

Quality Standards List for Rural Health Units and Health Centers

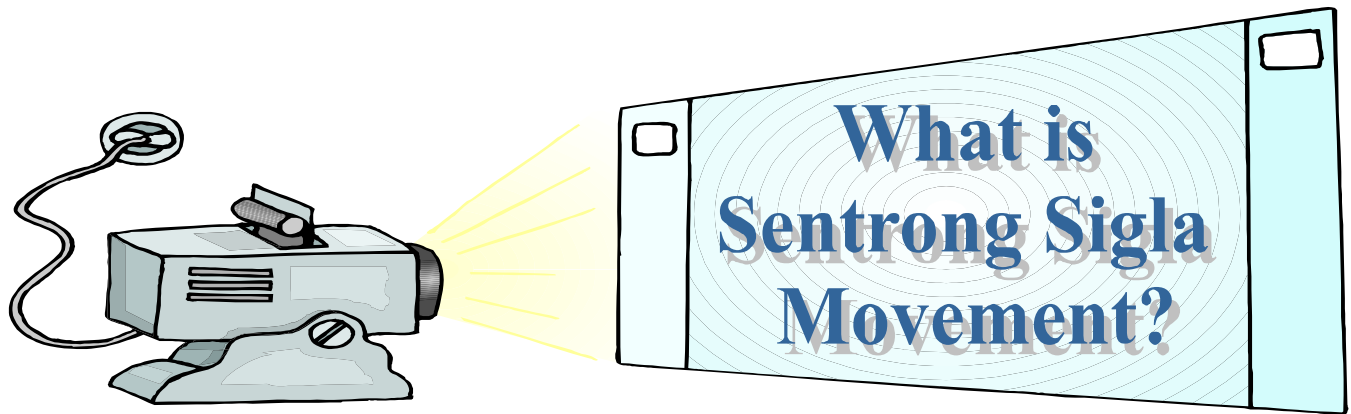
Level 1

**Certification and Recognition Program
Sentrong Sigla Movement**



October 2000





Sentrong Sigla Movement (SSM) aims to improve the quality of public health services. Through its *Certification and Recognition Program or CRP*, Sentrong Sigla recognizes local government units (LGUs) and certifies health facilities that meet requirements and standards to deliver quality services. The CRP has three levels of certification with Level 1 as the entry level. The participating facility progresses through Levels 1, 2 and 3 until it gets elevated to the SSM's Hall of Fame. A Sentrong Sigla certified facility eventually gets into the continuous quality improvement (CQI) mode enabling the facility staff to set their own standards of quality.

What is the Level 1 Quality Standards List for Rural Health Units (RHU) and Health Centers (HC)?

The Level 1 Quality Standards List for Rural Health Units and Health Centers includes the recommended standards and requirements for providing quality services. This list was developed based on existing program guidelines from the Department of Health (DOH).

There are general conditions or requirements that are critical in every facility and are therefore considered as inclusion criteria for participation in Level 1:

- ✎ **Regular source of clean water**
- ✎ **Comfort room/latrine for patients**
- ✎ **Blood pressure apparatus with cuff**
- ✎ **Stethoscope**
- ✎ **Thermometer**
- ✎ **Weighing scale for infants and adults (but not bathroom scale)**

Who is the Quality Standards

List's intended user?

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

What health facilities are being referred to?

The Sentrong Sigla Certification and Recognition Program covers health facilities like hospitals, rural health units/health centers and barangay health stations. This List is intended only for **rural health units and health centers**.

What is the focus of Level 1 standards?

Level 1 standards focus on “inputs” like the basic infrastructure, equipment, pharmaceuticals and supplies and other conditions that are necessary to demonstrate “preparedness” or “readiness” of the facility to provide the services. There are also some “process” standards that are already included. These standards are in the following areas:

- **Infrastructure/Amenities**
- **Health Services**
- **Attitude and Behavior of Health Workers**
- **Health Human Resources**
- **Equipment**
- **Drugs, Medicines and Supplies**
- **Health Information System**
- **Community Interventions**



Note to Users:

The List provides the basic standards and requirements that are being recommended under Sentrong Sigla for Level 1 certification. There are corresponding standards for Levels 2 and 3. Once a facility meets Level 1 standards and gets certified, under the Sentrong Sigla Certification and Recognition Program, the facility and its staff will be introduced to continuous quality improvement (CQI) tools and techniques in order to maintain Level 1 standards, and also strive for higher levels of certification.

It is expected that certain aspects of quality standards maybe defined differently and may vary from program to program, facility to facility and from one person to another. However, for Sentrong Sigla, these are the standards being recommended. These standards were developed based on existing DOH program standards and was a result of a series of consultation activities at different levels of the health system.



Each RHU/HC must have the basic infrastructures/ conditions:



1.1. The RHU/HC should have the following general infrastructure/ conditions/amenities:

- ✎ Generally clean and orderly environment
- ✎ Sufficient seating space for patients
- ✎ With regular electricity/power source
- ✎ Adequate lighting and ventilation
- ✎ Light source for examinations: goose neck lamp and flashlights
- ✎ Covered water supply-sufficient for hand-washing and for comfort rooms or toilets
- ✎ Hand washing area with water, soap and towels
- ✎ Functional clean comfort rooms or latrines for health staff and clients with handrails for the disabled
- ✎ Covered garbage containers (waste segregation)
- ✎ Separate container for sharps (needles, blades and other sharp objects)
- ✎ Examination table with clean linen/paper
- ✎ Bench or stool for examination table
- ✎ A treatment area/examination area with visual and auditory privacy
- ✎ Storage space/room for supplies, drugs and medicines
- ✎ Cleaning/sterilizing supplies for clinical instruments

1.2.**The facility should practice the following:**

- ✎ Clinic hours, services and whereabouts of staff posted in a strategic area readable by all clients and service providers.
- ✎ Client waiting time must be as brief as possible. Clients should be seen by health staff within 30 minutes of registration.
- ✎ During clinic hours, direct client care should take precedence over all other tasks. Clients should not be made to wait merely because staff are writing or transferring notes, doing reports or performing other tasks not directly related to client care.
- ✎ The RHU/HC should maintain occasional hours during evenings and weekends to accommodate clients who are unable to consult or visit during regular clinical hours. The RHU/HC should provide services during non-traditional hours at least once per month, considering clients who may not be available during regular office or work hours.



The following programs and services must be in place/available at the facility at all times:

2.1. Expanded Program on Immunization

- ✎ Immunization sessions should be conducted in the RHU/HC as regularly as possible. Although Wednesday has been adopted as the national immunization day, immunization days may be held on other days.
- ✎ Schedules should be displayed to inform mothers of the time and day at which immunization services are to be provided. However, clients who request immunization on other days should not be turned away. Wastage of vaccine is a minimal program cost and should not be overemphasized or used as a barrier to vaccine administration.
- ✎ The facility should practice a “one needle and one syringe policy” because of the danger of transmitting Hepatitis B and AIDS (HIV infection) through unsterile needles and syringes. Therefore, one sterile syringe and needle should be utilized for each injection. Disposable syringes and needles should be used only once and then collected in a puncture proof container to be burned and buried.
- ✎ BCG, OPV, DPT, measles, hepatitis B and tetanus toxoid vaccines should be available at all times in the facility and should be stored under proper cold chain conditions.
- ✎ The RHU/HC should conduct patient counseling on effectiveness, risks, benefits, potential side effects and treatment for side effects of each vaccine.



The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

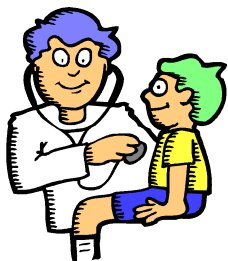
- Immunizations offered at least once per week (depends on catchment population)
- Outreach immunization services offered in hard-to-reach areas
- EPI Manual (latest version)
- Target Client List or Master List (updated weekly)
- Adequate supplies of BCG, OPV, DPT, measles, hepatitis B and tetanus toxoid vaccines based on average monthly consumption (with at least one month's supply at anytime)
- Proper cold chain maintained:
 - ✍ Refrigerator exclusively for vaccine use and with voltage regulator
 - ✍ Vaccine thermometer (placed inside the refrigerator) with temperature maintained between 2-8^o C
 - ✍ Daily am and pm temperature monitoring charts posted and updated
 - ✍ Written contingency plan for a “power failure”
 - ✍ Vaccine carriers with ice cold packs

- ✎ The RHU/HC should perform disease surveillance to measure the magnitude of the local health problems and the effects of the control programs delivered. Surveillance data can be used by the facility to improve strategies in delivering health services and thus prevent these from occurring, e.g. immunizable diseases like diphtheria, pertussis, tetanus, polio, measles, etc.
- ✎ The RHU/HC staff and community health volunteer workers (CHVWs) should be involved in reporting, investigating and reporting to the next higher level of the health system.
- ✎ Surveillance data must be complete, accurate and on time.

The following conditions must be present in order for the facility to qualify as providing this service:

- Case definitions available
- Notifiable disease reporting forms available
- Notifiable disease reporting forms submitted weekly to provincial/city or municipal health office
- Investigation of all acute flaccid paralysis (AFP) cases, neonatal deaths and measles outbreaks
- Immediately reporting all AFP and neonatal tetanus (NT) cases to the regional offices (surveillance personnel) through the fastest possible means
- Reported cases followed up by RHU/HC for public health reasons especially 60 days follow-up done on all AFP cases detected

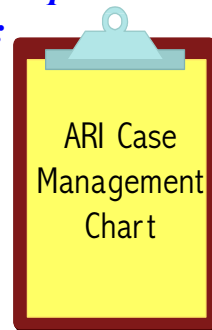




- ✎ The RHU/HC should have the equipment and supplies necessary to diagnose and treat common acute respiratory illnesses.
- ✎ Cotrimoxazole and other antibiotics should be available at all times in the facility.
- ✎ Referral to other or higher level facilities, e.g., hospitals should be done for clients needing further management.
- ✎ RHU staff should continue creating awareness among mothers and child-minders on home care for children with simple cough and colds and the detection of early signs of pneumonia through information and health education activities.

The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- ARI Case Management Chart posted
- Thermometer
- Tongue depressors
- Flashlights or pen light
- Timer or watch with second hand
- Cotrimoxazole (adult tabs.), at least 100 tablets
- Paracetamol (500 mg tabs.), at least 100 tablets
- In client or patient education/counseling basic messages should include:
 - ✎ home management of simple coughs and colds w/o use of cough/cold medicines
 - ✎ detection of early pneumonia using simple signs like rapid breathing and chest indrawing
 - ✎ information on when, where and how to bring the child with pneumonia for treatment
 - ✎ CHVWs as part of the health service delivery network should refer patients to higher levels of the health care system e.g. barangay health stations, rural health units/health centers and hospitals and conduct follow up visits
 - ✎ outreach activities should be done in areas otherwise inaccessible to health worker or to regular health services



- ✎ The RHU/HC should have the equipment and supplies necessary to diagnose and treat diarrheal diseases. Referral to other or higher level facilities should be done for diarrheal clients needing further management.
- ✎ In the RHU/HC, all patients with no dehydration or who have been successfully rehydrated in the facility should be given ORS to take home to prevent dehydration.
- ✎ Antibiotics should ONLY be used for dysentery or for suspected cholera cases with severe dehydration; otherwise, these are ineffective and should NOT be given. Other DOH policies on anti-parasitic drugs and antidiarrheal drugs should be followed based on previously issued policies and guidelines.
- ✎ As part of appropriate and prompt response to diarrhea outbreak/cholera/disease surveillance, the facility should:
 - ✎ ensure potability of drinking water within the catchment area in conjunction with the Environmental Sanitation Program;
 - ✎ enforce sanitation code, especially on food sanitation in conjunction with the Environmental Sanitation Program;
 - ✎ promote personal and domestic hygiene through health education, and
 - ✎ assure adequate supply of ORS sachets



The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

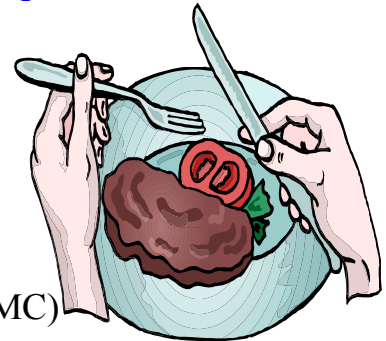
- CDD Case Management Chart posted
- Functional Oral Rehydration Therapy (ORT) corner with benches, table, glasses, pitcher, spoon, calibrated container for measuring potable water and Oral Rehydration Sachets (ORS)
- ORS sachets available at all times
- Updated daily record of diarrhea cases
- In client or patient education/counseling basic messages should include:
 - ☞ Give the child more fluids than usual to prevent dehydration;
 - ☞ Continue to feed the child; and
 - ☞ Take the child to the health worker if child does not become better in three days or earlier if the child develops some signs/symptoms like many episodes of watery stools, repeated vomiting, marked thirst, fever, blood in the stool and eating or drinking poorly.



- ✎ The RHU/HC should have the equipment and supplies necessary to prevent, detect and control nutritional deficiencies and specific micronutrient disorders.
- ✎ The RHU/HC should have iron, iodized oil capsules/iodized salt and vitamin A capsules available at all times for supplementation of target groups e.g. iron tablets for all pregnant and lactating women; iron drops for infants and iron syrup for school children.
- ✎ RHU personnel should refer clients needing further treatment to other or higher level facilities like hospitals.

The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- Guidelines for Micronutrient Supplementation
- Operation Timbang (OPT) Records for the whole RHU catchment
- Updated Target Client List (at least within the week)
- Under 5 growth cards/Growth Monitoring Charts (GMC)
- CBPM-NP RHM Guidebook
- Basic Three Food Groups Brochures
- Salt Iodization Testing Kit
- Micronutrients available: iron, iodine, vitamin A
- Functional balance beam or other weighing scales
- In-client or patient nutrition education/counseling, basic messages should be emphasized like importance of proper nutrition including:
 - ✎ Balanced diet
 - ✎ Desirable food habits
 - ✎ Consumption of fortified foods
 - ✎ Use of iodized salt
 - ✎ Importance of breast-feeding/weaning foods

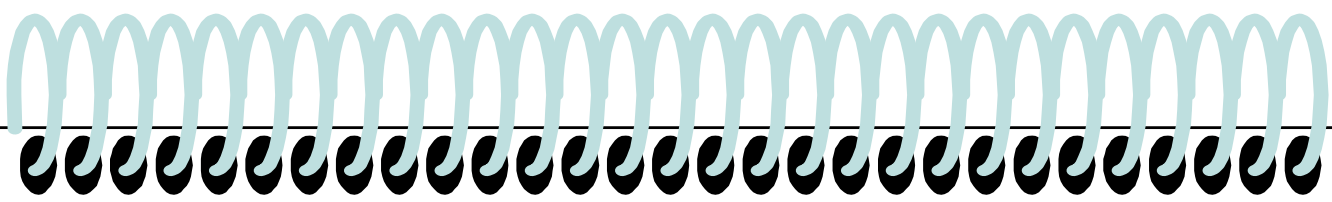


- ✎ The RHU/HC should provide all medically approved, safe, effective and legally acceptable program methods. These specific services should include:
 - Pills, IUDs, NFP (in selected facilities by referral), LAM, Condoms and DMPA
 - Tubal Ligation and Vasectomy in selected facilities where there are trained personnel and in cases where there are no trained staff, referral must be in place
 - Relevant Laboratory Exams, e.g., Pap smear, wet smear, gram staining, pregnancy test and urinalysis
 - Management of complications and/or side effects that may arise as a result of family planning methods

- ✎ The RHU/HC should ensure availability of all program methods at all times. When necessary, the RHU/HC should refer clients to other facilities or clinics that provide FP services it cannot provide, such as IUD or sterilization.

- ✎ FP supplies should be sufficient (one month allowed stock level) and equipment should be in working order.

- ✎ RHU/HC staff should counsel clients about the effectiveness, risks, and benefits of the different contraceptive methods. Staff should provide information neutrally, without allowing their own biases to affect clients' choices.



The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- Updated Target Client List (one month)
- FP Form 1
- Contraceptives/Supplies available:
 - ✎ Condoms
 - ✎ Oral contraceptives-combination and progesterone only
 - ✎ DMPA
 - ✎ IUDs
- Antiseptic solution (povidone iodine; cidex) and chlorine 75%
- Sterilized Equipment available
 - ✎ Forceps—alligator, pick-up, ovum, tenaculum, uterine
 - ✎ Forceps container
- Kelly pad/linen for examination table
- Examination table with linen or paper and changed between clients
- Examination table
- Light source (gooseneck lamp, flashlight)
- NFP charts for distribution (in selected facilities)
- Other leaflets/handouts on FP for distribution
- Referral Form for sterilization
- Patient counseling on information about all methods, effectiveness, risks, and benefits of various methods

- ✎ RHU/HC should be knowledgeable about the types of TB patients and the three (3) treatment regimens available. The RHU/HC should have equipment and supplies necessary for case finding and treatment of clients diagnosed with tuberculosis.
- ✎ The RHU/HC staff should allocate the medicines for the complete duration of therapy for TB patients started on treatment.
- ✎ All clients should be counseled on proper compliance and adherence to treatment. Health education should also include some expected drug interactions and what clients should do upon experiencing them.
- ✎ All clients should have sputum examinations on the scheduled time to be able to assess the individual patient's response to treatment. This is also the way to determine "cure" for TB patients.

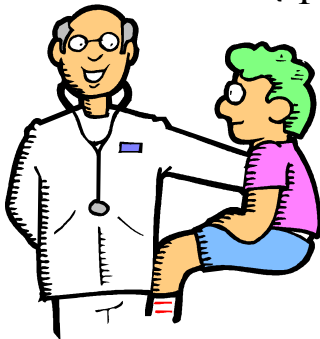
The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- Updated Target Client List/National Tuberculosis Program (NTP) TB Register (at least within the week)
- Updated microscopy logbook/NTP Laboratory Register (within the week)
- In designated microscopy centers, the facility should have:
 - ✎ Microscope
 - ✎ Medical technologist or designated microscopist
 - ✎ Laboratory supplies: 1) AFB reagent, 2) sputum cups, and 3) glass slides
- For other health facilities (non-microscopy centers):
 - ✎ Sputum cups
 - ✎ Glass slides
 - ✎ Designated sputum collection and staining area
- Anti-TB Drugs:
 - ✎ Type I } good for at least 5 patients
 - ✎ Type II }
 - ✎ Ethambutol, in blister packs
 - ✎ Streptomycin Sulfate

- ✍ STD/AIDS prevention and control program services should be available in all STD service facilities.
- ✍ Whenever possible, acceptable, affordable and effective case management of STD patients will be made accessible to all individuals.
- ✍ Syndromic management will be applied when and where reliable laboratory diagnostic support is not consistently available.

The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- Syndromic Management Chart posted
- STD patients managed according to the National STD Case Management Guidelines which include:
 - ✍ Correct and appropriate STD drugs prescribed or given to patients
 - ✍ Patient counseling to include:
 - ✍ Explanation of the diagnosis to the patient
 - ✍ Instructions on the importance of completing treatment
 - ✍ Encouraging the client to bring partner for evaluation and treatment
 - ✍ Provision of health education to prevent further transmission of STDs
 - ✍ Provision of adequate supply of condoms
- Monthly reporting using primary level reporting form accomplished and submitted to the next higher level
- Referral mechanism in place so that clients not responding to treatment at this level will be referred to a designated Social Hygiene Clinic, secondary care level or referral center where a laboratory is available to perform the basic laboratory tests required to diagnose most STDs as well as for HIV testing.



- ✎ The RHU/HC should practice strict personal and environmental hygiene to reduce disease transmission within the facility.
- ✎ Practices that should be followed within the facility include the following:
 - ✎ Hand-washing with soap and water before and after each client contact and use of comfort room
 - ✎ Examination table disinfected daily
- ✎ The RHU/HC should provide water testing/quality monitoring services
- ✎ The RHU/HC should have an updated list of water sources and food establishments within its catchment area.
- ✎ The RHU/HC should have available toilet bowls for distribution to households without toilets or at least toilet bowl molds.

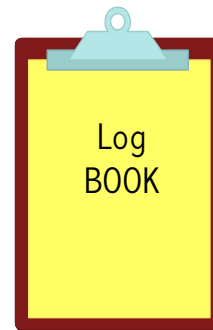
The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service (some items have already been incorporated under basic infrastructure):

- Copy of Sanitation Code of the Philippines and Implementing Rules and Regulations
- Adequate chlorine granules for disinfection of water supply facilities
- Environmental Sanitation Kit containing tools for water and food facilities testing/monitoring
- Updated list of status of water supply and sanitation facilities within the area of coverage of the facility (one month)
- List of food establishments with sanitary permits and their updated sanitation conditions (one month)
- Information and education materials on environmental sanitation.
- Updated list of households with or without sanitary toilet facilities.
- Adequate supply of toilet bowls for distribution to households without toilets or at least toilet bowl molds.

- ✎ The RHU/HC should promote that all women of reproductive age should receive a pelvic exam and pap smear annually for three (3) years in a row. If all three are negative, clients need to go to the facility only every three years for a pap smear. For abnormal smears (Class II – IV) the client should be referred to higher levels for further management.
- ✎ The RHU/HC staff should counsel patients as to the risk factors for contracting cervical malignancy, not using condoms, frequent STDs, multiple partners, etc.
- ✎ The RHU/HC staff should be trained on and have the necessary equipment and supplies to perform a pap smear and collect the specimen for reading by a higher level facility (hospital).

The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

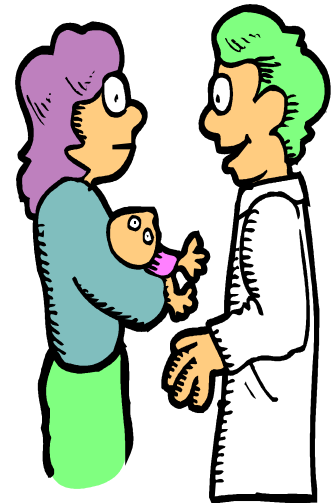
- Updated Target Client List/log book of clients (at least within the week)
- Pap smear: for collection of specimen
 - ✎ Glass slides
 - ✎ Wooden spatula (Ayer's spatula) or cervical brush
 - ✎ Fixative (95% ethanol or others)
 - ✎ Pencil
- Referral facility for pap smear reading
- Referral forms
- Individual patient record of Pap Smear Results
- IEC materials on Cervical Cancer (leaflets, posters) and self-breast examination (SBE)



The RHU/HC should provide a whole range of maternal care services to include providing tetanus immunization to clients/mothers, pre-natal, natal (delivery) and post-partum care.

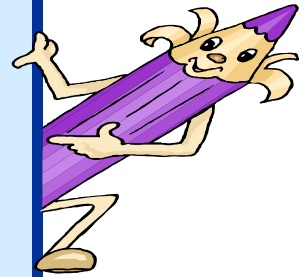
The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- Updated Target Client List/book (at least within the week)
- TT vaccines and syringes & needles
- Records of pre-natal/natal/post-natal visits conducted
- Records of home visits made by RHU/HC staff/CHVW
- Available forms for
 - ✍ birth certificates
 - ✍ death/fetal birth certificates
 - ✍ other pertinent records
- Home Based Maternal Records (HBMR) for distribution to new clients
- IEC materials
- OB Emergency Manual & Algorithm



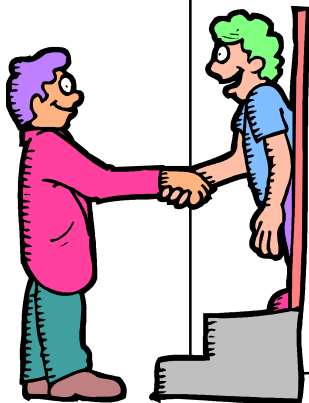
The attitude and behavior of health workers is one of the most important factors affecting the way clients/patients judge the quality of services in any health facility.

The RHU/HC staff are expected to:



Greet the patient verbally as he/she arrives in order to establish rapport.

Exhibit technical competence in articulating information to patients by:



- ☒ Maintaining 2 way communication
- ☒ Being a good listener
- ☒ Being non-judgmental
- ☒ Not giving false reassurances
- ☒ Giving appropriate instructions to patients by explaining prescriptions clearly, explaining laboratory results correctly and facilitating follow-up of clients

Be women-friendly by:

- ☒ Being courteous and always explain any procedure
- ☒ Ask permission before proceeding
- ☒ Avoid gender slurs/insults and discriminating words against women
- ☒ Being careful in examining women patients. This is especially true when examining women during obstetrical and gynecological examinations and as survivors of abuse/violence
- ☒ Not blaming victim/survivor of abuse/violence



Be caring and gender-sensitive by:

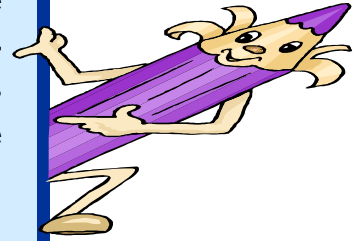
- ✍ Respecting patient's decision without compromising overall patient management
- ✍ Assuring patient's privacy and confidentiality of given information at all times
- ✍ Promptly responding to patient's request for care
- ✍ Speaking politely and with modulated tone



Be culture-sensitive by:

- ✍ Respecting patients' culture and religion
- ✍ Providing for patients needs that are influenced by culture and religion
- ✍ Offering choices/options to patients

The RHU/HC should have at least one physician, one nurse, one midwife and one sanitary inspector. In addition, facility staff should be trained in specific DOH-mandated courses to competently deliver a full range of health services.



The RHU/HC staff should be trained in specific DOH mandated courses to include:

- 1. Basic EPI Skills Training**
- 2. Disease Surveillance Training**
- 3. Pneumonia Case Management**
- 4. ARI Case Management**
- 5. CDD Case Management**
- 6. Community-Based Planning and Management of Nutrition Program (CBPM-NP)**
- 7. Basic Family Planning Course (or Level I)**
- 8. Comprehensive Family Planning (or Level II)**
- 9. DMPA Training (if untrained in either Level I or Level II)**
- 10. Training on National Tuberculosis Control Program - DOTS**
- 11. Training on Microscopy**
- 12. Training on Basic Counseling for STD/AIDS**
- 13. Syndromic Management of STD/AIDS**
- 14. Training on Environmental Health Programs and Regulations**
- 15. Skills Training on Pap Smear Collection (for those untrained in FP Basic/Compre Course)**
- 16. Gender Sensitivity Training**
- 17. Training on Counseling Skills on Violence Against Women**

- The health human resource is one of the major determinants of quality service. It is crucial that appropriate staff development program includes continuing education of the staff. These should include activity to ensure the mental and physical fitness of the RHU/HC staff. This will result to staff job satisfaction and ultimately reflects on how well the patients are treated/managed.
- Continuing education and updates for RHU staff should be implemented for appropriate/rational use of technology on diagnostic and treatment modalities.
- There should be regular “competency-based” assessments of staff to determine their technical proficiencies in performing their duties and responsibilities.
- Facility staff should spend a minimum of 10 minutes with each client in history-taking (new clients), examination, treatment and health education. Clients can be seen by midwives, nurses, doctors, or any combination of staff depending on their complaint. Every client does not have to be seen by a doctor.
- Supervisors should also ensure that they regularly assess job satisfaction either through surveys, interviews, or focused group discussions.

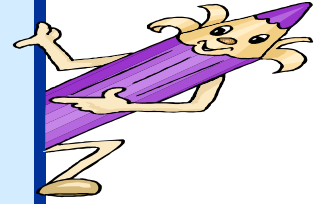


The RHU/HC should have the following essential equipment in order to provide basic services:

- ❏ Stethoscope
- ❏ Weighing scales-adult and infant (beam or Ming scale)
- ❏ Sphygmomanometer with adult and pediatric cuff
- ❏ Vaccine Carrier with ice packs
- ❏ Sterilizer or covered pan and stove
- ❏ Inventory of equipment and supplies
- ❏ Examination table with clean linen/paper
- ❏ Bench or stool for examination table
- ❏ Kelly pad/clean linen/plastic lining
- ❏ Light source for examination like goose neck lamp with bulb and flashlight with batteries
- ❏ Speculums-large and small



The RHU/HC should have the essential drugs, medicines and supplies in order to provide good services.



6.1. The RHU/HC should have the following eight essential drugs:

- | | | |
|------------------|-----------------|----------------|
| 1. Cotrimoxazole | 3. INH | 5. Paracetamol |
| 2. Amoxicillin | 4. Rifampicin | 7. ORS |
| | 5. Pyrazinamide | 8. Nifedipine |

6.2. Available basic supplies for examination, emergency medical and simple surgical cases:

- | | |
|---------------------------------------|---|
| ☞ alcohol/disinfectant | ☞ disposable needles |
| ☞ cotton | ☞ disposable syringes |
| ☞ disposable gloves | ☞ sutures |
| ☞ lubricant (KY Jelly) or clean water | ☞ slides and coverslips |
| | ☞ gauze/bandages/plaster or adhesive tape |
| | ☞ sharps containers |

6.3. The RHU should have the following:

- | | |
|---|--|
| ☞ weighing scales - adult and infant (beam or Ming scale) | ☞ microscope (if microscopy center) |
| ☞ disposable gloves in examination room | ☞ sterilizer or covered pan and stove |
| ☞ speculums - large and small | ☞ inventory of equipment & supply room |
| ☞ lubricant (KY Jelly) or clean water | ☞ refrigerator |
| | ☞ disposable needles and syringes |

6.4. Adequate supply of disinfectants, antiseptics and/or insecticides to include cleaning supplies for the facility and for clinical instruments.

6.5. Available storage for drugs.

Drugs/medicines are kept off the floor and away from the walls. They should be protected from rodents, insects and environmental elements (sunlight, heat, humidity, floods, moisture, etc.) and kept in a safe place to ensure no pilferages.

6.6. Complete and updated inventory of stock cards and supply records.

6.7. Updated (within 6 months) and complete inventory of equipment.



As part of the hospital's health information system, the following are essential elements to be in place:

1. A functioning two-way referral system with procedures for on-referral/back referral of clients/patients and the necessary referral forms.
2. Updated RHU/HC statistical record/board/displays.
3. Completed/updated (within one week) Field Health Information Systems (FHSIS) forms and target client lists (TCLs).



Properly filled up records and reports and filed for easy retrieval and reference.

1

The RHU/HC should have active community health volunteer workers (CHVWs).

2

CHVWs are essential partners in delivering basic health services at the community level. There should be programs and activities to encourage their participation.

3

The CHVWs should refer patients and then follow-up to higher levels of health care delivery system e.g., barangay health stations, other health units and hospitals.

4

The RHU/HC, in coordination with organized patient groups/community organization and NGO's should, whenever needed, organize outreach services to communities being served especially on areas otherwise inaccessible to health workers or regular health services.

5

RHU/HC staff and CHVWs should encourage and support community participation and partnership for health interventions like Barangay Assemblies, Dengue Linis Brigade, Patients Classes, Breastfeeding Support Groups, etc.

1. Infrastructure / Amenities

2. Health Services

3. Attitude & Behavior of Health Workers

4. Health Human Resources

5. Equipment

6. Drugs, Medicines & Supplies

7. Health Information System

8. Community Intervention

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

16 17 18 19 20 21 22 23 24 25 26 27 28 29