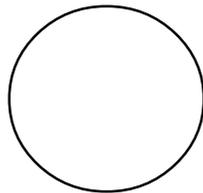


# **Strategic Framework and Plan**

**Yr 2000 - 2004**



**Department of Health**

**Manila, Philippines**

**July 2000**

**2nd Printing**

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Strategic Framework and Plan  
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# Foreword

The Department of Health (DOH) having analyzed the health situation of the country for the past three decades up to the present reveals the following summary of findings:

1. Major improvements in the state of the nation has occurred in the past three decades however, there has been a marked plateau in Infant and Maternal Mortality Rates in recent years.
2. In general, infectious diseases have experienced downward trends in morbidity and mortality rates however, certain diseases with preventive health technologies have remained serious public health problems. These include diseases such as diarrhea, pneumonia and tuberculosis.
3. The resurgence of certain illnesses that have been considered controlled in the past has caused alarm such as Malaria, Filariasis and Schistosomiasis.
4. While infectious diseases remain prevalent, we now face the increasing burden of chronic and degenerative diseases. The country now faces serious threat with cardiovascular disease, cancer and diabetes.
5. The disease patterns and allocation of resources vary widely across geographic area and population groups. With the heaviest burden of disease still on the poor, the marginalized and those population groups in hard-to-reach and isolated areas or islands.
6. Therefore to address these pressing concerns the DOH under my leadership has formulated the Health Sector Reform Agenda (HSRA) which will endeavor to address the inequities and maldistribution of health, human as well as financial resources.

Thus the DOH has come up with initiatives in reforming the health sector towards a more efficient and cost-effective way of running the system that looks after the health and well-being of the entire nation of 75 million people. Among the major areas of reform are:

- **Reforms in Government Hospitals.** The major area for reform is to provide the hospitals the necessary mechanisms for fiscal autonomy; to allow the hospital management and board to generate income and use the said income for improving services, provide more equipment and supplies and provide for incentives and continuing education packages for the staff.
- **Reforms in Public Health Service Delivery.** The major reform area here is to provide priority for public health programs with fund security or multi-year budget allocation in order to eliminate, eradicate and control public health problems such as polio, measles, tetanus neonatorum, leprosy, tuberculosis and the like. Emphasis on health promotion and prevention shall likewise be made.

- 
- **Strengthen the Capacity of Health Regulatory Agencies.** This move shall ensure quality health care in both public and private health facilities. By enhancing the capabilities of Bureau of Food and Drug hospital licensing and new technological innovations, we ensure the protection of our medical practitioners and of our people from unscrupulous business enterprises and individuals.
  - **Leverage for the Formation and Effective Performance of Health Networks.** Such networks include the reestablishment of quick appropriate referral network such as the district health system, small island health system and urban health system. Because of the unique situation in most of these areas, localized health networks should be formulated to meet specific or area-based health problems.
  - **Reforms in Health Care Financing.** The goal of reforms in this sector is to lessen out-of-pocket spending for health and increase coverage and benefits from the National Social Insurance System. The end-goal of all these reforms for a more sustainable and equitable distribution of health resources is UNIVERSAL INSURANCE COVERAGE.

With these agenda, the DOH hopes to merge the two health systems existing in the country — a health system for the poor which basically comes from the public or government agencies, and that for the rich which was traditionally provided for by the private practitioners and institutions. The Sentrong Sigla Movement (SSM) is our primary vehicle/initiative in merging these two systems with a common definition — QUALITY.

This strategic paper is designed and produced to guide health workers, program planners as well as the private sector to join hands in an effort to improve the health and well-being of the Filipino. This paper basically defines how we will improve the quality of health services in the public sector, making public health facilities competitive with the private facilities. It is hoped that with this initiative, even private facilities will begin to improve their standards. The end goal is the efficient operation of the Universal Insurance Coverage where both public and private facilities are at par competing for clients to avail of health services in their facilities and insurance to reimburse or pay for the expenses incurred in treating clients. The ultimate result is a sustainable health sector reform particularly in upgrading the level of standards and quality of care in both public as well as in private health facilities.

ALBERTO G. ROMUALDEZ, JR., MD  
Secretary of Health

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# Message

The Sentrong Sigla is a philosophy that promotes individuals, families and communities as “Centers of Vitality”, an approach that empowers individuals and groups to adopt healthy lifestyles and demand for quality health services, a movement for social change and is a program for quality assurance for public facilities. It is the vehicle that the Department of Health (DOH) has adopted to push the Health Sector Reform Agenda (HSRA) forward toward the attainment of health goals outlined in the National Objectives for Health (NOH).

What started out as quality improvement initiative has gained momentum and has expanded in scope to cover a paradigm shift from health as an individual right to the concept that health is a shared responsibility. Each one has a right to health and the state is mandated by the constitution to provide for this right. However, in the provision of health services and in the attainment of better health status each one of us has an influence over the other members of our family, our community as well as our society. This is the philosophy we want to engender in Sentrong Sigla.

The movement aims to influence people not only those in the health sector but also to include society at large to mainstream quality in all that we think, feel and do. The attainment of quality in health services should not be the sole responsibility or goal of the health sector but also the population at large. There must be a move towards social change to strive for quality and demand for quality services in everything that we do.

How should we define quality? Quality is a dynamic and ever changing concept. However, Sentrong Sigla defines it as everything that we value. For example, if we value caring — this is reflected as compassion in the way we deliver health services, if we value justice — this is reflected as equitable distribution of health resources and the absence of discrimination in dealing with clients, if we value competence — this is reflected in a continuous striving for better skills and continued studies and learning.

Thus for the Sentrong Sigla Movement, the aspiration is not just Health for All where Filipinos have access to basic or minimum standard health services but centers on the Provision of Quality Health for All Filipinos.

SUSAN PINEDA MERCADO, MD, MPH  
Undersecretary and Chief of Staff

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# Acronyms

BHS	–	Barangay Health Stations
CQI	–	Continuous Quality Improvement
CRP	–	Certification/Recognition Program
DOH	–	Department of Health
GOP	–	Government of the Philippines
HC	–	Health Center
IFPMHP	–	Integrated Family Planning and Maternal Health Program
LGU	–	Local Government Unit
LHA	–	Local Health Assistance Cluster
LPP	–	LGU Performance Program
MGP	–	Matching Grant Program
RHU	–	Rural Health Unit
QA	–	Quality Assurance
QAP	–	Quality Assurance Program
RTAT	–	Regional Technical Assistance Team
SS	–	Sentrong Sigla
SSCRP	–	Sentrong Sigla Certification/Recognition Program
SSM	–	Sentrong Sigla Movement
TA	–	Technical Assistance
WHSMP	–	Women’s Health and Safemotherhood Project

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# I Background and Introduction

The Department of Health (DOH) in partnership with local government units (LGUs) throughout the country, launched an initiative to improve the quality of public health services for the Filipino people. This program, known then as the Quality Assurance Program (QAP) focused on facilities which are most accessible to the majority and have the widest reach in terms of population: the Rural Health Units (RHUS), Health Centers (HCs) and Barangay Health Stations (BHS). A 4-year QAP plan was developed in mid-1998<sup>1</sup> that embodied the policy context, vision, goal, objectives and overall strategic framework for the next 15 years. In the QAP plan, there were two identified major complementing strategies to improve quality of services, these are: the Certification/Recognition Program (CRP) and Continuous Quality Improvement (CQI).

Nineteen-ninety eight became the start-up year for the CRP component. By October of 1998, start-up activities were conducted including the finalization of quality standards for health facilities, assessment manual and tools. Various information materials were developed for different audiences and activities were conducted to launch the QAP. National assessment teams were organized and oriented on the QAP, specifically the CRP component and the national teams assessed the first group of facilities who signified interest to be certified. From then

on, the program irreversibly transformed into a bigger quality movement that built on the foundations of the original QAP. The new DOH Secretary and top management became even more committed to improve quality services and identified, apart from the CRP, other strategies to improve quality of services and likewise expanded the focus from primary-level facilities to include also hospitals and in the future other types of health facilities at different levels, managed by other sectors, not just national governments, but also the LGUs.

The expanded QAP is now nationally known as *Sentrong Sigla* Movement (SSM), directly translated as “Center of Vitality” with a battle cry: “*Sa Sentrong Sigla, Health ang Una*” (In Sentrong Sigla, Health Is First). This movement, through its four (4) complementing pillars, aims to improve the health facilities that are most accessible to the population, not just RHUs, HCs and BHSs but also in hospitals. The SSM involves the integration of all efforts into a concept with the overall goal - quality health. Still, the main strategy is CRP that will continue to develop, revise and promote standards for government health facilities. The “yellow sun” logo is given to health facilities to signify that people can expect health providers who consciously look out for ways to improve, maintain and sustain quality of services. In the next sections, the four (4) year implementing framework of SSM will be discussed.

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<sup>1</sup> The Quality Assurance Program Plan. DOH. April 1998.

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# III Concepts and Values

*Sentrong Sigla* as a concept may mean different things as applied to different situations concerning health and health care giving.

## As a Philosophy

As a philosophy, *Sentrong Sigla* promotes the idea that as “Centers of Vitality”, individuals, families and communities live in an environment where they are able to produce and provide for health.<sup>2</sup>

## As an Approach

As an approach of the DOH and LGUs, it empowers individuals to adopt healthy lifestyles, improve health-seeking behavior, promote well being for all, demand quality services and ultimately become self-reliant. The *Sentrong Sigla* approach also enables health providers to actually provide quality health services.

## As a Movement

As a movement, *Sentrong Sigla* fosters better and more effective collaboration between the DOH and the LGUs, where the DOH serves as provider of technical and financial packages for health care and the LGUs as direct implementers of health programs and prime developers of health systems.<sup>3</sup>

## As a Program

Through the DOH, *Sentrong Sigla* as a movement will involve all sectors of society for the institutionalization of health systems and good health practices towards the attainment of improved quality of life.<sup>4</sup>

## Core Values

As a program of the DOH and LGUs, *Sentrong Sigla* means health facilities are providing quality services and are thus “Centers of Vitality.” The main goal of the program is to mainstream the concept of quality in all aspects of health care delivery and in the consciousness of every health care provider and client.

Under the *Sentrong Sigla*, “QUALITY HEALTH CARE IS A RIGHT, AND AN INDIVIDUAL AND SHARED RESPONSIBILITY.”<sup>5</sup>

This strategic plan will focus mainly on *Sentrong Sigla* as a Movement and as a Program of the DOH in partnership with the LGUs.

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<sup>2</sup> *Sentrong Sigla* Movement Concept Paper. DOH. May-June 1999

<sup>3</sup> Health Beat. Issue No. 21. DOH. November - December 1999.

<sup>4</sup> *Sentrong Sigla* Movement Concept Paper. DOH. May-June 1999

<sup>5</sup> *Sentrong Sigla* Movement Concept Paper. DOH. May-June 1999

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# III Goal and Objectives

## A. Goal

Under the *Senrong Sigla* Movement, DOH and the LGUs will work closely together to bring about change and improvement. It is also anticipated that the community will actively participate in demanding and accessing health care services and ultimately become dynamic partners.

The Movement involves the integration of all DOH and LGU efforts into a concept with one goal - *QUALITY HEALTH*. This means quality health care, services and facilities.

## B. Objectives

### B.1. General Objective:

*“Better and more effective collaboration between DOH and LGUs, where the DOH serves as provider of technical and financial assistance packages for health care and the LGUs as prime developers of health systems and direct implementers of health programs.”*

### B.2. Specific Objectives:

1. To institutionalize quality assurance in the DOH and LGUs by developing and implementing a program for certifying and recognizing health facilities providing quality health services;
2. To develop mechanisms in the DOH to continuously update, revise and promote standards of health services;
3. To develop mechanisms in the DOH to coordinate, support and monitor all quality-related efforts at all levels;
4. To organize a cadre of quality experts, advocates and practitioners at all levels;
5. To improve capabilities of DOH staff in the areas of developing standards, quality service provision and communication;
6. To develop mechanisms in the DOH to effectively provide for and/or coordinate technical and financial assistance to LGUs;
7. To develop and implement an effective communication plan in support of the Movement, and
8. To implement continuous quality improvement (CQI) activities in health facilities.

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## **Targets**

Looking at the goal and objectives, the following are the targets for the next four years:

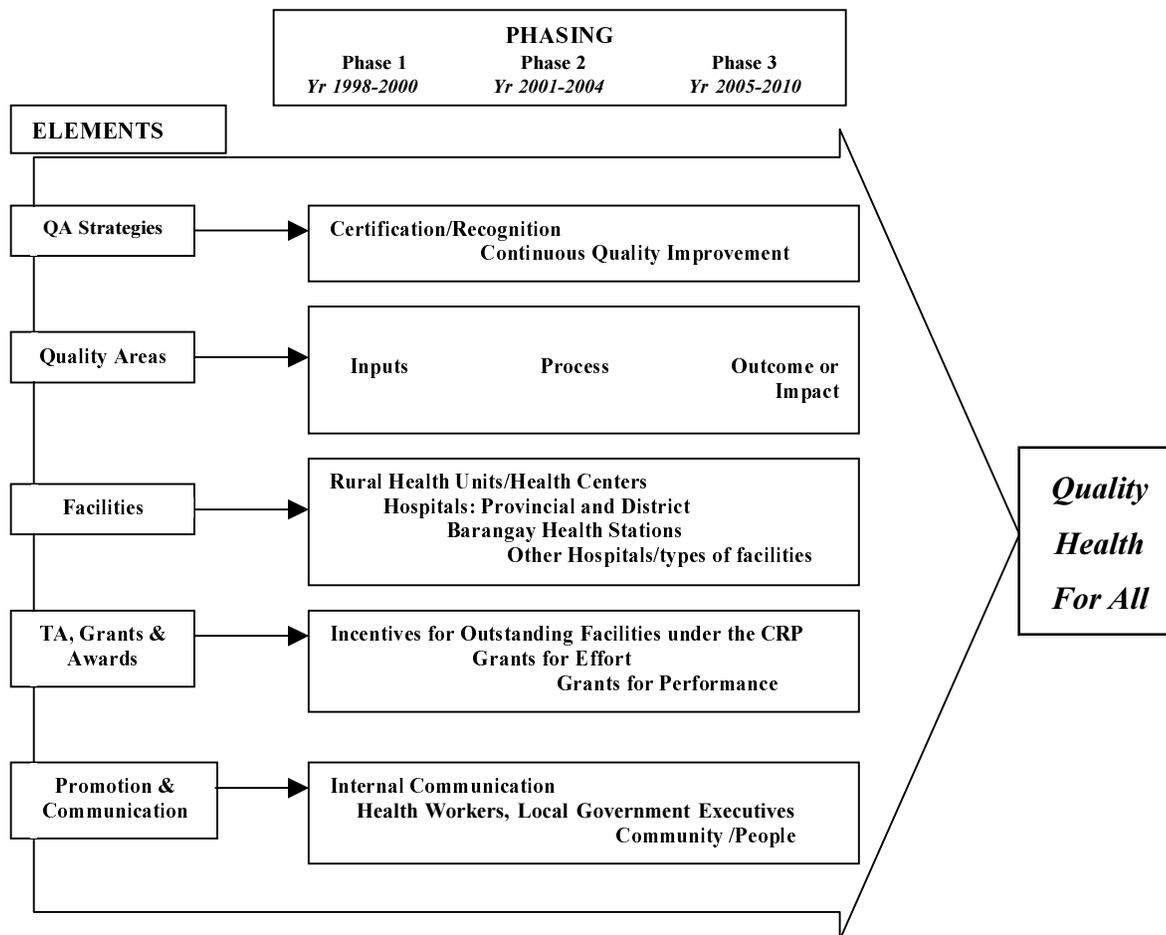
- 1** By the end of 2000, the DOH would have institutionalized a system for updating, disseminating and promoting program standards;
- 2** By the end of 2001, a nationwide system is in place for the certification/recognition program for health facilities;
- 3** By the end of 2001, the DOH would have an organized structure to manage and implement a quality assurance program;
- 4** By the end of 2002, the DOH would have institutionalized a system for providing technical and financial assistance to LGUs;
- 5** By the end of 2003, 50 percent of health facilities would have complied with Sentrong Sigla standards for quality services, and
- 6** By the end of 2004, 60 percent of health facilities would have complied with Sentrong Sigla standards for quality services.

# IV Strategic Framework: An Overview

The DOH shall implement this four-year *Sentrong Sigla Movement (SSM)* Plan within the overall strategic framework outlined in Figure 1. Strategic/Implementation Framework. This long-term framework provides a conceptual direction and context in the development and implementation of activities related to the quality movement. This will also be used for developing annual implementation plans.

The framework shows the SSM's progress over time and shows the important elements. The horizontal axis shows a continuum broken into three phases each covering a 2 to 5 year period depending on the progress of the implementation. This plan deals primarily with Phases 1 and 2 covering years 2000-2004 . Other plans will be developed to cover Phase 3.

**Figure 1: Strategic/Implementation Framework**



Following Figure 1, each element/component of the SSM is discussed as it advances along the continuum. The shift from one phase to the next may not be very compartmental, e.g., for indicators, in Phase 1, under the CRP, the indicators were heavy on inputs but some process type of indicators were already included.

## **A. Quality Assurance Strategies**

The DOH will employ two major complementing strategies under *Sentrong Sigla* Movement:

- A.1. Certification/Recognition Program (CRP)
- A.2. Continuous Quality Improvement (CQI)

### **A.1. Certification/Recognition Program**

The primary thrust for Phases 1 and 2, which is from 2000-2004, is the national **Certification/Recognition Program (CRP)**, a standards approach designed to improve the quality of health services in facilities: hospitals, rural health units, health centers, barangay health stations and other health facilities. Building on the experience and success of the Mother-Baby Friendly Hospital model, this component seeks to motivate LGUs to improve quality of health services using recognition as the prime motivator.

This program component started as early as 1999 to jumpstart the QA program and is now considered as the major strategy under the overall *Sentrong Sigla* Movement. Tools and standards for Phases 1 and 2 have been developed (see Annex A) including the manual for assessment (Annex C). Under this system, the DOH, through its regional offices and *Sentrong Sigla* teams, will “certify” a facility as

providing quality services if it is able to meet or exceed established criteria. Certified facilities will be recognized and provided with a *Sentrong Sigla* seal and other forms of public recognition to signify their accomplishment. The recognized facilities will be periodically re-assessed and monitored twice a year by the DOH *Sentrong Sigla* teams. The program will be elective; facilities not passing the criteria or choosing not to participate will not be subject to any punitive action other than possible “pressure” from Mayors or community members as to why the facility has not been certified as providing quality health care services. The CRP is based on the premise that this “pressure” will provide impetus for facilities to focus on improving quality of health services.

Experience from the Mother-Baby Friendly Hospital scheme underscores the importance of building a system that is

multi-phased and promotes a continuing commitment to improving quality. A review of the Mother-Baby Friendly Hospital certification program highlighted two shortcomings: there was some “backsliding” in maintaining an acceptable standard following certification; and the single-phase certification was often seen as an end rather than starting point in improving services. The *Sentrong Sigla* multi-year framework explicitly addresses these shortcomings by providing a framework that increases the compliance to standards, expands and sustains participation in each phase.

For example, in Phases 1 and 2, the focus is on encouraging RHUs/HCs, hospitals and Barangay Health Stations (BHS) to meet standards as defined by the DOH. These standards may be grouped into eight areas (which will be discussed under *B. Quality Areas*) to show “readiness of the facility to provide services”, i.e. necessary equipment and supplies, staff with appropriate training,

adequate physical facilities and other such inputs. A facility passing the standards receives a Sentrong Sigla Seal and is periodically re-assessed. If the certified facility fails to maintain the standards for two consecutive rating periods, the Seal will be removed until the facility meets the standards for the next rating period.

Facilities not meeting the standards (for first-time applicants and backsliding facilities) are expected to use the assessment results or ratings to advocate with LGU officials to increase resources allocated for health to help ensure that the inputs or conditions needed for certification are made available. In Phase 2 and 3, focus will shift from “readiness to provide services” to quality provision and outcomes of services provided. In these phases, the participation of the regions, LGUs and service providers will be greatly expanded as facilities move beyond the attainment of the minimum national standard to developing and setting higher standards of their own.

## A.2. Continuous Quality Improvement

**Continuous Quality Improvement (CQI)** activities will be introduced in later phases to complement the CRP. This “process-oriented” approach will focus on capability building including training and orienting DOH and LGU health staff on the concepts/principles/methodologies of CQI so that these are regularly applied in the health setting to improve the quality of health services. Over time, as the CRP matures, CQI will assume greater significance as

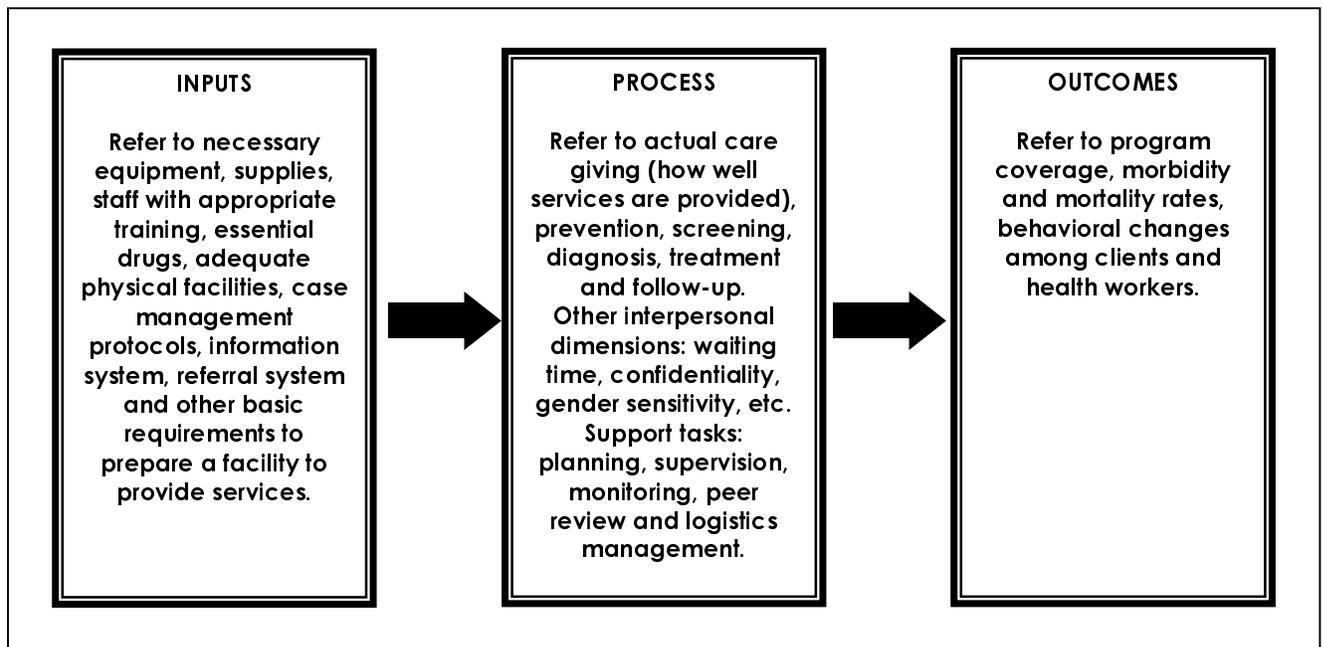
participation by the regions and LGUs increases and health facilities begin to move beyond the minimum national standard. For example, the regions, LGUs and facilities themselves will be expected to identify other quality indicators, set higher standards and come up with LGU specific “pledges” that will shift the focus from “readiness to provide services” to quality provision and quality outcomes of health services.

The content of the assessment becomes more complex as the Sentrong Sigla Certification/Recognition Program (SSCRP) moves from assessing “inputs” and “process” and eventually to “outcomes”. CQI activities are considered essential to address issues of a facility on quality (facility-specific) and bring about and sustain improvements in quality at all levels: national, regional and LGU levels. The tools that have been developed for CQI include LPP’s<sup>6</sup> new Sentrong Sigla modules for RHUs and the QA Module of WHSMP for RHUs/HCs and hospitals. The Quality Assurance

Modules for RHUs is intended to jumpstart CQI activities at the facility level.

CRP is expected to result in immediate changes in terms of LGUs improving their facilities and services based on recommended national standards however, in the long term, the importance of pre-defined standards will decrease as the LGUs/facilities themselves get into the CQI mode and proceed to set their own standards, define what quality means to them and assess their own performance. With client satisfaction and opinion added to the overall scheme, CRP will have a “check and balance” feature.

**Figure 2: Input-Process-Outcome Paradigm (Service Delivery Model)**



<sup>6</sup> The *LGU Performance Program*, a USAID assisted project, will introduce a series of modules for use of facility health staff as they implement their programs at the RHU level. These self-instructional modules, are available to health staff of LGU rural health units and health centers enrolled under the LPP’s Matching Grants Program (MGP).

## **B. Quality Areas**

Phase 3 is expected to see a continuing emphasis on process and eventually, outcomes, i.e., program coverage, morbidity/mortality rates and even behavioral changes among clients and service providers. The ultimate goal is to improve health status and this can only be measured in Phase 3. Therefore, all essential systems to mainstream quality should be in place in Phases 1 and 2. This will ensure that necessary changes will take place and to ensure sustainability of improvements to significantly impact on health status.

### **8 Areas for CRP assessment:**

- Infrastructure/Amenities (inputs)
- Services (inputs, process and outcomes)
- Attitude/Behavior of Service Providers (process)
- Health Human Resource (inputs and process)
- Equipment (inputs)
- Drugs/Medicines/Supplies (inputs)
- Health Information Service (inputs, process and outcomes)
- Community Interventions (process)

These assessment areas cut across the delivery of all public health programs. During the first Phase of the CRP, the focus programs included the essential health programs identified at that time (1998). CRP for Phase 2 and 3 will eventually cover all public health programs.

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## **C. Facilities**

In contrast to other quality-related projects/programs in the DOH that have focused only on hospitals, SSM currently includes all types of public sector facilities. Eventually, non-government facilities will be covered. In the first 2 phases, hospitals, RHUs/HCs and BHSs will be covered (refer to Figure 1). Depending on the progress of the *Sentrong Sigla*, other types of facilities will be phased in later.

## **D. Technical Assistance (TA), Grants and Awards**

Under SSM, financial and technical assistance to LGUs will be made available in Phase 2. On the technical assistance (TA) aspect, a pool of experts will be organized to systematically assist LGUs in their certification and continuing quality improvement efforts. Financial assistance in the form of grants to LGUs will be made available in Phase 2 so LGUs can further upgrade their service providers' capabilities and also improve their facilities to meet standards. LGUs are likewise expected to increase their counterpart investments<sup>7</sup> in their facilities, human resources and for their constituents.

Since it takes time to organize technical experts for LGUs and to develop guidelines for grants including mobilizing and budgeting funds for LGU assistance, AWARDS<sup>7</sup> IN THE FORM OF CASH OR IN KIND for LGUs/facilities will serve as initial incentives to LGUs participating in Phase 1 of the SSM-CRP. In Phases 2 and 3, mechanisms for providing technical and financial assistance will be developed and be made available to interested LGUs. Eventually, grants will be provided to LGUs based on effort and performance and cash awards will be phased out.

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<sup>7</sup> In 1999, cash awards were given out to some certified Sentrong Sigla facilities. It is expected to continue until Phase 2 of the movement.

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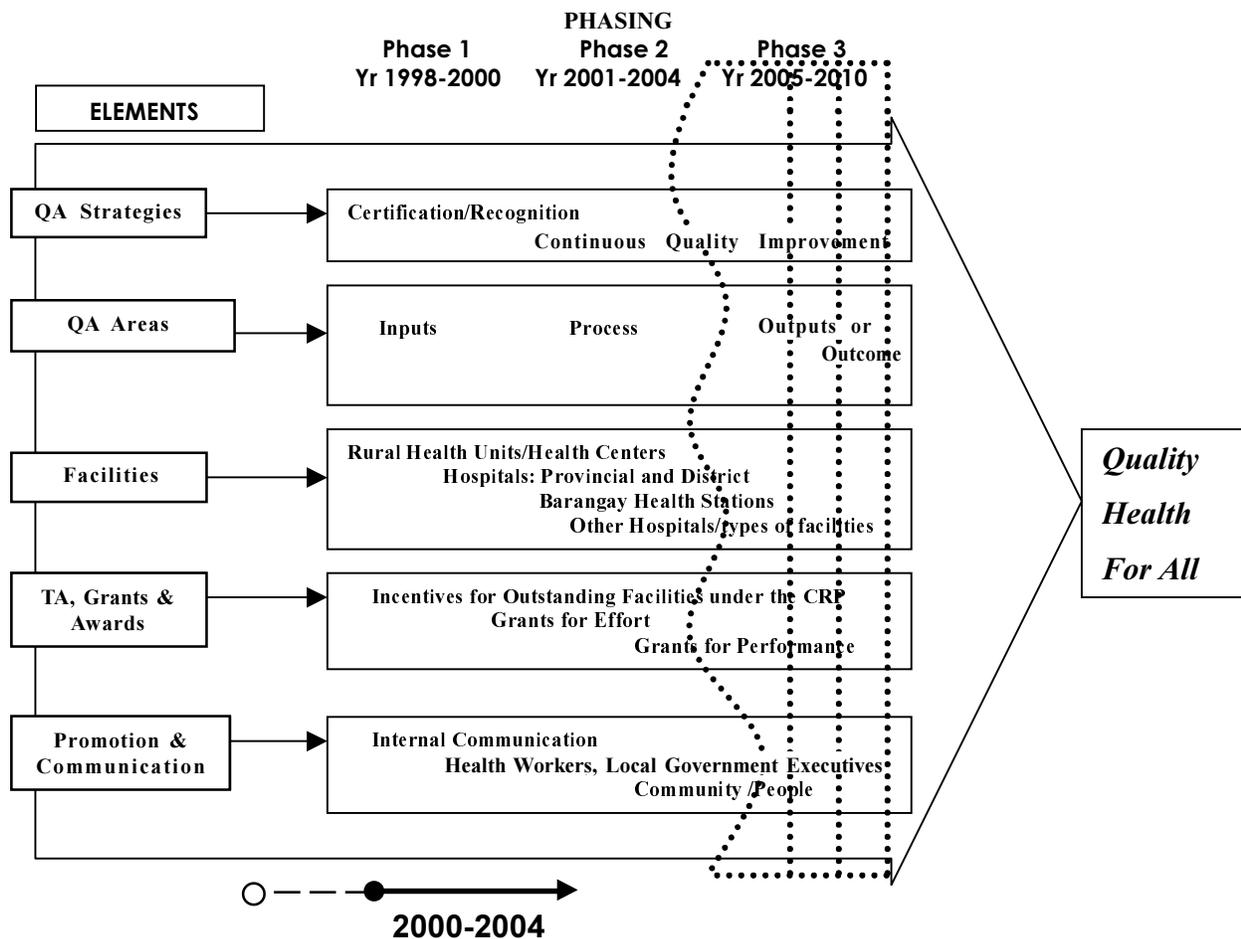
## **E. Health Promotion and Communication**

SSM will focus on several health concepts depending on the phase that the movement is in. However, the importance of promoting the concept of health as a personal/individual responsibility is the major focus. To further support mainstreaming quality as a concept applied to one's day to day activity, raising or creating awareness and demand for quality services and encouraging community participation for health action will also be promoted.

# Operational Framework for 2000-2004 (Phases 1 and 2)

The operational framework in Figure 3 covers Phases 1 and 2. During this period, implementation will primarily involve Phases 1 and 2 elements, and depending on the speed and effectiveness of implementation efforts, will begin to extend into Phase 3. As Figure 3 illustrates, the key features of the Sentrong Sigla during this period are as follows:

Figure 3: Sentrong Sigla from Yr 2000 - 2004



*Quality  
Health  
For All*

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## Key QA Strategies

Certification/Recognition Program will be the main strategy, gradually phasing in the CQI component. The CQI component will be in selected LGUs during the initial year. These selected areas are project sites under the LPP’s Matching Grants Programs<sup>8</sup> and the Women’s Health and Safe Motherhood Project<sup>9</sup>.

## Quality Areas

The CRP will focus on the eight (8) categories or areas for quality assessment. These areas are based on the application of a service delivery model using the Input-Process-Outcome Paradigm (Figure 2) with “inputs” and “process” quality indicators as foci for Phases 1 and 2. The target of CRP will be for facilities to attain these minimum standards.

## Facilities

The facilities covered will initially be limited to provincial and district hospitals, rural health units (RHUs), health centers (HCs) and barangay health stations (BHSs).

## Technical Assistance, Grants and Awards

As incentive during the Phases 1 and 2, cash awards will be provided to most outstanding certified Sentrong Sigla facilities. Towards the end of Phase 2, once the mechanism for SSM grants and technical assistance are in place for LGUs to access, cash awards will be eventually phased out.

## Health Promotion

The primary targets for promoting Sentrong Sigla include DOH officials and staff, LGU health providers, local chief executives and the community. For Phases 1 and 2, intensive information/education/advocacy activities will be conducted for and among health managers and providers and the local chief executives. Targets will expand in coverage as the SSM progresses.

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<sup>8</sup> The Matching Grants Program or MGP provides grants and technical assistance to municipalities and component cities with at least a population of 100,000. A CQI methodology will be introduced in all participating LGUs.

<sup>9</sup> The Women’s Health and Safe Motherhood Project Training Component introduced a CQI methodology in project sites (40 provinces).

# MAJOR IMPLEMENTING STRATEGIES

**Over the next four years, seven (7) major implementing strategies will move SSM through Phases 1 and 2. These strategies are listed and discussed in the details below:**

- 1** Develop and implement a certification/recognition program (CRP) for health facilities based on national program standards (Quality Assurance through Certification);
- 2** Develop and strengthen the capability of LGU staff in applying concepts and tools of continuous quality improvement (CQI) to improve quality of services in their respective offices or facilities through training, close supervision and regular monitoring (Capability Building, Monitoring and Evaluation);
- 3** Strengthen and improve mechanisms within DOH to regularly update, revise, disseminate and promote program standards (Quality Assurance, Research and Policy Development);
- 4** Develop capability of and strengthen mechanisms within DOH to provide technical and financial assistance to LGUs/facilities;
- 5** Develop and implement an effective IEC and Advocacy plan in support of the SSM (Health Promotion);
- 6** Encourage active participation of other LGUs, GOs, NGOs, private sector and other organizations in the overall design, plan and implementation of Sentrong Sigla (Social Mobilization), and
- 7** Strengthen the DOH structures to respond to new and revised roles under the SSM and enhance mechanisms to coordinate all quality related efforts and granting programs within DOH in partnership with the LGUs.

**DOH** will continue to implement the existing CRP known as the Sentrong Sigla Certification/Recognition Program (SSCRP). Initial set of tools like standards for facilities, assessment instruments, manual of operations and information materials have been developed and used last year (Annexes A and B.) DOH will continue to revise and improve on these tools depending on the progress of the CRP through the years. The SSCRCP as a key strategy is based on the premise that LGUs thrive on competing with each other and will be motivated to pursue certification of their facilities to obtain public recognition.

The current SSCRCP is voluntary. Interested LGUs request from the regions an assessment (or re-apply for) of their facilities. Successful facilities are certified and recognized as Sentrong Sigla facilities providing “quality” services and are publicly recognized with a Sentrong Sigla Seal for the facility and other forms of recognition. Interested facilities are encouraged to conduct self-assessment using the recommended standards to appraise the facility’s compliance to the standards and to help identify areas for improvement. DOH Regional Sentrong Sigla teams conduct the assessment visits and likewise conduct monitoring visits to monitor compliance to standards and maintaining these standards once certified. DOH National Sentrong Sigla teams conduct spot monitoring

and backstop regional teams. As of December 1999, there are 481 certified facilities nationwide.

Salient features of the SSCRCP are as follows:

- LGU facilities conduct self-appraisal based on Sentrong Sigla Standards.
- LGU facilities voluntarily request or re-apply for certification from the DOH regional offices.
- DOH Regional Sentrong Sigla Teams conduct assessment visits to LGUs and provide results of the certification. These teams also monitor certified facilities.
- DOH National Sentrong Sigla teams backstop regional teams.

In December 1999, as an intermediate measure to introduce the idea of providing incentives to LGUs under Sentrong Sigla, cash awards were given out to select LGUs, which were the most outstanding among certified facilities. These cash awards are government funds released directly to LGUs to improve their health facilities. However, once the Sentrong Sigla Grants Program takes off, cash awards will be phased out.

*develop and strengthen the capability of i Gr staff in applying concepts and tools of continuous quality improvement (CQIF) to improve quality of services in their respective offices or facilities through training, close supervision and regular monitoring under two supporting a l e projects (Capability Building, Monitoring and EvaluationF*

**A**s experienced by other countries that have combined different approaches in improving quality, CQI offers an opportunity to improve and sustain quality improvements over the long term as it complements the SSCRP. Under the WHSMP, CQI training was introduced to the DOH regional offices and selected LGUs. The training focused on elements of quality improvement as it applies to management of overall health system. The DOH regional offices will continue to train LGUs in their areas

Under the DOH's Matching Grants Program (MGP), participating LGUs will be introduced to CQI using a similar methodology. LPP-MGP, LGUs will be introduced to quality concepts and tools to improve quality thru a series of QA modules.

The Modular MTP series include:

- Organizing LGU Sentrong Sigla Teams and meeting Sentrong Sigla Standards
- Understanding Basic QA Concepts and Tools
- Understanding and Implementing Basic Housekeeping Practices or the Japanese 5 "S"
- Implementing Community-based Monitoring
- Utilizing Data for Decision Making

Corresponding capability building activities at DOH regional offices will be conducted to support LGUs. Partnerships with local academic institutions will likewise be developed. DOH regional offices will take the lead in coordinating and ensuring both WHSMP and LPP-MGP CQI activities in their regions will be made available to LGUs in both project and non-project sites.

**E**ven before the devolution, the DOH was responsible for providing standards for health programs, e.g. service protocols, clinical and program standards. More than ever, with the shift of responsibility to providing direct health services from DOH to LGU, this task has never been more important. National standards to be relevant to LGUs need to be clear, appropriate, regularly revised and disseminated in a timely manner. These standards should be promoted if LGUs are expected to comply with such standards.

At present, DOH holds consultative workshops almost annually for different programs with participants from regions and LGUs. These fora are for consultation on the contents of standards and for disseminating new or updated ones. Under the SSM, standards will be regularly updated and disseminated through timely and coordinated mechanisms, e.g. zonal meetings, publications and conferences.

**P**roviding technical assistance to LGUs is one of the major responsibilities of the DOH after the devolution. The DOH field offices respond to requests from LGUs on aspects of health program management and implementation. DOH projects have likewise organized structures or groups to respond to project specific inquiries and these structures exist for so long as the projects exist.

There were a few projects that showed promising results in providing both technical and financial assistance to LGUs. The mechanisms and structures that were developed as a result of such projects have potential for institutionalization under SSM and through the DOH's organic structure using government funds. One such project is USAID-supported LGU Performance Program (LPP) that has three granting programs:

1. Base Grant Program (BGP)
2. Top Performers Program (TPP)
3. Matching Grant Program (MGP)

Some of the promising results from this project, which are potential take off points, include:

- ***Working Granting Mechanism.*** The grants allocation formula, flow, release, monitoring and reporting mechanisms have been developed. Grants are released by the DOH directly to the LGUs and are deposited under trust fund accounts. Recently, the responsibility for releasing and monitoring funds has been decentralized to the DOH regional offices.

- ***Regional Technical Assistance Teams.*** All regions have organized regional technical assistance teams (RTATs) who, together with the project technical staff, provide technical assistance to participating LGUs. The RTATs have also improved on their strategic planning and monitoring skills.

- 
- ***o regional and i Gr Pool of Technical Experts.*** Because of the need to respond to technical concerns of LGUs, the RTATs have identified at the regional level, program (technical coordinators) experts including LGU level experts, i.e., provincial, municipal and city levels, who can respond to technical concerns of LGUs.

- ***i Gr to i Gr Technical Exchange i nks and Mechanisms.*** Recognizing that good LGU practices deserve to be recognized and directly observed, LGUs have been recognized as performers of good practices. Some LGUs have been identified as demonstration sites of specific good practices where other LGUs have visited. LPP facilitated the exchange of experiences between and among LGUs.

Lessons learned from this project are good take-off points in developing guidelines for implementing a technical and financial mechanism under Sentrong Sigla. For instance, the granting mechanisms of BGP, TPP and MGP may be utilized for Sentrong Sigla Grants.

DOH has already set aside funds from the government (GOP) budget for “block grants.” The regional field offices’ task forces or a multi-sectoral body will determine the process of grant allocation and will screen project proposals from LGUs and NGOs.

**M**ore than just the SSCRCP and the CQI initiatives, the DOH will need a carefully laid out plan to promote, market and sell Sentrong Sigla as an approach, a philosophy and as a movement. Since Sentrong Sigla is many things to many people at different levels of the health system, a sound information, education and advocacy activities shall be developed and implemented for three reasons:

- 1** The acceptance by LGUs of Sentrong Sigla's CRP is voluntary and its success hinges on the LGUs demand for or request for participation from the DOH,
- 2** A carefully designed communication plan is powerful tool to source out funds for the movement more so for the Sentrong Sigla grants program, and
- 3** The popularity of the right to demand for quality health services.

Promotions are currently on-going since the nationwide SSCRCP started. Key activities for Phase 1 and 2 will include the continuous development of IEC materials, conduct of national and regional certification events and publications on Sentrong Sigla for various audiences. "Health ang Una !" or "Health is First" is the slogan of the movement.

*Encourage active participation of other i Gr s, Gl s, NGL s, private sector and other organizations in the overall design, plan and implementation of Sentrong Sigla (Social MobilizationF*

**F**or Phases 1 and 2, the DOH and the LGUs will be the major movers. However, opportunities will be made available to ensure consultations are conducted with other government organizations (GOs), e.g. Department of Interior and Local Government (DILG), leagues, Non-Government Organizations (NGOs) and other professional

organizations to ensure their inputs, support and endorsements. In all aspects and phases of implementation, from standards setting, drafting of guidelines, tools and materials development, several fora shall be held to provide opportunity for discussion and active participation to promote ownership of the movement among different groups outside of the DOH.

*Strengthen the local structures to respond to new and revised roles under the Movement and enhance mechanisms to coordinate all quality related efforts and granting programs within local in partnership with the districts*

**W**ith the revised and new roles brought about by the movement, a Sentrong Sigla management structure was organized last year to respond to the major concerns of the movement. Depending on the final structure of the Department of Health after its re-tooling activities, these structures will be studied and whenever appropriate, changed or modified. The existing organizational setup will be discussed in the next section.

In the DOH national and regional levels, the movement shall be provided with logistics to support its implementation, e.g.

appropriate funds for grants, training, monitoring, IEC/Advocacy and other major activities. There will be regular consultation meetings with donor/funding agencies and existing projects to ensure that activities are coordinated and delivered effectively.

In the final analysis, the movement will only succeed if the LGUS take ownership of the program and make it their own. If the local chief executives, health managers, and service providers feel ownership and take pride in providing high-grade services in their facilities, then and only then will Sentrong Sigla have real impact.

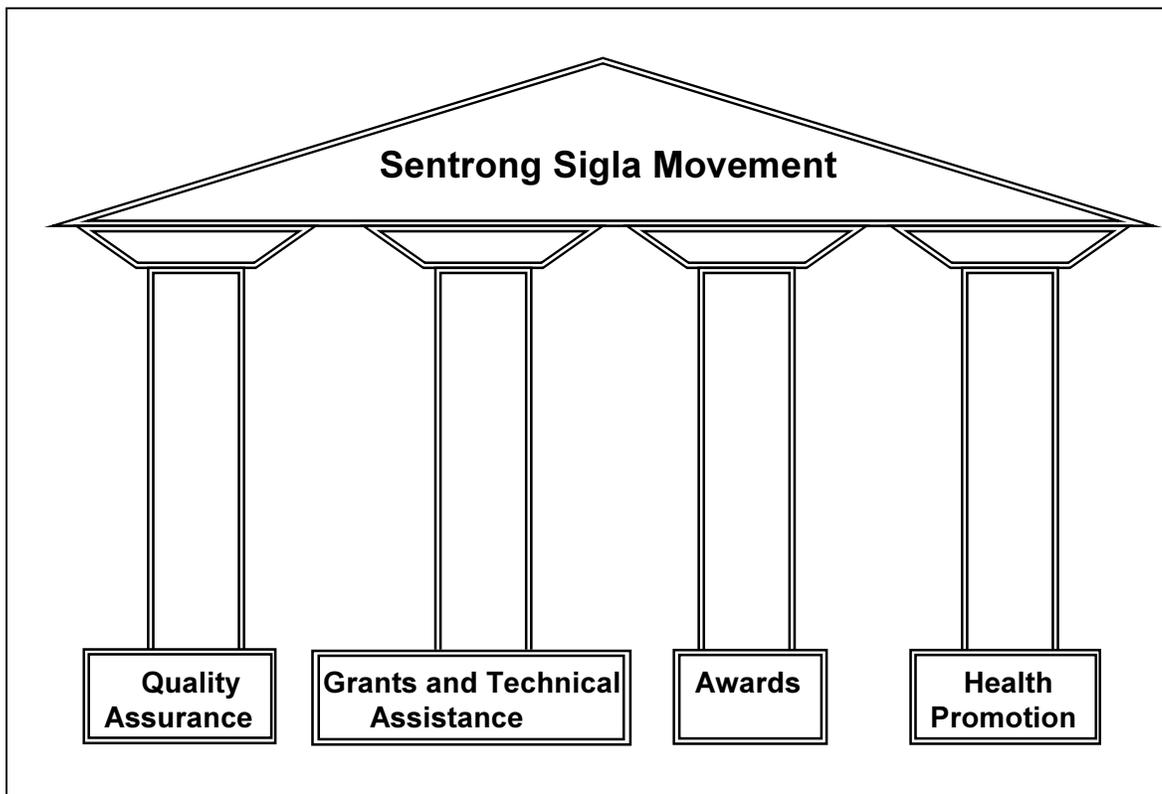
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# VI Organizational Component

DOH organized SSM into four major components or pillars illustrated in Figure 4. Strategies and activities will be implemented through the following pillars:

- **Quality Assurance**
- **Grants and Technical Assistance**
- **Awards**
- **Health Promotion**

**Figure 4: The Sentrong Sigla Movement and its Supporting Pillars**

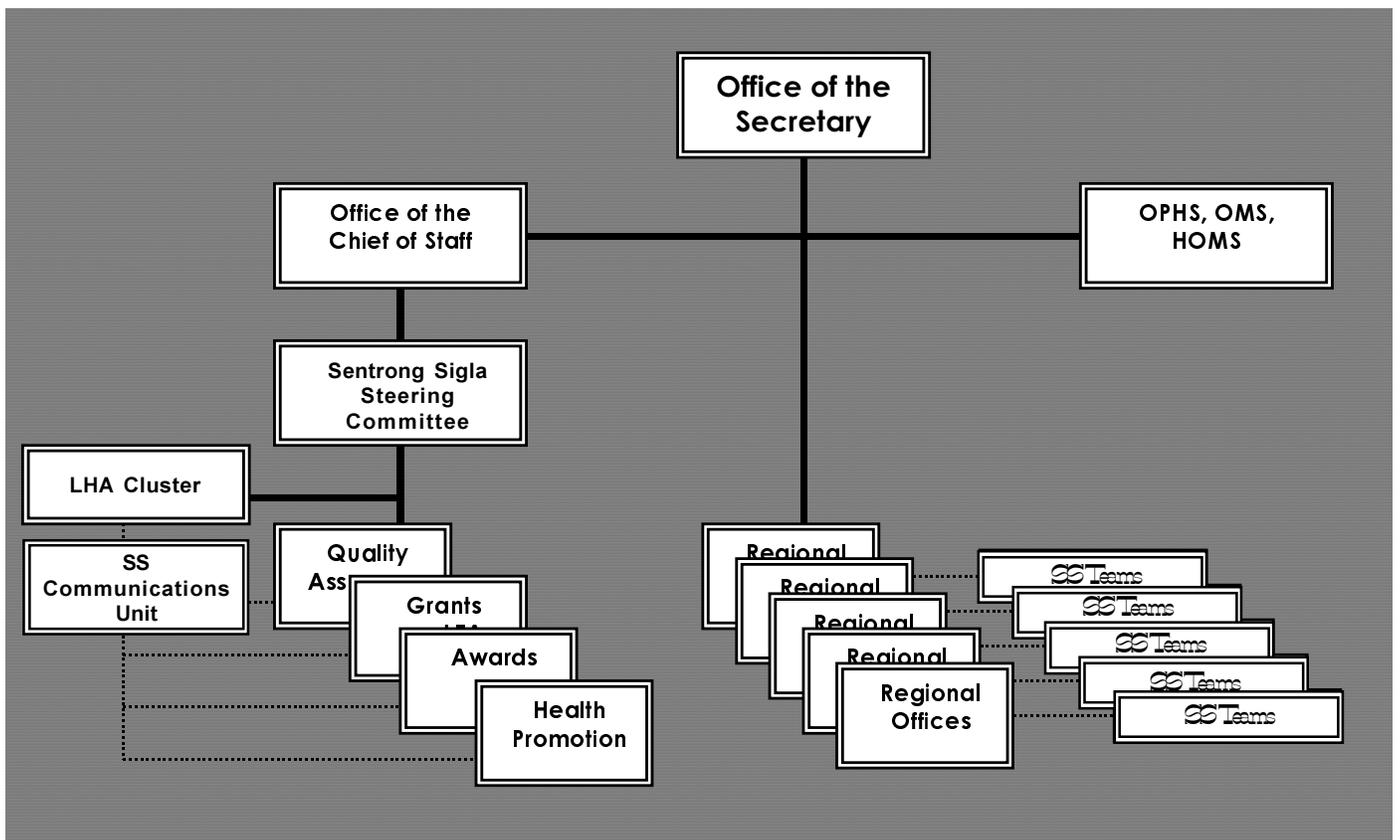


An organizational structure in support of the pillars at the DOH national level was organized (See Figure 5). The DOH regional offices shall organize similar or equivalent arrangements at their level. The regional office shall:

- promote and advocate the movement at the regional level
- manage the Sentrong Sigla certification/recognition program by:
  - conducting assessments of LGU facilities
  - certifying LGU facilities meeting the standards
  - monitoring certified facilities
  - providing technical assistance to LGUs/facilities to meet or maintain/sustain standards
- manage block grants and in-kind assistance to LGUs
- organize local events such as planning and implementation to popularize SS as a symbol of excellence and quality health services.

These national and regional organizational structures may change depending on how the movement progresses or evolves over time.

**Figure 5: Organizational Structure**



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# COMMITTEES

## A. Sentrong Sigla Committee

### A.1. Steering Committee

The Movement is under the Office of the Chief of Staff who organized an advisory committee and technical (pillar) committees. The SS Steering Committee is the main committee for the movement and shall oversee the day-to-day activities and implementation of the SSM. This committee will take responsibility for technical directions/inputs related to formulating plans and programs for SSM and makes recommendations to the DOH Secretary. It is composed of key DOH players at the national levels and is headed by a chair and co-chair designated by the DOH Secretary. There are four technical committees with corresponding chair and co-chair who are all members of the Steering Committee. Members of the Steering Committee may include other representatives from other units of the DOH as may be decided by the DOH top management. Selection of the SSM membership is decided on a bi-annual basis. Term of membership is for 2 years. The Committee will organize monitoring teams to assess status of implementation in all regions. The Local Health Assistance Cluster (LHA) will support the Sentrong Sigla Committee.

### A.2. Sentrong Sigla Pillar (Technical) Committees

These committees are headed by directors and other key DOH officials. Representatives from partner agencies and other organizations participate as members.

#### Quality Assurance Pillar

Responsible for development of SSCRIP framework, tools, standards and guidelines. It is the pillar in charge of training/updating national and regional staff on the SSCRIP and other related matters. It provides guidance to regional “assessment teams” and “monitoring teams”. It has overall management responsibility for the QA component.

#### Grants and Technical Assistance Pillar

Responsible for developing the framework and systems (e.g. monitoring, tracking, policies, etc.) for providing grants and technical assistance to LGUs. It is responsible for sourcing and mobilizing funds for the grants. It has overall management responsibility for the grants and technical assistance component.

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### **Health Promotion Pillar**

Responsible for development of information, education and advocacy materials/collaterals for all pillars and overall IEC/A plan for the movement. It provides guidelines to regions and LGUs to promote awareness and demand for quality services and promote the philosophy and other concepts of SSM. It has overall management responsibility for the promotion component.

### **Awards Pillar**

Responsible for developing guidelines and criteria for providing cash awards and other incentives to “certified” SS facilities. It is also responsible for sourcing and mobilizing funds for the cash awards and shall take the lead in all awarding activities. It shall also be responsible for organizing and training “selection teams” for the SSM cash awards. It has overall management responsibility for the awards component of SSM.

## **B. Sentrong Sigla Support Unit**

**Sentrong Sigla Communications Unit (SSCU)** – provides administrative support to the Local Health Assistance (LHA) cluster of all SS committees and facilitates the successful implementation of all SSM activities through coordination with all pillars, all offices within the DOH, DOH regional offices and other participating organizations. It prepares an overall annual SSM work plan in coordination with the SS pillar committees and prepares regular reports. It maintains all pertinent documentation related to SSM for monitoring and evaluation purposes, e.g. SSCR data.

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# **Strategic Plan for 2000-2004**

**A. Quality Assurance Pillar**

Activity	Expected Output	Responsible Person/Office	Time Frame (Year)/Resource Requirement												
			2000					2001	2002	2003	2004				
			Q1	Q2	Q3	Q4	Req	Req	Req	Req	Req				
1. * Develop a SS strategic plan	SS Strategic plan	Steering/Pillar Committees/ MSH	X	X											
a. Delineate roles & responsibilities of the 4 pillars	Roles/Responsibilities														
b. Issuance of Administrative Order	Administrative Order														
2. *Develop Annual Operations Plan	Operational Plan	QA Pillar/MSH	X						X	X		X		X	
3. Review and revise Sentrong Sigla Standards	Revised Standards	QA Pillar/MSH	X	X					X			X			
a. Revise standards				X					X			X			
b. Distribute manuals to LGUs			X		X		T100		X			X			
c. Develop BHs standards															
4. Review and revise assessment tools	Revised Assessment Tools	QA Pillar/MSH	X		X				X			X		X	
a. Revise and pre-testing of revised tools					X				X			X			
b. Distribute to regions							T300								
5. Review and revise assessment process	Revised Assesment Process	QA Pillar/MSH				X			x			x			
a. conduct consultation workshop with all concerned	Consultation workshops							T100/MSH							
6. Package materials on SSM with standards and processes	Packaged SSM materials (manual on SSM)	QA Pillar/MSH		X	X			T300							
a. Distribute manuals															

\* cuts across all pillars



**B. Grants and Technical Assistance Pillar**

Activity	Expected Output	Responsible Person/Office	Time Frame (Year)/Resource Requirement										
			2000					2001	2002	2003	2004		
			Q1	Q2	Q3	Q4	Req						
1. Revamp of the Pillar a. Prepare and Issue DO b. Organize Meeting	DO of newly reorganized pillar Work plan	Steering Committee	Feb 11 Feb 15										
2. Develop Framework for Technical Assistance & Grants - Draft framework - Present to > SPM > Execom > Regions > LGUs - Meet to finalize framework	Framework  Final draft of framework	SS Secretariat Chair, G and TA Pillar  Chair, G and TA Pillar  Chair, G and TA Pillar/MSH		X  X				P30T  P30T					
3. Develop Technical Assistance and Grants System a. Write shop and finalization of system b. Contracting of an external developer for monitoring and evaluation	Grants and TA System/Mechanism	G and TA Pillar/MSH		X	X			P75T P300T					
4. Orientation of the Regions a. Prepare orientation Materials b. Conduct Regional Orientation c. Assess and document application of the system during zonal planning workshop	Orientation	G and TA Pillar	Year round of 2000	April Mid-may -	X	X		P50T  P10T P50T					

**Grants and Technical Assistance Pillar**

Activity	Expected Output	Responsible Person/Office	Time Frame (Year)/Resource Requirement													
			2000					2001		2002		2003		2004		
			Q1	Q2	Q3	Q4	Req	Req	Req	Req	Req	Req	Req			
5. Implement System Quarterly Monitoring	Monitoring Reports	Regional Offices	Year round of 2000					P50T	X		X		X		x	
6. Review of the system a. Organize and review of the TA & G b. Modify system as needed	Review output	G and TA Pillar/MSH									X	P50T				
											X					







# VIII Budget Projections for 2000-2004

The SSM's budget projections (national and regional levels) are indicated in the table below. This budget will be adjusted based on the progress of the implementation of the movement and based on actual annual operational plans.

## Budget Projections for 2000-2004 in Philippine Pesos

Pillar	Year				
	2000	2001	2002	2003	2004
Steering Committee and SSM Communications Unit					
• Operations/ Administrative Cost	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000
• Personal Services	1,000,000	1,200,000	1,540,000	1,848,000	2,220,000
<b>Quality Assurance</b>	2,000,000	3,000,000	4,000,000	5,000,000	6,000,000
<b>Grants and Technical Assistance</b>	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000
<b>Health Promotion</b>	23,000,000	25,000,000	25,000,000	25,000,000	25,000,000
<b>Awards</b>					
• RHUs/HCs	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000
• District Hospitals	25,000,000	25,000,000	25,000,000	25,000,000	25,000,000
• Provincial Hospitals	15,000,000	15,000,000	15,000,000	15,000,000	15,000,000
• Barangay Health Stations		5,000,000	5,000,000	5,000,000	5,000,000
• Tertiary Hospitals (Regional/ Medical Centers)			6,000,000	6,000,000	6,000,000
• Other Facilities				10,000,000	10,000,000
<b>TOTAL</b>	<b>127,000,000</b>	<b>135,700,000</b>	<b>143,540,000</b>	<b>155,348,000</b>	<b>157,220,000</b>

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# IX Sustaining the Gains of Sentrong Sigla Movement

As part from the focus on improvement of quality health services under the Sentrong Sigla Movement, the DOH management in 1999 developed two important initiatives to support the vision of “Health for all Filipinos” and the strategy to “make devolution work.” The two important initiatives are the *National Objectives for Health (NOH)* and the *Health Sector Reform Agenda (HSRA)*.

The NOH outlines the goals for the entire health sector in terms of health status improvement and service coverage by 2004. It commits to attaining these goals by adhering to the following basic principles:

- a) universal access to basic health services;
- b) decentralization of health services;
- c) prioritization of health and nutrition of vulnerable and marginalized groups;
- d) management of the epidemiologic shift from infectious to degenerative diseases, and
- e) enhancement of the performance of the health sector.

The HSRA on the other hand defines the reforms that need to be introduced to enhance the performance of the health sector to meet the goals outlined in the NOH. There are three (3) major areas of reform, namely:

- a.) health service (hospital, public health and local health systems);

- b) regulations and standards, and
- c) health care financing.

Primary strategies are identified to institute these reforms, namely:

- 1** Re-engineering and restructuring of the DOH central and field offices to better support the LGUs;
- 2** Increase investment for primary health care;
- 3** Development of national standards and objective for health;
- 4** Assurance of quality health care;
- 5** Support to local health systems development, and
- 6** Support to frontline health workers.

The Sentrong Sigla Movement, being the main strategy to develop standards and assure quality health services, supports local health systems development and promotes investments to primary health care. The Movement also serves as the means or vehicle to implement the reforms mentioned above.

However, to complement and sustain Sentrong Sigla, a mechanism is being introduced that likewise promotes and

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supports the health reforms and to ensure the “irreversible momentum for the HSRA.” This complementing mechanism, now called “Health Passport” is in its advanced implementation stage. The “Health Passport” is the strategy to institutionalize universal coverage for social health insurance in order to ensure equitable distribution of resources and access to health services for all Filipinos. It serves as the convergence point for all interventions under the HSRA at all levels: national, regional and local.

“Health Passport”, now called “**Sentrong Sigla Plus**” or **SS Plus** is the next step for LGUs currently participating in the SSM.

With participation in the SSCRIP as the first step, LGUs will qualify to implement the health passport or the **SS Plus** once the LGUs complied with the standards promoted under the SSCRIP. Through the **SS Plus**, the LGUs will be able to generate demand (having put in place first the services through certification) for quality health services and ensure political support for universal health insurance coverage.

There are advanced implementation sites in Yr 2000 for the **SS Plus**, with the DOH’s vision of covering all provinces by 2001 and 50 percent of all municipalities and cities by 2004.

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# ANNEXES

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# Annex A

## CERTIFICATION/RECOGNITION GUIDE

### I. Introduction

**S**entrong Sigla Movement (SSM) is one of the most important initiatives of the Department of Health (DOH) whose main objective is to foster better and more effective collaboration between the DOH and the Local Government Units (LGUs). SSM promotes quality assurance through certification or recognition of health facilities as its main strategy.

Under Sentrong Sigla certification, health facilities will strive to meet recommended Sentrong Sigla standards (Attachments 1 and 2). For the Phase 1 of the SSM, LGU health facilities which can participate include provincial and district hospitals, Rural Health Units (RHUs), Health Centers (HCs) and by year 2001, Barangay Health Stations (BHSs). An interested LGU facility will initially conduct self-assessment activities using these standards. Once the LGU facility feels confident it meets the standards, a written request for assessment is sent to the DOH regional office. When the LGU facility passes the assessment, the DOH regional office will certify the facility as Sentrong Sigla and the LGU is recognized both at the regional and national levels. A Sentrong Sigla seal and other forms of recognition will be given to the LGU facility, its staff and the LGU Mayor or Governor.

DOH regional Sentrong Sigla teams will conduct assessment visits to requesting LGU facilities. Apart from conducting the assessments, the teams will, among others:

- Provide technical assistance to the LGU facilities who have not passed the standards
- Provide continuous technical assistance visits to already certified LGU facilities
- Monitor certified LGU facilities at least twice a year

### II. Purpose of the Certification/Recognition Guide

This serves as a guide or reference for LGUs, facility staff, interested groups or organizations and the DOH staff and Sentrong Sigla teams. This guide will help readers understand the assessment process and standards under SSM.

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## A. Sentrong Sigla Tools

1. ***Sentrong Sigla Quality Standards List for Rural Health Units/Health Centers*** is a compilation of recommended standards that describes a minimum level of quality that the DOH believes every RHU/HC should meet. Detailed program standards/guidelines are contained in other DOH documents. For Phase 1, the standards are focused on eight areas that demonstrate the preparedness of the facility to provide quality services.
2. ***Sentrong Sigla Quality Standards List for Hospitals*** is a compilation of recommended standards that describes a minimum level of quality that the DOH believes every provincial or district hospital should meet. Detailed program standards/guidelines are contained in other DOH documents. For Phase 1, the standards are focused on eight areas that demonstrate the preparedness of the facility to provide quality services.
3. ***Health Facility Assessment Modules (HFAMs)*** are the main assessment tools for DOH regional Sentrong Sigla teams. HFAMs are based on the standard listed in #1 and #2. These modules are provided only to the teams.

## B. Assessment Process

The DOH regional Sentrong Sigla teams are composed of trained regional staff in charge of assessment visits based on requests from LGU facilities. Using the HFAM, a team will assess the facility and recommends to the DOH regional office whether the facility passes the certification or still needs improvement. Based on the findings of the team, the DOH regional office officially writes to the LGU Mayor or Governor regarding the results of the assessment.

The team conducts the following general steps *before, during* and *after* the assessment:

- ***Before the assessment visit***

1. The team, in consultation with the facility staff requesting for assessment, arranges the most convenient time for the visit.

The team ensures that the requesting facility has the *Quality Standards List* pertinent to the facility and has conducted a self-assessment activity. The team double checks whether the facility meets the inclusion criteria. These include<sup>1</sup> :

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<sup>1</sup> The DOH maintains that certain conditions that are essential to a health facility's functioning and that the facility cannot have any potential to provide quality services if these are not met

<b>RHUs or HCs</b>	<b>Provincial/District Hospital</b>
1. Regular source of water 2. Comfort room/latrine (for use of patients) 3. Stethoscope 4. Blood pressure apparatus with cuff 5. Thermometer 6. Weighing scale	1. Hospital has been licensed for the last three (3) years for the appropriate hospital category 2. Hospital is accredited as Mother-Baby Friendly

3. When the above items/conditions are lacking, not in place or are not met, the team reschedules the visit until such a time that these conditions are met.

4. Each team member prepares the following:

- o HFAM
- o Quality Standards List

• ***Actual assessment visit***

5. The team goes to facility on the agreed time and date and conducts the assessment using the HFAM. The team spends one half-day to one full day. This will give enough time for the facility staff and the team to interact actively and discuss during the entire assessment process. It is preferable that the assessment is done when most of the facility staff members are present.

6. The team, before leaving the facility will provide informal feedback to the facility staff, and if possible, to the local chief executive of that LGU. The team will assure the facility staff and the local chief executive that a copy of the formal report will be given after two to three weeks.

• ***After the visit***

7. The team completes the HFAM and prepares a regional assessment report. The team recommends to the regional director either the certification of the facility or for reassessment after improvements are made.

8. The DOH regional office informs in writing the LGU local chief executive that operates the facility re assessment findings within 2-3 weeks. This letter states the results of the assessment and includes a copy of the summary of the findings.

9. The DOH regional office forwards to the DOH central office the name and completed HFAM of each certified LGU facility.

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## **Annex B**

# **Quality Standards List for RHUs/HCs**

### **What is Sentrong Sigla Movement?**

**S**entrong Sigla aims to improve the quality of public health services. Sentrong Sigla recognizes local government units (LGUs) and certifies LGU health facilities that meet basic standards and requirements necessary to deliver quality services.

### **What is the Sentrong Sigla Quality Standards List Rural Health Units and Health Centers?**

**T**he Sentrong Sigla Quality Standards List for Rural Health Units (RHUs) and Health Centers (HCs) contain the recommended standards and requirements for providing quality services which were developed based on existing national program guidelines of the Department of Health (DOH). However, there are six general items/conditions that are considered critical in every facility and are considered as inclusion criteria for participation: regular source of water, comfort room/latrine for patients, blood pressure apparatus with cuff, stethoscope, thermometer and weighing scale.

### **Who is the Sentrong Sigla Quality Standards List's intended user?**

The List is meant for service providers or health facility staff, local health managers, local chief executives and quality assessment teams and other users interested and involved in improving the quality of services being provided at the facility level. Using the List, any user will be able to assess if his/her facility meets the quality standards for providing health services or if not, what improvements are needed to meet the standards.

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## What health facilities are being referred to?

**I**n Phase I, Sentrong Sigla Program will cover the hospitals, Rural Health Units (RHUs) and Health Centers (HCs). This list is intended only for RHUs and HCs and not for hospitals nor for other levels of the health care system.

## What areas for quality assessment are included in the List?

The following eight (8) areas for quality assessment are included in the List:

1. **Infrastructure /Amenities**
2. **Services**
3. **Attitude and Behavior of Health Workers**
4. **Human Resources**
5. **Equipment**
6. **Drugs, Medicines & Supplies**
7. **Health Information System**
8. **Community intervention**

## What will be the focus of these basic standards and requirements?

**T**he main focus of these basic standards and requirements will be on “inputs” like the basic infrastructure, equipment, pharmaceuticals, supplies and training that demonstrate “preparedness” or “readiness” of facilities to deliver quality services. In Phase 2, other “process” type of quality indicators will be covered.

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### Note to Users:

The List presents the basic standards and requirements that are being recommended under the QAP Sentrong Sigla Program for RHUs and HCs. It does not suggest that a facility has poor quality services unless all items or conditions have been met. Only a select number of facilities may meet the ideal model for quality, therefore, continuous quality improvement (CQI) is the best complementary approach for facilities wanting to meet the standards. It is expected that certain aspects of quality standards may be defined differently and may vary from program to program, facility to facility and from one person to another.

For the actual assessment of RHU/HC, a Health Facility Assessment Module (HFAM) will be used by Sentrong Sigla teams.

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# 1 INFRASTRUCTURE/AMENITIES

Each facility must have the basic infrastructure/conditions.

- **General Infrastructure/Conditions:**

- 4 Sign board listing facility hours and available services
  - 4 Disable friendly with ramps in areas with stairs
  - 4 Generally clean environment
  - 4 Sufficient seating space for patients
  - 4 With regular electricity/power source
  - 4 Adequate lighting
  - 4 Light source for examinations: goose neck lamp and flashlights
  - 4 Covered water supply-sufficient for hand-washing and for comfort rooms or toilets
  - 4 Hand washing area with water, soap and towels
  - 4 Working clean comfort rooms or latrines (for health staff and clients)
  - 4 Covered garbage containers (wastage segregation)
  - 4 Examination room with visual and auditory privacy
  - 4 Examination table with clean linen/paper
  - 4 Bench or stool for examination table
  - 4 Facility or area for washing linens
  - 4 Cleaning supplies for the facility and for clinical instruments
  - 4 Comfort rooms with adequate water supply and handrails for the disabled
- Clinic Hours and Waiting Time posted in strategic area readable by all service providers and users
  - Client waiting time must be as brief as possible. Clients should be seen by health staff within 30 minutes of registration.
  - During clinic hours, direct client care should take precedence over all other tasks. Clients should not be made to wait merely to be seen because staff are writing or transferring notes, doing reports or performing other tasks not directly related to client care.
  - The DOH advocates to the LGU local chief executive to allow the health facility to maintain occasional hours during evenings and weekends to accommodate clients who are unable to consult or visit during regular clinical hours. The DOH recommends that each clinic provide services during non-traditional hours at least once per month (considering women clients who may not be available during regular office hours).

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## 2 HEALTH SERVICES

The following programs and services must be in place/available at the health facility (RHU/HC) at anytime:

### A. Expanded Program on Immunization

- Immunization sessions should be conducted in the facility as regularly as possible. Although Wednesday has been adopted as the national immunization day, immunization days may be held on other days. Schedules should be displayed to inform mothers of the time and day at which immunization services are to be provided. However, clients who request immunization on other days should not be turned away. Wastage of vaccine is a minimal program cost and should not be overemphasized or used as a barrier to vaccine administration.
- The facility should practice “one needle and one syringe policy” because of the danger of transmitting Hepatitis B and AIDS (HIV infection) through unsterile needles and syringes. Therefore, one sterile syringe and needle should be utilized for each injection. Disposable syringes and needles should be used only once and then collected in a puncture proof container to be burned and buried.
- BCG, OPV, DPT, measles, hepatitis B and tetanus toxoid vaccines should be available at all times in the facility and should be stored under proper cold chain conditions.
- Patient counseling on effectiveness, risks, benefits, potential side effects and treatment for side effects of each vaccine.
- The following conditions, equipment and supplies must be present in order for each facility to qualify as providing this service:
  - 4 Immunizations offered at least once per week (depends on catchment population)
  - 4 Outreach immunization services offered in hard-to-reach areas
  - 4 EPI Manual (latest version)
  - 4 Target Client List or Master List
  - 4 Adequate supplies of BCG, OPV, DPT, measles, hepatitis B and tetanus toxoid vaccines based on average monthly consumption (with at least month supply at anytime)
  - 4 Proper cold chain maintained
  - 4 Refrigerator exclusively for vaccine use
  - 4 Vaccine thermometer (placed inside the refrigerator) at 2-8 C
  - 4 Daily AM and PM temperature monitoring charts posted
  - 4 Written plan for a “power failure contingency”
  - 4 Voltage regulator for refrigerator
  - 4 Vaccine carriers with ice cold packs

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## **B. Disease Surveillance**

- At the local level, facilities should perform disease surveillance which measures the magnitude of the local health problem and the effect of the control programs delivered. Surveillance data can be used by the facility to improve strategies in delivering health services and thus prevent these from occurring, e.g. immunizable diseases like diphtheria, pertussis, tetanus, polio, measles, etc.
- Surveillance data must be complete, on time and accurate. CHVs and service providers should be involved in reporting, investigating and reporting to the next higher level of the health system.
- The following conditions and supplies must be met in order for a facility to qualify as providing this service:
  - 4 Case definitions available
  - 4 Notifiable disease reporting forms available
  - 4 Notifiable disease reporting forms submitted weekly to provinces/cities health office
  - 4 Investigation of all acute flaccid paralysis (AFP) cases, neonatal deaths and measles outbreaks.
  - 4 Immediately reports all AFP and neonatal tetanus (NT) cases to the regional offices (sentinel personnel) through the fastest possible means.
  - 4 Reported cases followed up by facility for public health reasons especially 60 days follow-up done on all AFP cases detected.

## **C. Control of Acute Respiratory Infections**

- Each facility should have the equipment and supplies necessary to diagnose and treat common acute respiratory illnesses including Cotrimoxazole and other antibiotics which should be available at all times in the facility.
- Referral to other or higher level facilities, e.g., hospitals should be done for clients needing further management.
- Facility staff should continue creating awareness among mothers and child-minders on home care for children with simple cough and colds and early signs of pneumonia through information and health education activities.
- The following conditions, equipment and supplies must be present in order for each facility to qualify as providing this service:
  - 4 ARI Case Management Chart posted
  - 4 Thermometer
  - 4 Tongue depressors
  - 4 Flashlights or Pen light
  - 4 Timer or watch with second hand
  - 4 Cotrimoxazole (adult tablets)

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- In client or patient education/counseling, basic messages should include:
    - 4 home management of simple coughs and colds without use of cough/cold medicines
    - 4 detection of early pneumonia using simple signs like rapid breathing and chest indrawing
    - 4 information on when, where and how to bring the child with pneumonia for treatment
    - 4 community health volunteers/workers as part of the health service delivery network should refer patients to higher levels of the health care system e.g. barangay health stations, rural health units/health centers and hospitals and conduct follow-up visits
    - 4 outreach activities should be done in areas otherwise inaccessible to health worker or to regular health services

#### **D. Control of Diarrheal Diseases**

- Each facility should have the equipment and supplies necessary to diagnose and treat diarrheal diseases. Referral to higher level facilities should be done for diarrheal clients needing further management.
- In the facility, all patients with no dehydration or who have been successfully rehydrated in the facility should be given ORS to take home to prevent dehydration.
- Antibiotics should ONLY be used for dysentery or for suspected cholera cases with severe dehydration; otherwise, these are ineffective and should NOT be given. Other DOH policies on anti-parasitic drugs and antidiarrheal drugs should be followed based on previously issued policies and guidelines.
- As part of appropriate and prompt response to diarrhea outbreak/cholera/disease surveillance, the facility should:
  - 4 ensure potability of drinking water within the catchment area in conjunction with the Environmental Sanitation Program;
  - 4 enforce sanitation code, especially on food sanitation in conjunction with the Environmental Sanitation Program;
  - 4 promote personal and domestic hygiene through health education, and
  - 4 assure adequate supply of ORS sachets
- The following conditions, equipment and supplies must be present in order for each facility to qualify as providing this service:
  - 4 CDD Case Management Chart posted
  - 4 Oral Rehydration Therapy (ORT) corner with benches, table, glasses, pitcher, spoon, potable water and Oral Rehydration Sachets (ORS)
  - 4 ORS sachets available at all times
  - 4 Daily record of diarrhea cases

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In-client or patient education/counseling, basic messages should include:

- Give the child more fluids than usual to prevent dehydration;
- Continue to feed the child; and
- Take the child to the health worker if child does not become better in three days or earlier if the child develops some signs/symptoms like many watery stools, repeated vomiting, marked thirst, fever, blood in the stool and eating or drinking poorly.

#### **E. Micronutrients Supplementation/Nutrition**

- Each facility should have the equipment and supplies necessary to prevent, detect and control nutritional deficiencies and specific micronutrient disorders.
- Each facility should have iron, iodized oil capsules and vitamin A capsules available at all times for supplementation of target groups e.g. iron tablets for all pregnant and lactating women; iron drops for infants and iron syrup for school children.
- Referral to other or higher level facilities should be done for clients needing further management.
- The following conditions, equipment and supplies must be present in order for each facility to qualify as providing this service:

4 Guidelines for Micronutrient Supplementation

4 OPT Records

4 Target Client List

4 Under 5 growth cards

4 CBPM-NP RHM Guidebook

4 Basic Three Food Groups Brochures

4 Micronutrients available: iron, iodine, vitamin A

4 Functional, Balance Beam & Weighing Scales

4 Growth Monitoring Chart (GMC)

4 In-client or patient nutrition education/counseling, basic messages should be emphasized like importance of proper nutrition including:

- Balanced diet
- Desirable food habits
- Consumption of fortified foods
- Use of iodized salt
- Importance of breast-feeding/weaning foods

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## **F. Family Planning Program**

- The clinical services provided by facilities should include all medically approved, safe, effective and legally acceptable program methods. These specific services provided should include:
  - 4 Pills, IUDs, NFP ( in selected facilities by referral), LAM, Condoms and DMPA
  - 4 Tubal Ligation, Vasectomy in selected facilities where there are trained personnel
  - 4 Relevant Laboratory Exams, e.g., Pap smear, wet smear, gram staining, pregnancy test, urinalysis
  - 4 Management of complications and/or side effects that may arise as a result of family planning methods
- All program methods should be available at all times. When necessary, the facility should refer clients to other facilities or clinics that provide FP services it cannot provide, such as IUD or sterilization.
- FP supplies should be sufficient and equipment should be in working order.
- All clients should be counseled about the effectiveness, risks, and benefits of the different contraceptive methods. Health staff should provide information neutrally, without allowing their own biases to affect clients' choices.
- Obtaining contraceptives should be a relatively simple process. Unnecessary barriers to obtaining contraceptives, such as requiring pelvic exams before dispensing oral contraceptives should be eliminated.
- The following conditions, equipment and supplies must be present in order for each facility to qualify as providing this service:

### **Target Client List**

FP Form 1

Contraceptives/Supplies available:

Condoms

Oral contraceptives-combination and progesterone only

DMPA

IUDs

Antiseptic solution (povidone iodine; cidex) and chlorine 75%

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Sterilized Equipment available

Forceps—alligator, pick-up, ovum, tenaculum, uterine

Forceps container

Kelly pad/linen for examination table

Examination table

Light source (gooseneck lamp, flashlight)

NFP charts for distribution (in selected facilities)

Other leaflets/handouts on FP for distribution

Referral Form for sterilization

Patient counseling on information about all methods, effectiveness, risks, and benefits of various methods

### **G. Tuberculosis Control Program**

- Health workers should be knowledgeable about the types of TB patients and the three (3) treatment regimens available. The facility should have equipment and supplies necessary for case finding and treatment of clients diagnosed with tuberculosis.
- Once started on treatment, TB patients should be allocated the complete duration of therapy.
- All clients should be counseled on proper compliance and adherence to treatment. Health education should also include some expected drug interactions and what clients should do upon experiencing them.
- All clients should have sputum examination on scheduled time to be able to assess the individual patients' response to treatment. This is also the way to determine "cure" for TB patients.
- The following conditions, equipment and supplies must be present in order for each facility to qualify as providing this service:

#### **Target Client List/National Tuberculosis Program (NTP) TB Register**

*In designated microscopy centers, facility should have:*

Microscope

Medical technologist/microscopist designate

Laboratory supplies (AFB reagent, sputum cups, glass slides)

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*For other health facilities:*

Sputum cups  
Glass slides  
Designated sputum collection and staining area

Anti-TB Drugs:

Type I  
Type II  
Ethambutol  
Streptomycin Sulfate

Microscopy logbook/NTP Laboratory Register

## **H. STD/AIDS Prevention and Control Program**

- STD/AIDS prevention and control program services should be available in all STD service facilities.
- Whenever possible, acceptable, affordable and effective case management of STD patients will be made accessible to all individuals throughout the general health care system.
- Syndromic management will be applied when and where reliable laboratory diagnostic support is not consistently available.
- The following conditions, equipment and supplies must be present in order for each facility to qualify as providing this service:

Syndromic Management Chart posted

STD patients managed according to the National STD Case Management Guidelines which include:

- 4 Correct and appropriate STD drugs prescribed or given to patients
- 4 Patient counseling to include:
  - Explanation of the diagnosis to the patient
  - Instructions on the importance of completing treatment
  - Encourage client to bring partner for evaluation and treatment
- 4 Provision of health education to prevent further transmission of STDs
- 4 Provision of adequate supply of condoms

Monthly reporting using primary level reporting form accomplished and submitted to the next higher level.

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Referral mechanism must be in place so that clients not responding to treatment at this level will be referred to designated Social Hygiene Clinic, secondary care level or referral center where laboratory is available to perform basic laboratory test to diagnose most STDs as well as for HIV testing.

## **I. Environmental Sanitation Program**

- Strict personal and environmental hygiene should be practiced to reduce disease transmission within the facility.
- Practices that should be followed within the facility should include the following:
  - 4 Hand-washing with soap and water should be done before and after each client contact
  - 4 Examination table linen or paper should be changed between clients
  - 4 Examination table should be disinfected daily
- Each facility should provide water testing/quality monitoring services.
- Each facility should have an updated list of water sources and food establishments within its catchment area.
- Each facility should have available toilet bowls, for distribution to household without toilets
- The following conditions, equipment and supplies must be present in order for each facility to qualify as providing this service (some items have already been incorporated under basic infrastructure):
  - 4 Copy of Sanitation Code of the Philippines and Implementing Rules and Regulations.
  - 4 Adequate supply of toilet bowls for households without toilets.
  - 4 Adequate chlorine granules for disinfection of water supply facilities.
  - 4 Environmental Sanitation Kit containing tools for water and food facilities testing/monitoring.
  - 4 Updated list of status of water supply and sanitation facilities within the area of coverage of the facility.
  - 4 List of food establishments with sanitary permits and their updated sanitation conditions.
  - 4 Information and education materials on environmental sanitation.

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## J. Cancer Control Program – Cervical Cancer Screening Program

- The program recommends that all women of reproductive age should receive a pelvic exam and pap smear annually for three (3) years in a row. If all three are negative, clients need to go to the facility only every three years for a pap smear. For abnormal smears (Class II – IV) the client should be referred to higher levels for further management.
- Each facility should give patients counseling as to the risk factors for contracting cervical malignancy, not using condoms, frequent STDs, multiple partners, etc.
- Each facility should have trained staff and the necessary equipment and supplies necessary to perform a pap smear and collect the specimen.
- *The following conditions, equipment and supplies must be present in order for each facility to qualify as providing this service:*
  - 4 Pap smear: collection of specimen
    - Glass slides
    - Wooden spatula (Ayer's spatula) or cervical brush
    - Fixative (95% ethanol or others)
    - Pencil
  - 4 Referral facility for pap smear reading (Referral form)
  - 4 Target client list/log book of clients
  - 4 Individual patient record of Pap Smear Results
  - 4 IEC materials on Cervical Cancer (leaflets, posters)

## K. Maternal Care

- The facility should have the following:
  - 4 TT vaccines and syringes & needles
  - 4 Tetanus Toxoid Vaccination Appointment/Record Book
  - 4 Target client list/book
  - 4 Record of pre-natal/natal/post natal
  - 4 Home visits made by whom and for whom
  - 4 Available forms for
    - birth certificates
    - death/fetal birth certificates
    - other pertinent records
  - 4 HBMR
  - 4 IEC materials
  - 4 OB Emergency Manual & Algorithm

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# 3 ATTITUDE AND BEHAVIOR OF HEALTH WORKER

The attitude and behavior of health workers is one of the most important factors affecting the way clients/patients judge the quality of services in any health facility. The RHU/HC staff are expected to:

1. Greet the patient verbally as he/she arrives; establish rapport.
2. Exhibit technical competence in articulating information to patients by:
  - maintaining 2-way communication
  - being a good listener
  - being non-judgmental
  - not giving false reassurances
  - giving appropriate instructions to patients by explaining prescriptions clearly and correctly explaining laboratory results, and
  - facilitating follow-up of clients
3. Be women-friendly, by:
  - being courteous and always explaining the procedure and ask permission before proceeding
  - avoiding gender slurs/insults and discriminating words against women
  - being careful in examining women patients. This is especially true when examining women during obstetrical and gynecological examinations and as survivors of abuse/violence
  - do not blame the victim/survivor of abuse/violence
4. Be caring and gender-sensitive by:
  - respecting patient's decision without compromising overall patient management
  - assuring patient's privacy and confidentiality of given information at all times
  - promptly responding to patient's request for care
  - speak politely and with modulated tone
5. Be culture-sensitive by:
  - respecting patient's culture and religion
  - providing for patient's needs that are dictated by culture and religion
  - offering choices/options to patients (towards any particular treatment modality)

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## 4 ATTITUDE AND BEHAVIOR OF HEALTH WORKER

Each facility should have at least one physician, one nurse, one midwife and one sanitary inspector. In addition, facility staff should be trained in specific DOH-mandated courses to deliver competent care in a full range of services. These courses include:

1. Basic EPI Skills Training
  2. Disease Surveillance Training
  3. Pneumonia Case Management
  4. ARI Case Management
  5. CDD Case Management
  6. Community-Based Planning and Management of Nutrition Program (CBPM-NP)
  7. Basic Family Planning Course (or Level I)
  8. Comprehensive Family Planning (or Level II)
  9. DMPA Training (if not included in either Level I or Level II)
  10. Training on National Tuberculosis Control Program
  11. Training on Microscopy
  12. Training on Basic Counseling for STD/AIDS
  13. Syndromic Management of STD/AIDS
  14. Training on Environmental Health Programs and Regulations
  15. Skills Training on Pap Smear Collection
  16. Gender Sensitivity Training
- Facility staff should spend a minimum of 10 minutes with each client in history-taking (new clients), examination, treatment and health education. Clients can be seen by midwives, nurses, doctors, or any combination of staff depending on their complaint. Every client does not have to be seen by a doctor.
  - The human resource component is one of the major determinants of quality service. It is crucial that appropriate staff development program provide continuing education of the staff. These should include activity to ensure the mental and physical fitness of the RHU/HC staff. This will result to staff job satisfaction and ultimately reflects on how well the patients are treated/managed. Continuing education and updates, RHU staff should be implemented for appropriate/rational use of technology in diagnostic and treatment modalities.
  - There should be regular “competency-based” assessments of staff to determine their technical proficiencies in performing their duties and responsibilities.
  - Supervisors should also ensure that they regularly assess job satisfaction either through surveys/interviews/focused group discussions.

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# 5 EQUIPMENT

The facility should have following the necessary clinical equipment in order to provide quality:

1. Stethoscope
2. Weighing scales-adult and infant (beam or Ming scale)
3. Disposable gloves in examination rooms
4. Speculums-large and small
5. Lubrication-KY Jelly or clean water
6. Disposable needles and syringes
7. Sharps containers
8. Microscope
9. Slides and cover slips
10. Sterilizer or covered pan and stove
11. Tape measure
12. Sphygmometer with adult and pediatric cuff
13. Inventory of equipment and supplies
14. Examination table
15. Flashlight & batteries
16. Refrigerator & thermometer

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## 6 DRUGS, MEDICINES AND SUPPLIES

- The RHU/HC should have the essential drugs and supplies in order to provide good services.
- The facility should have the following eight essential drugs:
  1. Cotrimoxazole
  2. Amoxicillin
  3. INH
  4. Rifampicin
  5. Pyrazinamide
  6. Paracetamol
  7. ORS
  8. Nifedipine
- Available storage for drugs. Drugs/medicines are kept off the floor and away from the walls. They should be protected from rodents, insects and environmental elements (sunlight, heat, humidity, floods, moisture, etc.) kept in safe place to ensure no pilferages.
- Available basic supplies for emergency medical and simple surgical cases, like:
  - Alcohol/disinfectant
  - Gauze/bandages/plaster or adhesive tape
  - Gloves
  - Sutures
  - Needles
  - Disposable syringes
  - Cotton
- With adequate supply of disinfectants, antiseptics and/or pesticides.
- Complete and updated inventory of stock cards and supply records.

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## 7 HEALTH INFORMATION SYSTEMS

- As part of the RHU/HC information system, the following are essential components to be in place.
  1. A functioning two-way referral system with procedures for on-referral/back referral of clients/patients and the necessary referral forms.
  2. Updated RHU/HC statistical record/board/displays
  3. Completed/updated FHSIS forms and target client lists
- Properly filled up records and reports and filed for easy retrieval and reference.

## 8 COMMUNITY INTERVENTION

- The facility, Rural Health Unit (RHU) or Health Center (HC), should have active community health volunteer workers (CHVWs) in their area.
- CHVWs are essential partners in delivering basic health services at the community level. There should be programs and activities to encourage their participation.
- The BHWs/CHWs/BWs should refer patients (and then follow-up) to higher upper levels of health care delivery system e.g., barangay health stations, other health units and hospitals.
- The RHU/HC, in coordination with patients organized groups/community organization and NGO's should whenever needed, organize outreach services to communities being served especially on areas otherwise inaccessible to health workers or regular health services.
- Community participation and partnership for health interventions should be encouraged and supported. e.g. Barangay Assemblies, Dengue Linis Brigade, Patients Classes, Breastfeeding Support Groups, etc.

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## Annex C

# Quality Standards List for Hospitals

## What is Sentrong Sigla Movement?

Sentrong Sigla aims to improve the quality of public health services. Sentrong Sigla recognizes local government units (LGUs) and certifies LGU health facilities which meet basic standards and requirements necessary to deliver quality services.

## What is the Sentrong Sigla Quality Standards List for Hospitals?

The Sentrong Sigla Quality Standards List for Hospitals contain the recommended standards and requirements for providing quality services which were developed based on existing national guidelines. However, there are two general conditions considered as inclusion criteria for hospitals in order to participate in Sentrong Sigla:

- *Hospital has been licensed for the last three (3) years for the appropriate hospital category*
- *Hospital is accredited as Mother-Baby Friendly*

## Who is the Sentrong Sigla Quality Standards List's intended user?

The List is meant for service providers or health facility staff, local health managers, local chief executives and Sentrong Sigla teams and other users interested and involved in improving the quality of services being provided of the facility level. Using the List, any user will be able to assess if his/her facility meet the quality standards for providing health services or if not, what improvements are needed to meet the standards.

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## What health facilities are being referred to?

In Phase 1, Sentrong Sigla Movement will cover hospitals, rural health units (RHUs) and health centers (HCs). This List is intended only for provincial/city and district hospitals. There is a separate list for RHUs and HCs.

## What areas for quality assessment are included in the List?

In Phase 1, Sentrong Sigla in hospitals will include the following eight (8) areas for quality assessment:

- A. Infrastructure/Amenities
- B. Services
- C. Attitude and Behavior of Health
- D. Human Resources
- E. Equipment
- F. Drugs, Medicines and Supplies
- G. Health Information System
- H. Community Interventions

## What will be the focus of these basic standards and requirements?

**T**he main focus of these basic standards and requirements will be on “inputs” like the basic infrastructure, equipment, pharmaceuticals, supplies offered and other crucial standards that are necessary to demonstrate “preparedness” or “readiness” of hospitals to deliver quality services.

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### Note to Users:

The List presents the basic standards and requirements that are being recommended under the Sentrong Sigla Movement-Quality Assurance Pillar for hospitals. It does not suggest that a facility has poor quality service unless all items or conditions have been met. Only a select number of facilities may meet the ideal model for quality, therefore, **continuous quality improvement (CQI)** is the best complimentary approach for facilities wanting to meet the standards. It is expected that certain aspects of quality standards may be defined differently and may vary for program/category to program/category, facility to facility and from one person to another.

For the actual assessment of the hospital, a Health Facility Assessment Module (HFAM) will be used by Sentrong Sigla teams.

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# **I INFRASTRUCTURE/AMENITIES**

Each facility must have the basic infrastructure/conditions.

- **General Infrastructure/Conditions:**

- 4 Sign board listing facility hours and available services
- 4 Disabled-friendly with ramps in areas with stairs and comfort room with handrails
- 4 Generally clean environment
- 4 Sufficient seating for patients
- 4 With electricity/power source
- 4 Adequate lighting
- 4 Light source: goose neck lamp and flashlights
- 4 Covered water supply-sufficient for hand washing and for comfort rooms or toilets
- 4 Hand washing area with water, soap and towels
- 4 Working clean comfort rooms or latrines
- 4 Covered garbage containers
- 4 Examination room with visual and auditory privacy
- 4 Examination table with clean linen/paper
- 4 Bench or stool for examination table
- 4 Facility or area for washing linens
- 4 Cleaning supplies for the facility and the clinical instruments
- 4 Comfort rooms with adequate water supply and handrails for the disabled
- 4 Garden/parking area well kept and clean

- **At the emergency room**

At all times, the hospital must be able to accommodate clients who seek consultation

- **At the Out-Patient Department**

- 4 Clinic hours and services must be presented in a board seen by clients/patients
- 4 Client/patient waiting time must be as brief as possible
- 4 Direct client/patient care should take precedence over all other tasks

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- **The hospital should maintain/practice the following:**

1. General cleanliness/tidiness
2. Orderliness in terms of client flow. There should be *directional* signage for clients reference
3. Practicing disinfection of laundry
4. Practicing Pest and Vermin Control
5. Practicing good hospital waste management with the following:
  - A hospital staff in-charge of hospital waste management
  - A manual on hospital waste management

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## 2 HOSPITAL SERVICES

➤ **In general, hospital services should have or maintain the following:**

1. In terms of services:
  - 4 Wide range of preventive and curative health services
  - 4 Programs on preventive, promotive and rehabilitative (health education) in place. There should be at least a regular schedule of health teachings, e.g. watchers' conference
  - 4 The hospital must at all times practice the baby/mother friendly principle
2. In terms of basic utilities:
  - 4 Handwashing facilities with water, soap, detergent
  - 4 Functional toilet for patients/client
3. In terms of privacy:
  - 4 Diagnostic and Treatment Areas have curtains for visual and auditory privacy
4. In terms of consultation/clinic hours:
  - 4 Flexible enough to accommodate clients unable to consult during regular working hours (OPD)
5. In terms of health promotion and education:
  - 4 Health education room for individual and group counseling
  - 4 Organized advocacy groups for TB, asthma, diabetes and other chronic diseases
  - 4 Availability IEC materials (EPI, CDD, CARI, RHFP, Cervical Cancer, TB, STD-AIDS, MCH, Nutrition)

➤ **The hospital's Out-Patient Department (OPD) should have or maintain the following:**

1. Sufficient seating for client/patient
2. Flow chart posted in strategic areas. This flow chart should indicate the flow of procedures in the OPD.
3. **Client waiting time must be as brief as possible.** Client waiting time in the Out-Patient Department (OPD) should be no more than 30 minutes. Client should be seen by health staff within 30 minutes of registration. During clinic hours, direct

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client care should take precedence over all the other tasks. Clients should not be made to wait merely to be seen because staff are writing or transferring notes, doing reports or performing other tasks not directly related to client care.

4. Direct care at the OPD at least 30 minutes for each client. This time is inclusive of history-taking, physical examination, treatment and health education.

➤ **The hospital's Emergency Room (ER) should have or maintain the following:**

1. Flow Chart posted in strategic areas. This flow chart should indicate the flow of procedures in the ER.
2. Client waiting time must be as brief as possible in emergency cases. Client Waiting time in the Emergency Room (ER) no more than 5 minutes. Patient should be seen by hospital staff within 5 minutes upon arrival at the ER.

➤ **The hospital in-patient's services should have or maintain the following:**

1. In terms of Response Time:
  - 4 Attending Physician visits the patient once in a 24 hour period as part of regular rounds
  - 4 Resident Physician responds to any eventuality within 1 hour
  - 4 Nurse responds to any eventuality within 5 minutes
  - 4 Hospital Admitting staff responds within 30 minutes to any inquiries
  - 4 Hospital Billing for discharge purpose must be within one hour
2. In terms of average length of stay:
  - 4 For normal OB delivery case – 1 day
3. In terms of infection control:
  - 4 Infection rate should be no more that 3.5 percent (based on WHO standards)

Formula: 
$$\frac{\text{total no. of nosocomial cases}}{\text{total no. of admissions}}$$

4. In terms of in-patient satisfaction:
  - 4 at least 80 percent of the total number of patients surveyed are satisfied with the way they are treated in the hospital. This is one of the most important elements in providing quality services.
5. In terms of patient education:
  - 4 Nutrition
  - 4 Family Planning
  - 4 Breast Feeding
  - 4 Counseling for specific disease of patient (individual/group)

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# 3 ATTITUDE AND BEHAVIOR OF HOSPITAL/ HEALTH WORKERS

The attitude and behavior of hospital/health workers is one of the most important factors affecting the way clients/patients judge the quality of services in any health facility. In the hospital, staff are expected to:

1. Greet the patient verbally as he/she arrives; establish rapport.
2. Exhibit technical competence in articulating information to patients, by:
  - maintaining 2-way communication
  - being a good listener
  - being non-judgmental
  - not giving false reassurances
  - giving appropriate instructions to patients by explaining prescriptions clearly and correctly explaining laboratory results, and
  - facilitating follow-up of clients
3. Be women-friendly, by:
  - being courteous and avoiding gender slurs/insults and discriminating words against women
  - being careful in examining women patients. This is especially true when examining women during obstetrical and gynecological examinations and survivors of abuse/violence
  - maintain a women's desk at the emergency room and at the out-patient department
4. Be caring and gender-sensitive, by:
  - respecting patient's decision without compromising overall patient management
  - assuring patient's privacy and confidentiality of given information at all times
  - promptly responding to patient's request for care
  - speak politely and with modulated tone
5. Be culture-sensitive by:
  - respecting patient's culture and religion. Make provisions for patient's with special needs.
  - providing for patient's needs that are dictated by culture and religion
  - offering choices/options to patients (towards any particular treatment modality)

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## 4 HEALTH HUMAN RESOURCES

- The human resource component is one of the major determinants of quality service. It is crucial that an appropriate staff development program provide continuing education to the staff. They should include activities to ensure the mental and physical fitness of hospital staff. This will result in staff job satisfaction and ultimately reflects on how well the patients are treated/managed including appropriate/rational use of technology, diagnostic and treatment modalities.
- Under the overall staff development program of the hospital, there should be regular trainings/activities for the staff that may include:
  - under Continuing Professional Education (CPE):
    1. Staff meetings/conferences
    2. Patients' rounds
    3. Grand rounds
    4. Clinico-pathologic conferences (esp. Maternal Adults)
    5. In-service examinations
    6. Seminars/updates
  - under Staff Mental Health Program:
    1. Stress/Crisis Management Training
    2. Patient-oriented Attitude Building Seminar
    3. Behavioral Modification Seminar (ex. values formations, gender sensitivity)
    4. Regular neuropsychiatric/psychological evaluation
  - under Sports and Physical Health Development Program
    1. Regular sports activities
    2. Recreational activities
  - under Staff Orientation Program:
    1. Entrance-to-Duty Seminars
    2. Regular health awareness program
    3. Bio safety and customer-friendly programs
    4. Well written job descriptions
    5. Regular performance standards and reviews (PPR)
    6. Team-building activities
    7. Public Health Orientation
- There should also be regular “competency-based” assessments of staff to determine their technical proficiencies in performing their job.
- Hospital management should also ensure that it regularly assesses job satisfaction of staff and likewise patient satisfaction either through surveys/interviews.

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# 5 EQUIPMENT

- The hospital should have the necessary functional clinical equipment in order to provide quality services. These equipment are part of the licensing requirements for hospitals to operate. However, over and above having the necessary functional equipment in , the hospital should have the following conditions/items in place:
  - under physical plant:
    1. Adequate shielding for x-ray equipment
    2. With chemical safely cabinet
  - under manuals/records:
    1. With operation manuals for equipment
    2. Presence of standard operating procedures (SOP) for examination done
    3. Presence of plan for preventive maintenance and repair of equipment
    4. With updated inventory of equipment
  - under personnel:
    1. Operators are qualified to use equipment
    2. Continuous updating/upgrading of knowledge on equipment use and maintenance
  - under quality assessment:
    1. With standards quality control checks
    2. With certificates of calibration
    3. With external quality assessment of machine performance
- The hospital should have the following: (functional at all times)
  - 4 Stethoscope
  - 4 Weighing scales-adult and infant (beam or Ming scale)
  - 4 Disposable gloves in examination rooms
  - 4 Speculums-large and small
  - 4 Lubrication-KY Jelly or clean water
  - 4 Disposable needles and syringes
  - 4 Sharps containers
  - 4 Microscope
  - 4 Slides and cover slips
  - 4 Sterilizer or covered pan and stove
  - 4 Tape measure
  - 4 Sphygmometer with adult and pediatric cuff
  - 4 Inventory of equipment and supplies
  - 4 Examination table
  - 4 Flashlight & batteries

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## 6 DRUGS, MEDICINES AND SUPPLIES

- Hospitals should have the essential drugs, medicines and supplies in order to provide good services. A hospital should have the following:
  1. Available basic drugs for emergency, medical and surgical cases as stated in the *Hospital Pharmacy Management Manual*.
  2. Available eight essential drugs:
    - Cotrimoxazole
    - Amoxicillin
    - INH
    - Rifampicin
    - Pyrazinamide
    - Paracetamol
    - ORS
    - Nifedipine
  3. Affordable drugs (not more than 10% of the acquisition cost); generic prescriptions.
  4. Available storage for drugs. Drugs/medicines are kept off the floor and away from the walls. Protected from rodents, insects and environmental elements (sunlight, heat, humidity, floods, moisture, etc.) Kept in safe place to ensure no pilferages.
  5. Available basic supplies for emergency, medical and surgical cases, like:
    - Alcohol
    - Gauze
    - Gloves
    - Sutures
    - Needles
    - Disposable syringes
    - Cotton
  6. With supply of disinfectants, antiseptics and pesticides.
  7. Complete and updated inventory of stock, with stock cards and supply records.
  8. With supply of clean linen.

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## **7 HEALTH INFORMATION SYSTEM**

- As part of the hospital's health information system, the following are essential components to be in place:
  1. A functional two-way referral system with procedures for on-referral/back-referral of clients and the necessary referral forms.
  2. A surveillance system (if sentinel site) in place with appropriate actions taken (tumor registers, morbidity mortality reports).
  3. Updated hospital statistical record/board.
- Hospital records and reports are properly filled-up and filed for easy retrieval and reference.

## **8 COMMUNITY INTERVENTIONS**

- In order to support the continuity of care at the community level, the following should be in place:
  1. The hospital should be supported by an organized group of patient support groups or community health volunteers/workers as part of the health service delivery network. BHWs/CHWs should refer patients (and then follow-up) to higher levels of the health care system, e.g. Barangay Health Stations, Rural Health Units/Health Centers and Hospitals
  2. The hospital, in coordination with Rural Health Units/Health Centers, should organize, whenever needed, outreach services to communities being served by the hospital (catchment). Outreach activities should only be in areas otherwise inaccessible to health workers or to regular health services.

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