

Exploring the Role and Opportunities for Open Government Data and New Technologies in MHCC and MSME: The Case of the Philippines

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Introduction

Open Data Philippines is an emerging movement that aims to create an environment that can foster transparency, participation and collaboration through open data. Aside from the government, it envisions the active participation of the private sector, civil society and the academe. In addition to governance reform, the Philippines is also addressing a litany of socioeconomic challenges. Foremost of which is its Millennium Development Goals (MDGs) targets of reducing poverty and ensuring inclusive growth through increased business competitiveness.

In this case study, we explored the potentials of open data in two priority development areas, namely Maternal Health and Childcare (MHCC) and Micro-Small and Medium Scale Enterprises (MSME). In both areas, transactional-service related practices were examined. For MHCC, our case examined community health service practices. While for MSME, our study focused on cooperatives and how these cooperatives promote competitiveness and productivity of their MSME members. Using a case approach that included 3 provinces, our study examined how work activities in these development areas were done. Moreover, our study also looked at the type of data sets, its current use, and how ICT can be used by local stakeholders.

Method

The study used qualitative techniques, primarily the case method. Using critical incidence technique through key informants and on-site observation, our study was able to identify work activities and thematic concerns on the use of information or data.

Evidence and findings

In MHCC, we were able to identify datasets used in community-level MHCC practices. These datasets are usually in physical form (e.g. logbooks, index cards, and other data capture forms). Items from these datasets are transformed into reports via excel spreadsheets. *Table 1* presents these datasets, their sources, formats and possible outcomes if open data standards are used.

In MSMEs, we examined their association level practices and identified their information-related needs. *Figure 1* shows a summary of the information needs of the MSMEs.

Further examination of their practices revealed the existence of datasets that the MSME association use to manage their respective organizations. *Table 2* provides a summary of these datasets and their intricacies.

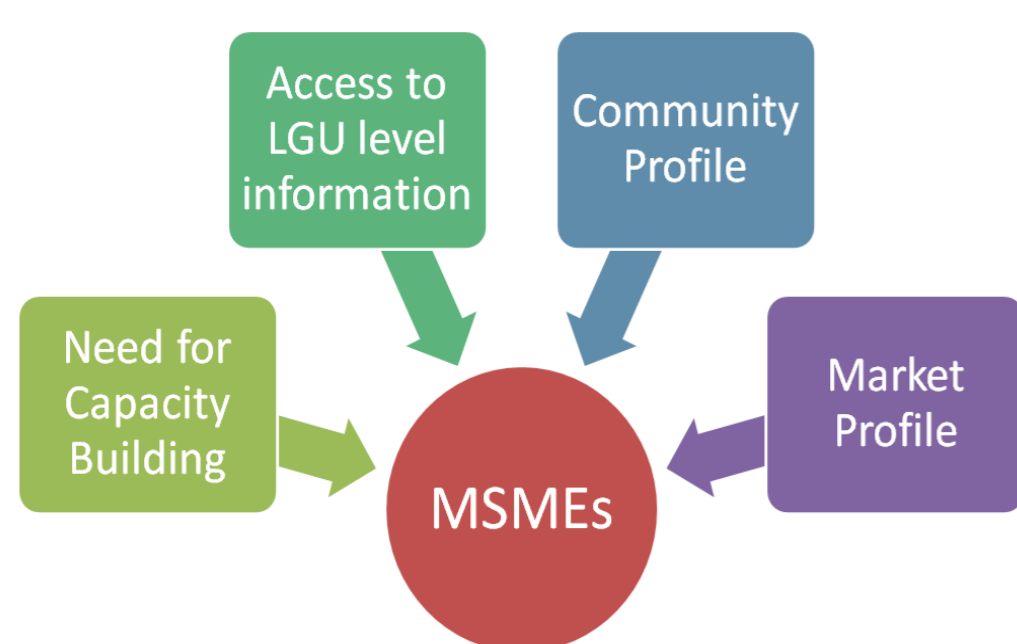


Figure 1: Information related needs of MSMEs

Table 1: Summary of datasets in community-level MHCC

Existing Data Sets	Characteristics of Data Sets (format, source, type)	Open Data Standards	Possible Outcomes
Barangay Health Worker (BHW) Field notes from informal interviews with the community	Physical form; Used by BHWs; gathered through informal interviews; utilized for reporting to the Midwives	<ul style="list-style-type: none"> Not accessible – accessibility is limited to the BHW user Not machine readable Not legally and practically reusable – reusable as inputs to legal FSHIS forms 	Documentation of BHW recording system; conversion of BHW system to machine readable forms
Forms provided by the FHSIS – a national government system (includes TCL, family list, immunization records, pre/post natal records, etc.)	Physical form and excel file format. Physical form filled out by Midwife and nurse for recording and monitoring purposes; Converted to excel form for storage and data transfer to higher offices such as DOH provincial, regional, and nation.	<ul style="list-style-type: none"> Not accessible – blank forms are accessible, however, filled out forms and excel forms need to be officially requested Not machine readable except when data is converted to excel format (storage stage) Usable to policy suppliers such as DOH but not to demanders (citizens) 	Conversion of forms and stored data into more accessible forms; there are health informatics systems, but are implemented in pilot basis.
Use of health status spot maps in conspicuous places in the municipal health office	Physical form – use of billboards and maps with pins; reports monthly status of health programs and issues in the locality	<ul style="list-style-type: none"> Accessibility is limited to physical presence; data updating is not timely (accurate) Not machine readable Usability is limited to physical format; however useful in LGUs with low online connectivity 	Use of spot maps can be further studied; use of local innovation and knowledge in MHCC should be documented to identify possible open data sets

Table 2: Overview of existing datasets in MSME associations

Existing Data Sets	Characteristics of Data Sets (format, source, type)	Open Data Standards	Possible Outcomes
Member profiles	<ul style="list-style-type: none"> Excel MSMEs 	<ul style="list-style-type: none"> Not accessible online Machine readable Reusable 	<ul style="list-style-type: none"> Easier to target members for specific programs Sponsors and external funding agencies will be able to Follow-through on the effect of the programs on the participants can be made
Community profile	<ul style="list-style-type: none"> PDF/Print-outs LGUs 	<ul style="list-style-type: none"> Not accessible online Not machine readable Not reusable 	<ul style="list-style-type: none"> Capabilities and resources of communities can be assessed for business opportunities
Market profile	<ul style="list-style-type: none"> PDF/Print-outs LGUs 	<ul style="list-style-type: none"> Not accessible online Not machine readable Not reusable 	<ul style="list-style-type: none"> Immediate identification of market characteristics and demands Matching of MSME capabilities with market needs and expectations
Programs and Projects	<ul style="list-style-type: none"> Webpage(HTML) LGUs, local business associations, cooperatives 	<ul style="list-style-type: none"> Accessible online Not machine readable Not reusable 	<ul style="list-style-type: none"> Synchronization and alignment of programs by private organizations with that of the LGUs Follow-through on the effect of the programs on the beneficiaries can be made
Needs assessment surveys	<ul style="list-style-type: none"> Printed forms and tabulated in Excel Local business associations, cooperatives 	<ul style="list-style-type: none"> Not accessible online Not all are machine readable Not reusable 	<ul style="list-style-type: none"> Results are actually used by all stakeholders in the design of programs and projects
Data and information gathered from informal meetings with MSMEs or member organizations	<ul style="list-style-type: none"> Verbal communication Undocumented 	<ul style="list-style-type: none"> Not accessible online Not machine readable Not reusable 	<ul style="list-style-type: none"> Similar needs of other MSMEs can be documented and addressed
City or Municipal Development Plans	<ul style="list-style-type: none"> PDF/Print-outs City government 	<ul style="list-style-type: none"> Accessible online Not machine readable Not reusable 	<ul style="list-style-type: none"> Synchronization and alignment of programs by private organizations with that of the LGUs
Local ordinances and policies	<ul style="list-style-type: none"> PDF/Print-outs 	<ul style="list-style-type: none"> Accessible online Not machine readable Not reusable 	<ul style="list-style-type: none"> Policy proposals can be easily formulated Participation in policy formulation can be expanded

Conclusions & recommendations

In our study, we examined the transactional-service related practices in community-level MHCC programs and cooperative level programs of MSMEs. In the process, our study has uncovered key activities present in these practices. Moreover, the key themes were identified regarding opportunities and challenges occurring in these practices. Aside from identifying key themes and activities, our study also uncovered the existence of data sets in both areas. Furthermore, these data sets are usually in hard copy format. For MHCC, most of these data sets are in the format of individual patient records, service monitoring, and report generation. For MSME, existing data sets are membership records and results from informal surveys. In both cases, websites were used to communicate with stakeholders. However, most of these websites are information dissemination sites, while some allow PDFs to be downloaded. Using the OD standards, these existing practices fall short of the definition. Recognizing these gaps in OD practices, we propose steps on how to operationalize open data in MHCC and MSME (*Figure 2*). These phases can guide LGUs in the implementation of OD program. We also propose that local government units (LGUs) spearhead the OD initiatives in their respective areas. We believe that LGUs are strong venues for localize OGD programs. Since LGUs are considered as the “front liners” for the delivery of public services, immediate feedback and outcomes can be realized. Its autonomous status, LGUs can also enact programs and ordinances to spur innovation and growth of its constituents.

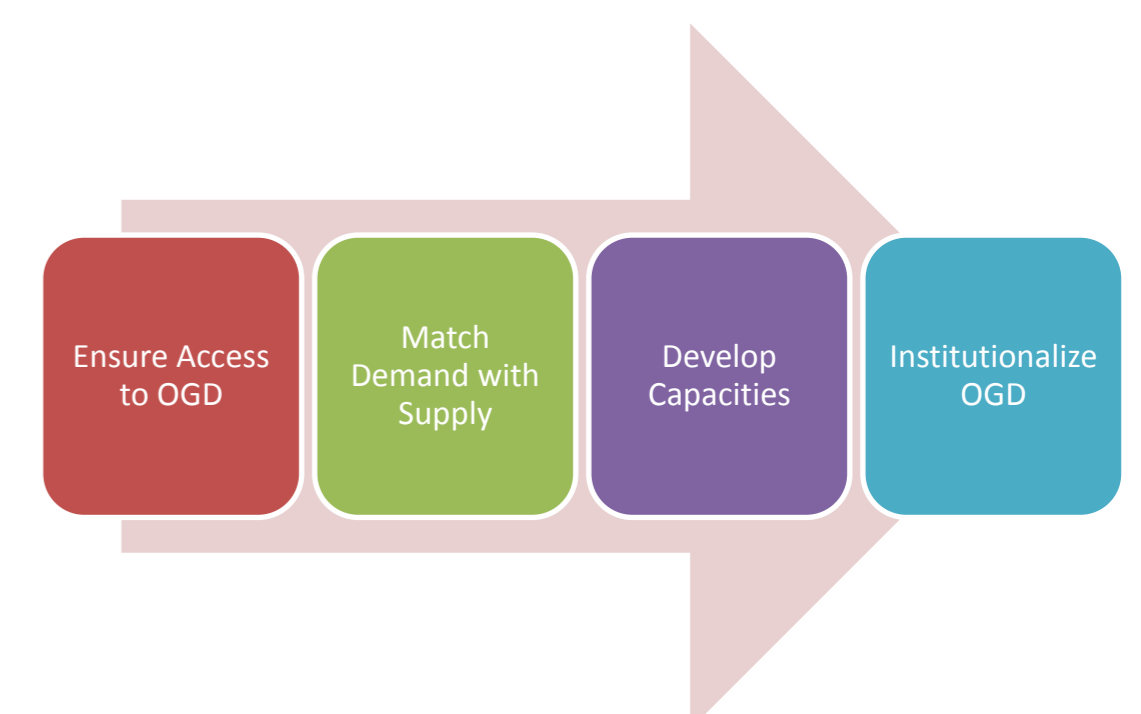


Figure 2: Proposed OGD Implementation roadmap for LGUs

Citation information:
 Sherwin E. Ona, Ian Jason Hecita and Estefanie D. Ulit (2014).
 Exploring the Role and Opportunities for Open Government Data and New Technologies in MHCC and MSME: The Case of the Philippines Center for ICT for Development (CITE4D). College of Computer Studies, De La Salle University, Republic of the Philippines



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The funding for this work has been provided through the World Wide Web Foundation 'Exploring the Emerging Impacts of Open Data in Developing Countries' research project, supported by grant 107075 from Canada's International Development Research Centre (web.idrc.ca). Find out more at www.opendataresearch.org/emergingimpacts

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