



**FACILITY SELF-ASSESSMENT CHECKLIST (FSAC)  
FOR RURAL HEALTH UNITS (RHUs)/HEALTH CENTERS (HCs)  
GUIDE FOR IMPROVING QUALITY OF HEALTH SERVICES  
Level 1**



**Introduction**

This Facility Self-Assessment Checklist (FSAC) is a self-evaluation guide for the RHU/HC staff towards improving quality of health services being provided at the RHU/HC. The checklist contains a list of questions derived from the *Quality Standards List (QSL) for RHUs/HCs Level I* that are recommended by the Department of Health for *Sentrong Sigla* certification. The use of this checklist together with the QSL will help the RHU/HC staff do the following:

- Assess the RHU/HC's compliance to Sentrong Sigla Level I quality standards,
- Identify and recognize problems or areas of improvement in service delivery,
- Identify ways or opportunities to solve problems or improve services, and eventually
- Get certification for the RHU/HC as Sentrong Sigla

**Instructions in Using the FSAC**

For each question, encircle or mark either **YES**, **X** (for Yes, but needs improvement) or **NO** depending on the situation in your facility at the time of your assessment. A column for **REMARKS** is provided for any notes or details that you might need to pay attention to in improving the situation. Be as self-critical and honest as possible in your responses.

*Example:*

Questions	Yes	Yes, but needs improvement	No	Remarks
1. Is there a CDD Case Management Chart posted in the RHU/HC?	YES	X	NO	
2. Does our RHU/HC have a storage space or room for supplies, drugs and medicines?	YES	X	NO	Storage needs proper ventilation and new padlock
3. Does the RHU/HC have an updated Target Client List?	YES	X	NO	Get help from BHWs to update the list

*For question #1, the respondent is very sure that a CDD Management Chart is posted properly and conspicuously at the ORT Corner of the RHU/HC.*

*For question #2, the respondent believes that although the RHU/HC has a storeroom for supplies, drugs and medicines, there is a need to organize, improve ventilation and secure the storeroom.*

*For question #3, the respondent admits that the TCL for family planning does not contain all the names of MWRA in the RHU/HC's catchments areas and therefore needs to improve this aspect of identifying target clients or beneficiaries.*

Each **NO** or **X** answer represents an opportunity for health service improvement. Remember, the more opportunities for improvement you find, the more you will be able to enhance quality of your services. Use your creativity to think of remedies or solutions to problems in the delivery of high quality services. This is your facility's initial step to Sentrong Sigla certification.

### **Instructions in Using the Results of the Self-Assessment**

Once you have completed the self-assessment, meet as a health team to review and discuss all the responses. Consider taking the following steps:

1. Agree on the areas to be improved using the following criteria:
  - a. Does everyone agree that the problem(s) needs to be solved?
  - b. Can the problem be solved with available resources? Are there possible resources that could be tapped?
  - c. How long does it take to address the problem?
  - d. Do team members agree to accept responsibility for specific activities required to solve the problem(s)?
2. Plan specific activities to improve the situation or condition and then set a date for completing the activities.
3. Implement improvements and keep all team members involved.
4. Make a written request to the DOH Center for Health Development for Sentrong Sigla assessment after improvements have been made

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## FACILITY SELF-ASSESSMENT CHECKLIST FOR RHUs/HEALTH CENTERS

<i>The following are the <b>inclusion criteria</b> in Level I Sentrong Sigla Certification. All criteria should be <u>met</u> by your facility before requesting the DOH Center for Health Development for an assessment for certification.</i>	YES	YES, but needs improvement	NO	REMARKS
Does our RHU/HC have the following?				
1. Regular source of clean water	YES	X	NO	
2. Functioning comfort room or latrine for client use	YES	X	NO	
3. Blood pressure apparatus with cuff	YES	X	NO	
4. Stethoscope	YES	X	NO	
5. Thermometer	YES	X	NO	
6. Weighing scale for infants and adults (not bathroom scale)	YES	X	NO	

### 1. INFRASTRUCTURE/AMENITIES

1.1 Is our RHU/HC free from rubbish?	YES	X	NO	
1.2 Does our RHU/HC have benches or chairs for patients in all waiting and service provision areas?	YES	X	NO	
1.3. Does our RHU/HC have electric power available at all times through whatever source ( <i>power lines or generator</i> )?	YES	X	NO	
1.4 Does our RHU/HC have lighting that permits easy reading of forms?	YES	X	NO	
1.5. Does our RHU /HC have good ventilation windows, electric fans or air conditioners?	YES	X	NO	
1.6. Does our RHU/HC have a gooseneck lamp and flashlight for examination?	YES	X	NO	
1.7. Does our RHU/HC have a hand washing area with covered water supply, soap and towels?	YES	X	NO	
1.8. Does our RHU/HC have covered water supply for comfort rooms or latrines?	YES	X	NO	
1.9. Do our comfort rooms have handrails for the disabled?	YES	X	NO	
1.10. Does our RHU/HC have covered garbage containers for waste segregation?	YES	X	NO	
1.11. Does our RHU/HC have a separate puncture-proof container for sharps ( <i>needles, blades and other sharp objects</i> )?	YES	X	NO	
1.12. Does our RHU/HC have an examination table with clean linen/paper?	YES	X	NO	
1.13. Is there a bench or stool for our examination table?	YES	X	NO	
1.14. Does our treatment or examination area have auditory privacy?	YES	X	NO	
1.15. Does our treatment or examination area have visual privacy?	YES	X	NO	
1.16. Does our RHU/HC have a storage space or room for supplies, drugs and medicines?	YES	X	NO	
1.17. Does our RHU/HC have cleaning or sterilizing supplies for clinical instruments?	YES	X	NO	

	YES	YES, but needs improvement	NO	REMARKS
1.18. Are our clinic hours, services and whereabouts of staff posted in a strategic area visible to all clients and service providers?	YES	X	NO	
1.19. Are clients seen by our staff within 30 minutes of registration?	YES	X	NO	
1.20. Does our RHU/HC have a special schedule at least once per month for clients who may not be available during regular office or work hours?	YES	X	NO	
1.21. Does our RHU/HC conduct regular outreach services in hard-to-reach areas?	YES	X	NO	

## 2. HEALTH SERVICES

<b>2.1. IMMUNIZATION</b>				
2.1.1. Does our RHU/HC conduct immunization sessions at least once per week?	YES	X	NO	
2.1.2. Does our RHU/HC serve clients who request immunization on other days?	YES	X	NO	
2.1.3. Are disposable syringes and needles used only once?	YES	X	NO	
2.1.4. Are used disposable syringes and needles collected in a puncture-proof container, then burned and buried?	YES	X	NO	
2.1.5. Does our RHU/HC have the latest version of the EPI Manual?	YES	X	NO	
2.1.6. Is our Target Client List or Master List updated weekly?	YES	X	NO	
2.1.7. Does our RHU/HC have at least one month supply (based on average monthly consumption) of the following vaccines at anytime?				
a. BCG	YES	X	NO	
b. OPV	YES	X	NO	
c. DPT	YES	X	NO	
d. Measles	YES	X	NO	
e. Hepatitis B	YES	X	NO	
f. Tetanus Toxoid	YES	X	NO	
2.1.8. Does our RHU/HC have a refrigerator exclusively for vaccines?	YES	X	NO	
2.1.9. Does our vaccine refrigerator have a voltage regulator?	YES	X	NO	
2.1.10. Does our vaccine refrigerator have a vaccine thermometer?	YES	X	NO	
2.1.11. Does the thermometer indicate a temperature between 2-8°C?	YES	X	NO	
2.1.12. Is there a daily temperature-monitoring chart that is posted and updated (am/pm)?	YES	X	NO	
2.1.13. Does the chart indicate that the temperature has been maintained between 2-8 degrees?	YES	X	NO	
2.1.14. Does our RHU/HC have a written contingency plan for "power failure"?	YES	X	NO	
2.1.15. Did our RHU/HC have a power failure for at least 3 hours or temperature in the vaccine refrigerator that rose above 8 degrees?	YES	X	NO	

	YES	YES, but needs improvement	NO	REMARKS
2.1.16. If YES, was our cold chain maintained during the power failure or when the temperature in the vaccine refrigerator rose above 8 degrees? <b>(SKIP this question if not applicable)</b>	YES	X	NO	
2.1.17. Does our RHU/HC have vaccine carriers with ice cold packs?	YES	X	NO	
<b>2.2. DISEASE SURVEILLANCE</b>				
2.2.1. Are DOH case definitions available in our RHU/HC?	YES	X	NO	
2.2.2. Does our RHU/HC submit a Notifiable Disease Report weekly to MHO/CHO/PHO?	YES	X	NO	
2.2.3. Does our RHU/HC conduct an investigation of every single case of acute flaccid paralysis (AFP) cases, neonatal deaths and measles outbreaks?	YES	X	NO	
2.2.4. Does our RHU/HC report all AFP and neonatal tetanus cases to the regional office (surveillance unit) within a week of identification of cases?	YES	X	NO	
2.2.5. Does our RHU/HC follow-up each reported AFP case after 60 days?	YES	X	NO	
<b>2.3. CONTROL OF ACUTE RESPIRATORY INFECTIONS</b>				
2.3.1. Is there an ARI Case Management Chart posted in our RHU/HC?	YES	X	NO	
2.3.2. Does our RHU/HC have tongue depressors?	YES	X	NO	
2.3.3. Does our RHU/HC have a timer or watch with second hand?	YES	X	NO	
2.3.4. Does our RHU/HC have at least:				
a. 100 cotrimoxazole adult tablets?	YES	X	NO	
b. 100 paracetamol (500 mg.) tablets?	YES	X	NO	
<b>2.4. CONTROL OF DIARRHEAL DISEASES</b>				
2.4.1. Is there a CDD Case Management Chart posted in our RHU/HC?	YES	X	NO	
2.4.2. Does our RHU/HC have an ORT Corner equipped with benches, tables, glasses, pitcher, spoon, calibrated container for measuring potable water and ORS?	YES	X	NO	
2.4.3. Does our RHU/HC have ORS sachets?	YES	X	NO	
2.4.4. Does our RHU/HC have a record of water quality test that was done in the past month?	YES	X	NO	
<b>2.5. MICRONUTRIENTS SUPPLEMENTATION</b>				
2.5.1. Does our RHU/HC have the following micronutrients?				
a. Iron tablets for all pregnant and lactating women	YES	X	NO	
b. Iron drops for infants	YES	X	NO	
c. Iron syrup for school children	YES	X	NO	
d. Iodized oil capsules	YES	X	NO	
e. Iodized salt	YES	X	NO	
f. Vitamin A capsules	YES	X	NO	
2.5.2. Does our RHU/HC have a copy of the Guidelines for Micronutrient Supplementation?	YES	X	NO	
2.5.3. Is our Operation Timbang (OPT) Record updated monthly or quarterly depending on the nutritional status of the child?	YES	X	NO	

	YES	YES, but needs improvement	NO	REMARKS
2.5.4. Is our Target Client List updated at least within the week?	YES	X	NO	
2.5.5. Does our RHU/HC have Under 5 growth cards/Growth Monitoring Charts (GMC)?	YES	X	NO	
2.5.6. Does our RHU/HC have the CBPM-NP RHM Guidebook?	YES	X	NO	
2.5.7. Does our RHU/HC have available copies of the Basic Three Food Groups brochure for distribution?	YES	X	NO	
2.5.8. Does our RHU/HC have a Salt Iodization Testing Kit?	YES	X	NO	
<b>2.6. FAMILY PLANNING</b>				
2.6.1. Does our RHU/HC offer the following laboratory exams?				
a. Pap smear	YES	X	NO	
b. Wet smear	YES	X	NO	
c. Gram Staining	YES	X	NO	
d. Pregnancy test	YES	X	NO	
e. Urinalysis	YES	X	NO	
2.6.2. Does our RHU/HC provide the service for management of complications and/or side effects that may arise as a result of the use of a family planning method?	YES	X	NO	
2.6.3. Is our Target Client List updated monthly?	YES	X	NO	
2.6.4. Does our RHU/HC have copies of FP Form1?	YES	X	NO	
2.6.5. Does our RHU/HC have at least one month supply of the following contraceptives?	YES	X	NO	
a. Condoms	YES	X	NO	
b. Pills	YES	X	NO	
c. DMPA	YES	X	NO	
d. IUDs	YES	X	NO	
2.6.6. Does our RHU/HC have antiseptic solution (povidone iodine; cidex) or chlorine 75%?	YES	X	NO	
2.6.7. Does our RHU/HC have the following sterilized forceps?				
a. alligator forceps	YES	X	NO	
b. pick-up forceps	YES	X	NO	
c. ovum forceps	YES	X	NO	
d. tenaculum	YES	X	NO	
e. uterine forceps	YES	X	NO	
2.6.8. Does our RHU/HC have a forceps container?	YES	X	NO	
2.6.9. Does our RHU/HC have NFP charts for distribution?	YES	X	NO	
2.6.10. Does our RHU/HC have other FP leaflets/handouts for distribution?	YES	X	NO	
<b>2.7. TUBERCULOSIS CONTROL</b>				
2.7.1. Is our Target Client List/TB Register updated weekly?	YES	X	NO	
2.7.2. Is our Microscopy logbook/NTP Laboratory Register updated weekly?	YES	X	NO	
2.7.3. (For designated microscopy centers) Does our RHU/HC have a medical technologist or a designated microscopist?	YES	X	NO	

	YES	YES, but needs improvement	NO	REMARKS
2.7.4. (For designated microscopy centers) Does our RHU/HC have a microscope?	YES	X	NO	
2.7.5. (For designated microscopy centers) Does our facility have AFB reagent?	YES	X	NO	
2.7.6. Does our RHU/HC have available sputum cups?	YES	X	NO	
2.7.7. Does our RHU/HC have glass slides?	YES	X	NO	
2.7.8. Does our RHU/HC have a designated sputum collection and staining area?	YES	X	NO	
2.7.9. Does our RHU/HC have the following anti-TB drugs:				
a. Type I (good for at least 5 patients)	YES	X	NO	
b. Type II (good for at least 5 patients)	YES	X	NO	
c. Ethambutol	YES	X	NO	
d. Streptomycin sulfate	YES	X	NO	
<b>2.8. STD/AIDS PREVENTION and CONTROL</b>				
2.8.1. Is there a Syndromic Management Chart posted in our RHU/HC?	YES	X	NO	
2.8.2. Does our RHU/HC have the National STD Case Management Guidelines?	YES	X	NO	
2.8.3. Does our RHU have condoms for distribution to clients?	YES	X	NO	
2.8.4. Does our RHU/HC accomplish and submit a monthly report using primary level reporting form to the next higher level?	YES	X	NO	
<b>2.9. ENVIRONMENTAL SANITATION</b>				
2.9.1. Is our list of status of water supply and sanitation facilities within our area of coverage updated monthly?	YES	X	NO	
2.9.2. Is our list of food establishments with sanitary permits and their sanitation conditions updated monthly?	YES	X	NO	
2.9.3. Does our RHU/HC have a copy of the Sanitation Code of the Philippines and Implementing Rules and Regulations?	YES	X	NO	
2.9.4. Does our RHU/HC have chlorine granules for disinfecting water supply facilities?	YES	X	NO	
2.9.5. Does our RHU/HC have an Environmental Sanitation Kit containing tools for water and food testing/monitoring?	YES	X	NO	
2.9.6. Does our RHU/HC have toilet bowls for distribution to households without toilets?	YES	X	NO	
2.9.7. (For a facility that does not have toilet bowls for distribution) Does our RHU/HC have toilet bowl molds?	YES	X	NO	
2.9.8. Does our RHU/HC have a list of households with/without sanitary toilets that has been completed within the last six months?	YES	X	NO	
2.9.9. Does our RHU/HC have information and education materials on environmental sanitation (i.e., dengue fever, proper waste disposal, etc.)?	YES	X	NO	
<b>2.10. CANCER CONTROL – CERVICAL CANCER SCREENING</b>				
2.10.1. Does our RHU/HC have the following supplies for pap smear specimen collection?				
a. Glass slides	YES	X	NO	

	YES	YES, but needs improvement	NO	REMARKS
b. Wooden spatula (A217 spatula) or cervical brush	YES	X	NO	
c. Fixative (95% ethanol or others)	YES	X	NO	
d. Pencil	YES	X	NO	
2.10.2. Is our Target Client List/logbook of clients updated weekly?	YES	X	NO	
2.10.3. Does our RHU/HC have a referral facility where pap smear specimen collected are sent for reading and interpretation?	YES	X	NO	
2.10.4. Does our RHU/HC keep individual patient records of Pap Smear Results?	YES	X	NO	
2.10.5. Does our RHU/HC have IEC materials on cervical cancer (leaflets, posters) and self-breast examination (SBE)?	YES	X	NO	
<b>2.11. MATERNAL CARE</b>				
2.11.1. Is our Target Client List/book updated at least within the week?	YES	X	NO	
2.11.2. Does our RHU/HC have a record of pre-natal/natal/post-natal visits conducted by staff?	YES	X	NO	
2.11.3. Does our facility have the following forms?				
a. birth certificate	YES	X	NO	
b. death/fetal birth certificates	YES	X	NO	
c. other pertinent records	YES	X	NO	
2.11.4. Does our RHU/HC have Home Based Maternal Records (HBMR) for distribution to new clients?	YES	X	NO	
2.11.5. Does our RHU/HC have IEC materials for maternal care?	YES	X	NO	
2.11.6. Does our RHU/HC have an OB Emergency Manual & Algorithm chart?	YES	X	NO	

### 3. ATTITUDE AND BEHAVIOR OF HEALTH WORKERS

3.1. Do our RHU/HC staff greet patient verbally to establish rapport?	YES	X	NO	
3.2. Do our RHU/HC staff exhibit technical competence in articulating information to patients by				
a. Maintaining 2-way communication?	YES	X	NO	
b. Being a good listener?	YES	X	NO	
c. Being non-judgmental?	YES	X	NO	
d. Giving appropriate instruction?	YES	X	NO	
e. Not giving false assurances?	YES	X	NO	
3.3. Are our RHU/HC staff women-friendly by:				
a. Being courteous and always explaining any procedure?	YES	X	NO	
b. Asking permission before proceeding?	YES	X	NO	
c. Avoiding gender slurs/insults and discriminating words?	YES	X	NO	
d. being careful in examining women and not blaming victims/survivor of abuse/violence?	YES	X	NO	

	YES	YES, but needs improvement	NO	REMARKS
3.4. Are our RHU/HC staff caring and gender-sensitive by:				
a. Respecting patient's decision without compromising overall patient management?	YES	X	NO	
b. Assuring patient's privacy and confidentiality of given information at all times?	YES	X	NO	
c. Promptly responding to patient's request for care?	YES	X	NO	
d. Speaking politely and with modulated tone?	YES	X	NO	
3.5. Are our RHU/HC staff culture-sensitive by:				
a. Respecting patient's culture and religion?	YES	X	NO	
b. Providing for patient's needs accordingly?	YES	X	NO	
c. Offering choices and options?	YES	X	NO	
3.6. Do our RHU/HC staff provide information to clients without allowing personal biases to affect client choices?	YES	X	NO	

#### 4. HEALTH HUMAN RESOURCES

4.1. Does our RHU/HC have at least one physician, one nurse, one midwife and one sanitary inspector?	YES	X	NO	
4.2. Does our RHU/HC have at least one staff trained on the following DOH mandated courses?				
a. Basic EPI Skills Training	YES	X	NO	
b. Disease Surveillance Training	YES	X	NO	
c. Pneumonia Case Management	YES	X	NO	
d. ARI Case Management	YES	X	NO	
e. CDD Case Management	YES	X	NO	
f. Community-Based Planning and Management of Nutrition Program (CBPM-NP)	YES	X	NO	
g. Basic Family Planning Course (or Level I)	YES	X	NO	
h. Comprehensive Family Planning (or Level II)	YES	X	NO	
i. DMPA Training (if untrained in either Level I or Level II)	YES	X	NO	
j. Training on National Tuberculosis Control Program – DOTS	YES	X	NO	
k. Training on Microscopy	YES	X	NO	
l. Training on Basic Counseling for STD/AIDS	YES	X	NO	
m. Syndromic Management of STD/AIDS	YES	X	NO	
n. Training on Environmental Health Programs and Regulations	YES	X	NO	
o. Skills Training on Pap Smear Collection (for those untrained in FP Basic/Compre Course)	YES	X	NO	
p. Gender Sensitivity Training	YES	X	NO	
q. Training on Counseling Skills on Violence Against Women	YES	X	NO	
4.3. Did our RHU/HC conduct an individual performance evaluation of our staff last January (for July-December performance) or last July (for January-June performance)?	YES	X	NO	

### 5. EQUIPMENT (non-program specific)

	YES	YES, but needs improvement	NO	REMARKS
5.1. Does our RHU/HC have a sterilizer or covered pan and stove?	YES	X	NO	
5.2. Does our RHU/HC have large speculums?	YES	X	NO	
5.3. Does our RHU/HC have small speculums?	YES	X	NO	
5.4. Did our RHU/HC conduct a complete inventory of equipment within the last 6 months?	YES	X	NO	

### 6. DRUGS, MEDICINES and SUPPLIES

6.1. Does our RHU/HC have at least a one-month supply of the following essential drugs? ( <i>Three have already been incorporated under CARI and CDD</i> )				
a. Amoxicillin	YES	X	NO	
b. INH	YES	X	NO	
c. Rifampicin	YES	X	NO	
d. Pyrazinamide	YES	X	NO	
e. Nifedipine	YES	X	NO	
62. Does our RHU/HC have the following basic supplies for examination, emergency medical and simple surgical cases?				
a. Alcohol/disinfectant	YES	X	NO	
b. Cotton	YES	X	NO	
c. Disposable gloves	YES	X	NO	
d. Lubricant (KY Jelly) or clean water	YES	X	NO	
e. Disposable needles	YES	X	NO	
f. Disposable syringes	YES	X	NO	
g. Sutures	YES	X	NO	
h. Slides and coverslips	YES	X	NO	
i. Gauze/bandages/plaster or adhesive tape	YES	X	NO	
6.3. Does our RHU/HC have disinfectants, antiseptics and/or insecticides?	YES	X	NO	
6.4. Did our RHU/HC conduct a complete inventory of supplies within the last 6 months?	YES	X	NO	

### 7. HEALTH INFORMATION SYSTEM

7.1. Does our RHU/HC have referral slips or forms?	YES	X	NO	
7.2. Are our 10 Leading Causes of Mortality and Morbidity and other vital health statistics updated annually?	YES	X	NO	
7.3. Are our Field Health Information System (FHSIS) forms complete and updated within one week?	YES	X	NO	
7.4. Did our BHWs follow-up patients referred to the Main RHU in the last three (3) months?	YES	X	NO	

### 8. COMMUNITY INTERVENTION

	<b>YES</b>	YES, but needs improvement	<b>NO</b>	<b>REMARKS</b>
8.1. Is the BHW: households ratio equal to 1:20?	YES	X	NO	
8.2. Did our RHU/HC conduct the monthly meeting of BHWs in the past month?	YES	X	NO	
8.3. Did our RHU/HC staff and BHWs organize or attend barangay assemblies, patients classes, mothers classes, breastfeeding support groups, breastfeeding support groups or the like in the last 3 months?	YES	X	NO	

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