

Family Planning and Health Systems Unit

Assessment Tools for the LGUs

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Assessment Tools for the LGUs

Background and Rationale

In order for LGUs to plan for improved access, quality, and sustainability of family planning, TB, STI, HIV/AIDS and Vitamin A services, inter-disciplinary teams in the LGUs will need to identify what is going well, what is missing, and what can be strengthened. They will reflect for example, on: *What resources are in place? What resources are needed? What processes are going well? What can be done more effectively?*

In addition, the LEAD for Health Project will need baseline information to assess the progress of each LGU and to reflect, across LGUs, what areas of progress are being made and where difficulties lay.

The assessment process, supported by the tools will serve to:

- a. build LGU capacity to manage specific health services based on data and findings in a situation analysis of their own context. By gathering information from a variety of sources including existing information systems, site visits, etc. managers will engage with providers, management systems, technical support systems and, quite possibly, with beneficiaries;
- b. assist LGUs to specifically identify areas of potential intervention under the LEAD project (whether carried out by the LGUs themselves or with external support);
- c. provide baseline indicators for the LEAD project in monitoring LGU agreements; and
- d. provide baseline indicators across LGUs for LEAD Project monitoring.

What is the assessment process?

Initially, a brief 4-page situation analysis tool is provided to provide an overview of service capacity and select management issues, particularly current levels of funding for health and family planning. The use of this first tool:

- provides a broad picture of the LGU;
- provides actual information from each LGU for discussion in early engagement; and
- allows the LEAD for Health technical assistance team to see where information is readily available and to identify indicators that some may have difficulty with.

A more in-depth analysis of the LGU situation in terms of management and health services at different levels of service will be conducted by multi-disciplinary teams and using tools provided. This process will take place for the initial LGUs over approximately 6-8 weeks, including a household CBMIS survey in several barangays. The results will provide a sense of what needs further research and will provide baseline information for some intervention planning. The process will yield largely quantitative data that will be readily useful for

establishing baselines and comparable across barangays and LGUs. Some open-ended items will provide opportunity for reflection on processes.

What are the methods of assessment?

- Assemble, review, and extract existing service performance data, financial information, etc. from existing systems;
- Enumerate and map existing facilities, services, staff, and other important public and private service infrastructure and resources;
- Facility visits to observe conditions, review records, and discuss processes with staff; and
- Manager, staff, and client interviews and discussions.

Progress to Date

1. Overview Tool (See Annex A)

- This tool was developed with input from across the team, pilot tested in three LGUs, and revised accordingly.
- The tool, called the LGU Assessment Form, was sent to 46 LGUs in the provinces of Capiz, Iloilo, Davao del Norte, and Tawi-Tawi.
- Teams attending the assessment workshop were expected to bring the completed forms and use the information for sessions in which the local situation was described and areas for technical support initially identified.
- Provinces used the LGU-level tool as a guide for developing their presentation of the Provincial "Situationer".

2. In-depth Assessment Tools

Tools to provide a more complete picture of the level of commitment to health, including family planning, services available across sectors, resources and processes at facility level, and community needs have evolved along with the Project Monitoring and Evaluation Plan indicators for LGUs, evolutions in project technical areas, such as CSR, and technical strategies such as TB services management and insights from field visits regarding provider concerns in family planning. Tools and processes were also modified based on discussions with LGUs regarding feasibility of processes.

a. Community level:

- CBMIS survey will be carried out as part of this phase of assessment. Modifications were made to the tool to focus on LEAD for Health Project areas and to be consistent with national surveys related to family planning, as well as with the National TB Program (See Annex B).
- This tool will be used by Barangay Health Workers at household level to determine key health service needs in the community, particularly for family planning. At least 50% of barangays will be covered.

- Client and provider qualitative information will not be gathered at this stage. These processes will be developed with the appointment of the Behavior Change Specialist and will be supported by some selected special surveys.

b. Facilities: Health Centers, RHUs, and Barangay Health Stations:

- To reinforce the use of existing processes and data, it was decided best to use the *Sentrong Sigla* (SS) Facility Self-Assessment Checklist (FSAC), backed by SS standards. This also reinforces the use of existing standards and indicators (See Annex C).
- Where SS is not specific enough, additional items were drafted into an addendum, but in the same format and style as the SS tool.
- By undergoing this process at this stage, progress is also made toward SS Certification of RHUs by identifying areas needing attention. The addendum questionnaire has striven to include factors important for PhilCAT accreditation for reimbursement of TB DOTS services.

c. LGU Cross-Barangay Health Data and Service Statistics

- For LGUs to analyze health and service data across barangays and identify service gaps, simple summary tables augment the other tools (See Annex D). These are in penultimate form as correct information regarding calculation of TB indicators has been obtained.
- These tables will only capture what is known from FSHIS and other LGU sources in the public sector. They will also feed into the planning process.

d. Management Systems Situation Analysis

- A brief tool reviewing the policy environment, financial commitment, and stakeholder involvement has been developed as a broad inventory of what is in place at governance management levels of health services in the LGU (See Annex E). This tool has evolved along with the further clarification and definition of indicators and expectations of LGUs for the LEAD project monitoring process.
- Information will be obtained by directly reviewing policies such as ordinances, minutes from Local Health Board meetings, expenditures reports, and other existing sources of data.

e. Mapping of services across sectors

While maps of existing facilities are readily available, more specific services for family planning and other LEAD priority services are not detailed across LGU maps, including frequency of availability and, in particular, private sector availability. Attempts at obtaining a private sector mapping tool from other projects were unsuccessful. However, a simple, itemized list of data needed to be added to existing facility and health services maps was developed to guide LGU teams.

Conclusion

The self-assessment tool was useful in providing a quick picture of the diversity across LGUs in terms of services and resources available. It is unclear why some LGUs did not complete the process, i.e. whether they first needed an interactive engagement with our team, whether they lack understanding regarding the process, or whether they lack clarity regarding how the effort would be put to use.

CBMIS will require training of LGU teams in the application of the tool at the household level, use of the information at managerial level, and how to orient Barangay Health Workers in the household survey process. Resulting data will provide managers and health workers with critical information for planning services that are responsive to local need.

Training of LGU teams, with support of the DOH Representative will be necessary to orient teams to the newest SS standards and FSAC format, the addendum questionnaire, and to the BHS tool. Results from this process may not be detailed enough to define every needed technical intervention by the LGU, but should identify areas requiring other specific baselines in order to plan site-specific improvement processes.

An orientation to the complete set of tools will require participation of an inter-disciplinary team that includes representation from the mayor's office and financial management in addition to the health management team. Both the facility assessment and CBMIS tools will require field practice and data processing. A plan for conducting assessments will be the product outcome of the 4-day orientation.

While tools development took longer than originally anticipated, using information from the several site visits during the family planning strategy consultancies, LGU engagement workshops, the PMEP process, and exhaustive discussions around what kind of information is most useful and efficient to gather has culminated in, what is expected to be, an improved process.

Next steps are orientation (Annex F), LGUs actually conducting in-depth assessments, and LGUs using the information in the upcoming planning workshops.

ANNEXES

Annex A

LGU Assessment Form

**LEAD for Health Project
LGU Assessment Form**

LGU : _____
Province : _____ Region: _____

Date _____

Question		Response
A	LGU Characteristics	
1	Number of Barangays	No. of Rural Bgys: No. of Urban Bgys:
2	Demographics	
2.1	LGU estimated population based on NSO projections for 2004	
2.2	Is this estimated population a fair estimation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If response is No, please explain below.</i>
2.3	Estimated poverty level according to last MBN survey (please indicate if from other data source)	
<i>Comments:</i>		
3	LGU Health Budget	
3.1	LGU total expenditure for 2003	
3.2	LGU 2003 total expenditure for health	
3.3	LGU 2003 total expenditure for oral contraceptives (pills) and condoms	
3.4	LGU 2003 PhilHealth Indigent enrolment amount	
<i>Comments:</i>		
4	Governance	
4.1	Date of the last Local Health Board Meeting	
4.2	List of three (3) most recent major activities of the Local Health Board	
4.3	List of City/Municipal Ordinances or Resolutions in the last 5 years related to Family Planning, Maternal Health, Nutrition and Infectious Diseases, e.g. Tuberculosis. <i>Add additional sheet if necessary.</i>	

**LEAD for Health Project
LGU Assessment Form**

LGU : _____
Province : _____ Region: _____

Date _____

Question		Response
B Health Services Quality		
1	No. of Level 1 Sentrong Sigla certified Rural Health Units (RHUs), Health Centers (HCs) and Barangay Health Stations (BHS)	No. of certified RHUs/HCs: No. of certified BHSs :
2	No. of RHUs/HCs with Quality Assurance (QA) Teams or Quality Circles?	
3	No. of RHUs/HCs that have conducted client satisfaction surveys in the last year	
4	<i>If municipality</i> , no. of BHSs visited by the nurse/midwife supervisor during the past month <i>If city</i> , no. of HCs visited by the city nurse supervisor	
5	TB smear conversion rates for July – Dec 2003 <i>(Please indicate by RHU/HC and attach additional sheet if necessary)</i>	
6	TB “case detection” rate for July – Dec 2003	$\frac{\text{No. of smear positives (+)}}{\text{Total population}} \times .00145 =$
7	The average no. of days it takes for TB sputum results to come back to the “requesting/sending” health provider e.g. after 4 days, etc.	
Comments:		
C Health Service Financing		
1	LGU’s current external sources of support	
2	LGU health projects during year 2003, e.g. World Vision, UNICEF and USAID	
3	No. of RHUs/HCs that are PhilHealth accredited for outpatient package	
4	Do clients/patients at RHU and health centers pay for any services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If response is Yes, please explain for what services.</i>

**LEAD for Health Project
LGU Assessment Form**

LGU : _____
Province : _____ Region: _____

Date _____

Question	Response
----------	----------

D Drugs		
1	No. of RHUs/HCs that had a stock-out of any type of contraceptive in the last month	
2	No. of RHUs/HCs that had a stock-out of either an antibiotic or paracetamol in the last month	
3	Indicate the type of procurement processes used for 2003 LGU drug procurements, e.g. bidding, canvas, pooled procurement	

Comments

E Information Systems		
1	Check the types of information systems being used by the LGU	<input type="checkbox"/> FHSIS <input type="checkbox"/> Infectious Disease Surveillance <input type="checkbox"/> TB Surveillance <input type="checkbox"/> STD/HIV/AIDS surveillance <input type="checkbox"/> CBMIS Others, specify:
2	Of those that are being used, indicate that which is most useful overall	

Comments

F Public/Private Health Service Provision/Mix		
1	How is the private sector encouraged to provide services to clients for FP, TB, Vit. A?	

Comments:

**LEAD for Health Project
LGU Assessment Form**

LGU : _____
Province : _____ Region: _____

Date _____

Question	Response
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G Health Service Availability										
No. of Health Facilities/Providers by FP method and TB DOTs										
1. No. providing FP Methods and TB DOTs <i>Indicate NA if not applicable.</i>	Total number by type	Pills	Injectable e.g. DMPA	IUD	NFP	Standard Days Method (SDM)	VSS-Female	VSS-Male	TB DOTs	
Barangay Health Stations										
Rural Health Units/Health Centers										
Public Hospitals										
Private Practitioners (Physicians)										
Private clinics (of nurses or midwives)										
Private Hospitals										
NGOs										
Pharmacies/drug stores dispensing contraceptives/TB drugs										
2. No. of health staff providing FP method and TB DOTs <i>Indicate NA if not applicable.</i>	Total number by category	Pills	Injectable e.g. DMPA	IUD	NFP	Days Method (SDM)	VSS- Female	VSS-Male	TB DOTs	
Barangay health workers (for FP, refers to counseling)										
Midwives										
Nurses										
Physicians*										

** for physicians, does not include those in management positions who do not provide direct client care.*

H Others
1. Are there other health projects that have been active in the LGU in the past 3 years? <i>If answer is yes, please list.</i>
2. Is there an STD AIDS/ HIV focused project in your LGU? <i>If answer is yes, please list.</i>
3. What are your other health system issues and needs?

Annex B

Community-Based Monitoring and Information System
(A User's Guide)

Community-Based Monitoring and Information System

A User's Guide

LEAD for Health Project
Management Sciences for Health
March 2004

PREFACE

This guide provides public health workers instructions on how to implement a community-based monitoring and information system (CBMIS) to be used in developing an efficient service delivery program on health. It includes a description of the system and how it works, a description of the tools as well as instructions on how to accomplish these tools. It also provides some technical information that the service provider would need in order to fully understand how the forms are to be accomplished and suggests tips and actions to be taken in particular circumstances.

Objectives of the CBMIS

The CBMIS aims to:

1. Enable the front-line service providers to systematically identify, categorize and prioritize clients for the purpose of determining their service needs;
2. Provide a basis for planning and implementing appropriate interventions thus optimizing the use of time and other resources.
3. Enable the health service providers to track down women and children with unmet needs.

Factors to ensure an effective CBMIS

The effectiveness of this system will depend largely on the people implementing it. Firstly, program managers and decision-makers must be convinced of its importance for the program. Their support is vital to the success of the system. Secondly, the service providers themselves should understand how the system would help them increase coverage and serve their clients better. When both the program managers and the service providers are convinced of the advantages of adopting the system, careful planning should be done as to how it should be implemented: timetable, manpower, deployment, supervision, training and logistical requirements. Finally, implementers should guard against the tendency to look at the system as an added burden, because on the contrary the CBMIS tool was designed to complement whatever information system is available in the health facility like the Field Health Service and Information System (FHSIS). The FHSIS is a facility-based information system that records clients who are provided health services at the health facility level (e.g. Target Client List or TCL). On the hand, the CBMIS will help identify the women and children with unmet needs who do not visit the health facility and keep track of these clients until they are provided the necessary health services.

What is CBMIS?

A **Community-Based Monitoring and Information System (CBMIS)** consists of a set of sequenced and continuous steps that allows health care providers to identify eligible target clients who do not avail or access the appropriate health services in a circumscribed area and determine and undertake alternative service delivery interventions to respond to the needs of these groups of clients. In addition, this system also allows the health care providers to assess program performance.

What are the Major Steps to Implement the CBMIS?

The CBMIS consists of 6 major steps.

Step One: Identification of Target Clients. For the purpose of the LEAD for HEALTH Project, these target clients are:

- **Children 0 – 5 years old (0- 71 months) in need of vaccinations included in the expanded program on immunization (EPI) and Vitamin A supplementation.** This includes 9 months to 5 years old children who were able/not able to receive the necessary vaccinations before his/her first birthday and vitamin A supplementation.
- **Married Women of Reproductive Age (MWRA) in need of family planning (FP) services.** This includes women with “unmet needs” or women who do not like to have any more children but are not using any family planning method and women who would like to space their children but are not using any family planning method.
- **Family members with signs and symptoms associated with tuberculosis and those with tuberculosis.** These are persons who are currently suffering from cough of two or more weeks duration and those recently diagnosed with Tb by a health professional.

The following sub-steps are required:

1. Training of health volunteers and health workers on CBMIS. It is important that they understand the rationale and ultimate objective for maintaining this system. In addition, the forms to be used should be very clear to them.
2. Assignment of a specific area and number of households to a particular worker who will undertake the family profile data collection. Very often this will be the Community Health Workers (BHW, BNS, BSPO, etc.). If such a data is already available, what might be needed may be updating and/or additional information. At this stage also, schedules should be firmed up. The assignment of areas should be done in such a way that each assigned volunteer would finish her/his area in a reasonable period of time, considering population density and terrain. Some large barangays may be divided and new volunteers recruited to have a more equitable distribution of households.
3. Conduct systematic house-to-house interviews. To assure the quality of information, it is suggested that the mother/housewife be the respondent. Supervisors (often the midwife) should be fielded to help the interviewers, ensure that the job is done as planned and respond to any problems that may arise. The interview is conducted using the CBMIS Questionnaire.

Step Two: Identification of Unmet Needs and Initial Actions. Based on the status of each target client as gathered during the interview, the interviewer should take initial actions immediately. The list of suggested **ACTIONS TO BE TAKEN** is contained in the CBMIS Questionnaire so that, during the interview, the volunteer can choose what action to take given the particular status of the client.

Step Three: Prioritization of Clients for Service. Given constraints on time and resources, prioritization of clients allows those who are most in need of particular health services to receive services immediately. Clients are prioritized based on the urgency of their need for service. The volunteer may accompany the mother and child to the health facility for service or the health care provider provides the services at home. Other clients can come to the health facility during regular schedules or organize an outreach activity to the area, depending on the magnitude of the problem. In this case, the consideration would be the optimum use of resources without sacrificing the clients' need for services. It is also in this step that the midwife and the volunteer can revisit and update their existing Target Client List (TCL).

Step Four: Planning and Implementation of Appropriate Service Delivery Interventions. Data gathered in CBMIS Questionnaire will be summarized using the CBMIS FP Unmet Needs Barangay Client List, CBMIS Barangay Tally Sheets and CBMIS Catchment Area Tally Sheets. The data can help the midwife determine which areas (puroks or sitios) are in need of immediate interventions. Those puroks or sitios with the most number of priority clients should be given primary consideration.

Step Five: Tracking of Clients with Unmet Needs. The CBMIS allows the service providers to track down clients with unmet needs for health services. By using and analyzing CBMIS FP Unmet Needs Barangay Client List, CBMIS Barangay Tally Sheets and CBMIS Catchment Area Tally Sheets, the health workers would know who the target clients are and the number needing specific health services, the extent to which they have served these clients and the appropriateness of their service delivery interventions. Hence, resources and time are better used when the results of CBMIS are utilized.

Step Six: Maintenance of CBMIS. For CBMIS to be most effective there is a need for it to be maintained and sustained over time. This involves regular updating of CBMIS Questionnaire by the community health workers every time health services are provided. Yearly updating of the CBMIS forms is recommended. Part of the maintenance is the review and analysis of the information on the forms and planning actions based on these data. Finally, performance assessment should be a regular activity.

What are the Tools used in CBMIS?

To assist the health care providers to operationalize the CBMIS, the system has four basic tools or forms:

1. **CBMIS Questionnaire** (Appendix A) – this form consists of 3 pages and should be accomplished by an interviewer (Community Health Worker) and to be used for every

family. This form will identify the target clients who are in need of an appropriate health services. It is used during **Steps One, Two and Three** and is therefore kept by the Community Health Worker and updated as necessary. The information obtained can be double checked with the TCL.

2. **CBMIS FP Unmet Needs Barangay Client List** (Appendix B) - *this form is to be accomplished by the supervisor/midwife.* This summarizes the MWRAs with unmet needs by barangay. It will tell the midwife who and where in the barangay are the women with unmet need for family planning and guide her on how she can implement appropriate interventions.
3. **CBMIS Barangay Tally Sheet** (Appendix C) - *this form is to be accomplished by the supervisor/midwife.* It will provide the midwife an overall picture of the status of target clients and their service needs in the entire barangay. It also shows which BHW needs assistance because of the many clients needing services. It is basically the tool for planning, implementation of appropriate service delivery interventions and tracking of clients with unmet needs. The information that will be regularly generated in this form will give the health care providers an indication of the effectiveness of their service delivery interventions.
4. **CBMIS Barangay Tally Sheet** (Appendix D) - *this form is to be accomplished by the supervisor/midwife.* This form provides the midwife assigned in several barangays with an overall picture of the status of target clients and their service needs in her entire catchment area. It is basically similar to CBMIS Barangay Tally Sheet only it summarizes the data per catchment area of each midwife. For example, if a midwife is assigned to 3 barangays, then the data from CBMIS Barangay Tally Sheet of each barangay should be transferred to this form. Percentages or rates can be compared among the different catchment barangays. This would help her in prioritizing which barangay needs immediate health interventions.

What are the Major Parts of the CBMIS Tools?

The CBMIS Questionnaire has four major sections:

1. **General Information** This is on the upper portion of page 1 and gathers general information about the family that includes the address, respondent, father and mother names and birthdays.
2. **Part I – EPI and Vitamin A Supplementation** This part lists all children 0-5 years old (0-71 months) in the family, their vaccination status. Vitamin A supplementation of children 6-71 months old and a list of areas of concern and the appropriate actions to take given the status of every child's vaccination and Vitamin A supplementation.
3. **Part II - Family Planning Practice of Married Women of Reproductive Age** This part reflects the steps on how to determine whether or not the married woman (the mother or

wife) in the family has an “unmet need” for family planning and what appropriate actions should be.

4. **Part III – Tuberculosis Control** This part shows the steps on how to identify TB symptomatics, TB patients, source of anti-TB drugs, and treatment status.

CBMIS FP Unmet Needs Barangay Client List

This form lists the individual MWRA's including their names, age, address, their identified unmet need and the FP method they are interested in. It also provides columns for the midwife to fill in the actual FP service she has provided for each MWRA.

CBMIS Barangay Tally Sheet for EPI and Vitamin A Supplementation

This form summarizes the data for the EPI and Vitamin A Supplementation Program within the barangay. Data from each volunteer can be compared in this form.

1. Part IA summarizes the number of children 0 – 11 months old according to their vaccination status.
2. Part IB summarizes the number of children 1 year old (12-23 months) according to their vaccination status.
3. Part IIA summarizes the number of children 6-11 months old according to whether they have been given or not Vitamin A supplementation.
4. Part IIB summarizes the number of children 12-71 months old according to whether they have been given or not Vitamin A supplementation.

CBMIS Barangay Tally Sheet for Family Planning Program

This form summarizes data for the Family Planning Program within the barangay. Data from each volunteer can be compared in this form.

1. Part A summarizes the married women of reproductive age by their FP preference and method use.
2. Part B summarizes the private sector sources of FP service/supply on method use.
3. Part C summarizes the public sector sources of FP service/supply on method use.
4. Part D summarizes the other sources of FP service/supply on method use that cannot be classified as public or private.

5. Part E summarizes the reasons given for the dissatisfaction with the current FP method use by the MWRAs.

CBMIS Barangay Tally Sheet for Tuberculosis Control Program

This form summarizes data for the Tuberculosis Control Program within the barangay. Data from each volunteer can be compared in this form.

1. Part A summarizes the number of persons currently with symptoms associated with TB.
2. Part B summarizes the number of TB patients by their treatment status.
3. Part C summarizes the private sector sources of anti-TB medicines.
4. Part D summarizes the public sector sources of anti-TB medicines.
5. Part E summarizes the number of TB patients by their treatment partners

CBMIS Catchment Area Tally Sheet for EPI and Vitamin A Supplementation Program

CBMIS Catchment Area Tally Sheet for Family Planning

CBMIS Catchment Area Tally Sheet for Tuberculosis Control Program

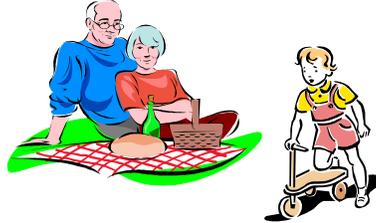
These tally sheets have the same summary categories with CBMIS Barangay Tally Sheets. These summarize the data from the different barangays within the catchment area of the midwife. Rates of percentages from each barangay can be compared in this form.

How to Complete the CBMIS Questionnaire

This instruction sheet provides all the information needed to fill out the CBMIS Questionnaire correctly. Read the instructions before beginning to fill out the questionnaires for the first time, and refer to them when questions or issues arise. Use pencil to fill out this and other CBMIS forms, to facilitate revisions and updates.

A family is defined as any one of the following:

- Husband and wife without children
- Husband and wife with child/children
- Father and child/children only
- Mother and child/children only



Note:

- A man and a woman are considered married even if they are not legally married as long as they are staying under one roof and considers each other as permanent partners.
- Child/Children may be legitimate, illegitimate, legitimated or adopted.
- A married child staying in the same household will require a separate Family Profile Form.

General Information

The general information section provides the barangay health worker (BHW) with the basic information needed in order to visit the family again when updating the form in the futures

Respondent – write the name of the respondent or the person who provided the information regarding the family. It is highly recommended that the mother or wife should be the respondent. If the mother or wife is not available, any other person within the family may qualify as a respondent provided he or she is knowledgeable of the family's health status (vaccination, use of family planning, etc). Otherwise, return at another time to interview a qualified respondent.

Address – write the exact address of the family being interviewed. Write the house number, street, purok, and barangay. If none, ask for (and make a note of) any landmark that will make it easy to locate the residence of the family again.

Father - write the complete name of the father

Birthday – write the birthday of the father in the format mm/dd/yyyy

Age – write the age of the father

Mother - write the complete name of the mother

Birthday – write the birthday of the mother in the format mm/dd/yyyy

Age – write the age of the mother

BHS/BHC – write the name of the barangay health station or barangay health center (for cities) that covers the area where the family resides.

RHU - write the name of the rural health unit that covers the area where the family resides

Mun/City – write the name of the municipality or city where the family resides

Province – write the name of the Province

BHW – write the name of the Barangay Health Worker whose scope of responsibility or catchment area includes the area where the family resides.

RHM – write the name of the Rural Health Midwife in charge of the BHS and whose scope of responsibility includes the area where the family resides.

PHN – write the name of the Public Health Nurse in charge of the Midwife and whose scope of responsibility includes the area where the family resides

Interviewer – the complete name of the interviewer

Date of Interview – the month, day and year when the interview was conducted

Date of last update – the month, day and year when the form was last updated

PART I. EPI AND VITAMIN A SUPPLEMENTATION FOR CHILDREN 0-5 YEARS OLD (0-71 MONTHS OLD)

To complete Part I, the interviewer records the name, age, vaccination status and vitamin A supplementation status for all children age 5 years and below.

Name – write the names of all children aged 0 - 71 months old in the family starting from the eldest to the youngest qualified child.

Birthday – write the complete date of birth (mm/dd/yyyy) in the corresponding boxes for each child aged 0-71 months old.

Age – based on the birthday of the child, write his/her age in completed months if 11 months old and below, and the completed age in years if more than 12 months old. Write the letters “M” to indicate months and “Y” to indicate years. Examples: the age of a 3 months and 8 days old baby should be written as “3 M”; the age of a 2 years and 6 months child should be written as “2 Y”; the age of a 20 days old neonate should be written as “0”.

Where does the child avail of vaccination services? – For each qualified child, ask the respondent where the child received his/her vaccinations. If the child received his/her vaccinations from the BHS or BHC, write B. If the child received his/her vaccinations from the RHU or MHC, write R. Leave it blank if the child has not received any vaccination at all. If the child received his/her vaccinations from a private clinic, write P, if government hospital, write G. See A for specific actions to be taken if the response is either P or GH and the child is not yet fully immunized. The specific action for A instructs the BHW in charge of this family to do monthly follow-up of the child’s vaccinations until completed and update the Form 1 of the family.

Does the child have any vaccination record? For each child, determine whether s/he has a vaccination record or not. If the child has a vaccination record, put “Y” for Yes and ask to look at the record. If the child was vaccinated in a government facility, such as a rural health unit or a barangay health station, the vaccinations should be recorded in a growth monitoring chart (also called a Yellow Card). If a child was vaccinated in a private health facility, s/he should have a record of the vaccinations in a “baby’s book.” If the child has no vaccination record or it has been lost, write “N” for No or None.

If the child does not have a vaccination record, see Action B at the bottom of the form. Action B is to advise the mother to go to the nearest health facility to ask for a vaccination card.

Childhood Vaccinations

All children should receive one (1) dose of BCG, three (3) doses of DPT, three (3) doses of OPV and one (1) dose of measles vaccines before his/her first birthday to be considered a fully immunized child or FIC.

BCG - Bacillus Calmette Guerin, a live attenuated vaccine given to infants after birth to protect them against tuberculosis; usually injected on the right deltoid region of the arm (sometimes given on the buttock by private practitioners) that may cause a scarring or dimpling of the skin.

DPT - A vaccination against Diphtheria, Pertussis, and Tetanus; usually injected on the upper outer portion of the thigh. Normally, three (3) doses are given to infants starting at 6 weeks after birth at monthly intervals. It is important that all three doses be given before the first birthday of a child.

OPV - Oral Polio Vaccine, given orally to infants starting at 6 weeks after birth at monthly intervals to prevent poliomyelitis. It is important that all three doses be given before the first birthday of a child.

Measles Vaccine - A vaccination against measles; usually given to infants at the age of 9 months or before reaching 12 months old. If a child was given measles vaccination earlier than 9 months (e.g. 6 months) for one reason or another (e.g. during outbreak of measles, in evacuation areas in times of disasters, etc.), it should be repeated at 9 months or before reaching 12 months.

Vaccinations Received – Check the vaccination record, if available, for each child. In the appropriate columns, copy the dates when the vaccinations were received. For children 12-71 months old who have not received 1 or more vaccinations, write “N” in the appropriate columns for any vaccinations not received. For children 0-11 months old with no vaccination record, ask

the respondent if s/he recalls whether the child received doses of antigens (BCG, DPT, OPV, and measles vaccine). If the respondent says yes and knows the date, write it down. If the respondent says yes but cannot recall the dates, put a “Y” in the corresponding column for each antigen received. Leave the column blank if the vaccination has not yet been received.

For any child 0–11 months old who has received no vaccinations or who has not followed the vaccination schedule see Action C at the bottom of the form. Action C is to refer or accompany the mother and child to the midwife for an immediate vaccination.

For any child 12–71 months old for whom there is a vaccination column marked “N” or for whom the respondent says that complete doses of a vaccination were not received, see Action D at the bottom of the form. Action D is to advise mother to consult the Rural Health Midwife about the child’s vaccinations.

FIC (For children 12-23 months old) A fully immunized child is a child who has received 1 dose of BCG, 3 doses of DPT, 3 doses of OPV, and 1 dose of measles vaccine before her/his first birthday. If the child is fully immunized based on her/his vaccination record and the respondent’s recall, put “Y” in the appropriate column. If the child is not fully immunized, put “N.” If the respondent claims that the child is fully immunized but there is no written record, see Action B at the bottom of the form. Action B is to advise the mother to go to the nearest health facility to ask for a vaccination card. The BHW should also check the records of the health facility and revise the form as necessary.

Vitamin A (For children 6-71 months old) All children 6-11 months old are given 100,000 iu of Vitamin A and children 12–59 months old are given 200,000 IU of vitamin A every 6 months as part of the DOH’s effort to eliminate micronutrient malnutrition. Vitamin A supplementation campaigns are conducted every 6 months, usually during April and October (for example, when Garantisadong Pambata [Preschoolers Health Week] takes place).

If the child was given vitamin A, in the last 6 months, write “Y”. If the child was not given vitamin A in the last 6 months, write “N” in the column and see Action E at the bottom of the form. Action E advises giving vitamin A capsule at once if available, or advising the mother to bring the child to the nearest health facility for the next scheduled vitamin A supplementation. In addition, the interviewer or community health worker should give the mother information about the importance and benefits of vitamin A supplementation. If child is not high risk (not sickly or malnourished), inform the mother of the next vitamin A supplementation activity. If child is sickly or malnourished, tell the mother to bring the child to the health center for proper assessment and vitamin A supplementation, if necessary.

Administering Vitamin A

Children aged 12-59 months old are given 200,000 IU of Vitamin A every 6 months as part of the Department of Health’s effort to eliminate micronutrient malnutrition. Children 6-11 months old are given 100,000 iu of Vitamin A usually during measles vaccination.

Vitamin A is administered by cutting the tip of the capsule (for capsules without tips, puncture with a pin) and squeezing the content (liquid) into the mouth of the child. Show the respondent a sample capsule to help her remember and not to confuse it with the Oral Polio Vaccine which is also administered in the mouth of the child.

PART II. FAMILY PLANNING PRACTICE OF MARRIED WOMAN OF REPRODUCTIVE AGE (MWRA) 15-49 YEARS OLD

The interviewer asks a few questions of a currently married woman of reproductive age to determine whether she has an unmet need for family planning. Please note that the interviewer does not need to ask the questions of women who:

- Are menopausal
- Had undergone hysterectomy

Who are Women with Unmet Needs for Family Planning?

“Women with “UNMET NEEDS” include:

1. Women who do not like to have any more children but are not using any family planning method ;
2. Women who would like to space their children but are not using any family planning method.

1. ***Are you currently pregnant?*** If the answer is “**Yes**”, check the corresponding box and do the action suggested on the box next to the checked response, that is fill in the expected date of delivery in the given format (MM/DD/YYYY). This would guide the BHW and other health staff when the mother is expected to deliver and allow them to provide immediate health services to the mother and child. Remind her of the need for prenatal care and tetanus toxoid vaccination, if needed. **End of Interview.**

If the answer is “**No**”, check the corresponding box and proceed to question #2 by following the arrow.

2. ***Do you want to have another child?*** Put a check in the appropriate box and proceed to the next question by following the arrow.
3. ***Are you currently using any Family Planning method?*** If the answer is “**No**,” put a check in the corresponding box and proceed to the question #4 by following the arrow.

If the answer is **Yes**, check the corresponding box then proceed to question#6 by following the arrow.

4. ***Are you interested in using any family planning method?*** If the answer is **No**, check the corresponding box then do the action written in the box next to the response; give the woman information about prenatal and family planning services and refer her to a midwife or to the health center for counseling in case she changes her mind. **End of Interview.**

If the answer is “**Yes**,” check the corresponding box and proceed to question #5 by following the arrow.

5. **What family planning method are you interested in?** At this point, give the couple a brief introduction about the permanent and the temporary methods of family planning. If the answer is **Permanent Method**, check the corresponding box and give the mother/couple information about voluntary surgical sterilization. After giving information, check which method they prefer: Bilateral Tubal Ligation (BTL) or Vasectomy. Refer to the midwife at once for counseling and scheduling. **End of Interview.**

If the answer is **Temporary Method**, provide information on temporary methods. If respondent chooses condom or SDM, provide supply at once (if the interviewer or BHW has the necessary supply). If respondent prefers other temporary methods, refer her to the midwife for other FP methods. **End of Interview.**

6. **Which family method are you currently using?** Check the appropriate box of the family planning method she is using.

- CHECK ONLY ONE METHOD

- If more than one method is used, check the method listed higher in the table (number 1 “Female Sterilization” being the highest)
- A mother may be classified as using LAM only if all 3 of the following are true: (1) She has a baby less than six months old, AND (2) She is amenorrheic (not menstruating), AND (3) She is breastfeeding the baby day and night.

If the woman is using pills or condoms, provide the woman her new supply of FP method (if the interviewer or BHW has the necessary supply) if needed or remind her about her next scheduled visit to the health center for re-supply and/or check-up.

Family Planning Methods

Source: NSO 2002 Family Planning Survey

- 1.) **Female Sterilization (Tubal Ligation):** Tubal ligation is a permanent method to avoid pregnancy by means of tying or cutting the fallopian tubes, preventing the egg from flowing to the uterus. Note that hysterectomy or the removal of the uterus (womb) or ovaries is not considered as female sterilization.
- 2.) **Male Sterilization (Vasectomy):** Vasectomy is relatively minor operation (compared to ligation) done on men for contraceptive purposes. It is a permanent method performed on men by means of tying or cutting the vas deferens such that the sperm will not mix with the semen.
- 3.) **Pill:** These are tablets that are taken orally each day or at least 20 days of the menstrual cycle, suppressing ovulation. They are not to be confused with foam tablets which are inserted in the vaginal canal shortly before intercourse and prevent conception by killing the sperms. Examples of pills are Ovural, Norlestrin, Demulen, Ovulen, Noriday, Marvelon 28, Lo Gentrol, Nordette and Triquilar EDFe.
- 4.) **Intra-uterine device (IUD):** A small plastic or metal device that is inserted in the uterus by a doctor/nurse or expelled. The IUD is not to be confused with chemical preparations or ‘devices’ (such as the diaphragm) which are inserted in the vaginal

canal shortly before intercourse. Most IUDs are known as ‘loops’ or ‘coils’. The IUD supplied in the public sector program is called copper-T 380A.

- 5.) **Injectables (DMPA):** An injection that is normally given every two or three months and is also known as Depo-provera, Noristerat, or DMPA (Depot Medroxy-Progesterone Acetate). It prevents ovulation by stopping the pituitary hormone to release the egg from the ovary.
- 6.) **Mucus/Billings/Ovulation:** The woman checks the consistency of vaginal mucus to determine the time of ovulation.
- 7.) **Basal Body Temperature:** The time of ovulation is gauged by observing fluctuation in the woman’s temperature during the menstrual cycle.
- 8.) **Symptothermal:** A method that involves monitoring both the consistency of vaginal mucus and fluctuations in BBT during the menstrual cycle.
- 9.) **Standard Days Method (SDM):** Standard Days Method is based on the woman’s cycle. The cycle begins on the first day at menstrual flow ends on the day before the next menstrual flow. This method makes use of string of colored beads or necklace, which represents the menstrual cycle of the woman. Each bead represents a day of the cycle. The red bead marks the first day of the menstruation. The white beads represent the days when the woman can get pregnant, if she has intercourse. On the brown beads represent the days the woman does not get pregnant. Using the necklace, a woman knows when to avoid unprotected sexual intercourse in order to prevent pregnancy.
- 10.) **Condom:** The condom is a rubber or latex sheath which is used by the male during intercourse and prevents sperms from entering the uterus. Condoms are most commonly known as ‘rubbers’. Some brand names are Trust, Gold Coin, Silver Tex, Fugi, Conture, Samoa, Conform, Protec, Tahiti, Metro, FP Condom, Sensation and Crown.
- 11.) **Lactational Amenorrhea Method (LAM):** LAM is a child spacing method that requires full and regular breastfeeding which results in the delay of mother’s ovulation. LAM is a temporary method that can be used until the infant is six month old.

The mother can use LAM if:

- she is amenorrheic (not menstruating)
- she is breastfeeding the baby day and night without supplementation (that is, the baby is not given other food except vitamins and/or water); and
- the baby is less that six months old

If at least one of the conditions mentioned above is not met, the mother’s chance of pregnancy is increased. For continued protection, the mother needs advice to begin using a complementary family planning method when the baby is over six months old, and to continue breastfeeding for child’s health.

- 12.) **Calendar/Rhythm/Periodic Abstinence:** The couple avoids sexual intercourse on certain days of the woman’s menstrual cycle (around the time of ovulation) to

avoid pregnancy. The woman calculates and marks on the calendar the days when she is likely to conceive to remind the couple not to have sexual relations on those days. Likewise, a couple is using rhythm when they use a 'rule' to determine which days not to have intercourse such as no intercourse from day 8 to day 21 of the menstrual cycle. Periodic abstinence is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman's monthly cycle. (Prolonged abstinence should be classified as 'Other'.)

- 13.) **Withdrawal:** Voluntary removal of the male sex organ just before the climax is reached during the sexual intercourse.

7. Where did you last avail/get advice on how to use the FP method you are currently using?
Check only one source. The description of each source is described below

Sources of Family Planning Methods
Source: NSO 2002 Family Planning Survey

Private Sector:

- **Private hospital or Clinic:** A hospital or clinic which is privately owned.
- **Pharmacy:** A commercial establishment, typically independent of a hospital or clinic, where medicines are offered for retail sale. Mercury Drug is an example of a pharmacy.
- **Private Doctor:** A doctor who is practicing on his own, and not located within a larger facility.
- **Private nurse/midwife:** A licensed nurse/midwife who provides contraceptive supplies for a fee or donation, independently of any hospital or clinic. Record private nurse/midwife only if the midwife has her own private practice, which is not located within a hospital or clinic (public, private or NGO). A private nurse/midwife may work out of her home.
- **NGO (such as IMCH, IMCCSDI FPOP):** An NGO is a non-government organization providing general family planning services. It is an organization that is neither public (that is, run by the government) nor for profit, private. An NGO may or may not operate a clinic. Aside from its paid family planning service providers, an NGO typically has a network of community-based volunteer distributors, consisting of doctors, nurses, midwives and non-medical personnel (such as housewives) who may be a source of supply for contraceptives. These volunteers may or may not charge a fee. They may also operate at a great distance from the offices or clinic of the NGO for which they work. The three largest NGOs are commonly known by their acronyms. IMCH (Institute of Maternal and Child Health), IMCCSDI (Integrated Maternal Child Care Services and Development, Inc.) and FPOP (Family Planning Organization of the Philippines). *Both NGO clinics and NGO volunteers should be classified as 'NGO'.*

- **Industry based clinic:** A clinic managed by an agricultural or other industrial company, typically for the benefit of its employees and their dependents. For example, Goodyear provides a clinic for its employees.

Public Sector:

- **Government Hospital:** A hospital which is run by the government.
- **Rural Health Unit (RHU) Urban Health Center:** A field health unit of the DOH providing or making accessible, under the direct supervision of at least one physician, the basic health services for a municipality in the National Capital Region (NCR), all health centers are classified as RHUs.
- **Barangay Health Station:** A peripheral health facility that delivers basic health service to a barangay with an estimated population of 5,000 and usually staffed by a midwife.
- **Barangay Supply/Service Point Officer/BHW:** A volunteer worker selected from among barangay residents, who supplies condom and re-supplies pills in the barangay. (The Barangay Supply/Service Point Officer (BSPO) provide only re-supply of pills and not initial supply.) The BSPO may also serve other roles. For instance, the BSPO may also serve as a barangay health worker (BHW) working with the Rural Health Unit (RHU) or be a barangay nutrition scholar of the National Nutrition Council (NCC). If you received your supply of pills or condoms from one of these public sector volunteers, the source of supply should be coded using the Barangay Supply Service Point Officer BHW category.
- **Puericulture Center:** A facility where either public or private suppliers may operate. Use this category only if you cannot classify the supplier in one of the other categories for public or private suppliers.
- **Store:** A commercial establishment where diversified goods (as opposed to simply medicines) are kept for retail sale. Seven-Eleven is an example of a store.
- **Church:** A religious organization

8. *Are you satisfied with the FP method you are currently using?* If the answer is **Yes**, put a check in the corresponding box.

If the answer is **No**, put a check on the corresponding box, follow the arrow and ask the woman for the reason why she is not satisfied. Then check the box the major reason for the dissatisfaction and refer or accompany her to the midwife for counseling.

Reasons for Dissatisfaction on FP Method Use

Source: NSO 2002 Family Planning Survey

- **Side effects:** Any undesirable consequence of using a family planning method that results in a decision not to use any family planning method. Side effects must be actually experienced and directly attributable to the use of a family planning method. They may or may not have an adverse effect on the health of the user. For example, side effects may be spotting or bleeding with use of the pill.

- **Health concerns:** Any concern or worry about the possibility of undesirable consequences affecting one's health that leads to a decision not to use any family planning method. The cause of these health concerns may be anything from sound, individual medical advice to hearsay or rumor concerning family planning method.
- **Inconvenient to use:** The method is troublesome to use. For example, because it interferes with sex or is troublesome to remember to take a pill everyday or the method is just messy to use.
- **Costs too much:** The woman considers that family planning method or service to be too expensive.
- **Difficult to obtain:** The method is not always available or that the source of supply is difficult to get to.

PART III. TUBERCULOSIS CONTROL

This is an optional part of the CBMIS. According to the Manual of Procedures for the National Tuberculosis Control Program, concomitant active case finding shall be encouraged only in areas where a cure rate of 85 percent or higher has been achieved or in areas where no sputum smear positive case has been reported in the last three months. The LGU should also assess its capability to handle more TB symptomatics and cases in terms of sputum microscopy, reagents and anti-TB drugs supply.

Respondent – write the name of the respondent or the person who provided the information regarding the family. It is highly recommended that the mother or wife should be the respondent. If the mother or wife is not available, any other person within the family may qualify as a respondent provided he or she is knowledgeable of the family's health status (vaccination, use of family planning, etc). Otherwise, return at another time to interview a qualified respondent.

Address – write the exact address of the family being interviewed. Write the house number, street, purok, and barangay. If none, ask for (and make a note of) any landmark that will make it easy to locate the residence of the family again.

Father - write the complete name of the father

Birthday – write the birthday of the father in the format mm/dd/yyyy

Age – write the age of the father

Mother - write the complete name of the mother

Birthday – write the birthday of the mother in the format mm/dd/yyyy

Age – write the age of the mother

BHS/BHC – write the name of the barangay health station or barangay health center (for cities) that covers the area where the family resides.

RHU - write the name of the rural health unit that covers the area where the family resides

Mun/City – write the name of the municipality or city where the family resides

Province – write the name of the Province

BHW – write the name of the Barangay Health Worker whose scope of responsibility or catchment area includes the area where the family resides.

RHM – write the name of the Rural Health Midwife in charge of the BHS and whose scope of responsibility includes the area where the family resides.

PHN – write the name of the Public Health Nurse in charge of the Midwife and whose scope of responsibility includes the area where the family resides

Interviewer – the complete name of the interviewer

Date of Interview – the month, day and year when the interview was conducted

Date of last update – the month, day and year when the form was last updated

- 1. Do you or any of your family members currently have a cough for two weeks or more duration?** If the answer is **Yes**, put a check in the corresponding box and proceed to question #2 by following the arrow. If the answer is **No**, put a check in the corresponding box and proceed to question #3 by following the arrow.
- 2. Did you/they seek consultation or treatment for the symptom?** Write the name (optional) and age of the symptomatic person and check the appropriate box. If consultation or treatment was done with the private sector, check the box beside “Yes, private”. If from the public sector, check the box beside “Yes, public”. If no consultation was done, check the box beside “NO” and read the action box on the right. Spot specimen collection shall be done only if you are allowed to do so by your MHO. Advise them to seek consultation at the nearest health facility. Two rows are provided for this section but if there are more than 2 symptomatic people in the family, use the back page of the questionnaire.
- 3. Were you or any of your family members recently diagnosed with TB by a doctor or health professional?** If the answer is **Yes**, put a check in the corresponding box and proceed to question #4 by following the arrow.

If the answer is **No**, put a check in the corresponding box. **End the Interview.**

4. *Are you/they undergoing TB treatment?* If the answer is **Yes**, put a check in the corresponding box and proceed to question #5 by following the arrow.

If the answer is **No**, put a check in the corresponding box and read the action box on the right. Inform them that TB can be cured and there are available tuberculosis treatment/services at the nearest health facility. **End of Interview**

5. *Where do you/they get the anti-TB drugs?* Check only one source. The description of each source is described below

Sources of Anti-TB Drugs

Source: NSO 2002 Family Planning Survey

Private Sector:

- **Private hospital or Clinic:** A hospital or clinic which is privately owned.
- **Pharmacy:** A commercial establishment, typically independent of a hospital or clinic, where medicines are offered for retail sale. Mercury Drug is an example of a pharmacy.
- **Private Doctor:** A doctor who is practicing on his own, and not located within a larger facility.
- **NGO:** An NGO is a non-government organization providing general tuberculosis treatment services. It is an organization that is neither public (that is, run by the government) nor for profit, private. An NGO may or may not operate a clinic. Aside from its paid service providers, an NGO typically has a network of community-based volunteer distributors, consisting of doctors, nurses, midwives and non-medical personnel (such as housewives) who may be a source of supply for contraceptives. These volunteers may or may not charge a fee. They may also operate at a great distance from the offices or clinic of the NGO for which they work. Both NGO clinics and NGO volunteers should be classified as 'NGO'.

Public Sector:

- **Government Hospital:** A hospital which is run by the government.
 - **Rural Health Unit (RHU) Urban Health Center:** A field health unit of the DOH providing or making accessible, under the direct supervision of at least one physician, the basic health services for a municipality in the National Capital Region (NCR), all health centers are classified as RHUs.
 - **Barangay Health Station:** A peripheral health facility that delivers basic health service to a barangay with an estimated population of 5,000 and usually staffed by a midwife.
6. *Do you/they take the anti-TB Drugs everyday?* If the answer is **Yes**, put a check in the corresponding box and proceed to question #7 by following the arrow. If the answer is **No**, put a check in the corresponding box and read the action box on the right. Inform them of the

importance of regularly taking the anti-TB medicines and refer or accompany them to the MHO for proper evaluation.

7. *Do you/they have somebody who supervises your/their daily intake of anti-TB medicines (treatment partner)?* If the answer is Yes, put a check in the corresponding box and proceed to question #8 by following the arrow.

If the answer is No, put a check in the corresponding box and read the action box on the right. Inform them of the benefits of having a treatment partner and request the MHO/midwife to assign a treatment partner for the patient. **End of Interview.**

8. *Who is your/their treatment partner?* Put a check in the corresponding box and end the interview.

Note:

After the interview, please review the form for completeness and accuracy. Make sure that all needed information is gathered before thanking the respondent for her cooperation. Also, please review and repeat to the respondent all the necessary health advice/information you provided her before leaving.

How to Complete the CBMIS FP Unmet Needs Barangay Client List

This summarizes the MWRA with unmet needs by barangay. It will tell the midwife who and where in the barangay are the women with unmet need for family planning and guide her on how she can implement appropriate interventions.

Number – indicate the row number of the client in the list

Name of Client – write the name of the MWRA with unmet need for family planning

Age – write the age of the MWRA with unmet need for family planning

Address – write the complete address of the MWRA with unmet need for family planning

FP Unmet Need – put a check mark on the appropriate column to indicate the type of unmet need identified for the MWRA. *Limiting* means the MWRA does not want to have another child anymore but she is not using any FP method. *Spacing* means the MWRA wants to space the birth of her children but she is not using any FP method

FP Method Interested to Use – put a checkmark on the appropriate column to indicate the expressed interest of the MWRA on the kind of FP method she plans to use.

- *Temporary* – put a check if the woman intends to use FP methods to include pill, IUD, injectables, condoms and the natural family planning methods.
- *Ligation* – put a check if the woman is interested to undergo bilateral tubal ligation.
- *Vasectomy* – put a check if the husband is willing to undergo vasectomy.

Ligation and vasectomy are permanent methods of contraception.

Actual FP Service Provision – once FP service has been provided to the client, the midwife should complete this section. This section is further divided into three sub columns.

- *Date counseled* – write the date when the woman underwent FP counseling
- *FP Method Used* – write down the FP method which the woman finally adopted and used
- *Remarks* – write down any noteworthy remarks on this column

How to Complete the CBMIS Barangay Tally Sheet

Every time a CBMIS Barangay Tally Sheet is completed and updated, the Rural Health Midwife can keep track of the total number of target clients in the particular barangay.

The midwife summarizes all the CBMIS Questionnaire from each BHW under her into the CBMIS Barangay Tally Sheet, categorizing the clients into different target groups as listed.

CBMIS Barangay Tally Sheet
EPI and Vitamin A Supplementation Program

Part I A. Vaccination Status of Children 0 – 11 Months old – This section consists of four categories numbered 1, 2, 3 and 4. From all the CBMIS questionnaire forms of each BHW, the midwife tallies the children into the category where they should belong. The total number of children 0-11 months old should be the sum of categories 1, 2, 3 and 4.

Part I B. Vaccination Status of Children 12 – 23 months old – This section consist of two categories numbered 5, and 6. From all the CBMIS questionnaire forms of each BHW, the midwife tallies the children into the category where they should belong. The total number of children 12-23 months old should be the sum of categories 5 and 6.

Part II A. Vitamin A Supplementation Status of Children 6-11 months old- This section consists of two categories numbered 7 and 8. From all the CBMIS questionnaire forms of each BHW, the midwife tallies the children into the category where they should belong. The total number of children 6-11 months old should be the sum of categories 7 and 8.

Part II B. Vitamin A Supplementation of Children 12 – 71 Months old – This section consists of two categories numbered 9 and 10. From all the CBMIS Questionnaire forms of each BHW, the midwife tallies the children into the category where they should belong. The total number of children 12-71 months old should be the sum of categories 9 and 10.

CBMIS Barangay Tally Sheet
Family Planning Program

Part A. Family Planning and Married Women of Reproductive Age (MWRA) – This part consists of eight categories. Using data from the CBMIS Questionnaire forms of each BHW, the midwife tallies the married women of reproductive age (MWRA) according to their family planning practice into the category where they should belong. The total number of MWRA should be the sum of categories 1-8. This sum could serve as the actual denominator for computing the contraceptive prevalence rate.

Total Number of Current Users- This section categorizes clients practicing family planning by the method they use. The sum of all the methods should equal the sum of categories 7 and 8.

Part B. Private Sector Sources of FP Service/Supply or Advice on Method Use- This part consists of 6 categories. Using data from the CBMIS Questionnaire forms of each BHW, the midwife tallies the source of FP supplies from the private sector. The sum of the categories shows the number of current users getting supplies or services from the private sector.

Part C. Public Sector Sources of FP Service/Supply or Advice on Method Use- This part consists of 4 categories. Using data from the CBMIS Questionnaire forms of each BHW, the midwife tallies the source of FP supplies from the public sector. The sum of the categories shows the number of current users getting supplies or services from the public sector.

Part D. Other Sources of FP Service/Supply or Advice on Method Use- This part consists of 3 categories. Using data from the CBMIS Questionnaire forms of each BHW, the midwife tallies the source of FP supplies from the sectors that cannot be classified as private or public. The sum of the categories shows the number of current users getting supplies or services from the other sector.

Part E. Reasons for the Dissatisfaction with the Current FP Method Use- This part consists of 7 categories. Using data from the CBMIS Questionnaire forms of each BHW, the midwife tallies the reasons given by the women for their dissatisfaction with the current FP method they are using.

CBMIS Barangay Tally Sheet **Tuberculosis Control Program**

Part A. Persons Currently with Symptoms Associated with TB- Using data from the CBMIS Questionnaire forms of each BHW this section categorizes persons currently with symptoms of TB into whether they sought consultation or not. The sum would reflect the total number of identified persons currently with symptoms associated with TB.

Part B. Treatment Status of TB Patients- Using data from the CBMIS Questionnaire forms of each BHW, the midwife categorizes current TB patients whether they are undergoing treatment or not. The sum of the categories shows the total number of identified TB patients.

Part C. Private Sources of anti-TB Drugs- This part consists of 4 categories. Using data from the CBMIS Questionnaire forms of each BHW, the midwife tallies the sources of anti-TB drugs from the private sector. The sum of the categories shows the number of TB patients getting anti-TB drugs from the private sector.

Part D. - Public Sources of anti-TB Drugs- This part consists of 4 categories. Using data from the CBMIS Questionnaire forms of each BHW, the midwife tallies the sources of anti-TB drugs from the public sector. The sum of the categories shows the number of TB patients getting anti-TB drugs from the public sector.

Part E. Treatment Partners- Using data from the CBMIS Questionnaire forms of each BHW, the midwife categorizes the current TB patients undergoing treatment into whether they have a treatment partner or not. The sum of the categories shows the total number of identified TB patients.

How to Complete the CBMIS Catchment Area Tally Sheet

This instruction sheet provides information about filling out the CBMIS Catchment Area Tally Sheet and using the data to identify barangays with the greatest unmet needs. Read the instructions before beginning to fill out the form for the first time and refer to them when

questions arise. Use pencil to fill out this and other CBMIS forms, to facilitate revisions and updates.

General Information

The midwife uses this form to summarize all the CBMIS Barangay Tally Sheets from all the barangays in her catchment area. The form provides columns for summarizing data up to 8 barangays.

The CBMIS Catchment Area Tally Sheet provide the midwife with an overall picture of her catchment area and help her to identify the barangays with the greatest number and percentage of clients with unmet needs. It allows the midwife to compare data among barangays and prioritize which to attend to first.

Sample data from 2 barangays

TARGET GROUPS	Barangay Malambing		Barangay Matipuno	
	Number (N)	Percent (N ÷ Total x 100)	Number (N)	Percent (N ÷ Total x 100)
IA. Vaccination of children 0-11 months old				
1. Children 9-11 months old with INCOMPLETE or NO vaccination at all	15	52%	15	34%
2. Children 0-8 months with NO vaccination or with recommended vaccination scheduled NOT followed	6	21%	6	14%
3. Children 0-8 months old with recommended vaccination scheduled followed	5	17%	11	25%
4. Children 9-11 months old who are Fully Immunized Children (FIC)	3	10%	12	27%
TOTAL number of children 0-11 months old (Sum of #1, 2, 3 & 4)	29	100%	44	100%

In the example, look at the “Number” column for each barangay. This column shows the actual number of children aged 9–11 months with incomplete vaccinations or no vaccination at all. In this example, Barangay Malambing and Barangay Matipuno each have 15 children in this category. Ideally, all of these children should be immediately attended to. However, logistical challenges and lack of staff may prevent quick action in both barangays at once. The midwife must prioritize which barangay to attend to first.

Look at the “Percent” column for each barangay. This column shows the rate or percentage of children aged 0–11 with incomplete vaccinations or no vaccination. In this example, 52% of the children aged 0–11 months in Barangay Malambing and 34% of children aged 0–11 months in Barangay Matipuno need vaccinations. The midwife should prioritize Barangay Malambing, because it has a higher percentage of children 0-11 months old with an unmet need for vaccinations.

APPENDIX A

CBMIS QUESTIONNAIRE
EPI, Vitamin A Supplementation, Family Planning and Tuberculosis Control Programs
 March 2004

General Information

Respondent:		BHS/BHC:	BHW:
Address:		RHU:	RHM:
Father:		Mun/City:	PHN:
Birthdate: / / (mm/dd/yyyy)		Province:	Interviewer:
Mother:		NOTE: Please use pencil in completing the forms to facilitate updating!	Date of interview: (mm/dd/yyyy) / /
Birthdate: / / (mm/dd/yyyy)			Date of last update: (mm/dd/yyyy) / /

Part I. EPI and Vitamin A Supplementation for children 0 - 5 years old (0 – 71 months old, start from the eldest)

Name <i>(List from eldest to youngest and only those who are 6 months to 71 months old)</i>	Birthday			Age	Where does the child receive vaccinations? B =BHS/BHC R =RHU/MHC P =Private G =Gov't Hosp <i>(See "A" below)</i>	Does the child have any vaccination record? Y = Yes N = No <i>(See "B" below)</i>	Vaccinations Received <i>(For children 0-11 months old, write the date when vaccination was given)</i> <i>(For children 12-71 months old, put a Y if child was given vaccination or an N if not given)</i> If the child 0-11months old has NO vaccination or the vaccination schedule is NOT followed, (<i>See "C" below</i>) If the child 1-4 years old has INCOMPLETE or NO vaccination, (<i>See "D" below</i>)						FIC <i>(For children 12-23 months old)</i> Did the child receive all the preceding vaccinations before his first birthday? Y = Yes N = No	Vitamin A <i>(For children 6 – 71 months old)</i> Was the child given Vitamin A in the last 6 months? (e.g. Garantisadong Pambata Activities) Y = Yes N = No <i>(See "E" below)</i>		
	MM	DD	YYYY				B C G	DPT			OPV				Measles	
								1 st dose	2 nd dose	3 rd dose	1 st dose	2 nd dose				3 rd dose

Actions to be taken

- A.** If the child avails of vaccination services from private clinics/hospitals and government hospitals, follow-up the child's vaccinations until completed.
- B.** Advise the mother to get a copy of the vaccination record from the health facility where the child received the vaccinations or ask the midwife of the nearest BHS to make another record.
- C.** Refer or accompany the mother and child to the midwife for ***immediate vaccination***
- D.** Advise the mother to consult the midwife for completion of the child's vaccinations.
- E.** Give vitamin A capsule at once if available or advise the mother to bring the child to the nearest health facility for the next scheduled Vitamin A supplementation

Inquire if the woman is menopausal or had undergone a hysterectomy. If so, check the appropriate box below and end the FP interview. If not, proceed with the interview.

Menopausal Had undergone hysterectomy

1. Are you currently pregnant?

No/Unsure Yes

When is the expected date of delivery?
(MM/DD/YYYY) _____

- Inform her of the importance of prenatal care and tetanus toxoid vaccinations available at the nearest health facility
- Follow up the mother at least once a month until she has given birth

-END of FP INTERVIEW -

2. Do you want to have another child?

No (wants to limit) Yes, after 2 years (wants to space) Yes, within 2 years

3. Are you currently using any family planning method?

Yes No

Inform her of the need for prenatal care when she gets pregnant and the available family planning services in the health center in case she changes her mind.

-END of FP INTERVIEW-

4. Are you interested to use any family planning method?

Yes No

Give the mother/couple information about voluntary surgical sterilization. After giving information, check which method they prefer:

Bilateral tubal ligation or BTL
 Vasectomy

Refer to the midwife at once for counseling and scheduling.

-END of FP INTERVIEW-

5. What family planning method are you interested in?

Temporary Method Permanent Method

Provide FP information/service/supplies (Standard Days Method/ condom) at once. Refer or accompany her to the midwife for other FP methods.

-END of FP INTERVIEW-

6. Which family planning method are you currently using?

NOTES ON FAMILY PLANNING METHODS:

- CHECK ONLY ONE METHOD.
- If more than one method is used, check the method listed higher in the table (number 1 "Female Sterilization" being the highest)
- A mother may be classified as using LAM only if all 3 of the following are true: (1) She has a baby less than six months old, AND (2) She is amenorrheic (not menstruating), AND (3) She is breastfeeding the baby day and night.

<input type="checkbox"/> 1. Female Sterilization (Tubal Ligation)	<input type="checkbox"/> 6. Mucus/Billings/Ovulation	<input type="checkbox"/> 11. Lactational Amenorrhea Method (LAM)
<input type="checkbox"/> 2. Male Sterilization (Vasectomy)	<input type="checkbox"/> 7. Basal Body Temperature	<input type="checkbox"/> 12. Calendar/Rhythm/Periodic Abstinence
<input type="checkbox"/> 3. Pill	<input type="checkbox"/> 8. Sympto-thermal	<input type="checkbox"/> 13. Withdrawal
<input type="checkbox"/> 4. Intrauterine Device (IUD)	<input type="checkbox"/> 9. Standard Days Method	
<input type="checkbox"/> 5. Injectables (DMPA)	<input type="checkbox"/> 10. Condom	

7. Where did you *last* avail/get advice on how to use the FP method you are currently using?

CHECK ONLY ONE SOURCE

Private Sector	Public Sector	Others
<input type="checkbox"/> Private Hospital/Clinic	<input type="checkbox"/> Government Hospital	<input type="checkbox"/> Puericulture Center
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Rural/Urban Health Center	<input type="checkbox"/> Store
<input type="checkbox"/> Private Doctor	<input type="checkbox"/> Barangay Health Station	<input type="checkbox"/> Church
<input type="checkbox"/> Private Nurse/Midwife	<input type="checkbox"/> Barangay Supply Officer/Service Point Person/BHW	
<input type="checkbox"/> NGO		
<input type="checkbox"/> Industry-based Clinic		

MWRA practicing family planning but not satisfied with the method she is using

Check only one box. If more than one reason, check the box of the Major reason.

<input type="checkbox"/> Husband disapproves	<input type="checkbox"/> Difficult to obtain
<input type="checkbox"/> Side effects	<input type="checkbox"/> Costs too much
<input type="checkbox"/> Health concerns	<input type="checkbox"/> Inconvenient to use
<input type="checkbox"/> Other reasons: _____	

Refer or accompany her to the midwife or to the health center for counseling.

-END of FP INTERVIEW-

8. Are you satisfied with the FP method you are currently using?

Yes, -END of FP INTERVIEW- No, Why Not?

Part III. Tuberculosis Control

This portion is optional. Concomitant active case finding shall be encouraged only in areas where a cure rate of 85 percent or higher has been achieved, or in areas where no sputum smear positive case has been reported in the last three months (DOH. Manual of Procedures For the National Tuberculosis Control Program. Department of Health, Republic of the Philippines, 2001, p 14.).

Respondent:	BHS/BHC:	BHW:
Address:	RHU:	RHM:
Father:	Mun/City:	PHN:
Birthday: / / Age: <input type="text"/>	Province:	Interviewer:
Mother:	NOTE: Please use pencil in completing the forms to facilitate updating!	Date of Interview: / /
Birthday: / / Age: <input type="text"/>		Date of last update: / /

1. Do you or any of your family members **CURRENTLY** have a cough for two weeks or more duration?

No Yes

2. Did you/they seek consultation or treatment for the symptom?

Name (optional)	Age	<input type="checkbox"/> Yes, private	<input type="checkbox"/> Yes, public	<input type="checkbox"/> No
		<input type="checkbox"/> Yes, private	<input type="checkbox"/> Yes, public	<input type="checkbox"/> No

- Collect a spot specimen only if you are allowed by the MHO to do so
- Advise her/him to seek consultation at the nearest health facility

3. Were you or any of your family members recently diagnosed with TB by a doctor or a health professional?

Yes No, -END OF INTERVIEW-

4. Are you/they undergoing TB treatment?

Yes No

Inform her/him that TB can be cured and there are available tuberculosis treatment/services at the nearest health facility.
-END OF INTERVIEW-

5. Where do you/they get the anti-TB drugs?

Private		Public	
<input type="checkbox"/> Private Hospital/Clinic	<input type="checkbox"/> Private Doctor	<input type="checkbox"/> Government Hospital	<input type="checkbox"/> BHS
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> NGO Clinic	<input type="checkbox"/> Rural/Urban Health Center	<input type="checkbox"/> Outreach Clinic

6. Do you/they take the anti-TB drugs everyday?

Yes No

- Inform her/him of the importance of regularly taking the anti-Tb medicines
- Refer or accompany her/him to the MHO for proper evaluation

7. Do you/they have somebody who supervises your/their daily intake of anti-TB medicines (*treatment partner*)?

Yes No

Inform her/him of the benefits of having a treatment partner and request the MHO/midwife to assign a treatment partner for the patient.
-END OF INTERVIEW-

8. Who is your/their treatment partner?

<input type="checkbox"/> Health Professional	<input type="checkbox"/> Friends/Neighbors
<input type="checkbox"/> Barangay Health Workers	<input type="checkbox"/> Family/Relatives
<input type="checkbox"/> Community Leaders/Volunteers	

APPENDIX B

APPENDIX C

APPENDIX D

Annex C

**Phase 2 Level 1 Facility Self-Assessment Checklist (FSAC)
for Rural Health Unit/Health Center**



Department of Health
SENTRONG SIGLA
Phase 2 Level 1 Facility Self-Assessment Checklist (FSAC)
for Rural Health Unit/Health Center



Introduction

Self-assessment is a critical step towards Sentrong Sigla (SS) certification. It is an instrument to help facility and staff assess their standing against the standards in the SS Quality Standards List (QSL). Self-assessment must be viewed as a continuing effort of health staff towards continuous quality improvement. Its ultimate purpose is to improve overall quality of services.

This Facility Self-Assessment Checklist (FSAC) is offered as a guide for the Rural Health Center/Health Center to facilitate the process. We encourage the health staff to accomplish it as a team rather than any one staff member. In that way, the effort and responsibility are shared and the success of achieving improvement and meeting the standards are assured.

Instructions in Using the FSAC

The first column points out the SS quality standard to which the question/s in column 2 correspond/s. Column 3 is for possible answers. Column 4 is for Remarks. Column 5 is for status of your facility in terms of meeting the specific standard.

1. For each question, encircle your answer [**YES**, **NI**, or **NO**] depending on the situation in your facility at the time of the assessment.
2. After giving the answer, a discussion should follow to identify the root causes, gaps or issues that contribute to the situation. Use the “**Remarks**” column for any notes or details that the health staff needs to address in improving the situation. Use a separate sheet if necessary.
3. After the question/s for each standard, determine if your facility has **Fully Met (FM)**, **Partially Met (PM)** or **Not Met (NM)** the standard by encircling your answer.
4. At the end of the checklist is a portion provided for you to summarize the gaps or issues that you identified. **

*** (Note: This may not be necessary though if the DOH Representative has provided you with the hand-out for the LGU Quality Improvement Plan.)*

Department of Health
SENTRONG SIGLA
Phase 2 Level 1 Facility Self-Assessment Checklist (FSAC) for RHUs/HCs

Date/s Conducted: _____

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
I	FACILITY AND SYSTEMS					
A	Basic Infrastructure, Personnel, Logistics and General Procedures					
FS1	<i>The health facility, including its immediate premises, is generally clean and orderly.</i>					
	1. Do we regularly sort our things and throw away those that we do not need in the facility?	Yes	NI	No		FM PM NM
	2. Do we have written housekeeping rules (e.g. specific tasks, assigned staff, schedules, assigned areas, etc.) on cleaning and maintaining equipment?	Yes	NI	No		
	3. Do we regularly do our cleaning tasks to ensure that our facility is free from garbage or rubbish?	Yes	NI	No		
	4. Do we check and clean our cabinets and under our tables for any garbage every afternoon before we leave?	Yes	NI	No		
	5. Do we put all our files and folders back to their places every afternoon before we leave?	Yes	NI	No		
FS2	<i>The health facility is well ventilated and well lit.</i>					
	1. Is the lighting or illumination in all areas of our facility sufficient for us to see well and carry out our activities?	Yes	NI	No		FM
	2. Is the room temperature in our facility comfortable?	Yes	NI	No		PM
	3. Does our facility allow easy inflow/outflow of air?	Yes	NI	No		NM
FS3	<i>The health facility has power source.</i>					
	1. Are we assured of a regular source of power for at least 6 hours daily?	Yes	NI	No		FM
	2. Do we have a contingency plan in case of power failure?	Yes	NI	No		PM NM

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
FS4	<i>The health facility has a permanent and adequate water supply.</i>					
	1. Do we have a permanent source of water for our use?	Yes	NI	No		FM PM NM
	2. Is our water supply adequate to meet our daily needs in providing services?	Yes	NI	No		
	3. Are our water containers, if any, covered and regularly filled-up?	Yes	NI	No		
FS5	<i>The health facility is free from structural hazards.</i>					
	1. Are our hallways, entry/exit points always free from obstructions?	Yes	NI	No		FM PM NM
	2. Do we ensure that there are no protrusions or heavy overhead objects in our facility that may be a source of accidents?	Yes	NI	No		
	3. Do we ensure that our floor is not slippery?	Yes	NI	No		
FS6	<i>The health facility has well defined, adequate and properly labeled areas to deliver basic services.</i>					
	1. Do we have designated areas at least for the following: • Client registration • Waiting area • Examination room (for consultation, treatment & counseling) • Storage area	Yes	NI	No		FM PM NM
	2. Does each area have enough space for at least 3 persons to move freely?	Yes	NI	No		
	3. Does our examination/counseling room provide auditory and visual privacy?	Yes	NI	No		
	4. Is our waiting area covered?	Yes	NI	No		
	5. Does our waiting area have available seats for waiting patients?	Yes	NI	No		
FS7	<i>The health facility has a functioning and accessible toilet and sinks for use of clients and health staff.</i>					

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
	1. Are our toilets and sinks functional at all times?	Yes	NI	No		FM PM NM
	2. Are our toilets and sinks being used by clients and staff?	Yes	NI	No		
FS8	<i>The health facility has the required category of personnel delivering services consistent with their functions.</i>					
	1. Select only the question that applies (depending on population): <i>(If our LGU population is 2,000 or less):</i> 1.1. Do we have a midwife and an RSI in our facility?	Yes	NI	No		FM PM NM
	<i>(If our LGU population is 2,001-5,000):</i> 1.2. Do we have a nurse and a midwife or RSI in our facility?	Yes	NI	No		
	<i>(If our LGU population is between 5,001 and over):</i> 1.3. Do we have at least a nurse, a midwife, and a sanitary inspector in our facility? 1.4. Do we have a doctor rendering service for 40 hours a week within our catchment area?	Yes	NI	No		
	2. Do we all have clear job descriptions?	Yes	NI	No		
	3. Do we perform our work according to our job descriptions?	Yes	NI	No		
FS9	<i>The health facility has the correct number of staff required to provide all services to their catchment areas/estimated population, per national/WHO norms.</i>					
	1. Select only the question that applies (depending on population): <i>(If our LGU/catchment population is 5,001-10,000):</i> 1.1. Do we have at least 1 doctor, 1 nurse, 1 midwife and 1 RSI? <i>(If our LGU/catchment population is 10,001-20,000):</i> 1.2. Do we have at least 1 doctor, 1 nurse, 2 midwives and 1 RSI? <i>(If our LGU/catchment population is 20,001-30,000):</i>	Yes	NI	No		

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
	<p>1.3. Do we have at least 1 doctor, 2 nurses, 2 midwives and 1 RSI?</p> <p><i>(If our LGU/catchment population is 30,001-40,000):</i></p> <p>1.4. Do we have at least 2 doctors, 2 nurses, 2 midwives and 2 RSIs?</p> <p><i>(If our LGU/catchment population is 40,001-50,000):</i></p> <p>1.5. Do we have at least 2 doctors, 2 nurses, 3 midwives and 3 RSIs?</p> <p><i>(If our LGU/catchment population is 50,001 and over):</i></p> <p>1.6. Do we have at least 2 doctors, 4 nurses, 4 midwives and 3 RSIs?</p>					<p>FM</p> <p>PM</p> <p>NM</p>
FS10	<i>The health facility has the basic functioning equipment, supplies and drugs/medicines available at all times.</i>					
	<p>1. Do we have all the items in <u>Appendix A: List of Basic Instruments, Equipment & Supplies</u> for our use?</p> <p><i>(Refer to QSL Appendix A)</i></p>	Yes	NI	No		
	<p>2. Do we have all the items in <u>Appendix B: List of Drugs & Medicines</u> for our use?</p> <p><i>(Refer to QSL Appendix B)</i></p>	Yes	NI	No		FM
	<p>3. Do we prevent the occurrence of stock-outs of supplies and materials?</p>	Yes	NI	No		PM
	<p>4. Do we prevent the occurrence of stock-outs of drugs and medicines?</p>					
	<p>5. Are all basic instruments, equipment and supplies recorded in our inventory or stock records?</p>	Yes	NI	No		NM
	<p>6. Are all drugs and medicines recorded in our inventory or stock records?</p>	Yes	NI	No		
	<p>7. Do our records (e.g. stock cards, TCL, DTUR, drug dispensing logbook, utilization reports or the like) show drugs dispensed or given to patients?</p>	Yes	NI	No		

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
FS11	<i>The health facility has communication equipment available in the facility of has access to it.</i>					
	1. Do we have our own or access to any type of communication equipment for our use?	Yes	NI	No		FM PM NM
FS12	<i>The health facility has on display an organizational chart, with photo of staff, showing lines of authority and position.</i>					
	1. Do we have an updated organizational chart that contains all our photos and official designation?	Yes	NI	No		FM PM NM
	2. Is our organizational chart displayed on a highly visible area for clients and visitors to see?	Yes	NI	No		
FS13	<i>The health facility has on display the facility's clinic hours, a list of services provided with schedule, and whereabouts of staff.</i>					
	1. Do we have a signage outside our facility that indicates our clinic hours and list of services?	Yes	NI	No		FM PM NM
	2. Do we have a signage that indicates the whereabouts of our staff?	Yes	NI	No		
	3. Does our facility have all the necessary signage/labels needed to facilitate client flow?	Yes	NI	No		
FS14	<i>The health facility has available copies of national laws, policies, protocols, guidelines, or manual of procedures.</i>					
	1. Do we have a copy of all the documents listed in <u>Appendix C: List of DOH Standard Protocols, Policies and Guidelines and National Laws</u> for use as technical reference? (Refer to QSL Appendix C)	Yes	NI	No		FM PM NM
FS15	<i>The health facility has a proper waste disposal system.</i>					
	1. Is our waste segregated into non-biodegradable, biodegradable and hazardous waste?	Yes	NI	No		FM PM NM
	2. Do we all know how our hazardous waste is being disposed?	Yes	NI	No		
B	Planning System					

QsRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
FS16	<i>The health facility has on display the statements of its Vision/Mission and health staff are aware of these statements and communicate these to clients.</i>					
	1. Does our facility have a vision and mission?	Yes	NI	No		FM
	2. Did we all participate in the formulation of our vision and mission?	Yes	NI	No		
	3. Do we all know and understand our vision and mission?	Yes	NI	No		PM
	4. Is our vision/mission written and displayed on a highly visible area for us and our clients to see?	Yes	NI	No		NM
	5. Do we communicate our vision/mission to clients?	Yes	NI	No		
FS17	<i>There is an annual operations plan (AOP) or its equivalent that should include the core public health areas.</i>					
	1. Do we have an annual operational plan (AOP)?	Yes	NI	No		FM
	2. Did we come up with our evidence-based situational analysis and used it as basis of our plan?	Yes	NI	No		
	3. Are our goals and objectives clear on what we want to achieve?	Yes	NI	No		
	4. Can we attain our objectives with the strategies developed?	Yes	NI	No		PM
	5. Did we set our targets based on available resources, manpower and capability?	Yes	NI	No		
	6. Are the activities appropriate to carry out the strategies?	Yes	NI	No		NM
	7. Are activities for the following program included? <ul style="list-style-type: none"> • Safe Motherhood and Family Planning • Child Care • Infectious Diseases Prevention & Control • Promotion of Healthy Lifestyle 	Yes	NI	No		
	8. Is the timeframe for each activity specific?	Yes	NI	No		

QsRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
	9. Is the responsible staff/office for each activity identified in the plan?	Yes	NI	No		
	10. Are all needed resources (including their sources) to conduct the activities identified and quantified?	Yes	NI	No		
	11. Does our AOP have the signature of our LCE/or his equivalent?	Yes	NI	No		
FS18	<i>The health facility has a system for tracking plan implementation.</i>					
	1. Do we use the AOP as a basis for monitoring our activities?	Yes	NI	No		FM
	2. Do we hold a monthly or quarterly monitoring of activities?	Yes	NI	No		
	3. Do we conduct a periodic evaluation of our plan or program implementation?	Yes	NI	No		PM
	4. Do we implement the corrective actions agreed upon during these activities?	Yes	NI	No		NM
	5. Do we always keep a documentation of program evaluation activities that we conduct?	Yes	NI	No		
C	Health Information System/Management Information System					
FS19	<i>The health facility has basic health and management information following FHSIS, Disease Surveillance and core programs recording and reporting protocols.</i>					
	1. Do we accomplish the following FHSIS forms completely and accurately?	Yes	NI	No		FM
	<ul style="list-style-type: none"> • Target Client Lists • Summary Table-Health Program Accomplishments • Monthly form • Summary Table-Weekly Notifiable Diseases • 4-Week Consolidation Table • Municipality/City Quarterly Form • Annual Forms (1,2,3) 					
						NM

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
	<p>2. Do we regularly submit the following FHSIS reports/forms?</p> <ul style="list-style-type: none"> 4-Week Consolidation Report of Notifiable Diseases to PHO on the 1st week of every month Municipal/City Quarterly Form to PHO and Mayor (or for chartered cities to CHD) on the 1st week of first month of every quarter Annual Forms (1,2,3) to PHO (or for chartered cities to CHD) in January 	Yes	NI	No		
	<p>3. Do we fill up the NTP Registry accurately and completely?</p>	Yes	NI	No		
	<p>4. Do we issue and explain the following forms to our clients?</p> <ul style="list-style-type: none"> Growth Monitoring Chart (GMC) Early Child Care & Development (ECCD) Card Home-based Mother's Record (HBMR) 	Yes	NI	No		
FS20	<i>The health facility utilizes the management/health information system to ensure the delivery of timely and appropriate services.</i>					
	<p>1. Do we analyze the data from FHSIS, disease surveillance, CBMIS, etc.?</p>	Yes	NI	No		
	<p>2. Do we make use of data from FHSIS, disease surveillance, CBMIS, etc as basis for the following actions?</p> <ul style="list-style-type: none"> Planning Monitoring Evaluation Resource allocation Specific health interventions Advocacy 	Yes	NI	No		FM PM NM
	<p>3. Do we have any documents to show our utilization of HIS data?</p>	Yes	NI	No		
D	Human Resource Development					
FS21	<i>The health facility staff meets the required training requirements to deliver and manage the four (4) core public health programs.</i>					
	<p>1. Are our staff trained on the training courses listed under <u>Appendix E: List of Basic Technical Courses for Health Staff?</u></p> <p>(Refer to QSL Appendix E)</p>	Yes	NI	No		FM PM NM

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
E	Logistics System					
FS22	<i>The health facility has a system to identify, request and allocate the required drugs, equipment and supplies.</i>					
	1. Do we assess our logistics requirements yearly?	Yes	NI	No		FM PM NM
	2. Do we prepare an annual procurement plan (APP)?	Yes	NI	No		
	3. Do we have a copy of the latest PNDP as our reference for requesting drugs?	Yes	NI	No		
	4. Does our APP reflect our total needs?	Yes	NI	No		
	5. Do we prepare purchase requests (PRs) for drugs/equipment/supplies?	Yes	NI	No		
	6. Do we keep on file all the Requisition Issue Vouchers (RIVs) or their equivalents of our drugs, equipment and supplies received?	Yes	NI	No		
	7. Do we keep a distribution list and utilization report of all commodities?	Yes	NI	No		
FS23	<i>The health facility has a system for stock monitoring and maintenance of minimum stock level for logistic requirements of the four (4) core public health programs.</i>					
	1. Does our Contraceptive Supplies Folder contain the following? • Accomplished Contraceptive Order Forms (COF)s • Accomplished BHS Worksheets • RIVs of contraceptives received	Yes	NI	No		FM PM NM
	2. Do we know when to place an emergency order for contraceptives?	Yes	NI	No		
	3. Does our CDS Supplies Folder contain the following: • Invoice Receipts for Property • Bill of Lading • Waybills	Yes	NI	No		
	4. Do you know when to place an order for core essential drugs?	Yes	NI	No		
	5. Do we know how to calculate our needs for other supplies to prevent stock-outs?	Yes	NI	No		

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
	6. Are we able to maintain minimum stock levels by reordering needed drugs and supplies in a timely manner?	Yes	NI	No		
FS24	<i>The health facility has a clearly written policy (or procedures) on proper utilization of logistics and equipment that is being complied with by the health staff.</i>					
	1. Do we have a written policy or procedures that we follow regarding the use of logistics and equipment?	Yes	NI	No		FM PM NM
	2. Do concerned staff know this policy or set of procedures?	Yes	NI	No		
	3. Do we have monthly consumption reports for vaccines, TB drugs, cotrimoxazole and amoxicillin (for ARI)?	Yes	NI	No		
	4. Do we have a <i>Dispensed To User Record (DTUR)</i> for TB drugs, cotrimoxazole and amoxicillin (for ARI)?	Yes	NI	No		
	5. Does the DTUR show that dispensed drugs follow the written policy?					
FS25	<i>The health facility staff observes proper handling and storage of medicines, drugs, vaccines and other supplies.</i>					
	1. Are our medicines and drugs properly arranged, labeled and stored?	Yes	NI	No		FM PM NM
	2. Are our vaccines correctly arranged in the vaccine refrigerator based on guidelines on the proper stocking of vaccines?	Yes	NI	No		
	3. Are we able to maintain the temperature inside the vaccine refrigerator at 2°C to 8°C?	Yes	NI	No		
	4. Do we record the temperature of the vaccine refrigerator on the Temperature Monitoring Chart twice a day?	Yes	NI	No		
	5. Do we have a voltage regulator for the vaccine refrigerator?	Yes	NI	No		
	6. Do we have a written "power failure plan" for vaccines?	Yes	NI	No		

QSR Ref No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
	7. Are used sharps placed in a puncture-proof container and properly disposed (either burned and buried or collected)?	Yes	NI	No		
	8. Do our inventory records include the expiry date and lot/batch numbers of drugs, contraceptives and other supplies?	Yes	NI	No		
	9. Do we regularly check if we have expired drugs and vaccines in our dispensing shelves/vaccine refrigerator?	Yes	NI	No		
FS26	<i>The health facility has a designated person who conducts monthly inventory of drugs, medicines and supplies and has an annual inventory of instruments and equipment.</i>					
	1. Do we have a designated staff who performs regular inventories of drugs, medicines, supplies, instruments and equipments?	Yes	NI	No		FM PM NM
	2. Does the designated staff conduct a regular inventory of our drugs, medicines and supplies?	Yes	NI	No		
	3. Are the inventory reports of drugs, medicines and supplies kept on file?	Yes	NI	No		
	4. Does the designated conduct and annual inventory of our instruments and equipment?	Yes	NI	No		
	5. Are all the inventory report of instruments and equipment kept on file?	Yes	NI	No		
F	Supervisory System					
FS27	<i>The health facility has an appropriately trained person responsible for supervising health staff.</i>					
	1. Is there an officially designated supervisor within our facility to oversee the provision of public health services? (must be reflected on job description)	Yes	NI	No		FM PM NM
	2. Is our supervisor trained on any course listed under <u>Appendix F: Training Courses with Supervision Content</u> or any other supervisory training course?	Yes	NI	No		

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
	3. Does our organizational chart show the staff being supervised by our supervisor?	Yes	NI	No		
FS28	<i>The health facility supervisor has a supervisory plan.</i>					
	1. Does our supervisor plan his/her supervisory sessions/visits?	Yes	NI	No		FM PM NM
	2. Does the supervisory plan include the following? <ul style="list-style-type: none"> • Purpose of supervisory session • Date and program to be supervised • Name of staff to be supervised 					
FS29	<i>The health facility supervisor uses the Sentrong Sigla Supervisory form.</i>					
	1. Is our supervisor familiar with the recommended Sentrong Sigla Supervisory Form? <i>(Refer to QSL AppendixG: Sentrong Sigla Supervisory Package)</i>	Yes	NI	No		FM PM NM
	2. Is the supervisor knowledgeable of the DOH program protocolson the ff: <ul style="list-style-type: none"> • Safe motherhood and family planning • Child care • Tuberculosis & other infectious diseases • Promotion of healthy lifestyle 	Yes	NI	No		
FS30	<i>The health facility supervisor uses effective supervisory approach.</i>					
	1. Does our supervisor discuss with the supervisee the purpose and scope of each supervisory session?	Yes	NI	No		FM PM NM
	2. Do the supervisor and the supervisee discuss the problems/findings identified by the supervisor?	Yes	NI	No		
	3. Do the supervisor and the supervisee examine the causes and possible solutions of the problems identified by the supervisor?	Yes	NI	No		
	4. Does our supervisor always act on recommendations made by him/her during each supervisory session?	Yes	NI	No		

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
FS31	<i>The health facility supervisor is perceived to be helpful and effective.</i>					
	1. Is our supervisor helpful and effective?	Yes	NI	No		FM PM NM
G.	Quality Assurance					
FS32	<i>The health facility has a client feedback system in place.</i>					
	1. Do we have an effective mechanism that gathers feedback from our clients?	Yes	NI	No		FM
	2. Do we collect and analyze feedback from clients?	Yes	NI	No		PM
	3. Is the feedback used to improve services?	Yes	NI	No		NM
FS33	<i>The clients are satisfied with the health services received.</i>					
	1. Is the waiting time acceptable to clients?	Yes	NI	No		
	2. Do we make an effort to be friendly to our clients?	Yes	NI	No		
	3. Are we perceived by our clients as knowledgeable of what we are doing?	Yes	NI	No		
	4. If we ask clients to answer the client satisfaction questionnaire from the QSL, do we think they will respond positively? <i>(Refer to QSL Appendix H: Questionnaire to Determine Client Satisfaction to have an idea of what questions to ask clients to determine their satisfaction)</i>	Yes	NI	No		
H	Community Support System					
FS34	<i>The health facility has a network of volunteer health workers who assist in service delivery.</i>					
	1. Do we have an updated master list of BHWs which contains the following? <ul style="list-style-type: none"> • Names of BHWs • Place/Area of assignment • Training attended • Date registered & accredited • Status (active or inactive) 	Yes	NI	No		
	2. Are there at least 3 BHWs registered per barangay within our catchment area?	Yes	NI	No		

QSR Ref No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
	3. Are our BHWs trained in a DOH-recognized course?	Yes	NI	No		FM
	4. Do our BHWs perform their role as community organizers?	Yes	NI	No		PM
	5. Do our BHWs perform their role as health educators?	Yes	NI	No		NM
	6. Do our BHWs perform their role as health care service provider?	Yes	NI	No		
	7. Do our BHWs maintain a logbook of their activities?	Yes	NI	No		
	8. Do the BHWs' activities include community organizing or mobilization, health education and service provision?	Yes	NI	No		
I	Referral System					
FS35	<i>The health facility has a functional two-way referral and networking system for cases that exceed the health facility's capabilities.</i>					
	1. Do we know which cases need to be referred to other facilities?	Yes	NI	No		FM
	2. Do we know the other health facilities around us for referral, their capabilities, names of contact persons, their contact numbers, and their special requirements (if any)?	Yes	NI	No		PM
	3. Do we have clear process flows for referral between our facility and the other facilities?	Yes	NI	No		NM
	4. Do we have a clear written agreement with the other health facilities for partnership in patient care?	Yes	NI	No		
II	INTEGRATED PUBLIC HEALTH FUNCTIONS					
A	Safe Motherhood and Family Planning					
SF1	<i>The health facility has plans and activities for pre-pregnancy preventive and promotive services for women of reproductive age (15-49 years old).</i>					
	1. Do we have a plan and activities promoting/supporting safe motherhood that is directed to non-pregnant women (may include men)?	Yes	NI	No		FM
	2. Are there reports or documents to show that we conducted these activities?	Yes	NI	No		PM
						NM

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
SF2	<i>The health facility staff is able to provide appropriate prenatal care to pregnant women.</i>					
	1. Do we provide prenatal care services according to DOH protocol? <i>(Refer to QSL Appendix G: Sentrong Sigla Supervisory Package)</i>	Yes	NI	No		FM
	2. Do we accomplish the HBMRs properly to reflect the completeness and timeliness of pre-natal care provided to pregnant women?	Yes	NI	No		PM NM
	3. Do we always remind our patients to bring their HBMRs when they come for prenatal visit?	Yes	NI	No		
SF3	<i>The health facility midwives are able to provide appropriate natal care.</i>					
	1. Do we provide natal care services according to DOH protocol? <i>(Refer to QSL Appendix G: Sentrong Sigla Supervisory Package)</i>	Yes	NI	No		FM PM
	2. Do we have partographs or any charting of labor of all deliveries attended?	Yes	NI	No		NM
SF4	<i>The health facility staff has a system to detect defaulters in prenatal and postpartum care.</i>					
	1. Do we have a mechanism to identify the defaulters in pre and postnatal care in our TCL?	Yes	NI	No		FM PM
	2. Do we take actions to track down the defaulters?	Yes	NI	No		NM
	3. Are these actions written on the TCL?	Yes	NI	No		
SF5	<i>The health facility staff is able to provide appropriate postnatal care.</i>					
	1. Do we provide postnatal care services according to DOH protocol? <i>(Refer to QSL Appendix G: Sentrong Sigla Supervisory Package)</i>	Yes	NI	No		FM PM
	2. Do we accomplish the HBMRs properly to reflect the completeness and timeliness of post-natal care provided to post-partum women?	Yes	NI	No		NM

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
SF6	<i>The health facility midwives are able to detect and manage complications of pregnancy at various stages.</i>					
	1. Does our TCL or daily consultation logbook reflects cases with danger signs of pregnancy?	Yes	NI	No		FM
	2. Does the ITR of any case with danger signs reflect proper management according to the DOH Midwives' Manual on Maternal Care?	Yes	NI	No		PM NM
SF7	<i>The health facility staff reviews maternal deaths.</i>					
	1. Do we have a written SOP for reviewing maternal deaths?	Yes	NI	No		FM
	2. Does the SOP contain the following information: <ul style="list-style-type: none"> • Objectives • Scope • Process • Responsible person/s • Forms to be used 	Yes	NI	No		FM PM NM
SF8	<i>The health facility staff encourages pregnant women to have their family support them in proper maternal nutrition, physical activities, and planning for her labor and delivery.</i>					
	1. Do we encourage pregnant women during each consultation to seek her family's support to her pregnancy in terms of nutrition, physical activities, and planning her delivery (including emergency transport)?	Yes	NI	No		FM PM NM
SF9	<i>The health facility staff conducts community level activities and advocacy campaigns on safe motherhood to include family planning.</i>					
	1. Do we conduct activities outside of our facility to talk about safe motherhood and family planning to pregnant women?	Yes	NI	No		FM
	2. Do we have documents to show that we have conducted these community-based activities?	Yes	NI	No		PM

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
	3. Do these documents indicate topics/sessions were held for any/or all of the following topics: <ul style="list-style-type: none"> • early/regular prenatal visit • proper maternal nutrition • healthy lifestyle • TT vaccination • child spacing • fertility awareness • voluntary blood donation 	Yes	NI	No		NM
SF10	<i>The health facility staff has a positive attitude towards family planning and responsible parenthood.</i>					
	1. Do we all have a positive attitude towards FP and responsible parenthood? <i>(Refer to QSL Appendix I: Questionnaire to Determine Health Staff Attitude on FP & Responsible Parenthood)</i>	Yes	NI	No		FM PM NM
SF11	<i>The health facility staff provides clients information on family planning.</i>					
	1. Are our FP clients properly informed on FP methods suitable to them, their advantages, disadvantages, and potential side effects?	Yes	NI	No		FM PM NM
	2. Do our FP clients know where to get FP services not offered in our facility? <i>(Refer to QSL Appendix J: Questionnaire on the Provision of Information on Family Planning)</i>	Yes	NI	No		FM PM NM
SF12	<i>The health facility staff provides family planning services to clients/couples according to their reproductive health intentions or refers them to appropriate facilities.</i>					
	1. Do we (FP service providers) follow DOH protocol on counseling clients in choosing their FP methods?	Yes	NI	No		FM PM
	2. Does the FP Form 1 of a client reflect the appropriateness of the FP method with the client's intention to plan more children or not?	Yes	NI	No		NM

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
SF13	Couples currently using family planning methods are using the method correctly.					
	1. Do we clearly explain to our FP clients how to use the FP method chosen, the warning signs (if any) and what to do? <i>(Refer to QSL Appendix L: Questionnaire on Client's Use of Family Planning Method)</i>	Yes	NI	No		FM PM NM
SF14	The health facility staff provides FP counseling/services to couples in the community to include information on a wide range of FP methods.					
	1. Do we conduct community-based and/or home-based activities to provide FP information/counseling/services? <i>(refer to Appendix M: List of Community/Home-Based FP Services for samples)</i>	Yes	NI	No		FM PM NM
	2. Do we have documents to show that we have conducted these activities?					
B	CHILD CARE					
CC1	The health facility staff is doing active master listing of infants (0-11 months old).					
	1. Do we regularly include in our TCL (of 0-11 month-old infants) the names of births registered with the LCR especially those delivered in hospitals, private clinics, private midwives, and /or hilots?	Yes	NI	No		FM PM NM
CC2	The health facility staff provides appropriate newborn care					
	1. Do our midwives include the following services in providing newborn care? <ul style="list-style-type: none"> • APGAR • Complete PE • Anthropometric measurements • Crede's prophylaxis • Cord care • Vitamin K injection (0.5 mg. IM) • Latching on and advice on exclusive breastfeeding • Keeping baby warm • Referral (for sick newborn) • Resuscitation (when needed) • Issuance of ECCD/GMC card • Birth registry 	Yes	NI	No		FM PM NM

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
CC3	<i>The health facility staff vaccinates infants according to the DOH immunization schedule.</i>					
	1. Do we know the DOH-prescribed schedule for immunization? <i>(Refer to QSL Appendix N: Immunization Schedule for Infants)</i>	Yes	NI	No		FM PM
	2. Does our TCL show that we vaccinate 0-11 month-old infants according to the DOH-prescribed immunization schedule?	Yes	NI	No		NM
CC4	<i>The health facility staff follows-up infant immunization defaulters.</i>					
	1. Do we have a mechanism to identify infant immunization defaulters in our TCL?	Yes	NI	No		FM PM
	2. Do we take actions to track down defaulters?	Yes	NI	No		NM
	3. Are these actions written on the TCL?	Yes	NI	No		
CC5	<i>The health facility staff provides appropriate child nutrition services.</i>					
	1. Are all mothers particularly those with 2-3 year-old children advised on their child's nutritional needs before they leave our facility?	Yes	NI	No		FM PM
	2. Do mothers know how to interpret their child's growth curve?	Yes	NI	No		NM
CC6	<i>The health facility staff provides the following preventive and promotive child care services:</i> <input type="checkbox"/> <i>Oral health (e.g. tooth brushing, sealant, fluoridation, annual dental check-up)</i> <input type="checkbox"/> <i>Monitoring and stimulation of psychosocial development</i> <input type="checkbox"/> <i>Auditory and visual screening</i>					
	1. Are we implementing the DOH protocol on providing care to children 4-9 years old? <i>(Refer to QSL Appendix G: Supervisory Package)</i>	Yes	NI	No		FM PM NM

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
CC7	The health facility staff provides children 10-18 years old the following appropriate information:					
	<ul style="list-style-type: none"> ○ Healthy diet and physical activity ○ Disease prevention and control ○ Dangers of drugs, tobacco and alcohol ○ Fertility awareness ○ Awareness on physical, emotional and sexual abuse 					
	1. Are we implementing the DOH protocol on providing care to children 10-18 years old? (Refer to QSL Appendix G: Supervisory Package)	Yes	NI	No		FM
	2. Are we directly or indirectly involved in activities for 10-18 year-old children in promoting healthy lifestyle, disease prevention/control, dangers of drug/tobacco/alcohol, awareness on fertility, and physical/emotional/sexual abuse?	Yes	NI	No		PM NM
3. Do we have documents to show our involvement?	Yes	NI	No			
CC8	The health facility staff knows the standard protocol for management of sick children.					
	1. Do we know the DOH protocol for management of sick children? (Refer to QSL Appendix G: Supervisory Package)	Yes	NI	No		FM PM NM
CC9	The health facility staff correctly assesses, classifies, treats sick children and gives advice to mothers/caregivers.					
	1. Are we implementing the DOH protocol for management of sick children?	Yes	NI	No		FM
	2. Do our client records show that pneumonia cases of children are given cotrimoxazole?	Yes	NI	No		PM
	3. Do our client records show that diarrhea cases of children are given ORS?	Yes	NI	No		NM
C	PREVENTION and CONTROL OF INFECTIOUS DISEASES					

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
IPC1	<i>The health facility staff has appropriate knowledge of the basic concepts and principles of prevention and control of infectious diseases.</i>					
	1. Do we (especially the midwife and RSI) have the appropriate knowledge on infectious disease prevention and control? <i>(Refer to QSL Appendix Q: Questionnaire to Determine Health Staff Knowledge on Infectious Diseases)</i>	Yes	NI	No		FM PM NM
IPC2	<i>The health facility staff is able to identify and manage infectious diseases.</i>					
	1. Do we identify and manage infectious diseases according to DOH protocols? <i>(Refer to QSL Appendix G: Supervisory Package)</i>	Yes	NI	No		FM PM NM
	2. Do our records (NTP Registry, treatment cards, ITR, master list, etc) reflect that patients are correctly identified and managed according to DOH protocol?	Yes	NI	No		
IPC3	<i>The health facility staff employs strategies aimed at infection prevention and control at the community level.</i>					
	1. Are we implementing community-level strategies for the prevention and control of infectious diseases? <i>(refer to Appendix R: DOH-Recommended Community Level Strategies in the Prevention and Control of Infectious Diseases)</i>	Yes	NI	No		FM PM NM
	2. Do we have any documents showing these strategies have been done?	Yes	NI	No		
D	PROMOTION OF HEALTHY LIFESTYLE					
HL1	<i>The health facility staff has a good attitude on healthy lifestyle and recognizes and accepts the value of healthy living.</i>					
	1. Do we all have a positive attitude on healthy lifestyle? <i>(Refer to QSL Appendix S: Questionnaire to Determine Health Staff Attitude on Healthy Lifestyle)</i>	Yes	NI	No		FM PM NM

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
HL2	<i>The health facility staff knows and communicates what is healthy lifestyle in terms of diet, physical activity, smoking and alcohol abuse.</i>					
	1. Do we know the basic messages to convey to our patients on healthy lifestyle, particularly on physical activity, smoking and alcohol abuse? <i>(Refer to QSL Appendix T-1: Questionnaire to Determine Health Staff's Knowledge on Basic Messages for the Promotion of Healthy Lifestyle)</i>	Yes	NI	No		FM PM NM
HL3	<i>The health facility staff conducts health education and other activities to promote healthy lifestyle with community participation.</i>					
	1. Do we conduct activities promoting healthy lifestyle?	Yes	NI	No		FM PM NM
	2. Do we have documents showing these activities?	Yes	NI	No		NM
HL4	<i>The health facility staff provides counseling and other support services to identified at-risk clients to modify and improve their lifestyle.</i>					
	1. Do we know the health messages that should be conveyed to at-risk patients? <i>(Refer to QSL Appendix U: Health Messages by Risk)</i>	Yes	NI	No		FM
	2. Are the identified at-risk patients appropriately counseled before they leave the facility?	Yes	NI	No		PM
	3. Are there support services we provide to at risk clients to assist them?	Yes	NI	No		NM
HL5	<i>Clients know the difference between healthy and unhealthy lifestyle.</i>					
	1. Do we all know the difference between healthy and unhealthy lifestyle? <i>(Refer to QSL Appendix T-2: Questionnaire to Determine Client's Knowledge on Basic Messages for the Promotion of Healthy Lifestyle)</i>	Yes	NI	No		FM PM
	2. Do we convey healthy lifestyle messages to our patients?	Yes	NI	No		NM

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
	3. Do our patients remember the basic messages we relayed to them regarding healthy lifestyle?	Yes	NI	No		
III BASIC CURATIVE SERVICES FUNCTIONS						
BC1	<i>The health facility has written standard operating procedures (SOP) on the provision of basic curative services.</i>					
	1. Is there a written SOP that we follow in providing basic curative services?	Yes	NI	No		FM
	2. Does our SOP contain the 9 recommended steps in the provision of patient care? <i>(Refer to QSL Appendix D: Outline of Standard Operating Procedure for Patient Care)</i>	Yes	NI	No		PM NM
BC2	<i>The health facility staff obtains and performs a thorough and systematic clinical history and physical examination on all clients who come to the health facility.</i>					
	1. Do we (doctor, nurse, midwife) follow the SOAP format in accomplishing the medical record of a patient based on his chief complaint? <i>(Refer to QSL Appendix V: Basic Curative Services Sample SOAP Format)</i>	Yes	NI	No		FM PM NM
BC3	<i>The health facility staff uses existing and accepted treatment algorithms to provide basic curative services.</i>					
	1. Do we use generally utilized and accepted treatment algorithms for commonly encountered non-program diseases in our community? <i>(Refer to QSL Appendix W: Decision Trees/Algorithms for examples)</i>	Yes	NI	No		FM PM NM
IV REGULATORY FUNCTIONS						

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
RF1	<i>The health facility has knowledgeable and qualified personnel in-charge of implementing the relevant health laws/regulations.</i>					
	1. Do we have a qualified staff assigned to oversee the implementation of the following laws? <ul style="list-style-type: none"> • Milk Code • Generics Act • Voluntary Blood Services Act • Sanitation Code (must be RSI) • Asin Law (must be RSI) • Local ordinances 	Yes	NI	No		FM
	2. Do we have file copies of all these laws and their implementing rules and regulations?	Yes	NI	No		PM
	3. Is the staff-in-charge knowledgeable of and conversant on the provisions, rules and regulations of the specific law assigned to him/her, especially those that apply to and involves the LGU?	Yes	NI	No		NM
RF2	<i>The health facility staff is involved in the passage of local health ordinances that are consistent with DOH policies and guidelines particularly concerning dengue rabies and other endemic infectious diseases.</i>					
	1. Are we involved in the effort to pass local health ordinances particularly those related to dengue, rabies or other endemic infectious diseases?	Yes	NI	No		FM
	2. Do we have proofs or documents to show that we are involved in the initiation/drafting/advocacy for the passage of these local health ordinances?	Yes	NI	No		PM
	3. Are these local health ordinances consistent with national policies/guidelines?	Yes	NI	No		NM
RF3	<i>The health facility has written standard operating procedures/protocols in place to implement national and local health laws/regulations.</i>					
	1. Do we have written standard operating procedures to implement laws and ordinances related to the mentioned laws and local ordinances cited?	Yes	NI	No		FM PM NM

QSRef No. (1)	QUESTION (2)	Answer (3)			REMARKS (4)	Status vis a vis standard (5)
		YES	NI	NO		
RF4	<i>The health facility staff demonstrates compliance with specific health laws.</i>					
	1. Do ITRs or consultation logbooks show that we comply with generic prescriptions?	Yes	NI	No		FM PM NM
	2. Do our purchase requests for drugs, RIVs and other related-documents list only those that are found in the PPDF?	Yes	NI	No		
	3. Do we always ensure that there are no IEC materials or promotional products from milk companies displayed in our facility?	Yes	NI	No		
	4. Do we have a record of our salt-testing activities?	Yes	NI	No		
RF5	<i>The health facility staff monitors their regulatory activities.</i>					
	1. Do we have any document to show our activities on the implementation of the Asin Law?	Yes	NI	No		FM PM NM
	2. Do we have an updated list of food establishments inspected?	Yes	NI	No		
	3. Do we have a list of voluntary blood donors?	Yes	NI	No		

Summary of Gaps/Issues (Use a separate sheet, if necessary)

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Supplemental Questions for Health Facility Assessment

**LEAD for Health Project
FACILITY SELF-ASSESSMENT TOOL**

Supplemental Questions for Health Facility Assessment

This tool was developed as a set of additional questions to fill-in areas not covered in the Sentrong Sigla (SS) and/or in areas in the SS where there is a need for further elaboration. This set of supplemental questions is not intended for SS certification. Together with the SS Facility Self-Assessment Checklist (FSAC), the aim of this tool is to get a clearer picture of the LGU situation, to identify LGU needs and to determine possible areas for assistance.

I. Logistics Management					
Ref. No.	Question	Answers			Remarks
		Yes	NI	No	
FS 1	<i>The health facility, including its immediate premises, is generally clean and orderly.</i>				
	1. Does the facility maintain orderliness as evidenced by accessible and easily retrievable logistics records?				
FS 10	<i>The health facility has the basic functioning equipment, supplies and drugs/medicines available at all times.</i>				
	1. Does the facility maintain the minimum quantities of the following FP commodities for any given day?				
	a. Pills (Oral contraceptives) – 5 blister packs				
	b. DMPA – 5 vials				
	c. IUD – 1 piece				
	d. Condoms – 10 pieces				
	2. Does the facility allocate and reserve the full course of treatment for each individual TB patient?				
	a. Regimen I				
	i. SCC I - 8 blister packs (Isoniazid 300 mg – 56 tablets; Rifampicin 450 mg – 56 capsules; Pyrazinamide 500 mg tablet – 112 tablets)				
	ii. SCC II – 16 blister packs (Isoniazid 300 mg – 112 tablets; Rifampicin 450 mg – 112 capsules)				
	iii. Ethambutol 400 mg tablet – 112 tablets				

	<p>b. Regimen II</p> <ul style="list-style-type: none"> i. SCC I - 12 blister packs (Isoniazid 300 mg – 84 tablets; Rifampicin 450 mg – 84 capsules; Pyrazinamide 500 mg tablet – 168 tablets) ii. SCC II – 20 blister packs (Isoniazid 300 mg – 140 tablets; Rifampicin 450 mg – 140 capsules) iii. Ethambutol 400 mg tablet – 448 tablets iv. Streptomycin 1 gram vial – 56 vials 				
	<p>c. Regimen III</p> <ul style="list-style-type: none"> i. SCC I – 8 blister packs ii. SCC II – 16 blister packs (Isoniazid 300 mg – 112 tablets; Rifampicin 450 mg – 112 capsules) 				
	3. Does the LGU supply the anti-TB medications for Category III patients?				
	4. Does the facility maintain an adequate reserve level of anti-TB medications (buffer stock) for at least 3 months supply?				
	5. Does the facility maintain the minimum quantity of Vitamin A capsules at any given day?				
	a. Vitamin A gel capsule 10,000 IU – 40 capsules				
	b. Vitamin A gel capsule 200,000 IU – 5 capsules				
	6. Does the facility do a regular stock count to determine if the minimum quantities of medicines and supplies are maintained?				
	a. Does the facility make a stock count at the end of the day?				
	b. Does the facility do their stock count on a daily basis?				
	7. Does the facility ensure that no medicines or supplies are withheld to a patient because the facility wants to maintain the minimum quantity of commodities?				
	8. Does the facility maintain buffer stocks to ensure that minimum quantities are maintained on a daily basis?				
FS	<i>The health facility has communication equipment available in the facility or</i>				

11	<i>has access to it.</i>			
	1. Does the facility have their own/ access to any of the following communication equipment (functional)?			
	a. Telephone (landline)			
	b. Mobile phone			
	c. Two-way radio			
FS 20	<i>The health facility utilizes the management/health information system to ensure the delivery of timely and appropriate services.</i>			
	1. Does the facility utilize logistics information/data that serve as basis for planning and action taking?			
	2. Does the facility have their own/ access to a computer?			
	3. Does the facility have at least one staff skilled with data processing using a computer?			
FS 21	<i>The health facility staff meets the required training requirements to deliver and manage the four (4) core public health programs.</i>			
	1. Does the facility have at least one staff trained on the following:			
	a. Therapeutic Committee functions			
	b. Conducts of Drug Use Reviews (DURs)			
	c. Revolving Drug Fund (RDF) Management			
	d. Management of Pooled Procurement Process			
	e. Health Plus outlet management			
FS 22	<i>The health facility has a system to identify, request and allocate the required drugs, equipment and supplies.</i>			
	1. Does the facility estimate drug requirements based on the Quantification of Drug Needs set by the Philippine National Drug Policy set by the DOH?			
	2. Does the facility have staff familiar with the QuantiMed software developed by MSH?			
FS 23	<i>The health facility has a system for stock monitoring and maintenance of minimum stock level for logistic requirements of the four (4) core public health programs.</i>			
	1. Does the facility conduct stock monitoring by using stock cards?			
	2. Does the facility keep accurate stock records?			

	a. Is the stock card pinned or clipped in front of the shelf next to the item's label?				
	b. Are items signed-in and signed-out every time an item is received or issued?				
	c. Are monthly stock counts conducted?				
	3. Does the facility know when it is time to place an order for drugs and supplies?				
	a. Is the balance in stock recorded on the stock card for each item checked?				
	b. Is the balance compared with the reorder level written at the top of the stock card?				
	c. Is an order placed when the balance is less than the reorder level?				
	4. Does the facility have monthly consumption records for FP, TB and Vitamin A supplementation?				
FS 24	<i>The health facility has a clearly written policy (or procedures) on proper utilization of logistics and equipment that is being complied with by the health staff.</i>				
	1. Does the facility properly dispense drugs to their patients/clients? By giving the patient/client the correct drug, the prescribed amount of the drug and the correct information on use?				
	a. Does the staff give the correct drug?				
	b. Does the staff give the prescribed amount of the drug?				
	c. Does the staff give the correct information on use of the drug?				
	2. Does the facility have staff trained on the drug use reviews (DURs)?				
	3. If there are staff trained on the DURs, does the facility implement it?				
	4. Does the facility have/Is the facility affiliated with an organized therapeutic committee?				
FS 25	<i>The health facility staff observes proper handling and storage of medicines, drugs, vaccines and other supplies.</i>				

1. Does the facility have a designated secure room or cupboard to be the storage area?				
a. Are there two (2) locks with separate keys installed for the door of the room or cupboard?				
b. Are the keys given only to those individuals who are responsible for the supplies in the storage area?				
c. Is the storage area locked at all times when not in use?				
2. Does the facility ensure that the storage area is in good condition to prevent deterioration of drugs and supplies?				
a. Is there a ceiling in the storage area?				
b. Are there sources of ventilation for the storage area?				
c. Is there good drainage for the storage room and are leaks repaired?				
d. Is the storage area free of pests?				
3. Does the facility keep the storage area clean and orderly?				
a. Is the floor mopped and swept regularly?				
b. Are shelves used to store supplies?				
c. Does the facility avoid storing boxes directly on the floor?				
4. Does the facility organize drugs and supplies in the storage area properly?				
a. Are items stored according to drug form?				
b. Are dry medicines stored in airtight containers on the topmost shelf?				
c. Are liquids stored in the middle shelf?				
d. Are other supplies, such as soaps, sheets, etc., stored in the bottom shelf?				
5. Does the facility label and arrange the supplies in the shelves?				

	a. Are the shelves labeled with each item's generic name in alphabetical order?				
	6. Does the facility store drugs with expiry dates according to First Expiry First Out (FEFO) procedures?				
	7. Does the facility store drugs without expiry dates according to the First In First Out (FIFO) procedures?				
	8. Does the facility destroy drugs and supplies that have expired and dispose them properly?				
FS 26	<i>The health facility has a designated person who conducts monthly inventory of drugs, medicines and supplies and has an annual inventory of instruments and equipment.</i>				
	1. Does the facility have a designated person who conducts annual inventory of drugs, medicines, equipments and supplies as evidenced by annual inventory records for the past three years?				
	2. Does the facility have a designated person who conducts monthly inventories as required?				
	3. Name of designated person				
	4. Position of designated person				
SF 12	<i>The health facility staff provides family planning services to clients/couples according to their reproductive health intentions or refers them to appropriate facilities.</i>				
	1. Does the facility ensure that family planning methods provided are evidence-based and effective?				
	a. Is the provision of FP methods based on the Family Planning Clinical Standards Manual (1997)?				
CC 5	<i>The health facility staff provides appropriate child nutrition services.</i>				
CC 8	<i>The health facility staff knows the standard protocol for management of sick children.</i>				
	1. Does the facility ensure that micronutrient supplementation is evidenced-based and effective?				
	a. Is micronutrient supplementation being done based on the Administrative Order (A.O.) 3-A, s. 2000 – Guidelines on Vitamin A Supplementation?				

IPC 2	<i>The health facility staff is able to identify and manage infectious diseases.</i>			
	1. Does the facility ensure that TB-DOTS treatment is evidence-based and effective?			
	a. Is TB-DOTS treatment being done based on the Manual of Procedures for the National Tuberculosis Program (2001)?			
OPMI	Other Pharmaceutical Management Interventions			
A	<i>Procurement</i>			
B	1. Does the facility employ/Is the facility part of at least one model of pooled/bulk procurement?			
	a. Informed buying			
	b. Coordinated informed buying			
	c. Group contracting			
	d. Central contracting and purchasing			
	e. Electronic procurement			
	2. Does the facility explore other sources of medicines at lower costs?			
	a. Parallel Drug Importation (PDI)			
	b. DKT Philippines			
	c. Others			
	3. Is the facility part of an organized Inter-Local Health Zone (ILHZ)?			
	4. Are there other sources of quality drugs and supplies at low-cost (e.g. health plus outlets and pharmacies)?			
	5. Does the facility use Drug Price Comparison Guides?			
	<i>Financing</i>			
	1. Does the facility collect users fees, to include fees for medicines/supplies dispensed?			
	2. Does the facility receive reimbursements and/or capitation fund from the Philippine Health Insurance Corporation (PHIC)?			
	3. Does the facility employ a Revolving Drug Fund (RDF) to accomplish cost-recovery?			
II. FAMILY PLANNING				
FS 21	<i>The health facility staff meets the required training requirements to deliver and manage the four (4) core public health programs.</i>			
SF	<i>The health facility staff provides family planning services to</i>			

12	<i>clients/couples according to their reproductive health intentions or refers them to appropriate facilities.</i>			
	1. Does the facility have at least one trained staff on IUD insertion providing the service?			
	a. Number of health staff trained on IUD insertion			
	b. Number of health staff trained on IUD insertion but not providing the service			
	c. Number of health staff trained on IUD insertion and willing to undergo refresher course			
	2. Does the facility ensure infection control for IUD insertions?			
	a. Does the staff properly wash their hands prior to IUD insertion?			
	b. Does the staff carefully prepare the vagina and cervix with an antiseptic solution?			
	c. Does the staff use the "No Touch" insertion technique?			
	3. Does the facility have at least one staff trained on No-Scalpel Vasectomy (NSV) and providing the service?			
	a. Number of health staff trained on NSV			
	b. Number of health staff trained on NSV but not providing the service			
FS 20	<i>The health facility utilizes the management/health information system to ensure the delivery of timely and appropriate services.</i>			
	Does the facility have a defaulter tracking system for Family Planning?			
FS 34	<i>The health facility has a network of volunteer health workers who assist in service delivery.</i>			
	1. Does the facility have linkages/partnership with independent community-based reproductive health and/or family planning groups/ projects?			
	a. Number of independent community-based reproductive health and/or family planning groups/projects			
	2. Does the facility regularly train/update its Barangay Health Workers (BHWs) on Family Planning courses?			
	a. Number of BHWs needed to be trained on FP courses			
	b. Number of BHWs needed to be updated on FP courses			
SF 11	<i>The health facility staff provides clients information on family planning.</i>			

	Does facility distribute client education materials written in the local dialect on all FP methods?				
III. TB-DOTS					
<i>* Together with the SS FSAC, this section is intended for purposes of PHIC TB-DOTS Clinic accreditation.</i>					
A.	Basic Infrastructure, Personnel, Logistics and General Procedures				
	1. Does the facility bear an appropriate signage bearing the name of the TB-DOTS Center?				
	2. Is the facility situated in a location where patients have convenient and safe access?				
	3. Does the facility have entrances and exits that are clearly marked?				
	4. Does the facility have resources and processes to ensure the quality of waiting time?				
	a. Does the staff provide health education materials and activities to keep clients pre-occupied while waiting in the facility (e.g. hand-outs, comic books, mother's classes, etc.)?				
	b. Does the staff provide other materials and activities to keep the clients pre-occupied while waiting in the facility (e.g. magazines, tele-novelas on TV, children's books, toys, play areas, etc.)				
	5. Does the facility maintain appropriate levels of anti-sepsis for equipments and instruments?				
	6. Does the facility have access to diagnostic services, including sputum microscopy center (facility-based or designated referral center)?				
	a. Does the laboratory have adequate number of personnel accountable for diagnostic services, including sputum microscopy?				
	b. Are the personnel qualified and appropriately trained?				
	c. Is the laboratory accessible to the patients/clients?				

	7. Does the facility ensure that all personnel are responsible for safety in the workplace and the quality of service they deliver?				
	8. Does the facility have procedures to identify and address the risks of contamination of staff and patients from sources of infectious diseases?				
	a. Are the procedures documented?				
	b. Are the procedures disseminated?				
	c. Are the procedures implemented?				
	9. Does the facility collect sputum and other body fluids in a safe and hygienic way?				
	10. Does the facility, whenever possible, treat sputum cups and other materials contaminated with infectious wastes immediately with chemical disinfection?				
	11. Does the facility ensure proper disposal of the treated sputum cups and other related waste materials?				
	12. Does the facility accomplish the following NTP recording forms completely and accurately?				
	a. NTP Laboratory Request Form for Sputum Examination				
	b. NTP Treatment Card				
	c. NTP Identification Card				
	d. TB Register				
	e. NTP Referral/Transfer Form				
	13. Does the facility accomplish the following NTP reporting forms and counting sheets completely and accurately?				
	a. Quarterly Report on New Cases and Relapses of Tuberculosis and on Drug Inventory and Requirement				
	b. Counting Sheet for Case Finding by Types/Drug Inventory				
	c. Quarterly Report on the Treatment Outcome of				

	Pulmonary TB Cases Registered 13-15 Months Earlier				
	d. Counting Sheet for Quarterly Report on the Treatment Outcome of Pulmonary TB Cases				
B.	Case Detection				
	1. Does the facility utilize direct sputum smear examination as the principal diagnostic method?				
	a. Does the facility identify all patients with cough of 2 weeks or more as TB symptomatics?				
	b. Do all TB symptomatics undergo sputum examinations?				
	c. Are sputum examinations done by a qualified and trained microscopist (either in the facility or in a designated referral microscopy center)?				
	2. What is the designated microscopy center:catchment population ratio?				
	3. What is the average travel time to the designated microscopy center from the nearest catchment area?				
	4. What is the average travel time to the designated microscopy center from the farthest catchment area?				
	5. Are there means of transportation to the designated microscopy center?				
	a. Is it always available?				
	b. Is it accessible?				
	c. Is it affordable?				
	6. Does the facility's designated microscopy center ensure good procedure and accurate, reliable sputum smear examination results based on the assessment points for stained smear slides?				
	a. Specimen Quality				
	b. Specimen Cleanness				
	c. Specimen Staining				
	d. Specimen Size				
	e. Specimen Evenness				
	7. Does the facility's designated microscopy center store examined slides in the same order of the NTP Laboratory Register in the slide box?				

	8. Does the facility's designated microscopy center accomplish completely and accurately the NTP laboratory recording and reporting forms?				
	a. NTP Laboratory Register				
	b. Quarterly Report on NTP Laboratory Activities				
	c. Counting Sheet for Laboratory Activities Report				
	9. How long does it take for the designated microscopy center to release the results of the sputum smear examination?				
	10. Does the facility have policies and procedures for referring patients to X-ray facilities?				
	a. Are the policies and procedures documented?				
	b. Are the policies and procedures implemented?				
	c. Are the policies and procedures implemented regularly monitored for effectiveness?				
	d. Is/Are the X-ray facility/s accredited?				
	e. Is/Are the X-ray facility/s accessible?				
	11. Does the facility have policies and procedures for referring patients to a TB Diagnostic Committee?				
	a. Are the policies and procedures documented?				
	b. Are the policies and procedures implemented?				
	c. Are the policies and procedures regularly monitored for effectiveness?				
	d. Is the TB Diagnostic Committee appropriately constituted?				
	e. Is the TB Diagnostic Committee accessible?				
	f. Does the TB Diagnostic Committee meet at least once a week?				
C.	Case Holding				
	1. Does the facility have flow charts of patient management?				

2. Does the facility select and assign DOTS partners based on predetermined criteria and procedures?				
3. Does the facility regularly provide motivation to the patient by emphasizing key messages?				
a. Does the staff emphasize that "TB could be cured but requires regular drug intake for the prescribed duration"?				
b. Does the staff emphasize that "the patient should report any adverse reaction to the drugs"?				
c. Does the staff emphasize that "the patient should undergo follow-up sputum examination on specified dates"?				
4. Does the facility make a regular evaluation of the patient's clinical progress?				
a. Is the evaluation appropriate?				
b. Is the evaluation comprehensive?				
c. Is the evaluation done at each visit?				
d. Is the evaluation documented?				
5. Does the facility maintain an appropriate buffer stock of anti-TB medications?				
6. Does the facility have a defaulter tracking system?				
a. Are default rates regularly monitored?				
b. Are policies and procedures developed to minimize default rates?				
c. Are these policies and procedures developed being implemented?				
d. Are these policies and procedures being implemented regularly monitored for effectiveness?				
7. Does the facility have linkages/partnerships with external groups in providing DOTS services?				

	a. Are there policies and procedures developed for identifying and working with external groups in providing DOTS services?				
	b. Are these policies and procedures being implemented?				
	c. Are these policies and procedures being implemented regularly monitored for effectiveness?				

Annex D

Barangay Service Profiles

LGU Situation Analysis Demographic Profile by Barangay

LGU _____

Province _____

For 2004, please complete the following information for each Barangay, as available. This profile will provide a picture of the population to be served across the LGU. Please use NSO projections, for consistency.

Total

Barangay	Population	Population by group:			# indigent families	
	(NSO projection)	MWRA	<12 mo	6 - 12 mo		12-59 mo
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Barangay	Population	Population by group:			# indigent families	
	(NSO projection)	MWRA	<12 mo	6 - 12 mo		12-59 mo
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
Total for LGU						

Focus for FP
Focus for EPI, IMCI
Focus for Vit A supp
Focus on most in need

**LGU Situation Analysis
Health Indicators Profile by Barangay**

LGU _____
Province _____

Date _____

For period: _____ **to** _____

Barangay	Vit A		EPI	Tuberculosis			Maternal deaths
	6-11 mo	12-59 mo	% fully immunized	Case Detection	Sputum Conversion	Completion Rate	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							

Barangay	Vit A			EPI	Tuberculosis			Maternal deaths
	6-11 mo	12-59 mo	Diarrhea/ Severe pneumonia	% fully immunized	Case Detection	Sputum Conversion	Completion Rate	
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
Total for LGU								

**LGU Situation Analysis
FP Service Availability Profile by Barangay**

LGU
Province

	Barangay	Facility Type	# BHWs	# BHWs FP trained	Is there someone able to provide these methods?							SDM counseling and beads	How far must clients travel from BHS to the nearest provider?	
					Are Pills dispensed by			How many providers?					Ligation	Vasectomy
					BHW	BSPOs	MW	DMPA	IUD onsite	Condom	NFP			
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
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35														
36														
37														
38														
39														
40														
41														
42														
43														
44														
45														
	Total for LGU													

LGU Situation Analysis

LGU _____
Province _____
Date _____

Drop out rates for family planning

Barangay	MWRA	Modern Method CPR	Pill dropout	DMPA dropout
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
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22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				

	Barangay	MWRA	Modern Method CPR	Pill dropout	DMPA dropout
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
	Total for LGU				

Annex E

LGU Management Situation Analysis Tool

LGU Situation Analysis

LGU _____

Date _____

Province _____

Health Systems Management Tool

Support to health services in the form of visible leadership, policy support and resources allocation ensures that health workers have the supplies, supervisory support, time, and endorsement to provide committed quality of care. For family planning, TB, Vitamin A and HIV-related services, leadership and management support is particularly essential.

Management Area: Policy

1. Indicator: Health ordinances enacted, resolutions passed, executive order issued, or approved plans/strategies that aim to implement FP, TB-DOTS, HIV/AIDS prevention or Vitamin A supplementation

Please review local ordinances, resolutions, executive orders, etc. and provide information regarding those that encompass clearly stated leadership, management and/or financial support for implementation of family planning, TB-DOTS, Vitamin A supplementation and other child health services, and services or programs related to HIV/AIDS and sexually transmitted diseases. Policies that have broader application but directly support these areas should also be described.

In this policy review please provide the most exact wording possible. For "type", indicate whether ordinance, SB resolution, executive order, or other.

a.	Title (<i>exact</i>)	Date:
		Type:
	Supporting (tick all that apply): FP <input type="checkbox"/> TB <input type="checkbox"/> Vit A <input type="checkbox"/> HIV <input type="checkbox"/>	
	Statement of Policy Support:	
	Objectives (<i>please list</i>)	
	- - - - -	
	Management Systems Support (<i>please describe</i>)	
	Financing, including personnel and other resources	

b.	Title (<i>exact</i>)		Date:
			Type:
	Addressing: FP <input type="checkbox"/> TB <input type="checkbox"/> Vit A <input type="checkbox"/> HIV <input type="checkbox"/>		
	Statement of Policy Support:		
	Objectives (<i>please list</i>)		
	- - - - - -		
Management Systems Support (<i>please describe</i>)			
Financing, incl personnel and other resources			
c.	Title (<i>exact</i>)		Date:
			Type:
	Supporting (tick all that apply): FP <input type="checkbox"/> TB <input type="checkbox"/> Vit A <input type="checkbox"/> HIV <input type="checkbox"/>		
	Statement of Policy Support:		
	Objectives (<i>please list</i>)		
	- - - - - -		
Management Systems Support (<i>please describe</i>)			
Financing, incl personnel and other resources			

d.	Title (<i>exact</i>)		Date:
			Type:
		Supporting (tick all that apply): FP <input type="checkbox"/> TB <input type="checkbox"/> Vit A <input type="checkbox"/> HIV <input type="checkbox"/>	
		Statement of Policy Support:	
		Objectives (<i>please list</i>)	
		-	
-			
Management Systems Support (<i>please describe</i>)			
Financing, incl personnel and other resources			

e.	Title (<i>exact</i>)		Date:
			Type:
		Supporting (tick all that apply): FP <input type="checkbox"/> TB <input type="checkbox"/> Vit A <input type="checkbox"/> HIV <input type="checkbox"/>	
		Statement of Policy Support:	
		Objectives (<i>please list</i>)	
		-	
-			
Management Systems Support (<i>please describe</i>)			
Financing, incl personnel and other resources			

2. Indicator: A plan is in place to secure a sustainable supply of contraceptives in line with donor plans to phase out support for commodities (Contraceptive Self-Reliance - CSR plan)

a. Is there a plan or measure for ensuring a supply of contraceptives in place as donor supplies are reduced?

Yes In process Not started

b. What are the family planning (pills and injectables) supply requirements forecasted for this LGU for the next 12 months?

From month ____/year____ thru month ____/year____

Pills (Oral contraceptives) _____

Injectables (DMPA) _____

c. How will contraceptive supplies be financed?

-

-

d. Is there a mechanism to ensure free FP supplies and services to those who cannot afford them?

Yes No

e. How are clients who can afford to pay for FP supplies encouraged to do so?

-

-

f. What mechanisms are currently used to procure family planning supplies?

-

-

g. If any, what other procurement mechanisms are planned for the future?

-

-

h. What distribution system(s) will be used for contraceptives under this plan?

i. If a plan is in place, what activity has taken place against the plan thus far?

-

-

-

3. *Indicator:* In line with national government and donor supplies, a plan is in place to secure a sustainable supply that fills gaps for TB treatment drugs of all categories; Vitamin A capsules; STI treatment drugs; and condoms for prevention of STIs and HIV.

a. Is there a plan or measure for ensuring supplies of TB treatment, Vitamin A, STI treatment and condoms to prevent HIV and STIs in place to address current and anticipated gaps in national government and donor supplies?

Yes In process Not started

b. What are the supply requirements *forecasted* for this LGU for the next 12 months?

From month ____/year____ thru month ____/year____

TB Category I _____ TB Category II _____ TB Category III _____

Vit A _____

STI drugs:

Drug _____, quantity _____

Condoms _____

c. How will each type of supply be financed?

- TB
- Vit A
- STI drugs
- Condoms

d. Is there a mechanism to ensure free treatment and services to those who cannot afford them?

Yes No

e. How are clients who can afford to pay for supplies and services encouraged to do so?

f. What mechanisms are currently used to procure TB, Vit A, STI treatment and condom supplies?

g. If any, what other procurement mechanisms are planned for the future?

h. What distribution system(s) is being used for these drugs? What problems have been experienced in the past year with this system (if any)?

j. If a plan is in place, what activity has taken place against the plan thus far?

--

--

Management Area: Leadership and Community Participation

4. Indicator: The Local Health Board meets at least four times a year.

Reviewing minutes and records of local health board activity, provide the following to develop a picture of how well the board serves to support advocacy, management, and community/stakeholder input into health services, especially for family planning, TB, child health and HIV/STIs. **Please attach agenda for each meeting.**

a. How many times did the local health board meet during the past 12 months?

None 1 2 3 4 or more

b. When did the health board last meet? Date: _____

c. How many times in the past 12 months did the chairman of the health board preside over the meeting?

d. How many times in the past 12 months was the private sector/NGO representative present in the meeting? _____

e. Using the scale below, please rate the degree to which the health board has performed the following functions:

0 = Not at all 1 = To a small degree 2 = To a moderate degree 3 = To a great degree 4 = To a very great degree

Function	Score
<ul style="list-style-type: none"> ▪ Proposes to the sanggunian annual budgetary allocations for the operation and maintenance of health facilities and services within the LGU; 	
<ul style="list-style-type: none"> ▪ Serves as an advisory committee to the sanggunian on health matters, such as the necessity for, and application of, local appropriations for public health purposes; 	
<ul style="list-style-type: none"> ▪ Creates committees which shall advise local health agencies on such matters as personnel selection and promotion, bids and awards, grievance and complaints, personnel discipline, budget review, operations review and similar functions. 	

5. How could your local health board be more effective or responsive to local health needs?

6. What other stakeholder fora or community involvement initiatives related to RH, TB and Child Health are active in the LGU?

Management Area: Health Services Financing

- 5. *Indicator:* LGU provides funds needed for the cost of commodity requirements for FP, TB, Vit A and HIV/AIDS that are not provided by DOH, donors, etc.
- 6. *Indicator:* Indigent families are enrolled in PhilHealth (NHIP enrollees)

Financial support and sound financial systems are necessary to ensure that resources are in place as needed to provide quality services and to reach populations most in need. The following data should be obtained from the SAAO and other financial reports. Some items are included to provide an overall health and social sector funding status in the LGU.

Budget			
For the past three years, please provide the following:			
	2001	2002	2003
General Fund budget for LGU			
Budget allocation for Health and FP:			
General fund			
Capital fund			
Development			
Special funds			
Other (eg. External funds, etc)			
<i>Total health budget</i>	P	P	P
General fund budget for health as % of total LGU budget			
Expenditures			
Expenditure for LGU (Total)			
Health expenditure per capita (<i>total health budget</i> ÷ population on page 1)			
Expenditure for education			
Expenditure for social welfare			
Expenditure for medical supplies			
Finance Area: Revenue			
Local Revenue generated in 2003			
Local revenue from health services and activities			
User fees generated from health services			

Finance area: Insurance Coverage			
Amount spent on PhilHealth Indigent Enrolment in 2003			
# Indigent families			
# Indigent families enrolled in PhilHealth			
Percentage of indigent families enrolled			
# RHUs or health centers PhilHealth accredited for capitation			
Income to LGU and facilities from PhilHealth			

Management Area: Public and Private Sector Links (Market segmentation and other private sector involvement)

1. Current % of clients receiving FP services from private sector _____%

2. What incentives are provided to the private sector to provide family planning?

3. What cross-referral agreements are in place between public and private sector for:

FP

TB

Child Health

HIV

4. What are some of the obstacles that prevent referral from public to private sector for clients who can afford to pay for care?

Annex F

Schedule of Orientation to In-Depth Situation Analysis

Schedule of Orientation to In-Depth Situation Analysis

Time	Day 0	Day 1	Day 2	Day 3	Day 4
8:00 – 12:00		Session 1: Introduction to Assessment Process Session 2: LGU Level Assessment Tools <ul style="list-style-type: none"> ▪ <i>Barangay Profile Data</i> ▪ <i>Situational Analysis Tool</i> ▪ <i>Mapping</i> 	Session 3a: Facility Assessment Field Practicum Session 3b: Processing & Presentation of RHU and BHS Assessment results	Session 5: CBMIS Field Practicum Session 5a: CBMIS Field Practicum Data Review Session 6: CBMIS FP Unmet Needs Barangay Client List	Session 8: Planning Assessment Process Session 9: Presentation of plans
12:00 – 1:00		Lunch	Lunch	Lunch	Lunch
1:00 – 5:00 pm		Session 3: Facility Assessment Tools <ul style="list-style-type: none"> ▪ Sentrong Sigla Orientation ▪ Standards and Tools Orientation 	Session 4: CBMIS Questionnaire Forms	Session 7: CBMIS Barangay Tally Sheet Session 7a: CBMIS Catchment Area Tally Sheet	Depart for Home
7:00 pm	Opening Program				