector expand their access to social protection services, particularly quality health care. Given the steady growth of people working in the informal economy and their limited access to social protection services, the importance of community-based HMIS cannot be overemphasized. It is necessary that every effort must be exerted to help these initiatives become viable and self-sustaining. In the long run, their effectiveness and efficiency will ultimately contribute to the overall goal of providing a decent work for every individual in the workforce.

Considering that HMIS are relatively new in the Philippines, their day-to-day operations are not yet that stable. Several HMIS lack the rational basis for determining their members' premiums and defining the package of services to offer. Some lack the necessary information and know-how in running their HMIS while others are unable to progress and sustain their operations and fail to act on critical issues ahead of time. In response, the ILO-STEP in the Philippines in 2003, produced a comprehensive Reference Guide on HMIS which contains information on basic principles and steps in setting up the scheme, administration and financial management guidelines and tools, as well as monitoring and evaluation methodologies to asses the viability of their schemes. This guide was intended for the managers and administrators of HMIS in the country, for those who are planning to set up one, and for other stakeholders involved in community-based initiatives such as micro-health insurance.

Rationale

This HMIS Reference Guide was first applied to a set of managers and key staff of social health insurance under the Agrarian Reform Program, being assisted by the Department of Agrarian Reform (DAR) and ILO-STEP Philippines. Though the Reference Guide was designed as a stand alone material, there was a need to organize these groups of managers and administrators under a training scheme to better appreciate the content of the Reference Guide. The ILO- STEP Philippines together with DAR believes that a Training Programme is necessary to further enhance the understanding of the HMIS managers and staff in running more efficiently and effectively their respective HMIS. The Training Programme is seen to

offer a better learning environment, not only in giving focus to the content of the Reference Guide, but also in providing an avenue to exchange their ideas and experiences on what works best and what to avoid. The training was expected to enjoin them to critically assess their current operations as a group and come up with an action plan to further improve the management and operations of their HMIS. In this regard, a four-day Training Programme was designed and conducted to further develop their capacities as managers and administrators of their HMIS.

The Facilitator's Guide

As a result of the first training undertaken, the ILO-STEP Philippines hopes to standardize this Training Programme in order to benefit others who would be willing to do the same. For this purpose, a Facilitator' Guide is developed to serve as reference for anyone who will be involved in organizing and conducting this Training Programme. The Facilitator's Guide incorporates the methodologies applied during the first batch of training as well as the lessons learned when the different modules and sessions were carried out.

This Facilitator's Guide has three parts: Part I presents the Training Programme Design; Part II provides guidelines in the preparation for the Training; and Part III spells out the guide in facilitating each module of the Training Programme.

This Facilitator's Guide must be viewed as recommendatory. Facilitators must exercise their own creativity in coming up with more appropriate learning exercises and even better manner of generating the expectations of the Training Programme. Flexibility must be observed as one conducts the Training Programme to different batches of participants. If there is a need to modify a certain module, shorten or lengthen the duration of the sessions and introduce new exercises, these must be carried out without losing the ultimate purpose and overall objectives of the activity.

Part 1: The Training Programme Design

Objectives

Overall, the Training Programme aims to further enhance the capacity of community-based groups in setting-up, managing and monitoring the operations of their respective HMIS. Specifically, the Training Programme aims that at the end of the 4-day training, the participants have:

(1) increased their knowledge of the rationale, principles and essential elements and processes of a community-based health micro-insurance scheme

(2) expressed their appreciation of the management tools and systems to be put in place to ensure a more effective and efficient operations of their HMIS

(3) assessed their current operations and identified strengths and areas for improvement using the newly-introduced principles, tools and guides

(4) developed an action plan to further improve the effectiveness and efficiency of their HMIS

Target Participants

This Training Programme is designed for managers, administrators and key staff of existing community-based HMIS in the country. It is also applicable to anyone who plans to initiate the establishment of an HMIS in any given locality and sector. It may also be adapted to orient key officials or stakeholders who may be willing to learn more about the operations of an HMIS.

Training Modules

The Training Programme consists of the following 6 modules. Under each module, specific sessions are designed with corresponding objectives to be realized and a description of the methodology to be applied.

Module 1:   Putting the Training Programme in Context
Module 2:   Getting to Know More about HMIS

Module 3:   Setting up the HMIS
Module 4:   Administrative and Financial Management of HMIS
Module 5:   Monitoring and Evaluation of HMIS
Module 6:   Action Planning

The Training Programme commences with an Opening Program which can be designed by the sponsors or organizers of the training to formally welcome and introduce the participants. A simple Closing Ceremony at the end is recommended to synthesize the major lessons and issues raised during the training, announcements of the next steps and to formally close the training.

Methodology

Overall Approach. The Training Programme is designed with a developmental or progressive orientation. The Training Programme begins with introductory modules (Modules 1 and 2) that provide the basic orientation about HMIS operations through presentations and discussions of the rationale of the Training Programme, need for social protection and the role of micro-health insurance scheme, its principles and key elements. It also begins with laying the foundation of a gender-sensitive perspective in managing an HMIS. Subsequent modules are contingent to previous ones while the outputs generated in the earlier modules serve as inputs to the next. As an example, the assessment exercises to be done by the participants in each module will serve as the basis for developing the action plans in the last module. The principles and tools in the financial management and administration of the HMIS will be the same elements discussed in the monitoring and evaluation.

Learning Exercises: The Training Programme consciously employs participatory approaches to ensure maximum sharing and learning of ideas and experiences among the participants. The Technology of Participation (meta cards technology) will be used for plenary discussions and small group discussions. Different group exercises are introduced to further encourage participation. The Training Programme will make use of a mix of different learning exercises. Case studies, role plays, group discussions, games and other individual and group exercises will be employed. For emphasis and continuity of the topics and lessons, a recap exercise will be undertaken at the start of training everyday. Synthesis will also be done at the end of each module.

Duration of the Training Programme. The Training Programme is designed for four days. However, this can be lengthened to 5 days or shorten to 3 days

depending on the entry levels of the participants, the amount of funds available for training and the degree of focus expected to be achieved in the training. The 5-day training is ideal for a more comprehensive, step-by-step discussion of the processes and a more intensive application of the principles and tools. A 3-day training is still appropriate if the particular group of participants has already undergone basic orientation about HMIS in the past and that they only need to be updated on certain aspects of the Training Module. The four-day training is a reasonable time to complete the 6 modules with moderate set of learning exercises.

Hand-Outs: Participants will be provided with copies of the HMIS Reference Guide and other materials used by resource persons. They will also be provided with copies of the slides used in the presentation.

Limitations of the Training Programme

The Training Programme does not expect an overnight improvement on the skills of participants to manage and run their HMIS. Neither does it intend to change or improve immediately the tools and processes currently employed by their HMIS. Rather, the Training Programme is focused to providing the basic foundation of an effective and efficient HMIS operation, put in proper context the rationale for the adoption of certain tools and systems, and to encourage the participants implement changes deemed necessary and as they see fit or applicable to their respective setting and local conditions.

The Training Design

The following presents the 6 modules that comprised the Training Programme, the key objectives each of the modules aim to realize as well as the major topics to be discussed and the methodology to be applied. It also includes an estimate of time for each module and the list of supplies and materials needed.

Modules	Objective	Major Topics	Methodology	Supplies/ Materials

Module 1: Putting The Training Programme in Context
 	
Duration: 3.0 hours
	To welcome participants to the training and level off their expectations
	
	To put in context the training activity as part of an overall endeavour
	
	To appreciate gender sensitivity in an HMIS operation
		* Opening Program
		* Levelling of Expectations
		   – objectives
		   – methodology
		
		* Overall Concept of HMIS as Part of the ILO-STEP
		* DAR Program goals and strategies
		* Gender and Development
			Use of Meta Cards
			
			Game
			
			Plenary Presentation
			
			Open Forum
			
			Plenary Presentation Game
				Opening Program Flip Charts Pendle Pen Masking Tape WELCOME cut-outs
				
				Slides
				
				Slides Flip Charts Pentel Pen GAD Checklist

Module 2: Getting to Know More About HMIS **Duration:** 4.0 hours	To reflect on the rationale, purpose and key features and principles in setting up an HMIS To appreciate the current set-up and operations of their HMIS	* The Rationale of Social Protection * Responding to Health Risks * HMIS as a Social Protection Measure * HMIS Components * Organizational Structure of HMIS * Benefit Packages * Services Offered	Spot Checks Mini-lecture Group Exercise Group Work: assessment Gallery Viewing	Slides Handout: Chapter 1 of HMIS Reference Guide Flip Chart Pentel Pen Masking Tape
Module 3: Setting Up An HMIS **Duration:** 4.0 hours	To review the key processes and basic considerations in setting up an HMIS To assess own HMIS vis-à-vis the principles	* Overall Process in Setting Up the HMIS * Support Activities in Setting Up the HMIS * Basic Principles in Management * Assessment of HMIS Current Set-up and Operations	Group Exercise Plenary Presentation/ Discussion Group Exercise	4 sets of cut-outs on steps in setting up HMIS Slides Handout: Chapter 2 of HMIS Reference Guide Flip Charts Pentel pen

Modules/ Sessions	Objectives	Major Topics	Methodology	Supplies/ Materials
Module 4: Administrative and Financial Management	To appreciate administrative and financial systems and tools	* HMIS Management Systems and Tools * Organization and Functioning of an HMIS * Administrative Management Tools	Plenary Discussion Group Exercise: Actual Computations	Slides Worksheet Handout: Chapters 3 and 4 of the HMIS
Duration: 12 hours	To assess if existing HMIS operations follow principles	* Review of local data * Application of process and formula using actual data	Group Presentation Using Various Media Programs	Reference Guide Local data
Module 5: Monitoring and Evaluation of an HMIS	To differentiate monitoring from evaluation and identify monitoring schemes best suited to their own operations	* Importance and Scope of Monitoring and Evaluation * Assessing Quality of Health Care	Min-lecture Group Game Group Work: Assessment	Flip charts Pentel pen Masking tape Worksheets Handout: Chapter 5 of HMIS
Duration: 4.0 hours	To apply monitoring and evaluation tools	* Tools in monitoring and assessment	Selected Group Presentation	Reference Guide
Module 6 Action Planning **Duration:** 3.0 hours	To summarize gaps identified in the assessment and develop an action plan to address them	* gaps/weaknesses * strengths * action points	Group Work: Assessment and Planning workshop Plenary presentation of HMIS Action Plans before panel of reactors	Planning Worksheet Transparency or Flip charts Pentel pen Masking tape
Closing Session Duration: 1.0 hour	To synthesize the key messages and formally close the training	* Synthesis * Next Steps * Closing Remarks	Plenary Presentation	Training Program Certificate

Part 1I: Preparing for the Training Programme

This section outlines the important things that needed attention in preparing for the Training Programme. These include focus on the Participant' kit to be distributed including the preparation of supplies/materials needed, invitation of participants and they need to bring, assigning of tasks on the Opening and Closing Ceremonies and other major topics/sessions and arrangement of the training venue.

A. Participants to the Training Programme

Ideally, the maximum number of participants per batch of this training is 25. It is preferred that participants will be homogenous in terms of their engagement in one sector (e.g. all are Agrarian Reform Beneficiaries). There are two options in the mix of participants. One, you can decide to hold training for the national and regional levels of program stakeholders separate from the community-based HMIS managers and administrators in order to focus the training to concerns particular at each level of operations. On the other hand, there is also a value of getting a mix of participants from various levels in order to obtain a more comprehensive perspectives of issues and needs at various levels. Regardless of your preference, be conscious that the training should be maximized to elicit the inputs of everyone concerned for the ultimate purpose of enhancing the capacities of participants to manage efficiently and effectively their HMIS.

B. Currently Used Tools, Records and Instruments

To facilitate the application of the Training Programme and to enhance the learning of the participants, it is recommended that the participants will bring with them the actual tools, instruments or records they are currently using in their respective HMIS. These include the administrative and financial management materials or actual data about their HMIS operations. In addition, they can also bring with them local data on the population they are targeting, the common health needs, existing health services and other relevant data.

Administrative Tools
- membership card/record
- minutes of meetings

- By Laws
- Membership application

Financial Management Tools
- Ledgers
- Books of Accoounts
- Contract/s with partner institutions

Monitoring and Assessment
- results of feasibility studies, if any
- quality of care assessment questionnaire or form
- actual data on contributions, services utilized and amounts
- total number of memberships
- copies of financial reports

C. Facilitators and Resource Persons

The technical content of the Training Programme requires a mix of expertise and orientations of the facilitators. This may necessitate another co-facilitator or a resource person to provide technical inputs on certain subject matters which the facilitator of the training programme may feel uneasy to deal with. A good mix of facilitators would include: (a) one that has a background on social health insurance, (b) one on financial accounting and management, and (c) one with gender and development orientation. Since it may be difficult to have a facilitator to possess all these technical orientations, resource persons with such expertise may be invited to assist during each particular session. This mix of expertise may also be sourced from the sponsors or organizers of the Training Programme. If there are more than one facilitator to be involved in the training, it is advisable that a meeting be undertaken among them to discuss the overall flow of the training, the specific focus to be highlighted and the need to facilitate the sessions within the given time frame. Representatives from the sponsoring or organizing agency or project should also be advised on the amount of time allocated for their presentation. Copies of their presentations may be obtained in advance for reproduction and dissemination.

D. Training Venue

Arrangements for the board and lodging of participants may be assigned to other staff of the sponsoring institution. However, as facilitators, there is a

need to check the sitting arrangement beforehand taking into consideration the space needed for group work, plenary exercises and group presentations. It is also advisable that equipment and other materials needed (e.g. post boards, taped music, microphones, etc.) are properly installed prior to start of the training.

E. Participant's Kit

The participants need to be provided with copies of the Training Design, the Programme of Activities for the whole duration of the training and the handouts of topics covered in the training. It is important to advise the secretariat what handouts or materials to be placed in the Participant's kit and which ones need to be distributed only after the discussion. Adequate copies should be reproduced and properly packaged. With regard to training materials, facilitators should check the presence and adequacy of the following:
- name tags/identification tag
- spot checks
- training certificates
- meta cards in varied colours and cut out by 3 X 6 inches
- flip charts, manila paper, masking tapes
- panel pens enough for everybody and for use in the board
- tokens for group prizes (as needed)

F. Opening and Closing Ceremonies

Ensure that someone has been assigned to prepare the Opening and Closing Program Ceremonies, particularly assigning people to do the Invocation and the singing of the National Anthem. Officials expected to provide the welcome remarks and/or key message will have to be informed beforehand about the objectives of the Training Programme and the background of the participants. The Closing Ceremony can be assigned to the participants themselves. What is important is to notify the official who is expected to give the Closing Remarks.

Part III: Facilitating The Training Programme

As mentioned earlier, there are 6 modules of the Training Programme. This part of the Facilitator's Guide is designed according to each training module. Under each module, there is a brief description of the purpose and content, a summary of the methodologies to be applied and the sessions to be covered presented in a matrix form. These provide the facilitator an overview of the whole module, its specific objectives and the corresponding amount of time estimated for each session or topic.

A more detailed set of facilitator's guides follow after this introductory page. It enumerates step by step how each session will be carried out and facilitated. As cited earlier, these guides however must be viewed as recommendatory only. The facilitators must take the initiative to modify and adapt such methodologies as appropriate.

Each module begins with an introduction of its primary objective and the overall topics to be covered. It is also at this time that the new topics are related with the previous subject matter or activity that been undertaken. Each module ends up with a synthesis of what were covered or discussed.

Built-in to this Guide are notes on the subject matter that need to be emphasized. Corresponding slides to be presented are placed towards the end together with the worksheets to be used in group work or learning exercises.

Module 1: Putting the Training Programme in Context

Purpose and Content

This introductory module formally opens the Training Programme through a brief Opening Ceremony that starts with an invocation and the singing of the National Anthem. The organizer and of the Training Program and officers of the ILO-STEP Philippines welcome the participants and explain the context and set the tone of the 4-day training. Through the welcome remarks and messages, it is hoped that the participants will be able to capture the importance and relevance of the training activity in to the actual management and operationalization of their respective HMIS. This is also the right time to introduce the participants and facilitators to each other.

In this introductory module, the participants and organizers of the Training Programme will level off their expectations during the 4 -day training. This will provide the participants an opportunity to raise relevant issues pertinent to the training, clarify related issues and agree on the overall training methodology to be adopted and norms to be observed.

A time is also allotted for the sponsors and organizers to present in more detail the background and context of the training activity as it supports the overall goal of social protection in the Philippines. These presentations will clarify the importance of the Training Programme and its role to the overall effort on making social protection, particularly health care, available, accessible and affordable to all segments of the country, particularly those in the formal economy.

Objectives

By the end of this module, the participants are able to:

(1) feel the warm welcome of facilitators, organizers/sponsors and other co-participants to the Training Programme
(2) clarify their expectations with the desired outputs of the training
 (3) appreciate the purpose and rationale of the training activity with the overall goal on social protection in the country

Sessions	Major Topics	Duration	Methodology	Supplies/ Materials
Session 1.1 Opening Program	* Welcome by organizers/ sponsors * Introduction of Participants	30 minutes	Opening Ceremony	Welcome Cut Outs Masking tape
Session 1.2 Levelling of Expectations	* Expectations of training of outputs and methodology * concerns/fears related to the training	30 minutes	Individual Exercise (use of meta cards) Plenary Discussion Spot Checks	Flip Charts Meta Cards Pentel Pen Masking tape
Session 1.3 Rationale of the Training Programme	* ARP-DAR Project	30 minutes	Plenary Presentation Open Forum	Slides Handout – ARP DAR Project

Session 1.1 :   Opening Program

1. Welcome the participants to the training. Explain that you will start the Training Programme with a brief Opening Ceremony.
2. Request those previously assigned officials or staff to lead the Invocation and the singing of the National Anthem.
3. Call afterwards the representative of the organizing agency to welcome the participants and give a brief message. You may assign one to do the welcome remarks and another to give the message.
4. Recognize afterwards all the participants. You can introduce them on an individual basis or as a group. You may want to innovate by requesting them to add one adjective that describes them.
5. Distribute the cut-outs of the word "WELCOME" to each of the participant. Instruct them to complete the puzzle based on the template posted on the walls. Advise those that formed one letter to stay as a group and come up with a group presentation by singing one stanza of a song. Encourage them to give their group a name. This grouping can be used in the subsequent modules.
6. Call one group at a time to make the presentation. Start with the group who formed the "W." After presenting their number, ask them to post their formed letter on the designated space in front.
7. Call the next letter and so on until all presentations are complete. Bring the attention of participants to the coined word "WELCOME."
8. You can devise another way of welcoming the participants.
9. In addition, to set the mood right, ask the participants to sing "Smile a While" or any appropriate song to initiate the training with a good spirit.
10. Close the ceremony by thanking all for coming to the training.

Session 1.2: Levelling of Expectations

1. Begin this session by emphasizing the need to level off three aspects of the Training Programme with the expectations of the participants. These include the desired objectives of the training, the methodology to be used, as well as their fears and concerns related to the training activity.

2. For this exercise, explain that each participant will contribute their own expectations and by writing their answers on meta cards to the three questions below. (You may place this on slide of flip chart).

Guide Questions
(1) What do you expect to accomplish in this training program?
(2) What kind of approach of methodology would you like to adopt in the training?
(3) What fears or concerns do you have about the training?

---

3. Distribute meta cards and ensure that each participant has a pentel pen.
4. Use color codes for the ideas to be shared by the participants. For expectations on objectives or outputs, you may assign the green colored cards; for the desired methodology – the yellow color, while "fears and concerns" may be written in blue cards.
5. Advise participants to write as many expectations as they have of the training, but to write one expectation only per card. As a rule, they can only write at most 3 lines, only a phrase and not a complete sentence, and written in big bold letters which can be read at the back of the training room.
6. Mount the corresponding flip charts where they will pose the "expected outputs," expected methodology" and "fears/concerns".
7. Request the participants to pose their own ideas and to tape similar ideas together.
8. Once everybody has completed posting their ideas, double check the clustering of what they shared.
9. Clarify and discuss with the participants these expectations by cluster and relate it with the set objectives of the training. Do the same for the "expected methodology."
10. For "fears and concerns", clarify those that can be answered through the training. Acknowledge the validity of their other concerns but be honest that these may not be responded by the Training Programme.
11. To summarize the output of this exercise, flash the slides on objectives and training modules emphasizing what were common with their expectations.
12. Run through the Program of Activities with the participants by flashing the slide, highlighting the time to start, major sessions, and the

overall flow of the training sessions. Go through the sections of the Participant's Kit to make them familiar with the content.

13. Ask participants for further clarification and try to respond to each as appropriate.

Training Norms

14. In support to the agreed-upon methodology that was suggested by the participants, further elaborate on the norms that one must be observed during the training.

15. In this regard, ask the participants to look at the three objects you are holding and write down what they see. Show first the (a) glass which is half-filled/half-empty; (b) a sheet of paper with a spot on the side; and (c) the picture of an old woman/young girl.

16. Ask them to share what they saw. Observe their varying responses and distinct descriptions of each object. Highlight the differences. Ask them what these imply about norms in the training.

17. Display next the slides on key suggestions to make the training progamme more participatory:
    - Be here now
    - Be 100%
    - Observe flexibility, sensitivity and tolerance
    - Have fun

Spot Checks

18. Explain that before you start with the major sessions, you would like to get an overall perspective about the participants' level of awareness about key topics in the Training Programme. Explain that this is quite important for better facilitation of the training and to better appreciate the contributions of the group.

19. For this purpose, explain that you want the participants to accomplish the Spot Checks you have prepared beforehand, and which are posted at the back or side (where not seen by the participants in plenary).

Spot Check 1: "I am familiar in setting up, running and monitoring a
community-based health micro-insruance scheme"

Spot Check 2: "I am aware of the gender issues and concerns and how
to become more gender sensitive"

20. For this preliminary activity,

20.1 Display the slide showing a sample of the spot check.

20.2 Explain that these spot checks will reflect how the participants rate themselves with regard to the particular questions asked.

20.3 Advise them to select their own symbol to represent their own rating on the spot check and to place these symbols on the continuum.

20.4 After everybody has placed their own rating, you may post the spot

    checks where everyone can see the profile of whole group.

21. Explain that you will be referring to these spot checks every now and then in the subsequent modules. Thank them for participating in this exercise.

Session 1.3:   Rationale of the Training Programme

1. Introduce this session by explaining that the Training Programme will be more appreciated if all can review its importance or key role in the overall goal of the program/project they are currently implementing.

2. Request the coordinators/organizers to provide a more detailed background why the Training Programme was mounted up. At this point, you should have advised the presentors to relate what they are presenting with the outcome of the Spot Checks. If there are two presenters, it is preferred that an open forum will ensue after each presentation.

3. Facilitate the "question and answer" forum by encouraging participants to make clarificatory questions. You can also encourage them to write their questions or comments on meta cards.

4. At the end of each presentation, provide a synthesis of what were presented and summarize the issues raised and clarifications made. Highlight the importance of the Training Programme to their overall goal.

5. Distribute the handouts.

SLIIDES

(Please refer to the powerpoint slides-
Module 1: Putting the Training Programme in Context)

Purpose and Content

After laying the foundation and the context of the Training Programme, the Training Programme will progress to appreciating more the HMIS as a social protection mechanism, particularly in the Philippines ser-up. As a start, participants will have a group work where they need to draw and describe their respective HMIS: the organizational structure, key partners, the target beneficiaries, list of services and benefits and amounts of contributions from the members. This is hoped to make the participants appreciate the various features of each one's HMIS as they apply the key principles and components that make an HMIS.

With this as a background, the module will review the rationale for establishing HMIS in the Philippines and expound on its contribution to the overall goal of making quality health care more accessible to the population, particularly to the segment working in the informal sector. Module 2 provides the participants with a basic understanding about health risks, the rationale why those in the informal sector are considered to be more vulnerable and the various ways how the general population are coping with those risks. Module 2 also discusses key features of an HMIS and provides participants with vital information on its efficient and effective operation by expounding the key principles and approaches that govern its formation and establishment.

The last part of Module 2 is the discussion on gender and development. It is critical that participants will be oriented on the principles of gender sensitivity and appreciates its value in the overall development. This session will prepare the participants to assess how gender sensitive their HMIS is and what can be dome to strengthen its gender – orientation.

At the end of this module, the participants will be able to:

    (1) explain the rationale of social protection and the role of HMIS as a social protection mechanism

    (2) describe the characteristics of an HMIS, its basic principles, components and the various risks it is exposed to

    (3) assess their current HMIS vis-à-vis the given principles and basic features and identify strengths and gaps

    (4) improve their awareness of gender and development principles

Topics and Methodology

Session	Major Topics	Duration	Methodology	Supplies/ Materials
Session 2.1 Social Protection and HMIS	* profile of HMIS operated by the participants * rationale of social protection * characteristics of an HMIS * basic principles * organizations * beneficiaries * services * risk management	90 minutes	Group Work: Draw Your HMIS Mini-lecture Open forum	Manila paper Colored pen/pencils Accomplished Spot Check Slides Handout
Session 2.2 Gender and Development	* Definition * Forms of Gender Bias * Underlying Causes	120 minutes	Plenary Presentation Group Work: Assessment Exercise	Slides Hand-outs Flip Charts Pentel pen

Introduction

1. Introduce the second module by saying that after having been clarified on the rationale of the Training Programme and understanding its ultimate contribution to the overall goal of social protection, you will begin to explore more in-depth the underlying principles of establishing the HMIS as a social protection mechanism.
2. More importantly, explain that the participants will also come to know about gender and development issues and concerns and learn how they can make their HMIS more gender sensitive.
3. Display the slide on the objectives of this module.

Session 2.1: Social Protection and HMIS

Group Work

1. For the first session, request the participants to describe their existing HMIS to appreciate it as a social protection mechanism, and as a way of introducing their HMIS to one another so they can begin to appreciate their own uniqueness and the commonalities they share with others.
2. Group the participants into their respective HMIS and ask them to describe their HMIS according to the following:
   - i. organizational structure
   - ii. key partners
   - iii. total membership
   - iv. services offered/benefit package
   - v. contributions

   2.1 Request them to illustrate or draw these features as if they are preparing for gallery viewing.

   2.2 Ask them to post their output on the wall around the room.
3. Do not make any discussion yet but guide the gallery viewing from one group to another. This should be completed in 10 minutes.
4. Advise the participants to go back in plenary for the presentation of social protection and HMIS.

5. Now that the participants have described their HMIS, request the resource person to talk about Social Protection and HMIS.

6. Explain that this session hopes to clarify further the underlying principles on social protection, describe the basic components that make an HMIS, the challenges of any social protection or HMIS and the key management principles to be observed in managing and running an HMIS.

7. Further explain to the participants that this session will also serve as a venue for clarifying terms and levelling their understanding about significant principles.

8. Remind the resource person and the participants about the accomplished spot check done earlier and the posted HMIS profiles as reference during the plenary presentation.

9. Advise the participants to raise issues in plenary.

10. Provide a time for open forum after the presentation.

11. Refer participants to the copy of the slides that are presented by the resource person.

12. In closing the session, emphasize the following key messages

---

Key Messages

(1) Decent work sums up aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men.

(2) Emphasize the basic principles of social protections which are (a) equality of treatment, (b) Solidarity, (c) Inclusiveness, (d) general responsibility of the State, and (e) transparent and democratic management.

(3) The advantages of HMIS include: (a) greater security in the event of sickness for members and their dependents, (b) better continuity of treatment, (c) reduction of delay in seeking care, (d) Reduction of financial limitations, and (e) reduction of parallel practices.

---

1. Explain that aside from being clarified with the context of the Training Programme, it is also necessary for every participant to be clarified on gender and development principles and concepts.
2. Refer to the accomplished Spot Check on gender awareness and acknowledge the results. If there are a number of participants who are already familiar with gender, encourage them to become resource persons during this session.

Definition of Gender, Sex and Sexuality

3. Start the session by asking the participants to differentiate "gender," "sex" and "sexual orientation, " by writing their definitions on the meta cards.
4. Post the flip charts for the "gender," "sex" and "sexuality" definition
5. Request the participants to post their own definitions.
6. Go over the shared definitions and relate it with the definition you have prepared by flashing the slides.
7. Be sure to have made a distinction about these three terms. To further explain the differences, flash the slide further explaining the differences of the three terms.
8. Encourage participants to ask clarificatory questions as mush as possible, or you may want to ask them further questions to validate if they got the definitions right.

Forms of Gender Bias

8. Ask the participants what forms of gender bias do they know of. Ask them to share these in the group. As they share, write on the board the form of gender bias they know.
9. Amplify the discussion of each gender bias by presenting the slide on the forms of gender bias. Those that were missed by the participants, explain them in more detail.
10. As these biases are being discussed, relate how each can also be unconsciusly committed in setting up and running their own HMIS. Give specific examples using their own situation. Examples of these gender biases in their HMIS may be in the following areas:
    - considering the opinions of women in planning their HMIS
    - encouraging women to be officers in the organization

- considering the health concerns of women in the design of the benefit package or services to be offered by th HMIS
- age and sex dis-aggregation of the roster of membership
- IEC materials or other reports/materials promote respect for women and men alike

11. In this presentation, highlight the root causes of gender bias and emphasize that these are acquired and not born with, which means that they can be overcome by being more gender sensitive.

Underlying Causes of Gender Bias – Group Work

12. For this topic, organize the participants into group work by assigning each group to work on 1-2 institutions/sector where gender biases are usually perpetuated. These groups will include the following:
    - family/home
    - educational system/schools
    - workforce/labor
    - political arena
    - church institutions

13. Each group will be requested to answer and discuss the following question: "Enumerate the forms of gender biases that are practised in the institution assigned to you group"

14. Provide them with a flip chart where to write their responses. The following template will be used:

Girls/Females	Boys/Males

15. Innovate in the presentation of each group of their outputs. You may take this opportunity to "dissentize" them on sexual terms" and to make them appreciate more the sexual orientations of other people. For each group, assign a certain "manner and voice" in presenting their outputs. Write these in pieces of paper and let each group draw lot which manner and voice they will use. Examples are:
    - macho voice/manner
    - sensuous voice/manner
    - giant voice/manner

- child-like voice/manner
- orgasmic voice/manner

16. Request each group to make their presentations adopting the voice/ manner they have selected. After each presentation, further clarify the biases that were shared.

17. To close this exercise, interchange the characteristics attributed to males/boys with that of the females/girls. Ask the participants if such behavior or characteristic can possibly be exhibited or practiced by the opposite sex. At this point, emphasizee again the message that gender biases are actually perpetuated by the institutions and these are deeply rooted. However, they can also be overcome.

Assessment of the Gender-Sensitivivity of their HMIS

18. As a closing activity for this session, ask the participants to group according to their HMIS.

19. Distribute the checklist on Gender Sensitivity Assessment and ask them to assess their own HMIS. They should discuss their assessment as a group. Request them to place the results of their discussion on the checklist that was provided.

20. Collect the accomplished assessment and inform them that these will an input to the Action Planning to be done during the last day of the Training Programme.

21. Close the second module, and thank the participants for participating actively in the sessions.

22. Distribute the Hand-outs on Gender and Development.

SLIDES

(Please refer to the powerpoint slides –
Module 2a – Social Protection
Module 2b – Gender)

Worksheet 2-1: Assessment Checklist How Gender Sensitive Is Your HMIS

Elements/Questions	Yes	No	Gender Rate (1-low; 5-high)	Why?
A. Organizational Structure				
1. our set of officers include women				
2. the top leadership of our HMIS is usually a man				
3. the secretary in our organization is usually a woman				
4. any woman or man can represent the HMIS in external meetings				
B. Services Offered				
1. same services are offered to all members regardless of sex				
2. our members enjoy the same benefits regardless of sex				
3. our HMIS provide special services to meet the health needs of women (e.g. prenatal, maternity leave, etc.)				
C. Manuals/Records				
1. our recording system disaggregates between male and female				
2. our manual of operations or by-laws make use of terminologies that promote gender equality				
3. our information materials does not contain terms and visuals stereotyping men and women				
D. Decision-Making				
1. our male and female members alike have equal voice during election				
2. in board meetings and other occasions, the opinions of women are solicited equally as that of the male members				
E. Special Events/Functions				
1. female members of the organization usually assigned to do domestic tasks				
2. During special events, male participation has more to do with physically heavy tasks				

Purpose and Content

Module 3 provides a holistic picture of the processes and basic requirements in putting up an HMIS. In this module, the key stages in establishing an HMIS are outlined before the participants and they will be given the opportunity to make the necessary clarifications of the various steps and requirements to be followed in each stage. At the same time, the participants will also be given inputs on other support activities that must be undertaken to sustain the operations of their HMIS. In addition, it will summarize the basic management principles that need to be observed in managing the HMIS. A special session will be dedicated to helping the HMIS come up with a calculation of their members' contributions.

As in Modules 1 and 2, Module 3 will end with an assessment of the actual practices and features of the participants' own HMIS. In this exercises, they will be able to apply what have been provided and help they identify key areas for strengthening and improvement.

Objectives

At the end of this module, the participants will be able to:

(1) describe in sequence the basic stages in establishing an HMIS and the requirements that must be complied with in each stage

(2) enumerate the different support activities to be undertaken during each stage and the basic principles in management to be observed

(3) describe the current set-up and practice of their HMIS and assess these vis-à-vis the given features and principles

Sessions	Major Topics	Duration	Methodology	Supplies/ Materials
Session 3.1 Stages and Requirements in Setting-Up an HMIS	* overall process, stages, and steps in setting up an HMIS * requirements per stage	45 minutes	Group Work: Puzzle Game	* flip charts * tape * 4 complete set of stages and steps written on meta cards
Session 3.2 Principles in Management and Support Activities	* support activities * principles in management	45 minutes	Plenary Discussion	Slides Handout: Chapter 2
Session 3.3 Computation of Premiums	* formula for computing premiums	60 minutes	Group Exercise	Local/HMIS data Worksheet Calculator

Introduction

1. Introduce this module by explaining that the success of an HMIS largely depends on how this was set-up, the processes undertaken before it started and the basic factors that were considered in deciding its structure or type of operations.

2. Explain that though most of the participants have already set-up their own HMIS, it is necessary to validate the process they have adopted, review their basic considerations and determine if these have some effects on the way their HMIS are currently operating or performing.

3. Display the slide on the module objectives as a guide for the discussion.

Session 3.1: Stages and Requirements in Setting up An HMIS

Group Exercise

1. Divide the participants into 4 groups by counting 1 to 4 beginning on the first participant nearest you. Advise all those with the same numbers to group t together and assign them to a specific area where they can work as a group.

2. Explain that they will undergo a group exercise – a modified Puzzle Game where they need to arrange the cut-out cards, bearing the major stages in setting up an HMIS and the specific steps.

3. Instruct them that they have to put sequentially these cards and post them on a flip chart.

4. To facilitate the exercise, give them a tip: cards whose letters are all capitalized will be categorized as the major stage while those written in
small letters represent the steps.

5. To make them more excited, inform them that the group with the most number of correct arrangements will receive a token from the sponsor of the Training Programme.

6. Ask them to post the flip chart on the wall.

7. Explain that their outputs will not be discussed or checked yet as this will be done every after the plenary presentation.

Session 3.2: Stages, Requirements and Support Activities

<u>Plenary Presentation</u>

1. Proceed with the presentation of the overall process in setting up the HMIS, going through the 4 stages and the various steps to be undertaken.

2. Emphasize in the presentation the basic requirements that need to be put in place and essential information that need to be established before making decisions.

3. Once you have presented the slides on the First Stage, refer the participants to their group outputs as posted on the wall. Request one member to check the rightly-placed or sequenced cards/steps.

4. You must be alert that some participants may have undertaken a different approach or conducted a different set of steps in establishing their own HMIS. Try not to impose what is being presented but validate if they find their own approach effective or not. The purpose of this session is not to judge whether the approach undertaken by the participants were correct or not, but to make them aware of other essential steps that might be able to improve their current operations.

5. Complete the presentation and discussion of the slides on the stages and requirements and the final correction of their outputs.

6. Proceed with the presentation of support activities that must continually be undertaken as a way to sustain the HMIS operations.

7. Emphasize the following:

Key Messages

(1) Overall purpose of initial awareness raising is for everyone to:(a) to reflect and determine their priority health need/s, (b) make them appreciate the importance of joining their efforts and resources together to address their needs, (c) to get them express interest in forming a HMIS in response to these needs

(2) Feasibility study is the foundation of your HMIS' functioning. It sets a clear understanding of the situation in which your HMIS will operate; in order to assess the viability of the scheme, make financial forecasts, determine the specific needs of your target membership and the benefits you will grant them.

(3) Calculating contributions is most difficult part but most important since sum of contributions determines the viability of scheme

---

8. Ask the participants for clarificatory questions or other comments on what you presented, and respond to them as appropriate.

9. Before finally closing this session, request the group members to go back to their posted outputs and make the necessary adjustments in the sequence and placement of the idea cards based on what were presented.

Session 3.3: Computation of Premiums

1. After the plenary presentation, request the participants to join their co-members in the HMIS. Spread out the national, regional and provincial level stakeholders to the different groups to facilitate and assist in the exercise.
2. Explain that you will give the participants the opportunity of computing the contributions or premiums of their HMIS using the formula and guideline presented in plenary.

Group Work

3. For this, advise them to bring out their local data particularly on the estimated membership, the health needs of the targeted members, the type of services needed and the costs. They should also be aware of the capacity of the targeted members to pay.
4. Flash again the slide on the computation of the premiums and distribute the worksheet for the exercise.
5. Advise the group to discuss the computation and assess how this differs from what they are collecting at present.
6. Ask the groups to put in writing the related issues that surfaced in their calculations of their premiums and the lessons learned in reviewing their contributions.
7. In addition, advise the participants to recall the steps they undertook in setting up their HMIS and let them assess the adequacy of each step they
   have done using the following rating in their assessment checklist.
   - adequately
   - inadequate
   - not done at all
8. Collect the accomplished Assessment Checklist.

SLIDES

(Please refer to the powerpoint slides –
Module 3: Setting up an HMIS)

Worksheet 3-1: Computation Formula of Contributions

STEPS IN THE COMPUTATION OF PREMIUMS

I. Defining Benefit Package
II. Calculations of Premiums
III. Establish scenarios

Detailed Steps
I. Define the Benefit Package

I.1 Identify health needs of the community or of your target population(these can be obtained from the results of feasibility study undertaken prior to setting up the HMIS
1.2 Determine the health care needed to respond to these health needs.
A. Out-patient Care
Consultation
Drugs
Diagnostics
Transportation
B. In-patient Care
Professional Fee
Room & Board
Drugs
Diagnostics
Meals of Care Taker
Transportation

II. Calculate the Premiums

2.1 Get the existing/current cost of health care services
    a. You may gather information from hospital administrators, clinic owners
    b. You may also interview members based from their experience

Benefits	Cost of Services
A. Out-patient Care	**900**
Consultation	100
Drugs	500
Diagnostics	200
Transportation	100
B. In-patient Care	**4850**
Professional Fee	300
Room & Board	750
Drugs	3000
Diagnostics	400
Meals of Care Taker	300
Transportation	100

STEPS IN THE COMPUTATION OF PREMIUMS
2.3 Determine the frequency of illness
    a. You may gather information from hospital administrators, clinic owners
    b. Get the number of consultations in a health center or confinement in a hospital in one year and divide this value by the population

Risks	Cost of Services	Frequency	Number of Cases	Population
A. Out-patient Care	900	0.09	60	700
Consultation	100	0.09		
Drugs	500	0.09		
Diagnostics	200	0.09		
Transportation	100	0.09		
B. In-patient Care	4850	0.04	25	700
Professional Fee	300	0.04		
Room & Board	750	0.04		
Drugs	3000	0.04		
Diagnostics	400	0.04		
Meals of Care Taker	300	0.04		
Transportation	100	0.04		

2.4 Determine the rate of coverage or the proportion of the targeted population your HMIS wants to cover.

2.5 Calculate the gross premiums by multiplying the frequency by the cost of service and the rate of coverage for each service to be offered.

2.6 Add 10% to the gross premium for safety margin.

2.7 Calculate the Operations Cost by multiplying the sum of gross premium and the safety margin by 10%

2.8 Calculate the Net Premium/Year by adding the gross premiums, safety margin and operating cost.

Risks	Cost of Services	Frequency	Rate of Coverage	Gross Premiums	Safety Margin	Operations Cost	Net Premium/ Year
				=frequency x cost of service x rate of coverage	=gross premiums x 10%	=(gross premiums + safety margin) x 10%	=gross premiums + safety margins + operations costs
A. Out-patient Care	**900**	**0.09**		**81.00**	**8.10**	**8.91**	**98.01**
Consultation	100	0.09	100%	9.00	0.90	0.99	10.89
Drugs	500	0.09	100%	45.00	4.50	4.95	54.45
Diagnostics	200	0.09	100%	18.00	1.80	1.98	21.78
Transportation	100	0.09	100%	9.00	0.90	0.99	10.89

Risks	Cost of Services	Frequency	Rate of Coverage	Gross Premiums	Safety Margin	Operations Cost	Net Premium/ Year
				=frequency x cost of service x rate of coverage	=gross premiums x 10%	=(gross premiums + safety margin) x 10%	=gross premiums + safety margins + operations costs
B. In-patient Care	**4850**	**0.04**					

				194.00	19.40	21.34	234.74
Professional Fee	300	0.04	100%	12.00	1.20	1.32	14.52
Room & Board	750	0.04	100%	30.00	3.00	3.30	36.30
Drugs	3000	0.04	100%	120.00	12.00	13.20	145.20
Diagnostics	400	0.04	100%	16.00	1.60	1.76	19.36
Meals of Care Taker	300	0.04	100%	12.00	1.20	1.32	14.52
Transportation	100	0.04	100%	4.00	0.40	0.44	4.84
Total Premium				**275.00**	**27.5**	**30.25**	**332.75**

III. Establish Scenarios

3.1 Based on your surveys, consultations with members they can only pay Php400 per year

3.2 Consider the following probable solutions

    a. Choose which services to be included (do not include some services)

    b. Ask for subsidies

    c. Reduce the rate of coverage (cover less than 100%)

    d. Negotiate for price reductions at providers level

    e. Reduce probabilities

(Note: In this example, adjustment was on the rate of coverage and frequency)

Risks	Cost of Services	Frequency	Rate of Coverage	Gross Premiums	Safety Margin	Operations Cost	Net Premium /Year
A. Out-patient Care	**900**	**0.08**		**29.62**	**2.96**	**3.26**	**35.83**
Consultation	100	0.08	60%	4.62	0.46	0.51	5.58
Drugs	500	0.08	40%	15.38	1.54	1.69	18.62
Diagnostics	200	0.08	40%	6.15	0.62	0.68	7.45
Transportation	100	0.08	45%	3.46	0.35	0.38	4.19

Risks	Cost of Services	Frequency	Rate of Coverage	Gross Premiums	Safety Margin	Operations Cost	Net Premium /Year
B. In-patient Care	**4850**	**0.04**		**67.31**	**6.73**	**7.40**	**81.44**
Professional Fee	300	0.04	40%	4.62	0.46	0.51	5.58
Room & Board	750	0.04	40%	11.54	1.15	1.27	13.96
Drugs	3000	0.04	35%	40.38	4.04	4.44	48.87
Diagnostics	400	0.04	35%	5.38	0.54	0.59	6.52
Meals of Care Taker	300	0.04	35%	4.04	0.40	0.44	4.89

Transportation	100	0.04	35%	1.35	0.13	0.15	1.63
Total Premium							**117.28**

Final Benefit Package

Risks	Cost of Services	Frequency	Rate of Coverage	Benefits
A. Out-patient Care	**3400**	**0.08**		**1,395**
Consultation	100	0.08	60%	60
Drugs	2000	0.08	40%	800
Diagnostics	1000	0.08	40%	400
Transportation	300	0.08	45%	135
B. In-patient Care	**15900**	**0.04**	**0%**	**5,690**
Professional Fee	500	0.04	40%	200
Room & Board	2000	0.04	40%	800
Drugs	10000	0.04	35%	3,500
Diagnostics	2000	0.04	35%	700
Meals of Care Taker	1000	0.04	35%	350
Transportation	400	0.04	35%	140

WORKSHEET 3-2:   Assessment Checklist

Indicate if you have undertaken the following steps in setting up your HMIS. If so, asses whether these were adequately carried or not. Indicate on the last column your remarks to further explain your rating. At the bottom of the checklist, summarize the key issues relative to setting up your HMIS.

Stages/Steps in Setting Up the HMIS	Not Undertaken	Undertaken Partially	Undertaken Adequately	Remarks (Why not done/partial)
Stage 1: Awareness Raising and Decision to Set-Up HMIS				
Step 1.1: Establish Contact with the Target Membership				
Step 1.2: Raise Awareness and Disseminate Information				
Step 1.3: Test Pre-Conditions				
Step 1.4: Creating the Core Group				
Stage 2: Situational Analysis				
Step 2.1: Data Collection				
Step 2.2: Feasibility Study				
Stage 3: Defining Your Mutual Benefit Formula				
Step 3.1: Clarifying the Benefit Formula				
Step 3.2: Identifying the Risks and Services to be Offered				
Step 3.3: Identifying the Risks and Services to be Offered				
Stages/Steps in Setting Up the HMIS	**Not Undertaken**	**Undertaken Partially**	**Undertaken Adequately**	**Remarks**
Step 3.4: Selection of				

Service Providers				
Step 3.5: Defining Your Internal Organization				
Step 3.6: Defining the Modalities of Your HMIS Operation				
Step 3.7: Preparation of Budget				
Stage 4: Launching Your HMIS and Start-Up Activities				
Step 4.1: Preparing for the General Assembly				
Step 4.1: Holding the First General Assembly				
5. What were the effects of these steps in your HMIS operations?				
6. Were the management principles followed?				
Concerns/Issues Related to Setting-Up Your HMIS:				

Module 4: Financial and Administrative Systems and Tools

Purpose and Content

Module 4 encompasses the discussion of the administrative and financial systems and tools used in the day-to-day operations of an HMIS. It provides the participants an overview of the organizational structure to be set-up, the institutional links to be established and the different administrative systems to be put in place. In addition, Module 4 also lists the financial management systems to be established and provides the participants with the necessary tools to properly account and manage the HMIS financial resources on a daily basis.

This module has the most number of sessions and the longest session hours as it deals with the details in both administrative and financial concerns of the HMIS. To better appreciate the systems and tools, group discussions will be done to enable the participants to become more familiar with the forms and learn how to use them more effectively. As in the previous modules, the participants need to assess their current administrative and financial tools for completeness and responsiveness to their daily operations.

Objectives

At the end of the module, the participants will be able to:

(1) describe the importance in putting in place administrative and financial management systems and tools into their HMIS operations
(2) enumerate and describe the different administrative systems and tools
(3) describe the different financial management systems and tools
(4) determine which of the administrative and financial systems and tools are applicable to their respective situations and needs and make an assessment of their current systems and tools

(5) Topics and Methodology

Sessions	Major Topics	Duration	Methodology	Supplies/ Materials
Session 4.1 Administrative Tools	* importance of putting in place administrative and financial systems * aspects of management * management aids and tools * purpose and elements of the various tools	180 minutes	Group Game Group Review Plenary Presentation	Guide Questions Copies of Administrative tools currently used Handouts
Session 4.2 Financial Management Tools	* purpose and elements of the various tools * tools applicable to the participants' HMIS * areas for strengthening	180 minutes	Group Presentation Variety Show Presentation Group Work	Handouts Assessment Checklist

Introduction

1. Introduce this module by saying that after discussing the steps in setting up an HMIS and elaborating on its principles and requirements, the Training Programme will progress to discussing systems and procedures in running the day-to-day operations of their HMIS.
2. Explain that there are 3 major components to be discussed in this module and it will take 12 hours to complete them:
   Part 1 – Administrative Tools
   Part 2 – Financial Management Tools
   Part 3 – Assessment of Current System
3. Clarify that the purpose of this module is not to impose the formats of the various tools that have been designed but to focus the discussion on the basic principles which the different tools aim to pursue. In turn, the participants will have to make their own assessment if their existing systems and tools observe and adhere to these basic principles in administration.
4. Flash the slide on the objectives for better understanding the purpose of this module.

Session 4.1: Administrative Tools

Individual Exercise

1. Begin this session by asking the participants to write on meta cards the key problems and issues they are facing in their day-to-day operations of their HMIS.
2. Ask them to post these on the provided flip charts. Again cluster these issues and concerns according to three categories – organizational structure, administrative and financial management.
3. Ask participants belonging to one HMIS to sit together and bring out the copies of their actual administrative tools.

Plenary Presentation

4. Present slides on the importance of putting in place the systems/tools and the specific aspects of HMIS daily operations to be managed well.
5. Relate your presentation to the issues and concerns listed by the participants. Every now and then, ask the participants for further comments or clarificatory functions.

6. Display next the slide that summarizes the administrative tools. Ask participants to identify which of the items are already in place in their HMIS and how do they call them.

7. Start the discussion on Organizational Structure. Refer to participants' outputs on the wall. Take note of the variations in the set-up. If there are HMIS that are unique, ask the group concerned to explain the rationale why they decided to set their management structure as such.

8. While you do not impose changes on their structures, be conscious if there are management principles that are compromised as a result of their set-up. Basic principles include: (a) clarity of delegation of responsibilities with corresponding authority; (b) assurance of balance and control; and (c) efficiency of the organization for decision-making and day-to-day operations.

9. Present next the slide on the By-Laws and Implementing Rules and Regulations (IRR). You need not read the example given in the Hand-out. You may just want to go through the main components of the outline. Ask participants to check which sections have been incorporated in their own By-Laws and IRR. Note that the size of HMIS varies and not all will be needing a comprehensive By-Laws as you are presenting.

10. Proceed with the presentation of the different administrative tools. As you present one tool, request the participants to review their own and check if these incorporate the essential features of the tools being presented.

11. For each tool, discuss its importance, how it will be used and the implications if these are not carried out. Emphasize the following:

Key Messages
(1) Instituting administrative management systems is essential in building the confidence of your HMIS, ensuring its viability and to minimize dysfunctions during actual operations.

(2) Three aspects of the HMIS that need to be properly managed include human resources, material and financial resources.

(3) Contributions and benefits are the main source of income and expenditure respectively of your HMIS. Tools used make it possible to have all the information necessary to carry out monitoring and analysis of overall performance of your HMIS must be put in place.

Session 4.2: Financial Management Tools

---

1. Before beginning with this session, ensure that you have a break considering the lengthy discussion on the administrative tools.

2. Explain that a group presentation will be used to know more about the financial management tools. Considering that there are 9 tools to be discussed, divide the participants into 9 groups (about 3-4 members per group). Assign one tool per group by asking them to pick a piece of paper from the box containing the specific tools to be presented.

3. However, before subdividing them, display the slides on the summary of financial management tools to be discussed and the importance of instituting them in their HMIS.

Group Work

4. Advise the participants to form their group and give them a copy of the handouts. Give the following instructions:

    4.1 As a group, read the section of the Handout pertinent to the financial

        management tool assigned to your group.

    4.2 Discuss the purpose and basic features of the tools and the process

        how they will be used or accomplished.

    4.3 Once they are clear about the tool, ask them to brainstorm how to present these in plenary. Give them some tips to choose from:
- Radio panel interview
- News casting set-up
- Dance and song or poem
- Drama or a role play of real situation
- TV variety shows (e.g. Magana Hangnail Bayan – on the bawi or kahon; Star Quest, Game Ka Na Ba, etc.)

5. Go around each group and ensure that there are no duplicates in terms of the format or style of presentation. Emphasize that the purpose of the presentation is to convey the message about the tool and not how well they will perform.

Group Presentation

6. Arrange the group presentation according to the sequence of the discussion in the handout since some financial management tools are dependent on the accomplishment of the other tools.

7. After each presentation, ask one group to summarize what they have learned about the particular management tool that was presented. (e.g. if there are 9 groups in all, ask Group 1 to present and Group 9 to summarize what were presented).

8. Once the group asked to summarize has done the synthesis, run through with the participants the slides prepared for each tool. This is to reiterate the importance of each tool. Do the same for the rest of the presentations.

9. At the end of all the presentations, repeat the following key messages:

<div style="border:1px solid black">

Key Messages

(1) instituting financial management systems and tools is necessary for: (a) the preparation phase for the new financial period; (b) the day-to-day accounting and management of resources; and (c) the generation of financial statements and reports at the end of a financial period.

(2) While in the commercial sector the goal is to seek to distributable profit, this does not apply for organizations in the non-profit-making sector like HMIS. Where there are positive results, for example, the term 'surplus' is used rather than 'profits'

(3) The voluntary contribution of members is a feature specific to certain non-profit-making bodies such as your HMIS. The different voluntary acts are contributions in terms of work, goods or other services. Your HMIS should record such voluntary contributions in the accounts to give a value to such contributions in work.

</div>

<u>Group Work</u>

10. Ask the participants to regroup according to their HMIS. Ask them to make an assessment of the adequacy of the tools they are using and identify the key issues or concerns surrounding their use of their tools.

11. Distribute the Assessment Checklist and collect them afterwards as inputs to the Action Planning exercise.

(Please refer to the PowerPoint Slides –
Module 4: Administrative and Financial Management of a HMIS)

Given the presentation in the plenary, your group discussion and group presentations, identify from the list the structure/systems/tools that you have instituted in your own HMIS. If there are items that you have not put in place yet, discuss the reasons why and write the results of your discussion under the last column. For the structure/systems/tools that you have already put in place, assess their adequacy in making your operations effective and efficient. If there are areas that need strengthening, specify these under the last column – REMARKS. You may also want indicate how you call the structure/system/tools you are using which are similar to what are listed. At the end of each category, summarize the strengths and weaknesses of your current structure/systems/tools.

Structure/Systems/Tools	In-Place / – yes X – no	If already in place, assess whether tool		REMARKS
		adequate	partially adequate	
A. Organizational Structure				
1. General Assembly				
2. Executive Body				
3. Board of Directors				
4. Auditing Body				
5. Monitoring and Evaluation Committee (in some cases, this is merged with the Auditing Body)				
6. Grievance Committee				
Structure/Systems/Tools	In-Place / – yes	If already in place, assess whether tool		REMARKS

	X – no	adequate	partially adequate	
7. Medical Committee				
8. Committee of Experts				

Summarize strengths and weaknesses of your current financial management systems/tools:

Strengths	Weaknesses

B. Administrative Management

1. Membership Card				
2. Register of Members				
3. Certificate of Entitlement				
4. Invoice				

Summarize strengths and weaknesses of your current financial management systems/tools:

Strengths	Weaknesses

Structure/Systems/Tools	In-Place / – yes X – no	If already in place, assess whether tool		REMARKS
		adequate	partially adequate	
C. Accounting Management				

1. Cash Journal				
2. Cash-in-Bank Journal				
3. Cash Receipt Book				
4. Cash Disbursement Book				
5. Petty Cash Form				
6. General Ledger				
7. Statement of Income and Expenditure				
8. Balance Sheet				

Summarize strengths and weaknesses of your current financial management systems/tools:

Strengths	Weaknesses

Structure/Systems/Tools	In-Place / – yes X – no	If already in place, assess whether tool		REMARKS
		adequate	partially adequate	
D. Financial Management				
1. Action Plan				

2. Budget				
3. Cash Flow Forecast				
4. Statement of Income and Expenditure				
5. Balance Sheet				
6. Financial Ratios Record				

Summarize strengths and weaknesses of your current financial management systems/tools:

Strengths	Weaknesses

Module 5: Monitoring and Evaluation

Purpose and Content

Module 5 puts emphasis to the monitoring and evaluation of the progress of HMIS in achieving its goals. It highlights the importance of monitoring and evaluation as a management tool in operating an HMIS. This module provides the participants with a set of guidelines and tools in tracking the performance of their HMIS and to prompt them to act on issues and concerns in a timely manner. Module 5 begins with the differentiation between monitoring and evaluation and clarifies the different methods that can be applied when undertaking each. It also specifies aspects of the HMIS operations and management that require regular monitoring and periodic evaluation.

Copies of the different monitoring tools exist. Module 5 provides the opportunity for the participants to review and study these tools. It allows them to make the necessary comparison with what they have. Through a group exercise, participants will be able to identify the monitoring tools that could best suit their situation and needs.

Objectives

At the end of this module, the participants will be able to:

(1) differentiate between monitoring and evaluation and are able to identify the specific aspects of their HMIS operations and management that need to be monitored and evaluated

(2) identify the different monitoring tools and describe each of their usefulness and applications

(3) describe the quality of health services being provided by their HMIS using the tools on Quality Health Care.

Topics and Methodology

Sessions	Major Topics	Duration	Methodology	Supplies/ Materials
Session 5.1 Monitoring and Evaluation of HMIS Performance and Operations	* differences between monitoring and evaluation * monthly monitoring report * management chart record	150 minutes	Plenary Discussion Group Work: Application of Tools	Slides Handouts Copies of the tools Worksheets
Session 5. 2 Monitoring the Quality of Health Services	* Quality Health Care Checklist	60 minutes	Plenary Presentation	Slides Handouts

FACILITATOR'S GUIDE

Introduction

1. Recap that the Training Programme so far has given inputs on the underlying reasons for the establishment of an HMIS and its overall contribution as a social protection measure; clarified the essential elements of an HMIS, its basic principles and the risks that needed to be addressed; defined gender and described the forms of gender biases and underlying causes; reviewed the process and criteria in setting up their own HMIS and introduced organizational structure, administrative and financial management systems and tools that must be in place.

2. Explain that monitoring and evaluation has to be institutionalized in every HMIS to help ensure its viability and success. Hence, this is given focus by making it a separate module in the Training Programme.

3. Clarify that this module has two parts which include: (a) discussion of the importance of monitoring and evaluation and the tools to be used in tracking and assessing the HIMS performance and operations; and (b) the monitoring of the quality of health care and services. Display the slide on the objectives of this module.

Session 1: Monitoring/Evaluation of HMIS Performance and Operations

Plenary Presentation

1. Begin this session by asking the participants if they are currently monitoring or evaluating their HMIS, what tools or mechanisms they use and which aspect of their HMIS do they monitor or evaluate. Ask them also what benefits resulted from doing their monitoring or evaluation.

2. With these inputs, ask the participants to differentiate between monitoring and evaluation. Acknowledge their contributions and then flash the slides which explain the definition of monitoring and evaluation.

3. Proceed with the presentation and discussion of the rest of the slides. Every now and then, ask for the opinions or comments of the participants and always relate your discussion with what they are currently practicing.

4. Once you have presented the basic definition and differentiation, proceed with the presentation and discussion of the various monitoring tools.

5. Explain that you have categorized the presentation into two: (a) those used for monitoring the operations and performance of the HMIS; and (b) those in assessing the quality of health care provided by their members.

6. As each tool is presented, ask the participants if they have employed such in the past and ask them to share their experiences.

Group Work

7. Advise the participants to group themselves by HMIS. Advise them to bring out their local data and apply the tools that were just discussed. Encourage them to analyze the results of their computations.

8. Instruct them to write on the flip chart their actual computations and the interpretation of the results. They may also begin to analyze what were the factors that contributed or hindered them from achieving the desired level of performance.

9. Inform them that their outputs will not be discussed in this session but will be presented in the Action Planning session.

10. Move from one group to another to ensure that they are applying the formula and discussing the results of their computations.

Session 5.2: Monitoring Quality of Health Care

1. Explain that this topic is discussed separately to emphasize the importance of monitoring the quality of health care being availed by the members of an HMIS.

2. Explain that the very reason for setting the HMIS is to make it a ready facility where members can easily avail of and access health services. It is important that the health services they receive are of high quality. The HMIS management owes its members the maximum and best return of investments of the premiums that they are contributing regularly.

3. Inform the group that there are several ways to assess the quality of health care being provided. This could range from a simple, ready-to- administer card to the conduct of a survey or clients interview.

4. Advise them to select one which is most appropriate to their set-up and their capacity to gather the information on a regular basis.

5. Present the slides that describe the monitoring scheme and refer them to the Handouts or copies of the tools being described.

6. Ask the participants for any clarificatory questions and respond to them as appropriate.

7. Close this module by emphasizing the following key messages:

Key Messages

Monitoring and Evaluation is essential in making the operations of your HMIS efficient and effective:

- keeps track the progress in achieving your goals and validate if you are in the right direction
- enables you to act on issues and problems right away before they become worse or unsolvable
- tells you ahead of time if your HMIS is financially viable or in financial crisis
- generates information as your basis for policy formulation and in making critical decisions, and applying more responsive measures which have been tried and tested (evidence-based)
- fosters transparency among your members and partners

SLIDES
(Please refer to the power point slides –
Module 5: Monitoring and Evaluation)

WORKSHEET 5-1: Monitoring HMIS Performance and Operations

Guide: Given the presentation and group discussion, apply the following monitoring tools in assessing the performance of your HMIS and the overall state of your operations. Below are the recommended areas to assess and the corresponding tool/formula that you can use. Make use of your HMIS data. If these are not available, you may use estimates. At the end of each computation, analyze and interpret the result as a group. As much as possible, apply age and sex-disaggregation whenever applicable.

Aspect Being Assessed	Formula, Actual Computation and Interpretation/Analysis	
1. Membership		
Formula	Average Number of Beneficiaries = Per Member	$$\text{Average Number of Beneficiaries Per Member} = \frac{\text{number of beneficiaries (by sex)}}{\text{total number of members (by sex)}}$$
Computation		
Interpretation/ Analysis		
2 . Contributions		
Formula	Rate of Collection = 100 of Contributions	$$\text{Rate of Collection} = \frac{\text{No. with contributions received}}{\text{no. of contributions forecast}} \times 100$$
Calculation		
Interpretation/ Analysis		
Aspect Being Assessed	Formula, Actual Computation and Interpretation/Analysis	

3. Coverage/Penetration	
Formula	Rate of Penetration $= \dfrac{\text{no. of beneficiaries (Male, Female)}}{\text{Target population (Male, Female?)}} \times 100$
Calculation	
Interpretation/ Analysis	

4. Benefits	
Formula	(1) Annual Utilization Rate $= \dfrac{\text{No. of Treatment Used by Type of Care}}{\text{Actual No. of Beneficiaries Actually Entitled to Benefits}} \times 100$
Calculation	
Interpretation/ Analysis	
Formula	(2) Average Cost of Benefits $= \dfrac{\text{Total Amount of Cost of Benefits}}{\text{Total Number of Benefits}} \times 100$
Calculation	
Interpretation/ Analysis	
Aspect Being Assessed	Formula, Actual Computation and Interpretation/Analysis
5. Financial Status	

Formula	(1) Ratio of Contributions to Expenditures =	$\dfrac{\text{Total Amount of Contributions}}{\text{Total Amount of Expenditures}}$
Calculation		
Interpretation/ Analysis		
Formula	(2) Claims Ratio =	$\dfrac{\text{Total Amount of Health Benefits Availed}}{\text{Total Amount of Contributions Received:}}$
Calculation		
Interpretation/ Analysis		
Formula	(c) Operating Cost to Income Ratio =	$\dfrac{\text{Total Amount of Operating Costs}}{\text{Total Amount of Income}}$
Calculation		
Interpretation/ Analysis		

Purpose and Content

The Training Programme aims to improve the knowledge and appreciation of the participants regarding the establishment and management of an HMIS. It also envisioned that practical lessons learned during the Training Programme will be applied directly and used maximally to further enhance the capacities of their HMIS. In this regard, Module 6 was designed to pave way for the direct application of the topics discussed and learned in the earlier modules through the development of an Action Plan.

In preparing this Action Plan, it is necessary for the participants to consolidate the different assessments they have generated during the first four modules. The results of their assessment as they applied the inputs in the various operations of their HMIS will be summarized. This now becomes the basis for developing the Action Plan that is hoped to respond to the identified areas that need improvement and strengthening.

At the end of this exercise, the participants belonging to the same HMIS shall make a presentation of their action points. A panel of reactors will be organized to react and provide advice and directions with regard to the proposed Action Plans of the groups.

Objectives

At the end of the module, the participants will be able to:

(1) summarize the gaps in the various aspects of their HMIS operations

(2) develop an Action Plan that addresses the gaps that were identified and further strengthen their HMIS as a whole.

Sessions	Major Topics	Duration	Methodology	Supplies/ Materials
Session 6.1 Summary of Assessment	* basic concepts in planning * summary of gaps and areas for strengthening	90 minutes	Plenary Presentation Group Work	Slides Accomplished assessments by module Flip charts Pentel pen Masking tape
Session 6.2 Development and Presentation of Action Plan	* formulation of plans * panel review of plans	120 minutes	Group Work Plenary Presentation and Review by Panel of Reactors	Copies of Plans Projector Review Guide

FACILITATOR'S GUIDE

Introduction

1. Inform the group that this is the last module of the Training Programme. Emphasize that the ultimate purpose of the training is for the participants to be able to improve the management and operations of their HMIS. Explain that all the discussions in the previous modules will come to naught if the learning that have been obtained will not be put applied.

2. In particular, remind the group that through the discussion in each module, several issues regarding the various aspects of their HMIS operations and management were surfaced. Areas for strengthening were identified and gaps that limit their effective and efficient implementaion were noted.

3. Clarify that this module hopes to put into a single document the results of their assessment in the previous modules, and as a group, begin to address them by developing an Action Plan to respond to the issues and gaps that were identified.

4. Inform them that the module begins with a brief overview of the planning process. Afterwhich, they will be asked to summarize and

enhance their previous assessments. Based on these, they will develop an Action Plan which will be presented to a panel of reactors.

5. Display the slide on the objectives of the module.

Session 6.1: Overview of the Planning Process

<u>Plenary Presentation</u>

1. To prepare the participants for the group exercise on assessment and planning, go through with them the overall planning process.
2. Display the slide and explain each major step of the planning process.
3. In discussing each step, give examples related to the HMIS. Explain too that the responses to the Questions – "Where were now?" and "Why are we still here?" have been partially accomplished through the assessment undertaken at thr end of each module.
4. Show next the template of the Action Plan and the parameters to be considered in planning.
5. Advise them to complete their consolidation of the assessment in an hour, develop their Action Plan in 1.5-2.0 hours.

Session 6.2: Assessment and Planning

<u>Group Work</u>

1. Group the participants by HMIS. Give back to each group the accomplished Assessment Checklists they accomplished in the previous modules.
2. Refer them to the guide that was prepared and the template to be used. They should be able to summarize the strengths as well as the gaps and issues that surfaced in each phase of their HMIS management and operations. These should cover strengths and gaps in the following areas:

   o   Gender sensitivity of their HMIS
   o   Clarity of their organizational structure
   o   Adherence to administrative systems and tools
   o   Adherence to financial management and tools
   o   Institutionalization of monitoring and evaluation system
   o   Coverage and viability of their HMIS
   o   Quality of Health Care

3. Facilitate each group to be able to complete their assessment within the given time and prompt them to proceed to the next – Action Planning.
4. Ensure that each member of the group actively participates in the discussion.

Session 6.3 Presentation of the Action Plan

1. Convene the participants into plenary. Get ready the panel of reactors. These officials and staff should have been informed and advised prior to their coming to the training as reactors.
2. Start this session by welcoming the panel of reactors and introducing them to the participants.
3. Explain also the procedures to be followed in the presentation.
4. Each presentor should introduce first their HMIS and the members of the group. Start with the presentation of the summary of the assessments, but highlighting only the major concerns.
5. Present next the Action Plan, particularly the objectives and the major activities. Presenters need not read the plan one by one, activity by activity. Nor the schedule, budget and responsible unit ir staff.
6. Presentation should highlight the key actions that respond to the gaps that were identified, less the routine activities they need to conitnue.
7. For the Panel of Reactors, you may give them a hard copy of the guide or flash the slide containing this guide so that participants become aware how their plans are to be reviewed by the panel.
8. After each group has presented their output, ask any comments from the participants themselves before calliing on the panel of reactors for their comments. Likewise, advise them that similar comments already given need not be repeated.
9. Always recognize the groups at the end of their presentation. At the end, thank also the panel of reactors for sharing their time and technical inputs in enhancing the plans of the groups.
10. Depending on the arrangements you have made with the organizers of the training, you may annoucne that copies of their outputs will be mailed to them for their own reference.

Aspects of HMIS Operations and Management	Results of Assessment		Remarks
	Strengths	Gaps/Areas for Improvement	
1. Gender – Orientaion of Your HMIS			
2. Setting – Up Your HMIS			
3. Organizational Structure			
4. Administrative System/Tools			
5. Financial Management and Accounting			
6. Monitoring and Evaluation			

ACTION PLAN

HMIS: _____

Year: _____

Objectives:

Major Activity	Schedule	Locus of Responsibility	Budget	
			Amount	Source

Purpose and Content

This session closes formally the 4-day Training Programme. It provides opportunity for the participants to share their impressions of the overall Training Programme, lessons learned and other recommendations to further improve the Training Programme. A guided evaluation will be administered at the end of the session. The Closing Ceremony will be very simple and allow the organizers to thank and recognize those who attended the Training Programme and those who contributed to its success.

Objectives

At the Closing Session, the participants are:
(1) able to evaluate the Training Programme and make the necessary recommendation for improvement
(2) recognized and thanked by the facilitators, organizers and sponsors of the Training Programme

Topics and Methodology

Objectives	Major Topics	Duration	Methodology	Supplies/ Materials
Session 1 Assessment of the Training Programme	Training Programme Evaluation	15 minutes	Individual Exercise	Training Program Evaluation Form
Session 2 Closing Ceremony	Closing Program * acknow- ledgement of everyone's inputs * announcement /next steps	30 minutes	Plenary acknowledge ment or presentation Closing Remarks	Closing Program

FACILITATORS' GUIDE

1. Administer the Post-Training Evaluation Checklist. Explain to the

participants the need to get feedback to further enhance the training programme and improve the facilitation.

2. There are different ways to close a training program depending on the time you have left and the resources that you have available. For a simple closing ceremony, you may consider the following:

   2.1 Request at most 2 participants to share their impressions about the training Programme In other training, impressions can be presented through a role play.

   2.2 Request one who can make a special presentation (e.g. song)

   2.3 Request the official representative to give the closing remarks.

3. Make any announcement related to the project or training.

4. Distribute the certificates of attendance.

Worksheet 6-1: Training Programme Assessment Form

(Note: This assessment form was adopted from the Evaluation Form prepared by the International Labor Organization (ILO) International Training Centre)

Please complete the questionnaire below. This will help us improve our activities. Please be totally frank for we are interested in your opinion, whether it is positive or negative, and shall take it into account in planning future activities.

Instructions:
1. Please give each aspect set out below a mark. From a scale of 1-5 with 1 being the minimum and the 5 the maximum.
2. If you think a question does not apply to you or that you do not have the information needed to answer it, choose the "no opinion" option
3. Give only one answer to each question.
4. Note the questionnaire is anonymous

	PART I	MINIMUM 1	2	3	4	MAXIMUM 5	NO OPINION
I	**INFORMATION RECEIVED BEFORE THE TRAINING**						
1	Before participating in this activity, were you clear about the objectives, contents and methods?	O	O	O	O	O	O
II	**THE WAY THE ACTIVIY WAS DELIVERED**						
A	**Objectives**						
2	Having participated, are you now clear about the objectives of the activity?	O	O	O	O	O	O
3	To what extent were the activity's objectives achieved?	O	O	O	O	O	O
B	**Contents**						
4	Given the activity's objectives, how appropriate were the activity's contents?	O	O	O	O	O	O
5	Given your level of prior learning and knowledge, how appropriate were the activity's contents?	O	O	O	O	O	O
C	**Methods**						
6	Were the learning methods used generally appropriate?	O	O	O	O	O	O
D	**Facilitators/Resource Persons**						
7	How would you judge the resource person's overall contribution?	O	O	O	O	O	O
E	**The Group of Participants**						
8	Did the group of participants with whom you attended the activity contribute to your learning?	O	O	O	O	O	O

		MINIMUM 1	2	3	4	MAXIMUM 5	NO OPINION
F	**Training Materials**						
9	Were the materials/media used during the activity appropriate?	O	O	O	O	O	O
G	**Organization**						
10	Would you say that the activity was well organized?	O	O	O	O	O	O
11	Would you call the secretariat efficient?	O	O	O	O	O	O
H	**Practicum**						
12	Did you find the practicum useful?	O	O	O	O	O	O
III	**USEFULLNESS OF THE ACTIVITY**						
13	Are you satisfied with the quality of activity?	O	O	O	O	O	O
14	How likely is it that you will apply some of what you have learned?	O	O	O	O	O	O
15	How is it that your office/agency will benefit from your participation in this activity?	O	O	O	O	O	O

	PART II
16	Which three aspects of the activity do you think were the least useful? (1) (2) (3)
17	Which three aspects of the activity do you think were the most useful? (1) (2) (3)
18	What would you suggest the facilitators/resource persons improve the overall quality of their contribution? (You may name someone in particular if you wish) (1) (2) (3)
19	Name 3 actions you intend to take after participating in this activity. (1) (2) (3)
20	Name 3 difficulties you might encounter in applying what you have learned during the activity. (1) (2) (3)

Annexes
Presentation Materials

Annexes
Slides for Module 1: Putting the Training Programme in Context

W E L C O M E

Gender Sensitive Management
of Health Micro-Insurance Scheme
In The Philippines

Training Programme

International Labor Organization

STEP - Philippines

Smile A While

Smile a while, and give your face a rest

Raise your hand to the one you love the best

Turn around to someone else

Shake his/her hand and smile

Module 1
Putting the Training Programme in Context

Session
1.1 Opening Program
1.2 Leveling of Expectations
1.3 Rationale of the Training
     Programme

Objectives

- **increased their knowledge of the rationale, principles and essential elements and processes of a community-based health micro-insurance scheme**

- **expressed their appreciation of the management tools and systems to be put in place to ensure a more effective and efficient operations of their HMIS**

- **assessed their current operations and identified strengths and areas for improvement using the newly-introduced principles, tools and guides**

- **developed an action plan to further improve the effectiveness and efficiency of their HMIS**

Training Modules

Module 1: Putting the Training Programme in Context

Module 2: Getting to Know More About HMIS

Module 3: Setting up An HMIS

Module 4: Administrative and Financial Management of HMIS

Module 5: Monitoring and Evaluation of HMIS

Module 6: Action Planning

Program of Activities

	Day 1	Day 2	Day 3	Day 4
AM	Opening Program	Setting up HMIS	Financial Management Tools	M and E
	Leveling of Expectations			Action Planning -Assessment
	Rationale of the Training			
PM	Social Protection	HMIS		-Planning
	and HMIS	Administration	Monitoring and	-Presentation
	Gender and Development		Evaluation of HMIS	Closing and Synthesis

Training Norms

(1) Write what you observe or see in the object flashed before you.

(2) Share what you see to the group.

(3) What do these imply as we go through the 4-day Training Progamme.

In a successful training program...

balance is critical.

Be HERE now.

Be 100%.

You miss 100% of the shots you don't take!

-Wayne Gretsky "Hockey Player"

Spot Checks

How familiar are you with PhilHealth packages?

not familiar **ok** **very familiar**
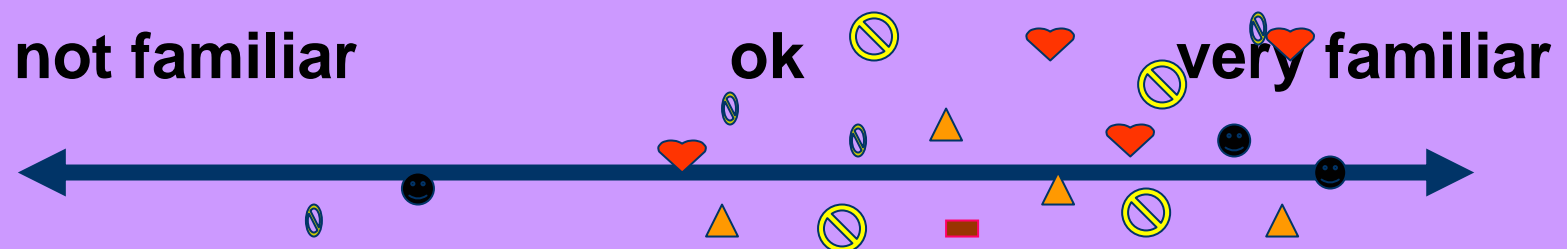
Annexes
Slides for Module 2a: Social Protection

Social Protection through
Health Micro-Insurance Schemes

Annie A. Asanza, MD
National Project Coordinator, STEP Philippines
16 October 2004

Order of Presentation

1. Decent Work

2. Social Protection

3. Health Micro-Insurance Schemes

4. Health Sector Reforms

International Labour Organization

Promotion of opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity

Rights

Employment

Decent Work

Social Dialogue
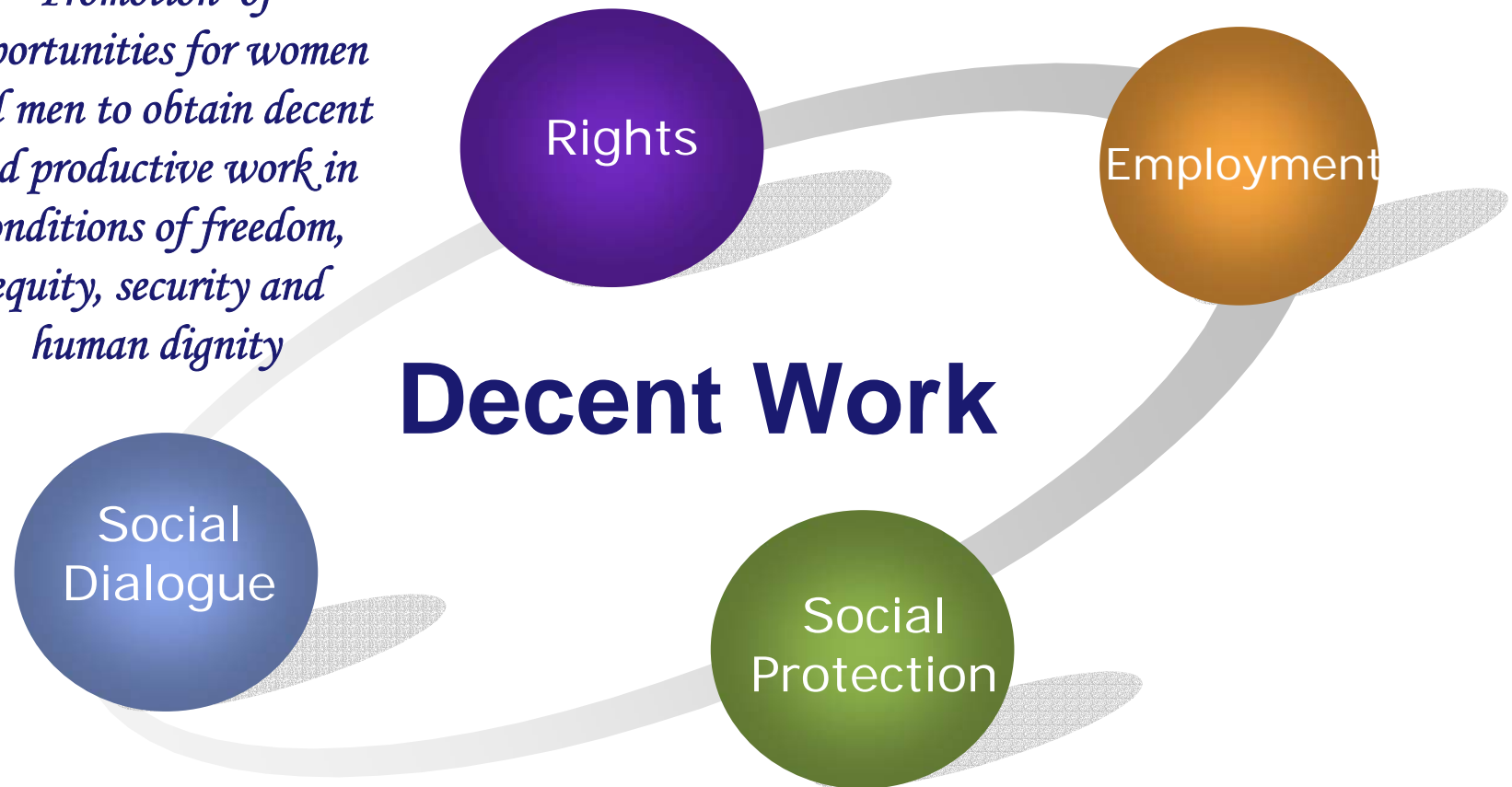
Social Protection

RISKS

- ❖ El Nino
- ❖ Crop pests
- ❖ Floods & Landslides
- ❖ Earthquakes
- ❖ Fire
- ❖ Illness
- ❖ Accidents
- ❖ Epidemics
- ❖ Old age
- ❖ Disability
- ❖ Death

Social Protection

Set of public and private measures undertaken by societies in response to various risks in order to:

- offset the absence of or significant reduction   of income from work;

- provide assistance for families with children; and

- provide people with healthcare and housing

Objectives of Social Protection

❖ **Guarantee access to essential goods and services**

❖ **Promote active socio-economic security**

❖ **Advance individual and social potentials for poverty reduction and sustainable development**

Principles of Social Protection

- ❖ **Equality of treatment**

- ❖ **Solidarity**

- ❖ **Inclusiveness**

- ❖ **General responsibility of the State**

- ❖ **Transparent and democratic management.**

Social Protection

❖ **Social Security**
  - Pension
  - Health Insurance
  - Disability Benefits
  - Death Benefits

❖ **Labour Protection**
  - Occupational Safety and Health
  - Conditions of Work
  - Prevention of HIV/AIDS
  - Protection of Migrant Workers

Social Security

❖ Basic human right

❖ Creates social cohesion

❖ Prevention and alleviation of poverty

❖ Enhances productivity

- Provides health care, income security, social services

Limited social security coverage

❖ One out of five individuals in the world are covered

❖ Extend coverage to those who are not part of any social security systems

- Employees in small work place, self-employed, migrant workers, informal economy workers – many of whom are women

Strategies for Extension of Social Protection

❖ Extend statutory social security schemes

❖ New schemes may have to be developed – decentralized schemes

❖ Sustainable linkages between schemes that serve different parts of the populations.

Gender Equality

❖ Extending coverage to all workers, or at least to all employees, including the particular categories in which women are heavily represented

❖ Helping men and women to combine paid employment and caring work

❖ Recognizing unpaid caring work either through the award of credits under contributory schemes or through the provision of universal benefits

❖ Granting dependent spouses entitlements in their own right, thereby safeguarding their position in case of separation or divorce

ILLNESS RISK

❖ Unplanned

❖ Costly

❖ Reduces family income significantly

❖ In the Philippines, almost 80% of healthcare cost are out of pocket expense

Health Micro-Insurance

Target members: those not covered by formal health insurance systems

Individuals or households protect themselves against illness risk by combining to pool resources with a larger number of similarly exposed individuals

❖ Insurance supplied by care providers

❖ Micro-finance institutions

❖ Mutual pharmacies

❖ Others

- Transportation needs

Advantages of HMIS

- ❖ Greater security in the event of sickness for members and their dependents
- ❖ Better continuity of treatment
- ❖ Reduction of delay in seeking care
- ❖ Reduction of financial limitations
- ❖ Reduction of parallel practices

Characteristics of HMI

"Insurance" function

❖ Financial participation

❖ Non-compulsory membership

❖ Exclusion from social security

❖ Involvement of beneficiaries in management

❖ Complement to traditional social security systems

Principles of HMIS

- ❖ Solidarity
- ❖ Democratic and participative operation
- ❖ Autonomy and freedom
- ❖ Personal fulfillment
- ❖ Service-oriented

Principles of HMIS

- ❖ Responsibility
- ❖ Dynamics of a social movement
- ❖ Quality preventive & curative health services
- ❖ Sustainable operations
- ❖ Rights-based approach
- ❖ Gender sensitivity

Members
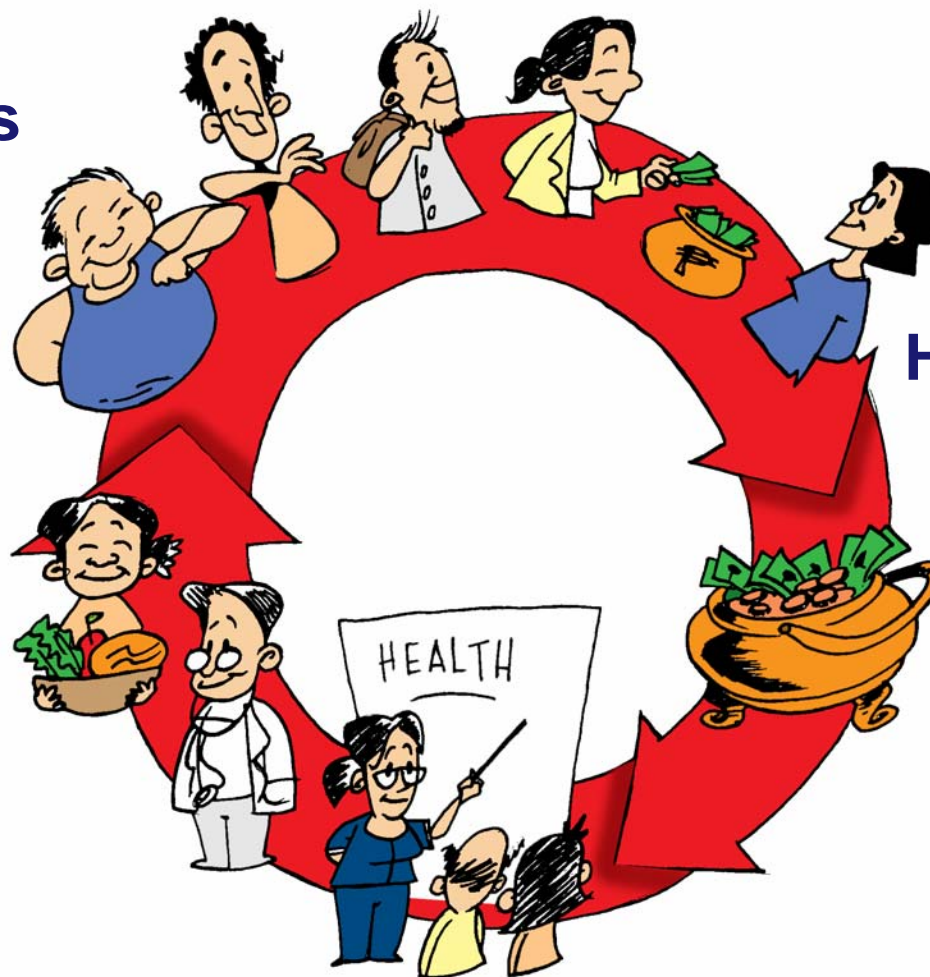
HMIS

•General Assembly
•Board of Directors
•Executive Body
•Auditing Body

Health Care Providers

Risks related to HMIS

❖ **Risk of adverse selection**

- People with a high risk connected to their state of health join in large numbers
- People with good health tend to refrain from joining
- Minimum unit of enrollment should be the family
- Enroll members of a particular group simultaneously
- Waiting period

Risks related to HMIS

❖ **Moral hazard of over consumption**

- Abuse of services
- Patient's contribution – cost sharing scheme between HMIS and member
- Establish an obligatory reference system
- Establish an observation or probationary period

Risks Related to HMIS

❖ **Moral Hazard of Over- Prescription**

- ○ Health care providers prescribe unnecessarily
- ○ Lump sum or flat rate payment per person
- ○ Standardization of treatment schemes
- ○ Obliging health care providers to prescribe generic essential medicines or limiting reimbursements of medicines
- ○ Establish a benefit ceiling
- ○ Establish non-reimbursable days or flat-rate co-payment
- ○ Require members to adhere to available preventive measures

❖Fraud and abuse

- Check-up before treatment
- Check-up after treatment
- Affix photo of member and their dependents on membership card

❖ Occurrence of catastrophies

- Establish substantial financial reserves
- Access to a guarantee fund or the possibility of reinsurance

Health Sector Reform Agenda

Poor quality

Limited funds

Primary Health Care

Inter-local Health Zone

Disrupted local health referral network

Health Insurance

Hospital

Poor hospital management & financing

Low coverage

Out-of-pocket spending 44%

75% for personal health care

Regulations

Inadequate regulatory capacity
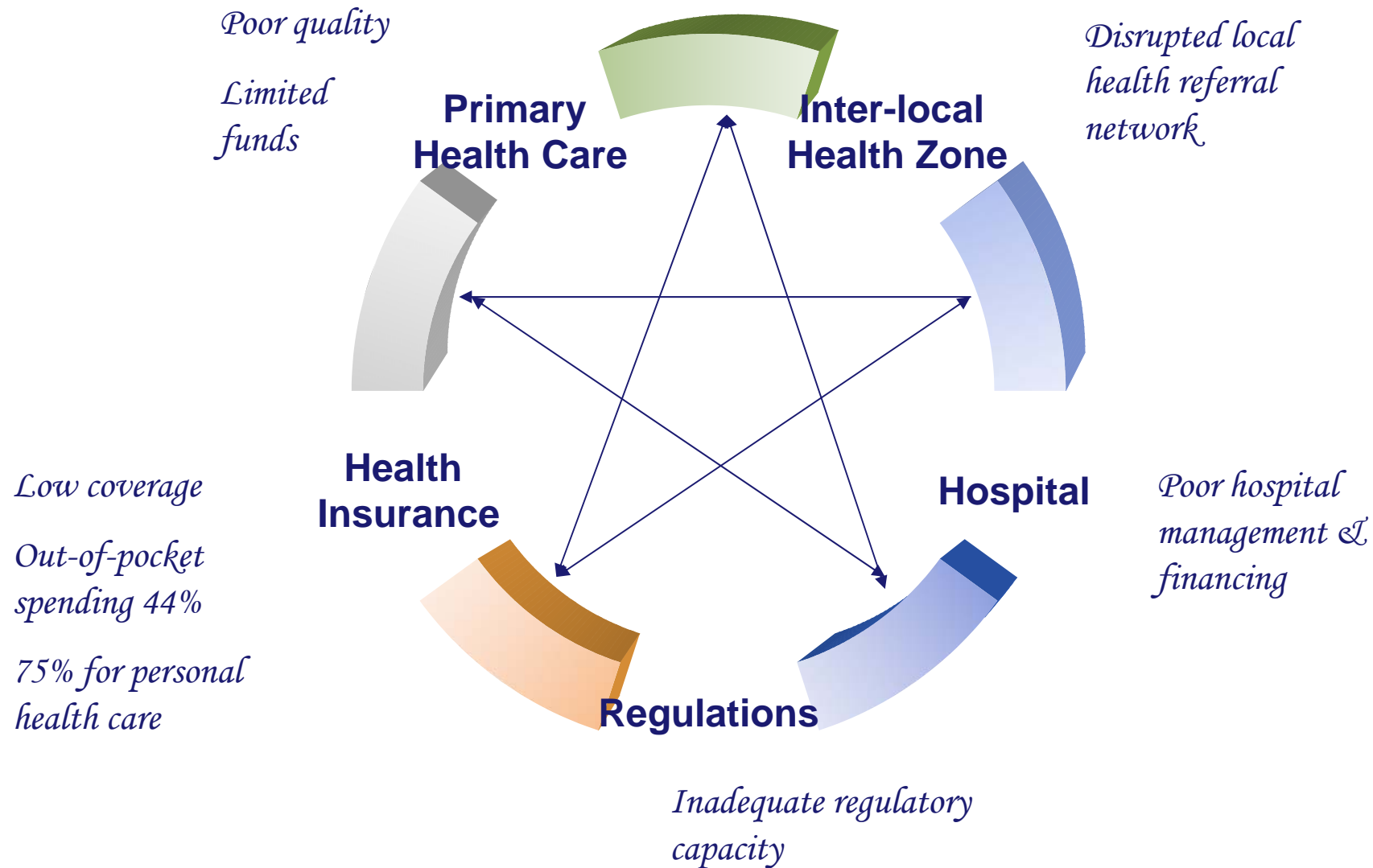
❖**Expansion of health insurance coverage**

- Coverage of those who are not included in the formal system of health insurance

- Linkage of the statutory health insurance scheme and the health micro-insurance schemes
  - Mangloy Health Fund

- Greater awareness on the benefits of health insurance

❖ Driving force for change

- Greater participation and involvement of communities propel and compel local governments and national government agencies to improve

Maraming Salamat Po!

Annexes
Slides for Module 2b: Gender

Module 2

Knowing More About HMIS

Session 1.1:   Social Protection
and HMIS

Session 1.2:   Gender
and Development

Module 2 Objectives

(1) explain the rationale of social protection and the role of HMIS as a social protection mechanism

(2) describe the characteristics of an HMIS, its basic principles, components and the various risks it is exposed to

(3) assess their current HMIS vis-à-vis the given principles and basic features and identify strengths and gaps

(4) improve their awareness of gender and development principles

Session 2.2
Gender and Development

Gender

- refers to the differences between women and men that are socially determined and learned

- refers to the traits, characteristics and role differences between male and female;

- It is culturally determined and varies across cultures and places, and changes overtime

- since they are socially constructed, they can also be changed

Sex

Refers to the physical or biological attributes that identify a person as female or male

- type of genital organs
- type of predominant hormones circulating in the body
- ability to produce sperm or ova
- ability to give birth and breastfeed babies

Comparison Between Sex and Gender

Sex	Gender
• primarily refers to physical attributes of the body; notably the sex organs that make males and females distinct	It is the composite product of attitudes and behavior of men and women e.g. masculinity and femininity
• Biologically determined by genes and hormones.	Behavior that is socially determined It is learned and perpetuated primarily through the family, education religion, media, etc. Thus it is an acquired identity
• Is relatively fixed/constant	Because it is socialized, it may be variable through time and across cultures

Sex Roles

Ability of the Female to:
- produce ova
- menstruate
- get pregnant
- give birth
- breastfeed

Ability of the Male to:
- produce sperm

Gender Roles

<u>Male</u>

- bread winner
- takes on physically strenuous work and activities (e.g. plumbing, carpentry, etc.)

<u>Female</u>

- caretaker of children
- housekeeper (wash and iron clothes, cook food, clean the house, etc.)
- brings children to health center or health personnel

Sexuality

It is the total personhood development experience of a person that includes:
- sexual behavior
- sexual health
- relationships
- gender socialization
- human development

Note: life skills is an essential element in all the above components of sexuality

Sex, Sexuality and Gender Across Life Span

- **A child at birth is either a boy or a girl as defined by the physical or biological attributes that characterizes the sexes: penis for the boy and vulva for the girl.**

- **As the child grows awareness of the body's basic parts and functions develop, erotic zones are explored and formative development of sexual drive occurs.**

- **However, a child is reared according to the norms set by society. Society's gender norms dictate permissible behavior for males and females creating influence on a person's sexuality**

Manifestations of Gender Bias

ECONOMIC MARGINALIZATION
- Under or even non-valuation of women's work

POLITICAL SUBORDINATION
- Women's participation in decision-making is limited

GENDER STEREOTYPING
- Societal perceptions and value systems developed an image of women as weak, dependent, subordinate, indecisive, emotional and submissive

MULTIPLE BURDEN
- The dual immersion of women: working outside the home to augment family income while taking on responsibility for household chores at the same time.

Economic Marginalization

- **refers to subordination in the economic arena**

  - **under-valuation or non-recognition of women's work**

  - **unequal pay for work of equal value**

  - **last to be hired, first to be fired**

  - **limited opportunities**

  - **exacting sexual favors**

Political Subordination

- **the relegation of women to a lower status, decision-making and rights**

    - position

    - status

    - decision-making

    - process of socialization

Gender Stereotyping

- **the tendency to ascribe the characteristics and roles to males and to females as a group**

    - all characteristics expected of males are considered true for all males

    - all characteristics expected of females are true for all females

Multiple Burden

- **takes place when women move out of reproduction sphere to perform productive roles**
  - **yet men do not move into the spaces left behind by them (e.g. working women)**
  - **if professional women work, another set of women take their place as care providers (e.g. yaya, maids, etc.)**
  - **women while working to earn a living also is burdened with doing housework and parenting**

Three Types of Women's health Problems

- **General Health Problems**
  - diseases which any person can have regardless if sex (e.g. lung disease, hypertension)
- **Special Health Problems**
  - diseases particular to women because of their physiologic attributes (e.g. related to pregnancy, labor, cervical cancers, uterine myoma)
- **Gender Health Problems**
  - those associated with low status of women (e.g. spouse abuse, rape)
  - those associated with traditional role of women (e.g. vulnerability to contagious diseases, stress)
  - those associated with stereotypes (e.g. anorexia nervosa, complications of surgical reconstruction)

Institutions/Structures Gender -Related Issues

	FEMALES	MALES
Family :	Responsible for household chores and child bearing	He is the breadwinner
	Follow husband's decision.	Makes decision relative to all aspects of family life.
	Sexual relationship should take place in marriage only	
School:	Course Offering High School: home economics College:, social work, midwifery nursing, education	Course Offering High School: Industrial Arts College: architecture, law, medicine engineering,

Institutions/Structures Gender-Related Issues

	FEMALES	**MALES**
Church/Religion:	Nuns do supporting role	Priests, lay ministers do lead roles
	Virginity is a virtue	Male virginity is not an issue.
	Masturbation is a sin and an act of immorality strict adherence to the vow of celibacy: priests and nuns must abstain from sex	
Economy:	must spend wisely the money entrusted by the husband.	Breadwinner
	Work is of less or no value thus paid low.	work has economic value, therefore, paid more

Institutions/Structures Gender-Related Issues

	FEMALES	**MALES**
Government/: **Law**	Supports husband's candidacy for public office	Runs for public office
Media Image:	sexy, beautiful, sexually desirable male's object of desire	objects for liquor ads. image: strong, handsome the envy of other males
Recreation:	engage in cottage industry such as embroidery during free time to augment family income. Spare time is used to buy things for the family at nearby grocery.	more leisure activities with friends after work hours.

Institutions/Structures Gender and Sexuality-Related Issues

	FEMALES	**MALES**
HealthCare:	Responsible in bringing children to clinic	Passive to No Setting participation
	Gets husbands permission to seek reproductive health	Tells wife to bring sick child to the clinic
	Gets husbands permission to seek reproductive health care	Decides on matters related to contraception
	Sex workers are required to undergo STI check-up.	No STI check-up required

For Every Woman, There is a Man

For every woman who is tired if acting weak when she know she is strong, there is a man who is tired if appearing string when he feels vulnerable

For every woman who is tired of acting dumb, there is a man who is burdened with constant expectation of "knowing everything"

For every woman who is tired of being called "an emotional female," there is a man who is denoed the full right to weep and be gentle

For Every Woman, There is a Man

For every woman who is denied of meaningful employment and equal pay, there is a man who must bear the full responsibility of earning for a human being

For every woman who is not taught the intricacies of an automobile, there is a man who was not taught the satisfaction of cooking

For every woman who feels tied down by her children, there is a man who is denied of the full pleasure of shared parenthood

Annexes
Slides for Module 3: Setting –Up an HMIS

Module 3

Setting Up An HMIS

Session

3.1: Stages and Requirements in Setting-Up an HMIS

3.2 Principles in Management and Support Activities

3.3   Computation of Premiums

Module 3 Objectives

- describe in sequence the basic stages in establishing an HMIS and the requirements that must be complied with in each stage

- enumerate the different support activities to be undertaken during each stage and the basic principles in management to be observed

- describe the current set-up and practice of their HMIS and assess these vis-à-vis the given features and principles

Stages in Setting Up the HMIS

Stage 1:   **Awareness-Raising and Decision to Set-up A HMIS**

Stage 2:   **Situational Analysis**

Stage 3:   **Defining Your Mutual Benefit Formula**

Stage 4:   **Launching Your HMIS and Start-Up Activities**

Stage 1: Awareness-Raising and Decision to Set-up A HMIS

- potential members become aware of their common health-related difficulties and need and consequently decide to set up a joint solution in the form of an HMIS

- revolves around the organization of meetings, dialogues and awareness-raising among your target membership regarding the setting up the HMIS

- overall purpose of these initial activities is for everyone to:

  (a) to reflect and determine their priority health need/s

  (b) make them appreciate the importance of joining their efforts and resources together to address their needs

  (c) to get them express interest in forming a HMIS in response to these needs

Steps in Raising Awareness

Step 1.1   **Establish Contact with the Target Membership**

Step 1.2   **Raise Awareness and Disseminate Information**

Step 1.3   **Test Pre-Conditions**
    solidarity links between members
  potential members experience financial difficulties in accessing health care
    quality health services in an environment close to the target groups
    a climate of confidence between members and promoters of the system
    a socio-economic development dynamics:

Step 1.4   **Creating the Core Group**
- **participate in carrying out preparatory studies**
- **report to the targeted membership the outcome of their work and organize on-going activities and information**
- **collect the opinions of potential members and facilitate the process of reaching a collective decision on the choices to be made**
- **the basic principles of mutual benefit program**
- **the mode of operation and characteristics of an HMIS**
- **the type of services that the HMIS will provide**
- **modalities of organization and operation**

Stage 2: Situational Analysis

- collect data and study the information necessary to decide the nature and characteristics of your future HMIS

Step 2.1: Data Collection

Step 2.2: Feasibility Study

Step 2.1 Data Collection

Data To Be Collected

- ♦ demographic characteristics
- ♦ health care provision
- ♦ legal and institutional framework
- ♦ forms of solidarity and organization within the population
- ♦ family income and health expenses
- ♦ sanitary conditions and health-related needs
- ♦ gender relations
- ♦ health care financing
- ♦ others: available physical, human and other resources

Step 2.2 Feasibility Study

- the foundation of your HMIS' functioning
  - sets clear understanding of the situation in which your HMIS will operate;
  - assesses the viability of the scheme
  - makes financial forecasts
  - determines specific needs of target membership and benefits to be granted

- On the basis of the feasibility study, your core group makes a financial calculation based on an estimated revenue and expenditure to assess whether it is a good time to set up your HMIS. A major challenge for you is to calculate the average cost of services and the appropriate rate of risk. In many cases, you will have to be content with the initial approximate figures.

- The analysis of these data should yield information useful for determining the concrete needs of your target membership and confirming if the major pre-conditions of setting up an HMIS. Your analysis should yield first of all the information and recommendations whether setting up an HMIS is feasible or not.

Step 2.1 Data Collection

▲<u>Secondary Data Gathering</u>: collection and review of already existing data or information from various sources

▲ <u>Key Informants Interview</u>: involves an interview of selected stakeholders or people in authority who possess the relevant information you may need; guided with the written set of questions; a good way of getting the views and experiences of people

▲ <u>Focus Group Discussion (FGD)</u>: effective tool to obtain the opinions of your target group; allowing more thorough discussion of critical topics; requires a homogenous group of participants or members; ideal size of the group is from 8-10; one person needed to facilitate the discussion and another one to record the discussions; guided with a list of questions relevant to the topic

▲ <u>Ocular Observation</u>: requires physical visit and going around the community or area to be covered by your HMIS; most appropriate if you want to know the existing facilities, their distance from the members' residence, their physical set-up, who patronize them or how they deliver services

▲ <u>Survey</u>: entails the collection of data from a sample of the target membership; usually selected at random to ensure objectivity and the right group to represent the target membership.

Stage 3: Defining Your Mutual Benefit Formula

- **need to define the most appropriate mutual benefit formula which covers the services to be offered, the type of organization and mode of operation of your HMIS**

Stage 3: Defining Your Mutual Benefit Formula

Purpose: information gathered in previous stage are analyzed to identify the scheme best suited to meet the existing needs of target members considering local situation and customs

Core Group: undertake analytical work with possible input by outside participants; to be shared with the target members by organizing series of meetings for the following reasons:

- gather the opinions of all potential beneficiaries
- gain a better understanding of the population's perception of its sanitary conditions, its problems, etc.
- prepare the ground among members for the choices that will result or emerge from the analysis
- prepare members in order to facilitate the decision-making during the fist meting of the General Assembly

Step 3.1:   Clarifying the Benefit Formula

- **<u>relevant</u>**: the types of care covered should correspond to the real health-related needs of your target population; this solution in the form of an insurance must genuinely improve the situation

- **<u>visible:</u>** members must be able to rapidly perceive the advantages offered by your HMIS

- **<u>accessible cost</u>**: the sum of the contribution must be compatible with the financial capacity of the potential members can afford

Step 3.2   Identifying the Risks and Services to be Offered

- given the collected information, the core group should be able to:
  - identify the health needs of the target membership
  - identify the various risks involved
  - identify the appropriate package of services that meets the needs of the target community
  - different choices and options that will come out of the analysis
  - come up with the different scenarios and identify the major risks involved in each of these scenarios
  - should appreciate these possibilities in terms of finances by making calculations based on estimates that include the average cost of services to be offered and the frequency the diseases occur

Step 3.3   Calculating the Contributions

- **most difficult part but most important since sum of contributions determines the viability of scheme**

  - **if contribution is too low, HMIS will accumulate a deficit with risk of bankruptcy at some stage in your operations if it cannot mobilize additional resources**

  - **If the contribution is too expensive, HMIS will not be financially accessible to a large number of your target members; risks of adverse selection and over-consumption will be compounded.**

- **calculating contributions is based on estimated frequency with which risks occur and the cost of care.; most cases, there is lack of reliable information used to arrive at accurate estimates; hence sum of the contribution estimated not very precise.**

- **two ways of calculating contributions**
  - **based of your target members' available income**
  - **basis on needs expressed by your potential members, in situations where financial problems are less acute**

Methods of Calculation

Method 1

- contribution =risk premium+ safety margin+ operating costs

Method 2

- contribution fixed in general assembly, without prior calculation

Method 3

- contribution calculated on the basis of the operating budget of the health facilities

Method 4

- contribution calculated on the basis of a HMIS budget forecast

Step 3.4　　Selection of Service Providers

- once services to be offered have been identified, core group to:

  - identify and come up with an inventory of the existing health institutions in the locality or nearby areas which they can tap later on to provide the services

  - contact these potential service providers and examine the possibilities for establishing agreements with them as a concrete expression to their co-operation

  - assess the possibility and rationale for setting up its own health facilities to provide the service

Step 3.5   Defining Your Internal Organization

- define at this stage the type of organizational set-up most suited to meet requirements of your HMIS

- analysis should provide relevant information on how the HMIS will be structured

   - what kind of governing bodies to be established
   - how simple or complex the organization to be

Step 3.6   Defining the Modalities of Your HMIS Operation

- identify and determine among others:

    - membership modalities

    - how the premiums will be collected

    - mechanisms in providing services

    - granting the benefits to your members

    - options in payment scheme

Step 3.7   Preparation of Budget

- formulate the program of action and the budget forecast which translates the choices made into financial terms

- may need external technical assistance especially in the assessment and preparing the income statement

**Stage 4:   Launching Your HMIS
                   and Start-Up Activities**

▲ you need to prepare for the holding of the initial meeting of the General Assembly or formal launching and start with the initial activities

Step 4.1   Preparing for the General Assembly

Step 4.1   Holding the First General Assembly

Step 4.1: Preparing for the Inaugural General Assembly (GA)

(1) Development of By-Laws

(2) Drafting the Policies, Systems and Procedures

(3) Drawing up the First General Assembly Agenda

- inform the potential members about the proposed set of HMIS

- present and discuss the different options which HMIS needs to finally adopt

- decide regarding the organization and operation of the HMIS

**Step 4.2:   Holding the First General Assembly
or the Formal Launching**

First General Assembly

- the venue to inform members about the
  proposed set-up of the organization, with
  emphasis on the following:

* its philosophy

* overall objectives

* advantages and disadvantages

* form of administration

Session 2.2   Support Activities

2.2.1 Capability Building of Involved Persons and Staff

* leadership and program management
* gender and development
* data processing, analysis and presentation
* advocacy and negotiation
* social marketing their products
* administrative and financial management
* monitoring and evaluation
* proposal development
* communication material development

2.2.2 Continues Update

- continuous effort to inform and update the members regarding the scheme, particularly principles of their formation: solidarity, risk-pooling, precaution

- be abreast with the updated information and new technologies - expose to new learning and methods

- must reach not only key leaders but the general membership

2.2.3 Continuous Campaign to Increase Membership

- must take precedence in your information drive

- must take on creativity and innovations of approaching and winning members to join the scheme, especially women and men who are in disadvantaged situations, or who tend to be excluded (e.g., residents in interior communities, indigenous peoples)

- efforts to market your product and encourage others to join and enrol; testimonials are effective methods of winning more members

2.2.4 Continuous Promotion for Regular Contributions

- continuous awareness of the principles underlying the purpose of your HMIS

- review and analyze the most appropriate collecting system for your members

2.2.5 Monitoring and Evaluation

- key to ensuring HMIS progresses the way members and organizers planned it and for it to remain faithful to the agreements and covenants for which it was established

Session 2.3 Management Principles

2.3.1 Transparency and Confidence

2.3.2   Preservation of Resources

2.3.3 Separation of Management

2.3.4　Key Parameters In Determining Future Management of HMIS

(a) Size of HMIS

(b) Nature of Benefits of HMIS

(c) Frequency of Contributions

(d) Activities Associated With HMIS

(e) r HMIS Relations With the Care Providers

Group Work: Assessment

(1) which steps did you take when setting up your HMIS?

(2) Assess adequacy of each step done using the assessment checklist

      - adequately

      - inadequate

      - not done at all

(3) Which of step/s greatly affected the operations of your HMIS?

(4) To what extent has management principles are being followed?

(5) Write the results of your assessment at bottom of checklist

Annexes
Slides for Module 4: Administrative and Financial Management of a HMIS

Module 4

Administrative and Financial Management of HMIS

Session

4.1: Administrative Tools

4.2: Financial Management Tools

Module 4 Objectives

- describe the importance in putting in place administrative and financial management systems and tools into their HMIS operations

- enumerate and describe the different administrative systems and tools

- describe the different financial management systems and tools

- determine which of the administrative and financial systems and tools are applicable to their respective situations and needs and make an assessment of their current systems and tools

Session 4.1
Administrative Tools

Importance of Establishing HMIS Management System

- Build confidence

- Ensure viability of the scheme

- Minimize dysfunctions

HMIS Resources To Be Managed

RESOURCES

- Human Resource

- Material Resources

- Financial Resources

Aspects of HMIS Management

Organization and Functioning

- organizational structures

- By-Laws and Policies, Systems and Procedures (PSPs) established

- meetings your organization undertakes

- relationship with service providers or external partners

Aspects of HMIS Management

- **Administrative Management**
  - tasks on membership registration and monitoring
  - collection of contributions
  - entry on the books
  - monitoring and payment or benefits

- **Importance**
  - contributions and benefits are main source of income and expenditure respectively of your HMIS
  - tools used make it possible to have all the information necessary to carry out monitoring and analysis of overall performance of your HMIS

Aspects of HMIS Management

Accounting and Financial Management

- **accounting management**
  - records the various HMIS transactions in the form of inflows and outflows of resources
  - files and process them
  - follows different stages of HMIS activities in a given period (a financial year from start-up, operation and closure)
- **financial management**
  - ensures long-term HMIS financial viability
  - forecasts and controls revenue and expenditure,
  - analyzes financial situation and manages financial investments

Main Management Aids and Tools

Administrative Management

- Membership Card
- Register of Members
- Certificate of Entitlement
- Invoice

Main Management Aids and Tools

Accounting Management

- Cash Journal
- Cash-in-Bank Journal
- Cash Receipt Book
- Cash Disbursement Book
- Petty Cash Form
- General Ledger
- Statement of Income and Expenditure
- Balance Sheet

Main Management Aids and Tools

Financial Management

- Action Plan
- Budget
- Cash Flow Forecast
- Statement of Income and Expenditure
- Balance Sheet
- Financial Ratios Record

Organization and Functioning

- must have a precise definition of the authorities and responsibilities of management bodies

- organizational chart must precisely determine the following:

  - place of each structure/unit

  - define each of their functions and responsibilities

  - attribute corresponding authority

The Management Structures

- General Assembly
- Board of Directors
- Executive Body
- Auditing Body
- Medical Committee
- Committee of Experts
- Monitoring and Evaluation Committee (in some cases, this is merged with the Auditing Body)
- Grievance Committee

The General Assembly (GA)

Overall Function:
- highest decision-making body in your HMIS
- determines By-Laws
- its decisions bind all its members and all the other management units.

Frequency of Meeting:
- normally convened at least once a year to approve the annual accounts and budget
- convenes upon the request of at least one fifth of the members of the HMIS - Special General Assembly.
- may also be convened at the request of the Board of Directors, the Executive Body or even the Auditing Body

General Assembly (GA)

Duties and Responsibilities

- define the mission of the HMIS and formulate its By-Laws

- approve and alter the By-Laws

- examine and approve the activity reports of the various bodies, including the Auditing Body

- examine and approve the annual accounts and budget

- establish the amount of contributions and any special contributions

- elect the members of the Board of Directors

General Assembly (GA)

Duties and Responsibilities

- elect the members of the Auditing Body
- define the new directions of the HMIS
- decide on mergers with another HMIS, or wind-up the HMIS
- decide on the admission or exclusion of members of the scheme (more common in small health micro-insurance schemes or those with annual contributions)
- decide on any other matters provided for by the By-Laws
- decide on the benefits offered by the HMIS

Board of Directors (BD)

Overall Function

- body responsible for managing the HMIS
- exercises all the responsibilities not specifically entrusted by law or the HMIS By-Laws to the GA or the Auditing Body
- members of BD are all volunteers who agree to make their skills and part of their time available to others

Delegation of Powers

- may delegate part of its powers to the Chairperson or to one or more directors
- may delegate certain powers to the Executive Board as far as the daily functioning and specific implementation of decisions is concerned

Board of Directors (BD)

Duties and Responsibilities:

- ensure respect for the By-Laws with a view to attaining the objectives of the HMIS

- propose the admission or expulsion of members and apply the disciplinary penalties provided for, if necessary

- nominate the responsible members of the Executive Body

- draw up the annual accounts and budget for the following financial year

- coordinate the work of the various committees

Board of Directors (BD)

Duties and Responsibilities:

- draw up the activity reports of the HMIS on an annual basis
- represent the HMIS in its relations with the third parties and establish relations with other associations, particularly other social movements which are also founded on solidarity
- sign agreements/conventions, specially with care providers
- establish staff pay
- recruit the director/manager (if are paid and not elected)
- fulfil all other missions entrusted by the By-Laws or the GA

Executive Body (EB)

Overall Function:

- responsible for the day-to-day administration of the HMIS which involves day-to-day tasks, organizing activities, supplies or the maintenance of premises

- also called the Executive Committee, Management Committee or Management Board

Executive Body (EB)

Duties and Responsibilities

- prepare budget BD and ensure proper implementation once approved
- present to BD the annual accounts and execute the budget
- make any proposal to BD to achieve HMIS objectives more thoroughly
- negotiate conventions/agreements after submission to BD
- manage the HMIS assets and funds
- recruit/supervise personnel (except the director/manager)
- ensure liaison between members and the management
- negotiate with providers and protect members' health interests
- exercise functions indicate in the By-Laws or endorsed by BD and GA

Auditing Body (AB)

Overall Function

- verifies the implementation of the GA's decisions

- proposes improvements

- guarantees that the HMIS management bodies function efficiently

- also tasked to do the monitoring and evaluation, hence they become the Monitoring Committee

Auditing Body (AB)

Duties and Responsibilities:

- ensure that minutes of the management bodies conform to the By-Laws as well as the PSPs and do not contravene laws and regulations in force in the country

- control the accuracy of the accounts and regularity of financial transactions

- control the execution of decisions of the GA

- draw the attention of the responsible management bodies to irregularities committed and propose measures or procedures to avoid repetition

Auditing Body (AB)

Duties and Responsibilities:

- ensure respect for the HMIS By Laws and PSPs
- receive complaints from members concerning the services offered and ask the competent body/person to correct them;
- require the competent person or body to carry out a task which has not been performed or which has been poorly performed, and ask for necessary procedures to be applied
- examine and check the conditions of eligibility of members taking part in the GA
- exercise all the functions assigned to it by the By-Laws and the PSPs

Administrative Tools

☺ **By-Laws**

☺ **Policies, Systems and Procedures**

☺ **Minutes of Meetings**

☺ **Memorandum of Agreement**

What are the By-Laws for?

- incorporates the HMIS; gives it a legal personality.

- defines the rules relating to the objectives and functioning of your HMIS which determine the rights and duties of the members and the role of the different management bodies

- establish the means, guaranteeing that the HMIS functions democratically and jointly

- Note: In the Philippines, the functioning of the HMIS is regulated according to the needs of the community and is derived from legislative laws on cooperatives and non-profit making associations, mutual savings and credit banks

What are the By-Laws for?

What information does the By-Laws contain?

Title 1	:	The General Provisions
Title II	:	Administration/Functioning of the Health Micro-Insurance Scheme: composition, election and powers of the management bodies
Title III	:	Financial Provisions
Title IV	:	Obligations of the Health Micro-Insurance Scheme and its Members (may be specified in the internal rules of procedure)
Title V	:	Rules of Application, Amendments, Membership of Unions, Federation, Merger, Winding-up and Liquidation

How are the By Laws Processed?

- generally drafted by the Executive Body or the Board of Directors

- approved by the General Assembly

- administered by the Executive Body

- only the GA may alter the provisions laid down in the By-Laws

- sent to the administrative authorities to be recorded, in accordance with the regulations in force

- Note: By Laws may be simplified to the level of understanding of members

    to improve transparency and participative democracy in your HMIS

What are the Policies, Systems and Procedures for?

- provisions concerning the practical functioning of the HMIS but not articulated in the By-Laws like:

  - documents for members contributing for the first time
  - content of membership records
  - conditions required to be considered a beneficiary or dependent
  - amount and details of membership fees and contributions
  - detailed functioning of structures
  - conditions of access to the benefits detailed

What are the Minutes of Meetings for?

- important documents for the strategic management of your HMIS

- records the decisions taken during the management meetings and in inter-action with external partners

- constitutes the history of the collective decisions of your HMIS

- minutes are recorded for meetings of the General Assembly, Board of Directors or the Executive Body

What are the Minutes of Meetings for?

What information does the Minutes of Meetings contain?

- date of meeting
- place or venue of meeting
- body convening (General Assembly, Executive Body, Board of
  Directors, Auditing Body)
- agenda
- excused absentees
- absentees not excused
- decisions taken
- end of meeting (time)
- signature of the chairperson and secretary of sessions

Managing Relations With External Partners

- care providers

- suppliers of services and equipment

- beneficiaries and members

- banking, legal and government institutions and supporting structures

Managing Relations With External Partners

Care Providers

- special partners in operating your HMIS

  - barangay health station (BHS)

  - a barangay health and nutrition post

  - Rural Health Unit (RHU) or a health center

  - an infirmary

  - a hospital

  - a pharmacy

  - individual providers (doctor or radiologist)

  - a health transport company

Managing Relations With External Partners

Financial Structures

- savings banks, or savings and credit co-operatives from which your HMIS may secure its funds

Legal or Public Authorities

- in the event of disputes, theft, fraud or other matters, your HMIS must be supported by these legal or public authorities

- certain national agencies (with administrative authority) and decentralized services may provide activities or services in favour of your HMIS

Granting Benefits

Option 1:   Indirect Third Party Payment

- either your beneficiary pays the total amount of the services they have used and are reimbursed subsequently by your HMIS

Option 2:   Direct Payment

- your HMIS pays the provider directly

Indirect Payment or Third Party Payment

- In this option, you ask your beneficiaries to pay the costs of the services provided before you reimburse them

- your beneficiary pays according to the methods adopted by the care provider (payment at the time, by episode of illness or by outpatient care), and according to the rates you have agreed upon with your service provider.

- your beneficiary will therefore request the care provider you contracted for a proof of payment, usually a receipt or invoice, that must include at least:

  - the identification of the care provider

  - the identification of the beneficiary

  - the nature, cost and date of the benefit

Direct Payment by the HMIS

- called the direct (third party) payment because it is not your beneficiary who pays but your HMIS - the third party in addition to the provider and the beneficiary

- often adopted for 'major risks' involving substantial costs which your beneficiary cannot meet (e.g. hospitalization or surgery)

- in certain cases, your beneficiary also pays a patient's contribution to the provider or your HMIS pays the service provider directly, upon presentation of an invoice

Direct Payment by the HMIS

- you may negotiate with the provider and make a deposit available to them

  - deposit will assure the care provider of your HMIS ability to pay

  - with this gesture of confidence, the care provider may issue invoices for care over a longer period, thus in turn, adopt longer payment times

  - may negotiate with the provider to use the deposit as working capital for supplying stocks of medicines

What is the Memorandum of Agreement (MOA) for?

- otherwise known as co-operation agreement

- formalizes partnership with external partners

- describes how to operationalize the partnership

- establishes among others, benefits and means of meeting cost of treatment

- ensures that your beneficiaries receive quality care at a reasonable pre-established cost

- consolidates relations with your service provider and is a tool for

What is the Memorandum of Agreement (MOA) for?

- consolidates relations with your service provider and is a tool for arbitration in the event of disputes

- may include the following:
  - methods of paying invoices (e.g. reimbursement, direct payment or indirect payment)
  - system of granting benefits
  - payment of invoices

- may also include the procedure for meeting costs and the membership procedure for your beneficiaries

What information does the Memorandum of Agreement contain?

Preamble: Presentation of the Two Parties

Article 1:   Object: Objective of the Cooperation, Type of Services Covered (must be described as accurately as possible)

Article 2:   Commitments

        a. Health Micro-Insurance Scheme

        b. Care Provider: Conditions for Meeting Beneficiaries' costs

Article 3:   Duration of the Agreement

Article 4:   Arbitration: Procedure in the Event of Dispute

Article 5:   Revision: Possibility to Alter the Terms of the MOA

Article 6:   Termination: End of the MOA

Signature of the Two Parties

Signature of the Arbitration Authority

Annexes: List of Benefits Offered Plus Costs

Administrative Tools

- ## For membership
    - Membership Book
    - Register of Beneficiaries
    - Register of Contributions

- ## For benefits
    - Certificate of Entitlement
    - Invoice
    - Register of Benefits

What is the Membership Book for?

- Membership Pass Book, Membership Card
  - a family card which displays all information to precisely identify family member and each of his/her dependents
  - individual card (one for each beneficiary)
- an evidence of membership of individuals to your HMIS
- principal objective is to identify members and beneficiaries and check that their contributions are paid regularly
  - shows the logical succession of contributions paid and the benefits used by each member
  - constitutes the "continuous 'memory."

What is the Membership Book for?

- serves as "passport" of HMIS members
  - confirms to health care provider that members are covered by the HMIS
  - checks accuracy of records on the Register of Contributions and Register of Beneficiaries any time
  - serves as a monitoring tool
- serves as a health record; have several blank pages for use by health care providers to record their services and prescriptions

What information does the Membership Book contain?

- identification of members and their dependents

- monitoring of contributions

- may also include a brief description of your PSPs on:
  - methods of meeting costs
  - benefits covered/not covered
  - illustrations or flowchart to visualise the procedure for meeting costs

How is the Membership Book used?

(1) request applicant to accomplish information form; may request for photographs of his/her beneficiaries

(2) attribute a code to each beneficiary, in the knowledge that the member is both a member and a beneficiary

(2) after each contribution is paid, person responsible for collecting contributions puts a stamp or signature on the space provided in the MB and indicates the total amount of contributions paid

How is the Membership Book used?

Uses:

- members can check if their contributions are up-to-date
- care providers to know whether the person concerned meets the HMIS conditions for meeting the cost, together with the Certificate of Entitlement
- a means of control (comparison with register of contributions and membership book)

What is the Register of Beneficiaries for?

- ascertains the following on a regular basis:
  - the number of beneficiaries (members and dependents)
  - new memberships and withdrawals during an accounting period
  - payments of membership fees and contributions,
  - renewal of contributions to track, from one accounting to the next, growth in number of members and, where relevant, of cancellations of membership

What is the Register of Beneficiaries for?

- enables HMIS to record information relating to beneficiaries

- makes it possible to monitor the number of beneficiaries of HMIS at all times, particularly your members and their dependents

- serves to record any changes within a member's family (birth, death, etc)

- intended to reflect payment of contributions and identify any arrears

What information does the Register of Beneficiaries contain?

- makes it possible for you to record the following data:

  - beneficiary code: indicating the number of the beneficiary and their status (member or simple beneficiary)

  - surname and first name

  - sex

  - address

  - date of birth

  - status: member or dependant

  - date of joining: first contribution

  - date of leaving

  - comments: reasons for leaving, other relevant information

How is the Register of Beneficiaries used?

- must record any beneficiary into the Register of Beneficiaries for whom a contribution is paid to your HMIS

- must assign them with a beneficiary code

- use any time to find information on your beneficiaries; find the details of all your members (e.g. those who attended the GA

How is the Register of Beneficiaries used?

- can also be used for:
  - monitoring the number of members/beneficiaries by means of the coding system
  - assessing reasons for leaving your HMIS: for example, members who have not paid their contributions for the last six months
  - identifying the number of men/women members of your HMIS, their age group, their location (e.g. if they are near the care provider)

Schemes in the Collection of Fees

(1)   **Peer Strategy: The Mangloy, MPC -Tagum, Davao Norte**

-   organize structure: for every 5 members, assign one member to collect premiums daily

-   daily collections submitted to the HMIS office base weekly

-   requires collector in-charge to remain in the area until all the premiums are collected from the group

-   demands that the payment of premium of one is the responsibility of all the 5 members;

    (a) peer pressure is employed if there is one who is unable to pay regularly

    (b) peers also became a source of assistance and guidance for the rest , thus building up solidarity among the group and sense of responsibility for one another

Schemes in the Collection of Fees

(2) <u>Automatic Deduction:</u> **The SAKAHA**

- group's decision to include social protection for health among their groups required the automatic deduction of Php 30.00 from their savings in case an immediate member of the family dies or falls sick

- SAKAHA as a credit organization collects loan payment daily through their organized cell groups and chapter structures

- Included in the loan payment by each member is a contribution for their savings in the amount of Php 50.00. It is from these savings collected daily where the Php 30.00 for health services are automatically withdrawn

Schemes in the Collection of Fees

(3) SEA K Project

- SSS premium is collected as part of the regular collection of loan payment;

- credit organization only charges Php .50 each of the monthly collection for administrative fee, part of which is for transmitting these collections to the SSS

Schemes in the Collection of Fees

(4) In ORT-OHPS in La Union
- set up 13 satellites which provide education and health services to members
- satellites ensure that contributions of their members are collected
- ORT-OHPS staff in these satellites receive the contributions of the members by issuing provisional receipts to the paying members
- at end of week, collections are remitted to home office where the official receipts are issued

What is the Register of Contributions for?

- makes it possible to monitor the situation of contributions of members on a daily basis

- principal function is to show whether the beneficiary is entitled to the HMIS benefits

- may establish a waiting period during which your member regularly pays their contributions without being entitled to use the HMIS services (e.g covering deliveries)

What information does the Register of Contributions contain ?

- contains the following information to make monitoring of the payment of your members' contributions possible
  - member's code: member's beneficiary code-responsible for paying the household's contributions to the HMIS
  - surname and first names
  - number of beneficiaries: member and dependents
  - total amount of monthly contributions
  - possible arrears from previous year
  - amount of contributions paid
    * by month January, February, March, April, etc.)
    * by year: 2002, 2003, 2004

How is the Register of Contributions used?

- member pays a contribution to HMIS according to the agreed-upon frequency (monthly, quarterly, yearly) in your By-Laws

- after recording the contribution in the MB, record the amount of the contribution again in the Register of Contributions

- when beneficiary appears, verify whether his/her contributions are up-to-date before issuing the Certificate of Entitlement

- Register of Contributions allows you to examine the number of beneficiaries who are entitled to HMIS' benefits

Recording of Benefits

- for day-to-day management, record HMIS benefits based on three reference key documents

  - Certificate of Entitlement

  - Register of Benefits

  - Invoice

What is the Certificate of Entitlement for?

- assures service provider that the contributions of the beneficiary concerned are up-to-date and confirms that their costs will be met according to the terms defined in the MOA

- use depends on size of HMIS, level of care (cost and frequency) to be provided and level of management

- may no longer be useful if there is a significant social control among the beneficiaries of your HMIS

**What information
does the Certificate of Entitlement contain?**

- composed of three parts

  ♦ Beneficiary Profile Section

  ♦ Guarantee Section

  ♦ Certificate of Care Section

**What information
does the Certificate of Entitlement contain?**

♦ <u>Beneficiary Profile Section</u>: contains particulars on the beneficiary

- member's name

- member's code

- beneficiary name

- beneficiary code

- address

- sex

- date of application

**What information
does the Certificate of Entitlement contain?**

♦ <u>Guarantee Section</u>

  -   referred to by the service provider

     before administering the service

  -   indicates your HMIS is guaranteeing

     the payment of cost of services to be

     provided to your beneficiaries

**What information
does the Certificate of Entitlement contain?**

♦ Guarantee Section information

- number of certificate of entitlement

- beneficiary code number

- beneficiary name

- name of provider

- application to meet the cost

- signature of a person in charge of HMIS

- with a reference to the date

What information does the Certificate of Entitlement contain?

♦ <u>Certificate of Care Section</u>
- detached by service provider upon providing care or treatment and send it back to HMIS

♦ contains following information
- number of certificate of entitlement
- beneficiary name
- beneficiary code number
- type of benefits
- certificate of care form
- amount paid by the beneficiary and HMIS
- date and signature of provider

How is the Certificate of Entitlement used?

- when a member falls ill, issue a CE to that particular member
- keep the Beneficiary Profile which serves as key reference before issuance
- sick member uses the Guarantee and Service Provider Certificate sections of the CE and presents these to service provider
  - Guarantee Section acts as confirmation (a guarantee) by HMIS that the beneficiary's costs will be met by HMIS according to MOA
  - Certificate of Care Section certifies that care has been provided; detached and filed by the provider and returned with invoice to HMIS
- for emergencies (e.g. transport during the night), recommend the possibility of presenting CE within 24 hours of the first aid as part of MOA
- quality and correct use of CE influences quality of cooperation between HMIS and care providers

How is the Certificate of Entitlement used?

(1) When beneficiary falls ill, he/she goes to HMIS with MB

(2) HMIS checks MB and Register of Contributions to confirm that beneficiary's contributions are up-to-date.

(3) HMIS hands over a CE to member and retains Beneficiary Profile Section

(4) beneficiary goes to care provider and presents MB and CE

(5) provider verifies whether it is the same person indicated in the CE and may carry out a second check on MB for his/her contributions.

(6) Provider administers care and files Guarantee Section of CE

(7) Provider sends Certificate of Care Section with Invoice to HMIS

(8) HMIS manager compares Beneficiary Profile Section with Certificate of Care Section and verifies whether the cost of benefits invoiced are met by HMIS

(9) HMIS manager then pays the invoice

What is an Invoice for?

- aid used by the care provider contracted by HMIS for obtaining reimbursement of the cost of care delivered to your beneficiaries
- allows provider to add up all care delivered to members and respective amounts over a given period
- once accomplished, it is sent to HMIS, which shows exactly how much to reimburse
- For HMIS:
  - an accounting record that justifies the outflow of HMIS money on a given date from cash on hand or from the HMIS bank account
  - fosters appropriate monitoring of activities as it summarizes the number and type of transactions and expenditure incurred with a given provider over a given period

What does an Invoice contain?

- **For the health center**:

  (1) **amount per bout of illness**: center receives an amount that covers outpatient care, medicines and laboratory analyzes per case of illness; advantage is that patients' ongoing treatment is not interrupted due to lack of funds

  (2) **amount per consultation**: includes the cost of medicines and laboratory analyzes; first consultation is often costlier than subsequent ones

  (3) **a lump sum per person** registered in the center: after registration, center undertakes care for the beneficiary for a given period (generally one year) for a lump sum, irrespective of the care required

What does an Invoice contain?

- **For the hospital:**

  (1) **a lump sum per day's hospitalization**: sum includes both accommodation and medical, surgical and nursing care, technical treatments and medicines

  (2) **a lump sum covering all the time in hospital**: a single amount calculated on the basis of an estimation of the average duration of hospitalization

  (3) **a payment per benefit or per treatment**: all accommodation medical treatment, and medicines are invoiced separately

  (4) **a payment per grouped benefit**: all medical treatment, accommodation and medicines are grouped in the invoice for outpatient care, hospitalization, deliveries, transports

What does an Invoice contain?

- **Information on the Provider**:
  - details of the care provider
  - number of the invoice
  - period concerned/covered
  - date when the invoice is issued
  - who the invoice is to be sent to
- **Information on the Care Invoiced (per benefit)**:
  - date of treatment
  - identification of beneficiary: beneficiary code
  - number of certificate of entitlement
  - nature and cost of benefits: hospitalization, medicines analyzes, external care, with breakdown as to beneficiary

Other information
  - total amount of invoice in figures and words
  - signature of provider: competent person of the health structure (senior doctor, duty nurse, competent administrative staff member)

How is the Invoice used?

- specify provider's obligation the costs to be met by provider
- drawn up on a monthly basis
  - certain providers opt to establish Invoice according to number of times care is provided (e.g. one Invoice every 100 treatments); or
  - amounts to be reimbursed (one invoice as soon as the total amount to be reimbursed reach a certain level, e.g. Php 50,000)
- drawn up in two copies
  – one sent to HMIS
  – other is retained by the provider

How is the Invoice used?

- based on existence of Certificate of Entitlement - Certificate of Care Section which provides more accurate details of costs by type of treatment provided

- makes it possible to sum up the number of times costs are met and the monthly expenditure covered - direct payment system - by HMIS with a care provider

What is the Register of Benefits for?

- makes possible to keep track of all benefits received by the beneficiaries of HMIS

- also called the 'register of health expenditure or 'benefit records

- makes it possible to know the following:
  - most frequent benefits
  - monthly/annual amount of benefits: periods of epidemics or other the average cost of benefits
  - utilization rate of health services
  - most frequently visited health facility
  - age, sex, occupation, geographic location of highest-risk beneficiaries

**What information
does the Register of Benefits contain?**

- date
- number of certificate of entitlement
- beneficiary code
- invoice number
- origin of invoice: name of care provider
- amount payable: MHIS/beneficiary/total
- Observations
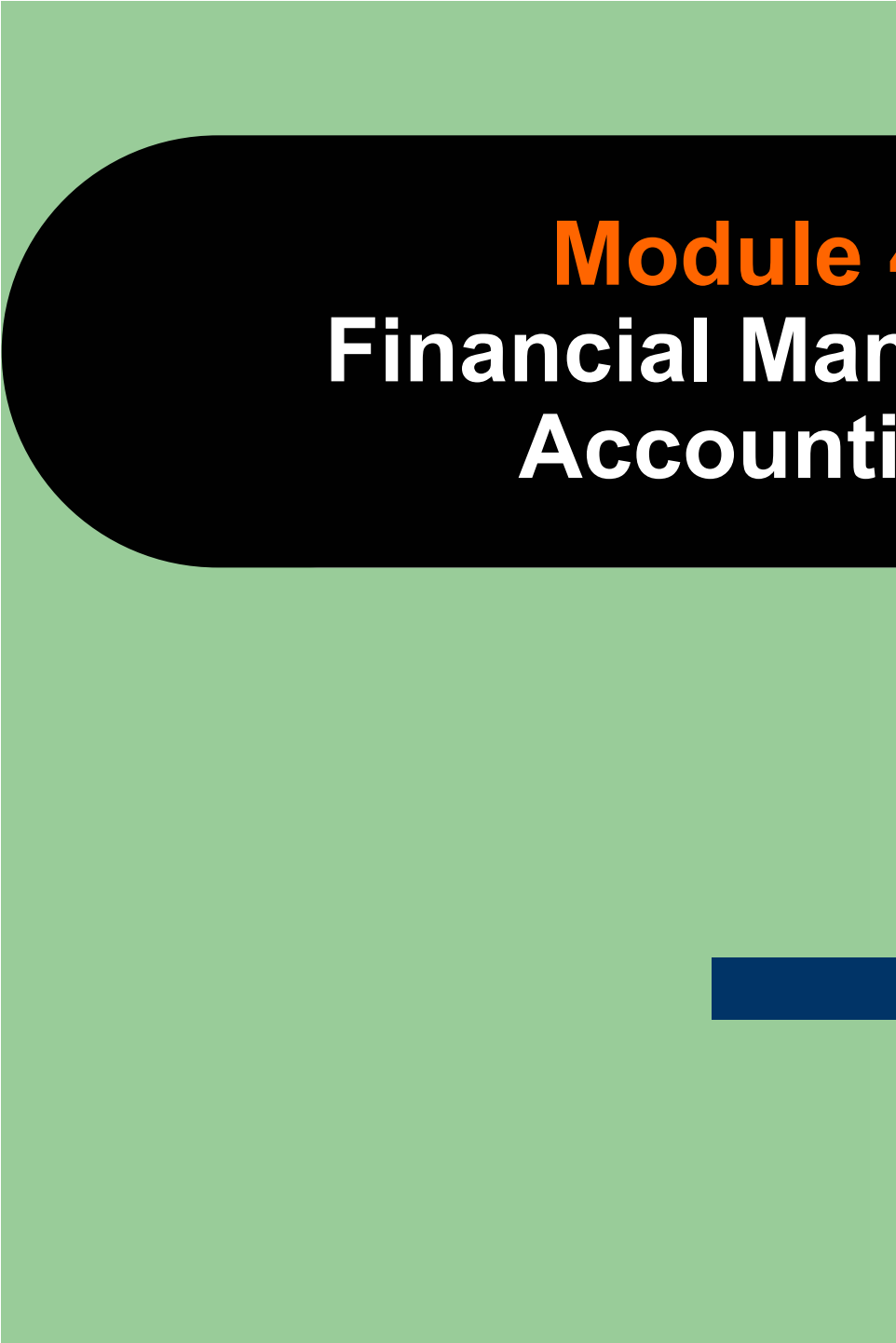
What information does the Register of Benefits contain?

Note:

(1) details of the register of benefits may be organized so that each new page of the register represents another type of service

(2) HMIS and service provider may also code benefits

(3) may also organize benefit information according to care provider or according to beneficiary sub-groups

(e.g. barangay, sub-office, y age group or others)

What information does the Register of Benefits contain?

(1) after receiving Invoice from care provider, HMIS records the expenditure in the Register of Benefits

(2) verify the number of Certificate of Entitlement (Beneficiary Profile Section and the Certificate of Care Section) and nature of benefits before paying the invoices

Module 4- Part 2
Financial Management and Accounting Tools

Importance of Financial Management

(1) preparation phase for the new financial period

(2) the day-to-day accounting and management of resources

(3) the generation of financial statements and reports at the end of a financial period

Importance of Financial Management

(1) <u>preparation phase for the new financial period</u>

    (a) entails action planning, budget preparation and forecasting cash flows

    (b) enables to make critical decisions as to HMIS' overall activities and program for a given period

    (c) helps estimate the revenues to be generated and the amount spent for the same period

    (d) ensures that HMIS is in a position to finance the expected expenditure for a given time

Importance of Financial Management

(2)   day-to-day accounting and management of resources

    (a)   allows to record inflow and outflow of resources and helps generate financial statements

    (b)   recording of cash flow enables information on expenditure, revenue and income within the different accounts to be filed, making it possible to determine the results and financial situation of HMIS

    (c)   accounting management HMIS describes:
        -   financial structure of HMIS, specifying source and application of funds

        -   changes in the criteria and value between the beginning and end of a particular period

Importance of Financial Management

(3) generation of financial statements and reports at the end of a financial period

(a) gives information as to the cash standing of HMIS and assess its viability

(b) helps focus on critical items in revenue and disbursements

Non-profit principle

- *Distribution of Profits:* while commercial sector's goal is to seek distributable profit, in HMIS positive results are termed 'surplus' rather than 'profits'

- *Income Tax (surpluses):* HMIS are not generally subject to income tax

- *Voluntary Service:* voluntary contribution of members in the form of work, good and services need to be recorded in the accounts to give value to such contributions

Accounting and Financial Management Tools

Preparing for a New Financial Year

- the Action Plan

- the Budget

- the Cash Flow Forecast

For Generation of Financial Reports

- the Statement of Income and Expenditure

- the Balance Sheet

Accounting and Financial Management Tools

For Day-to-Day Accounting and Management

- the Cash Journal
- the Cash-in-Bank Journal
- the Cash Receipt Book
- the Cash Disbursement Book
- the Petty Cash Form
- the General Ledger

Cash Flow

- classical accounting notions of 'debit' and 'credit' is replaced by 'inflows', 'outflows' and 'balance'

- balance is defined as the difference between inflows and outflows.

Cash Flow

(1) Executive Body develops Action Plan, prepares the Budget and the Cash Flow Forecast and submits these to the Board of Directors for review.

(2) Board of Directors review drafts and modify if necessary

(3) Once BD approves, submitted to annual General Assembly for final approval and adoption.

(4) When GA has approves, Executive Body carries out the activities provided for, supervised by the Board of Directors

(5) Auditing Body verifies if action plan is carried out as intended, the budget is executed as approved and the cash flow forecasts are reviewed

The Action Plan - Purpose

- reflects key programs and activities intended to be done within financial period

- must be consistent with estimated budget for same financial period

- used as reference to assess achievement of activities against budget estimates to determine deviations

What information does the Action Plan contain?

- **<u>Objectives:</u>** statements the HMIS wants to accomplish at the end of the financial period
    - S. M.A.R.T. (Specific, Measurable, Attainable, Realistic and Time-Bound).
  - must be quantifiable in terms of the indicators for easier monitoring and assessment

- **<u>Activities:</u>** actions to undertake in order to realize your objectives
    - each objective has a set of activities to accomplish it
    - they should be clear, precise and well-defined to help attain your objectives

What information does the Action Plan contain?

- **<u>Staff Responsible</u>**: refers to people in HMIS who are in-charge of the activity
    - individuals are assigned with the responsibility of making the activities happen
    - they are to ensure that the actions envisaged are executed soundly

- **Targets:** the people whom the activities are aimed at
    - direct and indirect beneficiaries of the activity
    - define which activities are for BOTH women and men, and which activities are specifically intended for men or women

What information does the Action Plan contain?

- **Means**: - consists of what the activities to be carried out
  - requires quantifiable and consistent with the budget

- **Schedule of implementation:** covers the whole year (or the specified financial period
  - can be broken down into months or quarters
  - each activity must have an identified date or schedule when it should be carried out

How the Action Plan is prepared and used?

Process
- drafted by the Executive Body
- reviewed by the Board of Directors
- submitted to the GA for final approval and adoption

Uses
- reminds key activities that HMIS should undertake and when to carry them out
- validates the budget prepared, whether consistent and enough to support the planned activities or not
- assesses which actions need not be pursued considering financial status of HMIS or other interim events during the financial period
- guide in preparing Cash Flow Forecast
- plot out when cash are mostly needed since activities are programmed according to schedule
- basis for monitoring the status of implementation by your HMIS

What is the Budget for?

- the financial reflection of HMIS action of programme for each new financial year
- a forecast of the revenue and expenditure necessary to carry out your activities and attain objectives
- should be balanced with regard to revenue and expenditure
- preparation of budget involves choices concerning:
    - benefits to be given
    - corresponding contributions to be collected
    - respect according to these decisions during the financial year

What information does the budget contain?

- presents the financial forecasts of HMIS, grouped into two major categories:

  estimated expenditure
    - health benefits or the reimbursement of the cost of beneficiaries' care
    - operating costs which include staff allowances, travel expenses, supplies, etc.
    - training expenses and other expenditures

  estimated revenue
    - membership fees
    - contributions
    - additional resources: income from other activities, interest on investments and other revenues

The special feature of your budget as an HMIS

- easier to estimate revenue than expenditure since the amount of contributions is known
- number of members and beneficiaries expected for the new financial year still needs to be assessed
- expenditure depends on several external factors which the HMIS does not have a great deal of control over
    - state of health of the population
    - behaviour of care providers as regards prescribing medicines, tests,
    - outbreak of epidemics

The special feature of your budget as an HMIS

- after a year operation, a better position to estimate certain parameters such as:

  - development of the number of members

  - cost of health services

  - rates of risk (expected use by beneficiaries of the different health services covered)

  - operating costs

  - inflation

How budget is prepared

- prepared by the Executive Body
- teviewed by the Board of Directors
- submitted to the General Assembly for approval or may amend it

What is the Cash Flow Forecast for?

- must ensure all the time that your HMIS have sufficient money on hand or in the bank to be able to meet your expenditure

- management of cash flow is even more important when your HMIS is subject to seasonal variations connected in particular to:
  - seasonal peaks of the disease (e.g. prevalence of malaria)
  - seasonal or irregular income of members (e.g. rural areas)

- variations to be taken into account during planning to ensure sufficient cash flow to honour commitments to members and care providers

- It is a tool for planning, monitoring and control of your resources

What information does the Cash Flow Forecast contain?

- covers the principal information of the HMIS budget
- divides the forecasts for cash flow on a monthly basis, taking into account the seasonal variations

- **estimated expenditure**
  - health benefits: reimbursement of beneficiaries' care expenditure
  - operating costs: staff allowances, travel costs, supplies;
  - training costs
  - other expenditures such as investments, loan repayment

- **estimated income**
  - membership fees
  - contributions
  - additional resources: revenue from other activities (investment interest, loans)

How Cash Forecast Is Used

- assess all expenditures and income items monthly
- obtain monthly cash balances by drawing up the balance of these monthly receipts and disbursements

    - **if balance is positive, receipts are greater than disbursements and no liquid asset problem. If surplus is significant, invest part of HMIS' liquid assets in an interest-bearing bank account.**
    - **if balance is negative, disbursements are greater than receipts and there will be liquidity problems; the following are probable solutions**:

    (a) withdraw the amount necessary from your savings account

    (b) negotiate for a loan

    (c) defer certain expenses by obtaining longer payment periods

    (d) take action to obtain revenue from members whose contributions are in arrears

Paramount Considerations in Accounting and Managing Your HMIS' Financial Resources

- Day-to-day transactions of HMIS involves movement of assets, services or money. Movements of money are also called 'cash flow'. As HMIS managers, the daily tasks require managing inflows and outflows of cash and bank accounts.

- Paramount Considerations:
  - ability to record these transactions appropriately, correctly and immediately as they occur
  - recording must enable to keep track of the cash on hand and cash in-bank on a daily basis
  - provides information that leads to readily assess financial status and take immediate actions as needed

Paramount Considerations in Accounting and Managing Your HMIS' Financial Resources

- financial management system considers the accounting principle of control and balance
- ensure that person/staff assigned are competent and above board with clear delineation of their respective tasks
- staff assigned to receive and record cash (Bookkeeper) must be different from the one who will deposit and withdraw (Treasurer) from the Bank and from the one who issues checks or handles payments or cash releases (Cashier)
- ensure that your financial recordings are transparent and stand the scrutiny of your Auditing Body and members of the general assembly

Common Day-to-Day Accounting and Financial Management Practices of HMIS

- variations in the way HMIS manage and account their day-to-day financial transactions; depends on:
  - size of members
  - organizational set-up
  - existing agreements with their external partners (e.g. the service providers)
  - access to bank institutions
  - nature/classification of revenue and expenditures
  - availability of staff to manage such financial transactions

- use different terms for financial records even though these have similar functions and provide the same information
  - adopt different formats and levels of detail
  - some Cash Receipt and Cash Disbursement Books more detailed than others to reflect specific classifications of disbursements (e.g. supplies, training, etc.) and receipts (contributions, donations, membership fees, etc).

Common Day-to-Day Accounting and Financial Management Practices of HMIS

- variations in the way HMIS manage and account their day-to-day financial transactions; depends on:

  - size of members

  - organizational set-up

    - existing agreements with external partners
      (e.g. the service providers)

      - access to bank institutions

      - nature/classification of revenue and
        expenditures

    - availability of staff to manage such financial
      transactions

Common Day-to-Day Accounting and Financial Management Practices of HMIS

- use different terms for financial records even though these have similar functions and provide the same information
  - adopt different formats and levels of detail
  - some Cash Receipt and Cash Disbursement Books more detailed than others to reflect
    specific classifications of disbursements (e.g. supplies, training, etc.) and receipts
    (contributions, donations, membership fees, etc).
- some HMIS record cash receipts and cash disbursements in one document; others record them separately
- in smaller-sized HMIS where transactions are only few, no Cash Disbursement and Receipt Books are maintained; transactions are recorded directly to the General Ledger
- in more advanced HMIS, disbursements are done though checks, hence their Cash Disbursement Book reflects movements only of their cash in bank and none from their cash-on-hand, except the petty cash.
- almost all HMIS maintain a petty cash, in varying amounts and different recording formats
- most HMIS use "Credit" and "Debit" for in-flow and out-flow respectively

Tools for the Day-To-day Accounting and FinancialManagement

☺ - Cash Journal : This is to record your daily transactions involving your cash on hand

☺ - Cash-in Bank Journal: This is to record your daily transaction involving your cash-in-bank

☺ - Cash Receipt Book : This records the day-to-day amount of cash received by your HMIS

☺ - Cash Disbursement Book: This records the day-to-day disbursements made by your HMIS

☺ - Petty Cash Form : This records disbursements out of your petty cash

☺ - General Ledger : This is to record at the end of each month your day-to-day transactions according to the classification or nature of your transactions

What is the Cash Journal for?

- otherwise called as the Cash Record or Cash Book
- records on a daily basis the cash transactions carried out by your HMIS
- allows the movements of your funds in cash to be recorded chronologically and serves as a "continuous memory"
- makes possible to find all the details about the cash transactions which your HMIS made and verify at any time the accuracy of your cash in hand

What information does the Cash Journal contain?

- The Cash Journal generally includes the following information:
  - date
  - reference of supporting document: invoice number, receipt, cash certificate, etc.
  - object: the nature or name of the cash transaction carried out (other name: description)
  - inflows: the amount coming into your cash-on-hand account if the transaction involves cash coming in
  - outflows: the amount going out of the cash-on-hand account, if the transaction involves cash going out
  - balance: the difference between the amount of inflows and outflows which can be calculated at the end of the day

How is the Cash Journal used?

(1) record every transaction in the Cash Journal exactly at the time when you carried out the transaction

(2) specify the reference of the supporting document corresponding to the transaction

(3) previously identify each page of the Cash Journal you used according to the month concerned

(4) at the end of each day and after recording the last transaction of the day in the Cash Journal, you need to calculate the new balance

(5) record the amount identified for the close-of-day balance under the Balance Column on the last line of the day. You will carry the same amount forward to the beginning of the following day

How is the Cash Journal used?

(6) At the end of each month and after recording the last transaction of the month, need to close the Cash Journal for the month to:

(6.1) calculate and record the last balance, after the last transaction at the end of the last day of the month.

(6.2) Check the accuracy of this final balance. You can check the final balance by:
(a) adding up all the sums coming in during the month under the "In-Flow Column"
(b) adding up all the sums going out during the month under the "Out-Flow Column" by carrying out the following calculation:

new end   start of month balance
of month   =   + total inflows during month
balance   - total outflows during month

Note: The amount identified after this check should be equal to the balance you calculated after the last transaction at the end of the month

How is the Cash Journal used?

(7) at the end of the month, use a new page of the Cash Journal to record your transactions relative to the following month by carrying forward the previous balance

(8) Identify this by the new month beginning and carrying forward the previous end of month balance to the top of the new page, specifically on the line marked 'carry forward

(9) the preceeding end of month balance becomes your new start of month balance for the month beginning

(10) Cash Journal is usually managed by your HMIS Treasurer

What is the Cash-in-Bank Journal for?

- otherwise called as the Bank Record or the Bank Book

- in a day-to-day basis, the Cash-in-Bank Journal records all transactions carried out by your HMIS through your bank account

- presents the chronological succession of all bank transactions and constitutes its continuous 'memory'

- makes possible to find all the details relative to your HMIS bank transactions

- also enables to check the accuracy of the amount available in your HMIS bank accounts at any time

What information does the Cash-in-Bank Journal contain?

- allows recording chronologically the movements of your HMIS funds in the bank
- allows carry out the bank reconciliation of your assets
- generally includes the same information as the Cash Journal
  - date
  - reference of supporting document
  - object: nature or name of the transaction (also called description)
  - In-flows: the amount coming into the bank account
  - outflows: the amount going out of the bank account
  - balance: the difference between the amount of inflows and outflows can be calculated at the end of each day

How is the Cash-in-Bank Journal used?

(1) record all transaction involving you bank account in the Cash-in-Bank Journal at the time you carry out the transaction (e.g. withdrawal), or at the time you have been informed about it

(2) specify the reference number of the supporting document corresponding to the transaction.

(3) identify each page of the Cash-in-Bank Journal that is being used according to the month concerned.

● calculate the new bank balance at the end of each month and after recording the final transaction of the month in the Cash-in-Bank Journal

    (4.1) Carry out a bank reconciliation based on the bank statements

    (4.2) record the amount identified as the end of month balance under the "Balance Column" on the last line of the day

    (4.3) carry the same amount forward to the start of the following month

How is the Cash-in-Bank Journal used?

(5) close the Cash-in-Bank Journal at the end of the month

(5.1) calculate and record the final balance after the last
transaction at the end of the month.

(5.2) check the accuracy of the final balance by:
- adding up all sums coming in to the bank during the month under the "Inflow Column"
- adding up all sums going out of the bank during the month under the "Outflow Column"
- carrying out the following calculation:

new end
of month   =   +   start of month balance
balance   total 'inflows' of the month
                    -    total 'out-flows' of the month

How is the Cash-in-Bank Journal used?

(6)   last amount identified after this check must be equal to the balance calculated after the last transaction at the end of the month

(7)   at the end of the month, use a new page of the Cash-in-Bank Journal to record transactions relating to the following month and carry the previous balance forward. Identify it with the new month beginning

(8)   carry the previous end of month balance forward to the top of the new page on the line marked 'carry forward'.

(9)   the preceding end of month balance becomes the new start of month balance for the month beginning

(10) Cash-in-Bank Journal is usually managed by your Bookkeeper.

How is Cash-in-Bank Journal accomplished

(1) service provider sends in the invoice.

(2) Executive Body checks the invoice and orders payment by withdrawing cash from the bank.

(3) HMIS records the withdrawal in the Cash-in-Bank Journal with the reference document. It also notes the date, the number of the supporting document and the amount paid out in the 'outflows' column. The balance is then calculated.

(4) A similar procedure is used for payments by cheque.

What is the Cash Receipt Book for?

- use to record the amount of cash the HMIS receives day-to-day
- cash either flows into the cash-on-hand or cash-in-bank account
- together with the Cash Disbursement Book, provide another way of recording day-to-day transactions of HMIS just like the Cash Journal and the Cash-in-Bank Journal
- purpose is the same – to help keep track of cash flow on a daily basis and to keep a record of these in chronological manner

What information does the Cash Receipt Book contain?

- date
- particulars
- reference document
- amount of cash received under Cash-on-Hand
- amount of cash received under Cash-in-Bank
- classifications of the received cash: (e.g. contributions or premiums of members, donations or grants, etc.)
- total amount received for the month and by classification
- cumulative amount of cash received from previous months
- where appropriate, it is helpful if data is sex-disaggregated to help in forming analysis

How is the Cash Receipt Book Used?

- used to record cash received by HMIS on a day-to-day basis
- every time cash is remitted to HMIS or donated/granted, these should be recorded appropriately under the Cash Receipt Book
- for each cash received, the above information should be recorded
- the cash received is further classified either
  - under "contributions" or "premiums" received from members
  - "grants" given by other agencies
  - "subsidies" from the HMIS other fund-raising activities or
  - "donations" from other groups

How is the Cash Receipt Book Used?

- at the end of each month, all cash received under cash-on-hand and cash-in-bank accounts are summed up

- gives an overall picture of how much cash were received for the month

- by adding these amounts to the cash received the previous months will give you a running account of all your cash receipts

- you apply the same procedures for the incoming month

What is the Cash Disbursement Book for?

- records on a daily basis the disbursements made by the HMIS

- cash disbursed may either come from cash-on-hand or cash-in-bank account

- records in a chronological order these disbursements, classifies them by the nature or category of the disbursements and serves as the "memory" source of cash outflows day-to-day

- makes it possible to find all the details relative to the HMIS cash-out flow transactions

- also enables to check the accuracy of the amount available in the HMIS bank accounts and cash-on-hand at any time

What information does the Cash Disbursement contain?

- records all daily cash-out-flows of HMIS; specifically, it provides information on the amount of financial resources disbursed by the HMIS out of the cash-on-hand and cash-in-bank accounts; specifically, contains the following information:
  - date
  - particulars
  - amount of cash disbursed from cash-on-hand
  - amount of cash disbursed from cash-in-bank account
  - classification of the disbursement (e.g. supplies, training, communications, health service payment, etc.)
  - total amount disbursed for the month and by classification
  - cumulative amount disbursed from previous months
  - similar to cash receipts, it is helpful if data is sex-disaggregated, were appropriate, to help in forming analysis

How is the Cash Disbursement Book used?

(1) every time the HMIS uses or disburses money, these should be recorded appropriately, whether they are taken from your cash-on-hand or cash-in-bank account

(2) further classify the nature or purpose of disbursement (e.g. supplies, training, communications, payment to service provider for health services offered, etc.)

(3) at the end of each month, sum up all cash disbursed; gives an overall picture how much cash was disbursed for the month

(4) add these amounts to the disbursements from the previous months; keeps track of the amount and nature of cash disbursed by the HMIS on a daily and monthly basis including the purpose for which they were used

(5) information on daily and monthly disbursements becomes the basis for establishing trends of monthly expenditure, thus enabling the making of a better forecast of cash requirements over the financial period

What is the Petty Cash Form for?

- a common practice in the day-to-day transactions of all HMIS
- as the term "petty" indicates, these are small amounts of cash that you keep as a ready source for small amount transactions of HMIS
- though these are small in amounts, it is still necessary and a sound financial management practice to record the disbursements from petty cash
- each HMIS has its own format and structure in recording the utilization of their petty cash
- must be able to record on a daily basis the amounts used and the purpose or nature of the disbursement
- should enable you to make timely remittance before your petty cash become completely utilized

What information does the Petty Cash Form contain?

- Total amount of Petty Cash
- Date
- Particulars: describes briefly for what purpose the petty cash was used for (e.g. for supplies, transportation, etc.)
- Reference Document
- Amount released/disbursed
- Balance

How is the Petty Cash Form used?

(1) indicate at the beginning of Petty Cash Form the total amount of petty cash you are allowed to maintain

(2) be clear on the minimum balance you can maintain at which point you can request for replenishment

(3) every transaction paid from petty cash must be recorded into the Petty Cash Form as they occur

(4) indicate the particulars of the transaction, the reference document and amount

(5) at the end of the day, sum up the amount disbursed and determine the balance

(6) balance should be consistent with the actual amount of money you have in your petty cash

(7) once minimum balance is reached, request for replenishment with the accompanying supporting documents

What is the General Ledger for?

- summarizes the daily transactions of HMIS during the month according to the classification or nature of activities or transactions
- summarizes debit transactions (inflows) and the credit transactions (outflows) for each account, in accordance with HMIS accounting plan
- reduces the number of entries to be made and gives an overall view of the transactions in the accounting plan
- allows all transactions to be recorded in chronological order, while indicating the accounts to be credited ('inflow') or debited ('outflow')
- records all the details relating to all transactions carried out for each account and to know the balance used by HMIS at any time
- Calculates rapidly the provisional results of your HMIS activities.
- Facilitates drawing up of the Statement of Income and Expenditure at the end of the financial year, and calculate the different indicators of activities and useful statistics

What information does the General Ledger contain?

- date
- subject
- in-flow, out-flow, balance in your cash-in-bank
- in-flow, outflow, balance in your cash-on-hand
- sundry activities: the other asset accounts that it has not been possible to open:
- fixed assets: buildings, land, transport equipment (e.g. vehicles);
- significant investments: amount of purchase;
- stocks: balance of stocks of consumables, such as health books, medicines or registers;

What information does the General Ledger contain?

- realizable assets: credits, time investments, deposit accounts;
- credits: when members owe arrears in contributions;
    when they must reimburse the cost of benefits;
    when a subsidy is granted without being received;
    different undertakings/debts

* deposit: the amount demanded by a service provider in relation to a guarantee
- non-payment, reductions
- sundry liabilities (other liabilities accounts it has not been possible to open in the journal):
- reserves;
- short, medium and long-term debts
- income: new members, contributions, sundry (sale of medicines, subsidies, other);
- expenditure: benefits, functioning, sundry

How is the General Ledger Used?

(1) on a daily basis, administer the accounts used in connection with the HMIS activities; record each transaction in the balance sheet headings:

- In the Cash-in-Bank Column: if it concerns an activity involving inflows or outflows of money to or from the bank account (Bank Book)

- In the Cash-on-Hand Column: if it is an activity concerning cash in hand. This column corresponds to Cash Journal and therefore follows the same rules

- In the Sundry Assets Column: when it involves activities concerning fixed assets, the guarantee or the deposit

- In the Sundry Liabilities Column: when it involves reserves and short, medium or long-term debts

How is the General Ledger Used?

(2) The same amount is simultaneously recorded to the Statement of Income and Expenditure Column, specifying whether it concerns a charge or an income:

a. Charge:

- Operating costs: transport, training, etc
- Benefit costs: consultations, medicines, other

b. Income: contributions, benefits, others (such as subsidies or income from events)

(3) After you have recorded each transaction in a balance sheet account, you must recalculate the balance of that account.

How is the General Ledger Used?

(4) at the end of each month, after recording the last transaction of the month, close the General Ledger for the month ending. To close the General Ledger at the end of a month, it is necessary for you to:

(4.1) calculate and record the last balance of each account, after the last transaction of the month

(4.2) carry forward the previous balance

(4.3) add up each column in total (total month + carry forward)

How is the General Ledger Used?

(5) You can check your recording by:

   (5.1) In the inflows column, by adding up all the amounts that have gone into
          the account during the
          month   =   + total income.

   (5.2)   In the outflows column, by adding up all the amounts that have gone out of the
          account during the month   =   + total expenditure.

   (5.3) Making a comparison between these two totals and having the balance equal to
          zero by carrying out the following calculation:

          New End   Start of Month Balance
          of Month   =   + Total Inflows and Income of the Month
          Balance   - Total Out-Flows and Expenditures of the Month

   (5.4) Verify if the amount identified after this check should be equal to the last balance
          calculated after the last transaction of the month

How is the General Ledger Used?

(1) open a new page of the General Ledger and identify it by the new month beginning, and carrying forward the balance of the end of the previous month to the top of the new page on the line marked 'carry forward; previous end of month balance becomes the new start of month balance for the month beginning

(2) record each transaction in the General Ledger; makes it possible to follow the development of the balance sheet and statement of Income and Expenditure information of HMIS at any time

Importance of Financial Statements and Reports

- accounting and financial documents make it possible to have a better knowledge of and to analyze the financial situation of HMIS

- reinforces the transparency of management, the confidence of members and partners

- better decision-making by management and staff

Tools in Generating Financial Statements and Reports

- HMIS accounts usually are grouped into two major categories:

  - the Balance Sheet accounts which track the development of resources (liabilities) and their use (assets)

  - the Income and Expenditure accounts which record the resources generated by activities (contributions, membership fees, others) and the consumption of goods and services necessary for those activities (benefits, functioning) respectively

What is the Statement of Income and Expenditure for?

- otherwise known as Operating Account or Profit and Loss Account
- must keep your income always greater than your expenditure
- seek to produce a **surplus** (refers to the positive result of the HMIS and not refer to it as a profit)
- a surplus is sought **not to make** a profit but to reinforce the financial solidity of the HMIS by enabling financial reserves to build up
- summary of the expenditure and income of HMIS during a given period called the 'financial year' (generally one year)
- compares the expenditure and income of HMIS and allows you to calculate the result for the year

What information does the Statement of Income and Expenditure contain?

- SIE is presented in a summary table with two columns:
  - the left-hand column presents the expenditure, and
  - the right-hand column presents income

- in each column the expenditure and income are categorized according to a standardized classification.

- accounting principle of balance between the two parts of an account (the Statement of Income and Expenditure in this case) involves a comparison between total expenditure and total income

- difference is recorded in either of the two columns of the table in order to obtain the same total for both columns; difference corresponds to the result for the financial year
  - called a <u>deficit</u> when total expenditure exceeds total income and
  - called a <u>surplus</u>, if the inverse is true

What information does the Statement of Income and Expenditure contain?

(1) Expenditure: *the* consumption of goods and services necessary to implement the activities of HMIS during a given period; affects result of HMIS negatively

(2) Income: composed of financial resources generated by the activities of HMIS in a given period. Income affects the results of HMIS positively

(3) Operating Subsidy: subsidy that allows HMIS to meet certain expenditure such as operations, benefit or training costs.

(4) Capital Subsidies: allow HMIS to acquire investments in the form of tangible fixed assets (e.g. building, furniture, land or vehicles.

(5) Depreciation Allowance: an example of a charge which is not an expense; durable property of HMIS for example like buildings, office furniture or equipment deteriorate over the years and suffer wear and tear that will require them to be replaced at a given time; considered a loss to HMIS and should be recorded.

What information does the Statement of Income and Expenditure contain?

(6) Depreciation

- an accounting operation that consists of recording the depreciation suffered by various fixed assets
- depreciation may be caused by daily use or technical progress
- depreciation is calculated on the basis of the historical cost of the assets and their estimated working life
- the method proposed, straight-line depreciation, is established as follows:

$$\frac{\text{historical cost}}{\text{working life (in years)}} = \text{annual amount of depreciation charge}$$

Example of Calculating Depreciation

Example

- The HMIS purchased an office equipment for Php 500,000 on 1/1/2000. In accordance with the laws in force, it decides to write it off over a period of five years.

$$\frac{\text{historical cost}}{\text{working life (in yrs)}} = \text{annual amount of depreciation charge}$$

- The amount of annual depreciation is computed at :

  $$\frac{\text{Php 500,000}}{\text{5 years}} = 100,000.$$

- at the end of the 5th year, the HMIS will have written off Php 500,000.= 100,000.The most common straight-line rates of depreciation are: buildings: 5 to 10%; furniture, office equipment and movable equipment:20-33%

How is the Statement of Income and Expenditure used?

- calculates the result and gives preliminary indication of the financial health of HMIS

- accompany this calculation with other tools, e.g. Balance Sheet, financial indicators and ratios that makes interpretation possible

- important to measure, if surplus is too high or too low, or to identify the origin of a deficit

- having sex-disaggregated income and expenditure data may also initially suggest patterns or trends that need to be addressed by management or by the organization as a whole

What is a Balance Sheet for?

- **a summary table that presents the assets of HMIS on a given date**

- **preparation is just like producing a precise inventory or photograph of HMIS resources for the whole year**

- **summarizes these resources (reserves, loans or care providers' payment times) and their use, reflected in the acquisition of materials, stocks or the granting of extensions in the time for members to pay their contributions**

What information does the Balance Sheet contain?

Assets: represent how HMIS resources are employed, namely, where its wealth is situated; broken down into two major headings:

fixed assets: the permanent assets which form the working tools (premises, equipment, vehicles, financial deposit with care provider, etc)

current assets: assets connected to current activities which are rapidly transformed or renewed several times during the year (stocks, bank accounts, financial debts, etc)

What information does the Balance Sheet contain?

Liabilities: correspond to the source of assets, which consist of the resources that have been made available to HMIS

equity capital: the resources that belong to the HMIS, such as reserves (established in particular by surpluses achieved at the end of previous financial years) or investment subsidies and other capital contributed by third parties (NGOs, government)

outside capital or debts: everything HMIS owes to other structures, such as care providers' invoices payable, loans obtained or other

What information does the Balance Sheet contain?

- provides info on increases or decreases in wealth during the financial year

- if there is a positive result (surplus), this leads to an increase in the HMIS assets

- a negative result (deficit) on the other hand leads to a decrease in these assets

- since HMIS is a non-profit-making organization, the surplus or deficit may result in an increase or reduction in the reserves respectively

- may also use part of surplus to carry out actions in favour of the members

What information does the Balance Sheet contain?

- assets and liabilities clearly distinguish the expenditure and income that appear in the Statement of Income and Expenditure

Example:

(1) if HMIS purchases or builds premises for its activities, these form part of assets (the purchase/construction cost appears in the Assets Column of the Balance Sheet

(2) current maintenance of electricity costs relating to the use of the premises for example are expenditures that appear in the Statement of Income and expenditure

(3) income earned from leasing the premises to third parties would constitute income

How is the Balance Sheet used?

- **total assets should always be equal to total liabilities**

- **equality arises from the fact that Balance Sheet presents the source and application of funds: HMIS (like a company) cannot use either more or less funds than it possesses**

- **Balance Sheet provides preliminary interpretation of the financial situation of HMIS, indicating the use it has made of its assets**

- **Balance Sheet is a rough representation that must be interpreted to assess the performance of HMIS**

Annexes
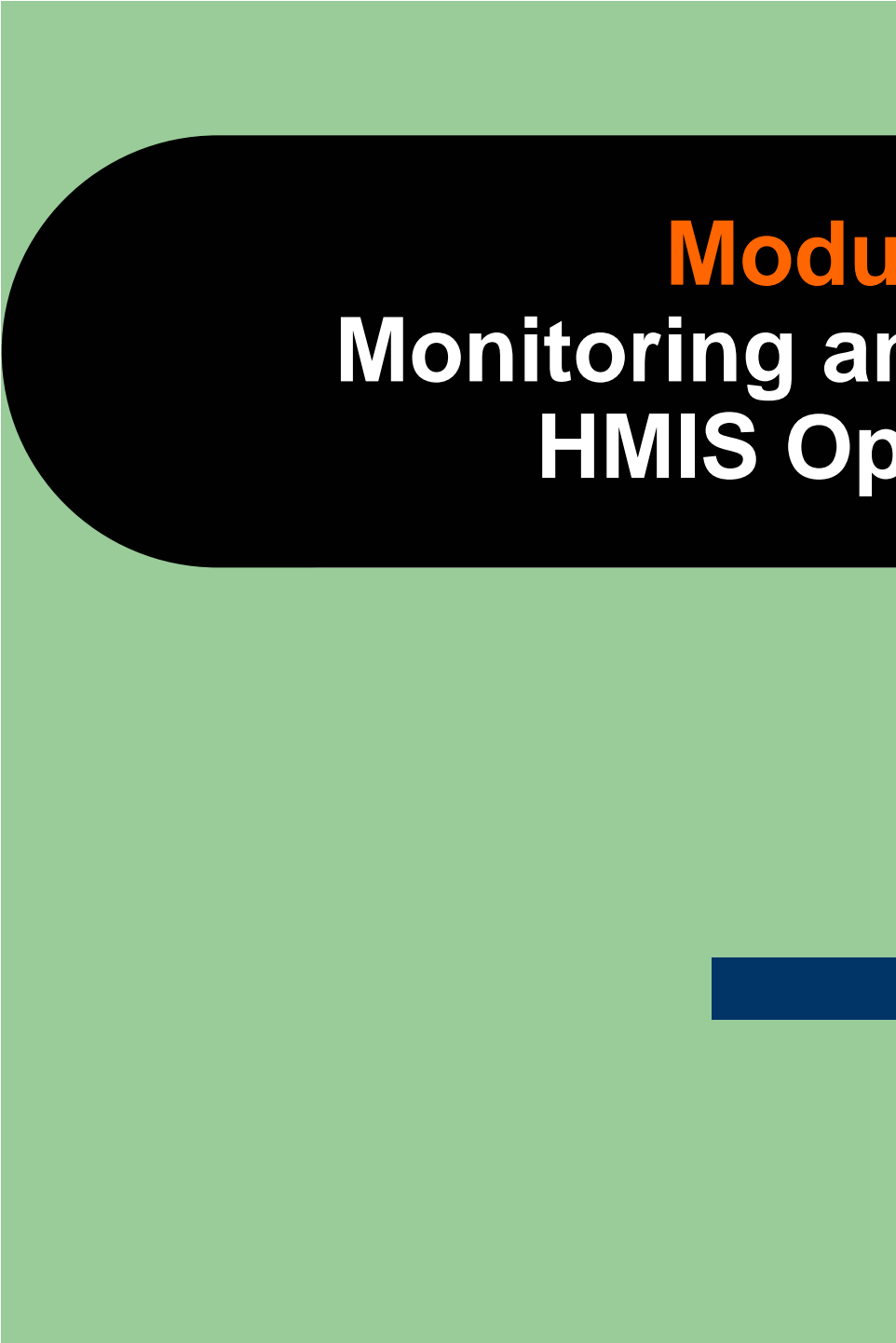## Slides for Module 5: Monitoring and Evaluation

Module 5

Monitoring and Evaluation

Session 4.1　Monitoring and Evaluation

Session 4.2　Monitoring Quality of Health Services

Module 5 Objectives

(1) differentiate between monitoring and evaluation and identify specific area of application in their own HMIS

(2) identify and describe monitoring tools as to their purpose and usefulness

(3) describe the process in assessing quality of health services provided by HMIS

(4) assess adequacy of monitoring and evaluation system/tool in place in their HMIS

Module 5.1
Monitoring and Evaluating HMIS Operations

Relevance of Monitoring and Evaluation to Your HMIS

- an essential management tool that helps you keep track of the progress in achieving your goals and to validate if you are in the right direction

- since monitoring and evaluation is to be undertaken regularly and continuously, it enables you to act on issues and problems right away before they become worse or unsolvable

- generates information as your basis for policy formulation and in making critical decisions

- tells you ahead of time if your HMIS is financially viable or in financial crisis

- monitoring aims to make the operations of your HMIS more efficient and more effective

- enables you to make sound decision and apply more responsive measures which have been tried and tested (evidence-based)

- also fosters transparency among your members and partners

Monitoring

- a continuous activity that consists of ensuring your HMIS program to develop and progress according to what you originally planned and designed

- it is based on a set of indicators which allow you to decide and take actions on to ensure that your HMIS is operating in the most effective and efficient way

Evaluation

- a periodic assessment (every one or two years) of your HMIS regarding its social, economic and financial performance level

- aims to check whether your HMIS is achieving the objectives you have established and identify the reasons for the differences observed

Types of Evaluation

- **External Evaluation**
  - evaluation of HMIS in relation to its performance and environment
    - (1) involves in particular measuring whether there are differences in terms of risk perception, accessibility to care and utilization among members and non-members
    - (2) impact on the supply of care is also studied in terms of use and funding
  - requires more substantial resources than in monitoring
  - entails the conduct of surveys and usually requires the intervention of an external resource (e.g. local NGOs, cooperation agencies, consultancies, etc)

Types of Evaluation

- **<u>Self-Evaluation</u>**

  - the evaluation makes use of a participative technique allowing:

  (a)   HMIS members to participate in measuring the accomplishment of HMIS against its set objectives

  (b)   assess the soundness of the actions undertaken vis-à-vis the planned activities

  - totally involves the beneficiaries in the processes of analysis and decision-making

  - a favoured instrument for coordination and training

  - can be done through quarterly, semi-annual or year-end program review

Aspects of HMIS to be monitored

- organization and functioning of your HMIS

- increase in your membership

- amount and regularity of your members' contributions

- financial status of your organization

- implementation status of programs/activities you intended to carry out

Aspects of HMIS to be evaluated

- overall performance of HMIS in terms of membership and factors affecting their participation and utilization of benefits
- impact of services on the knowledge, behaviour and practices of beneficiaries and on the health status of the whole community
- adequacy and appropriateness of key processes and strategies that were employed by the HMIS
- cost-efficiency and cost-effectiveness of interventions that were adopted
- quality of health services being provided by the service providers
- effects of national policies/local policies and legislations to the overall operations of the HMIS

Aspects to be Monitored By Methodology

Organization and Functioning : Monthly Monitoring Report (MMR)
(meetings, activities done)   Management Chart (MC)

Membership and Benefits   : MMR, MC

Financial Status   : Financial Ratios Record (FFR)

Activities Undertaken   : Program Review Based on Action
                                              Plan

Aspects to be Evaluated By Methodology

Quality of Health Services Feedback	Quality Health Care Checklist; Client Form; Client Satisfaction Questionnaire
overall performance on membership, contributions and benefits	Program Review; Time/Trend Analysis making use of the MMR, MC and FRR
impact evaluation of services on the beneficiaries KAP and community's health status	Household Survey
effectiveness and efficiency of interventions	Pre-Post Evaluation; Cost-Efficiency and Cost-Effectiveness Study
impact of policies on HMIS operations and performance	Policy Review and Assessment
Capacity of Service Facility and Providers	Facility-Based Survey with Household Survey

Locus of Monitoring and Evaluation

- Auditing Body tasked to monitor compliance to the HMIS By-Laws, Policies and IRRs

- separate Monitoring Committee to undertake this task in addition to the Auditing Body

- monitoring task can be undertaken by own staff

- external evaluation specially those that will employ impact studies or household surveys commissioned to external group

- MMR and MC as well as the FRR can be accomplished by the Administrative Officer

- administration of the Quality of Health Care schemes can be assigned to 1-2 of your staff or volunteer members of your HMIS.

- results of monitoring and evaluation must be reported to the Executive Body up to the level of the Board of Directors and the General Assembly

What is the Monthly Monitoring Record for?

- enables analysis of HMIS data on a monthly basis
- provides a monthly snapshot of certain representative quantifiable aspects of HMIS operation
- a basic reference document for monitoring HMIS and allows members of Board of Directors to obtain information necessary to ensure better decision-making
- also a reference point for controlling the management of HMIS

What information does the Monthly Monitoring Record contain?

- composed of three categories of indicators which conform to the three major aspects of HMIS operations to be monitored and evaluated

  - organizing and functioning of HMIS

  - administrative

  - accounting and financial management of

    HMIS

Organization and Functioning

- number of meetings held/convened by the following bodies
  - General Assembly
  - Board of Directors
  - Auditing Body
  - Executive Body
- activities undertaken by type
  - awareness-raising
  - training/teaching activities
- number of participants who participated in these meetings or activities

Monitoring Membership and Benefits

- management of members and their contributions

  - number of members: number of men and women joining
  - number of women joining: important for assessing the involvement of women (and therefore also their needs) in the management and decision-making of HMIS
  - number of beneficiaries
  - number of beneficiaries in arrears with their contributions
  - number of beneficiaries enrolled who have not paid their contributions during the month or period

Monitoring of Benefits

- indicate the number of benefits provided by each service provider as agreed upon (e.g. outpatient care, deliveries, hospitalizations, transports, etc.)

- examine the total number of benefits per provider and the total cost of monthly benefits per provider

- monitoring benefits availed according to sex to determine pattern in terms of health problems that can be addressed in a more pro-active way, e.g., health education seminars that seek to prevent certain ailments from happening

  (e.g. interior mountain community in Surigao Sur where a significant number of child-bearing women had goiter; organization requested local health unit to lecture on causes of goiter, and preventative and curative measures to help curb it)

Financial Monitoring

(a) *Revenue* : membership fees, contributions, subsidies and other inflows

(b) *Expenditure:* benefits, operating costs, training costs and other outflows

- monitoring expenditure establishes the HMIS situation monthly

- comparing the amounts of forecast and the amounts achieved, allows monitoring of cash flow and budget

- monitoring revenue and expenditure examines the cash flow of HMIS, by comparing the money on hand and at the bank at the beginning and end of the month respectively

- Board of Directors can also verify whether the difference between revenue and expenditure is equal to the difference in total cash flow

How is the Monthly Monitoring Record used?

- organization and functioning: minutes, By-Laws and Policies, Systems and Procedures
- management of admissions: Register of Beneficiaries, Register of Contributions, possibly Membership Books (if in doubt, the manager may always verify the information with the membership book)
- monitoring of benefits: Invoices, Register of Benefits, Guarantee and Certificate of Care of the Certificate of Entitlement
- financial monitoring: Record of Bank Transactions, Cash Book, supporting documents and Invoices
- financial monitoring: Record of Bank Transactions, Cash Book, supporting documents and Invoices

How is Monthly Monitoring Record used?

(1) EB prepares MMR for the Auditing Body, which checks its content and approves it

(2) EB then presents the MMR to the Board of Directors

(3) reports or information are then discussed by the Board of Directors during their regular meetings

(4) Board of Directors compare the MMR data with the information from previous months and draws conclusions for management and decision-making

(5) after the Board of Directors has validated the information, the data in the record will be introduced into the Management Chart

(6) manager or treasurer files the records

What is the Management Chart for?

- a powerful way of monitoring the dynamics and development of the principal indicators of HMIS over a given period

- sums up the information in the MMR over a given period and completes it by <u>utilization rate</u> and <u>average cost of benefits</u>

- monitoring of these two indicators enables the contributions/ benefits relationship, which constitutes the basis of the functioning of the HMIS to be updated

- helps to control the demand for care and the practice of care providers and makes it possible to identify possible slippages so as to intervene rapidly

What does a Management Chart contain?

Organization and Functioning

- the number of meetings held and planned by the following bodies and whether these take place in the month or period concerned

  - General Assembly
  - Board of Directors
  - Auditing Body
  - Executive Body

- number of activities undertaken like

  - awareness-raising
  - training/education activities

- Allows analysis of the operations of HMIS during a given period

Membership and Benefits

Membership: management of new members and their contributions

Number of New Members   : number of male and female members of the scheme
Number of Beneficiaries   : number of members and dependents
Number of Women Joining   : an important indicator of gender that indicates the
                                                participation of women in the scheme

Average Number of Beneficiaries per Member: number and sex of beneficiaries
                                                                     number of members

Example:

Number of Members   =   132 (Male: 52   Female:80)

Number of Beneficiaries =   354 (Male:150 Female?: 204);

Ave. No. of Beneficiaries =   Total No. of Members
                                        Total No. of Beneficiaries

The average number of beneficiaries per member is 2.6.

Membership and Benefits

Number of Contributions : number and sex of beneficiaries
  in arrears   enrolled whose contributions

                                        have not been paid

Rate of Collection   = $\underline{\text{no. of contributions received}}$ X 100
of Contributions   no. of contributions forecast

A rate of collection below 100% requires intervention so as
  to collect unpaid contributions or to withdraw the
  entitlements of members who are not up-to-date

Membership and Benefits

-No. of Beneficiaries (B)   = 354(M:104;F: 250)

-No. w/ Contributions in arrears (C)   = 37 (M:7; F= 20)

-No. of Contributions Received (B – C) =   (M:97; F: 230)

Rate of Collection: =No of Beneficiaries –No w/
Contribution in Arrears   X 100

Number of Beneficiaries =   B - C   X 100

$$= \frac{B - C}{B} \times 100$$

$$= \frac{(354 - 37)}{354} \times 100$$

$$= .895 \times 100$$

$$= 89.5\%$$

Membership and Benefits

In the same month of May 2002, there are 354 beneficiaries (Male:104; Female:250), of whom 37 (Male:7 Female:20) have not had contributions paid on their behalf. What is the HMIS rate of collection of contributions?

- -No. of Beneficiaries (B) = 354(M:104;F: 250)
- -No. w/ Contributions in arrears (C) = 37 (M:7; F= 20)
- -No. of Contributions Received (B – C) = (M:97; F: 230)

Rate of Collection:
- =[No of Beneficiaries –No w/ Contribution in Arrears X 100
- Number of Beneficiaries
- = B - C X 100 = (354 - 37) X 100
- B 354
- = .895 X 100 = 89.5%

Conclusion:
- 89.5% of beneficiaries (% M: 93.2 % F:92.0)are therefore up-to-date in paying their contributions, while 9.5% (% M: 6.8; % F: 8.0) are in arrears

Membership and Benefits

Rate of Penetration: no. of beneficiaries (Male, Female)

over target population (Male,Female)

x 100.

- measures interest of men and women in the HMIS, their perception of HMIS capacity to meet their families' needs, and HMIS' accessibility and potential growth

- generally increases during the first year of implementation

- particularly worrying when it stagnates at a low level

Monitoring of Benefits

- <u>Annual Utilization Rate of Benefits Per Beneficiary</u> defined as the number of treatments used by type of care over the total number of beneficiaries (Male/Female) who are actually entitled to benefits) x 100

- measures the difference between the rates expected (and used in calculating contributions) and the rates observed when implementing the system

- If rates observed are largely and/or consistently greater than the rates expected, for different reasons (e.g. underestimation of rates expected, adverse selection, over-consumption, over-prescription), it means that the HMIS risks a financial crisis.

Average Cost of Benefits

- Total Amount of Cost of Benefits Over Total Number of Benefits

  (Note: calculation only feasible if all contributions are the same for all beneficiaries)

- involves the part of costs met solely by the HMIS. In the case of the member's contribution system (sharing of costs between HMIS and beneficiary) with a participation of 50%, for example, the cost invoiced to the HMIS represents half the total cost of a benefit

Financial Monitoring

- involves analyzing the annual summary of total expenditure incurred and revenue received during the month

- for revenue, this involves the new members' contributions, subsidies and other inflows, while expenditure includes benefits, operating costs, training costs and other expenditures

- chart helps appreciate certain information on the HMIS Statement of Income and Expenditure

- examines cash flow, the comparison of financial resources on hand and at the bank respectively at the beginning and end of the month in accordance with the Monthly Monitoring Record

- to validate this computation, the difference between expenditure over revenue and the difference in cash flow must be equal

How is the Management Chart used?

- not restricted to merely presenting figures and percentages
- allow comparison and development monitored over time
- useful on a multi-year basis to compare annual results, new members, benefits and activities
- on a monthly basis, update the Management Chart after the Monthly Monitoring Records are validated by the Board of Directors and Auditing Body
- curves and graphs provide better understanding of the progress of the principal indicators of the functioning of your HMIS, including rates of attendance of beneficiaries and the average cost of health services
- annual Management Chart shows similar information as in your Monthly Monitoring Chart

What is the Financial Ratios Record for?

- includes the indicators that measure the financial health of the HMIS, namely its capacity to meet its obligations to members and service providers at any time.

- financial monitoring and evaluation indicators are presented in the form of ratios:
  - a ratio being the relationship between two countable numbers
  - ratios may be different according to the size, activities and objectives of HMIS

- basic principle: analysis must focus on a certain number of significant magnitudes, the ratios must be studied both in terms of their development over time, and their comparison with established standards or, if possible, with a set of similar schemes

Ratio of Contributions/Expenditures

- if ratio is equal to or preferably greater than 1, the contributions are sufficient to cover the expenditure of HMIS

- If not, it may be necessary to raise contributions, unless HMIS does not benefit from other reliable and constant sources of funding

- ratio may be simplified by calculating the contributions to expenditure ratio

Claims Ratio (health benefits/ contributions)

* measures the part of contributions redistributed to members in the form of health benefits
* if ratio is low, members may feel their contributions are too high in relation to the advantages they get from them
* if this ratio is too high, HMIS will have difficulty financing its other expenditures
* optimum ratio is between 75 to 90%, approximately.

Operating Cost/Income Ratio

- the reverse of the Claims Ratio
- measures the part of income devoted to the other expenditures of HMIS
- should be situated between 5 and 15%
- if it significantly exceeds this bracket, need to rationalize the operations of HMIS, which are too costly
- a simplified ratio may compare operating costs with revenue

Liquidity Ratio (Balance Sheet Assets Available/Short-Term Debts)

- measures the capacity of HMIS to meet its financial commitments immediately

- always be equal to or greater than 1, which indicates HMIS capacity to pay its debts towards the care providers or other providers of services immediately

Solvency Ratio (Balance Sheet Assets/Debts)

- If ratio is equal to or greater than 1, HMIS can meet all its obligations towards third parties such as providers or banks with its own resources, without using external assistance or a loan

- indicates its financial autonomy and capacity

Ratio of Coverage of Expenditures (Reserves/Monthly Expenditures)

- measures the number of months of normal functioning that could be financed by HMIS reserves

- should be equal to at least 6 (six) months to ensure the stability of your system and to cope with exceptional circumstances such as epidemics

- may be simplified by replacing monthly expenditure by monthly expenses (ratio of coverage of expenditure)

How is the Financial Ratios Record used?

- form part of the record are generally calculated at the end of the financial year, after drawing up the statement of income and expenditure and balance sheet.
- complete the data at the end of the year after drawing up the Statement of Income and Expenditure and Balance Sheet
- the first three ratios may be calculated from your Management Chart (they do not concern the balance sheet)
- either form part of the evaluation (when the latter is annual) so as to prepare the General Assembly, for example, or the monitoring
- may point to strategic guidelines to ensure that your HMIS is more financially viable.

Session 5.2
Monitoring Quality of Health Care

What is Quality Health Service/Care?

- a service that meets the needs of beneficiaries
- a service that respects their rights
- determined by a range of criteria relating to the satisfaction expressed by a person or a group of individuals in relation to resolving a health problem

Rights of the Members

- right to **information**
- right to **access**
- right to **choice**
- right to **safety**
- right to **privacy and confidentiality**
- right to **dignity, opinions and comfort**
- right to **continuity**

Service Providers' Needs

- **Good quality material and infrastructures**

- **Adequate management and supervision**

- **Information, training and development of staff**

Checklist on Quality Health Care

- it is based on the principal rights of clients to quality health care and the duty of care providers to provide quality services

- enables HMIS and care providers to identify the essential principles of quality care,

- designed to recognize and to exceed the needs and expectations of your members.

Ways to Monitor Quality of Care

- include problem solving in the 'process' of cooperation, rather than assigning blame
- Joint/organized meetings to identify problems or prepare questionnaires
- design an action plan that includes the sources of problems, solutions, the people responsible and a period during which the solution will be implemented
- participative approach to try to involve both parties in evaluating the quality of services

Tools to Monitor Quality of Health Care

- **Client Feedback Form**
- **Client Satisfaction Questionnaire**

What is the Client Feedback Form for?

- a simple tool that can be used to immediately obtain feedback from the clients regarding the quality of services they received from your care providers

- Limitations

  - key elements to be assessed is very limited

  - client may not have the interest to fill the form

  - difficult to administer to clients who are seeking treatment

  - respondent may not be able to provide the appropriate comment or rating

What information does the Client Feedback Form contain?

- key elements that make health services high quality

  - service providers' attitudes

  - adequacy of facility/equipment/logistics

  - set-up/arrangement of the facility

  - waiting time

- level of satisfaction of the services provided

How is the Client Feedback Form used?

(1) developed jointly by HMIS together with service providers to foster transparency and ownership

(2) can be administered on a monthly or quarterly basis, depending on the availability of your staff to administer them

(3) to be pro-actively distributed these to clients immediately after they were attended by the health providers

(4) clients may either be members or non-members of the HMIS

(5) collected back or dropped in a box in a prominent area in the health facility

(6) results are analyzed and discussed by both HMIS and service providers

(7) results to be sex-disaggregated to establish if there are significant differences in experiences, and to probe why

What is the Client Satisfaction Questionnaire for?

- similar with the Health Quality Care Checklist and the Client Feedback Form in terms of the information covered

- difference lies in the method how it is administered and the specificity of the information being collected

What information does the Client Satisfaction Questionnaire contain?

- collects and generates the same information as the previous tools

- more specific with the elements of quality being measured

- generates recommendations from the clients how the services can be further improved

- content can be modified and enhanced, depending on the element of quality health care to be given emphasis

Annexes
Slides for Module 6: Action Planning

Module 6

Action Planning

Session 6.1   Review/Consolidation
                of Assessment

Session 6.2   Action Planning

Module 6 Objectives

(1) summarize the strengths and gaps in the various aspects of their HMIS operations

(2) develop an Action Plan to enhance efficiency and effectiveness of their HMIS operations

Overall Planning Process

Where do we want to go?

How do we get there?

Where are we now?

Why are we still here?

Guide in the Summary of Assessment

(1) Review the Assessment Checklists you accomplished under each module.

(2) Summarize your observations into strengths and weaknesses for each aspect of your HMIS operations and management

   - Gender Orientation of Your HMIS

   - Setting up of HMIS

   - Organizational Structure

   - Administrative

   - Financial Management

   - Monitoring and Evaluation

Planning Parameters

(1) Based on the consolidated assessment, identify the areas for improvement and note the strong areas that you need to continue

(2) Formulate SMART Objectives

(3) Note that Action Plan will cover only a one year period

(4) Include major activities to respond to the identified gaps. Include activities that you will continue as they are.

(5) Indicate the schedule (by month) and reflect the locus of responsibility, budget amount and source.

Guide in the Presentation of Plans

(1) **Start with the introduction of your HMIS and members of the group**

(2) **Present next the summary of the assessment, focusing on the major issues and gaps**

(3) **Highlight the following components of your plan: objectives, major activities, total budget required**

(4) **Avoid reading the plan word per word**

Panel Review Guide

(1) Review if objectives are SMART and if they respond to the identified gaps/needs

(2) Check if the set of activities are adequate to realize the objectives

(3) Does each action point have time frame and a person/unit in-charge?

(4) Is the amount specified including the source?

(5) Do not repeat similar comments.