

MUNICIPAL SOCIAL WELFARE DEVELOPMENT OFFICER QUESTIONNAIRE

1 **Date of Interview**

m	m	d	d	y	y	y	y

2 **Time Started**

		:			AM PM
--	--	---	--	--	----------

3 **Time Finished**

		:			AM PM
--	--	---	--	--	----------

4 **Interviewer's Name, Signature**

5 **Supervisor's Name, Signature**

6 **Supervisor's Review Date**

m	m	d	d	y	y	y	y

INFORMED CONSENT

1 This is a survey for the research study called Impact of Incentives and Information on Quality and Utilization in Primary Care (I3QUiP). I3QUiP aims to determine whether interventions introduced by PhilHealth to the PCB1 package help in the improvement of utilization and quality of PCB services. The study is a collaboration of PhilHealth, the World Bank, and Korean Development Institute. This particular survey is funded and commissioned by the World Bank to the Center for Economic Policy Research (CEPR).

2 Your Local Chief Executive/Mayor agreed to participate in the study, and your LGU is one of the 240 LGUs with PCB1 providers that have been selected to participate. This study will be conducted over 36 months from 2013 to 2016. Once the study is completed, dissemination workshops will be conducted, including presenting findings to LGUs. All primary data collected through the impact evaluation study, including those collected in this survey, is the property of the World Bank. The use of the primary data without the consent of the World Bank is strictly prohibited, until data embargo is lifted and the dataset made public.

3 As part of the study, surveys will be conducted with key informants in the LGU, health facility surveys, and selected patients. The health facility surveys will include interviews with the physician and key staff, ocular inspection of the facility, patient chart reviews, and in some selected health facilities Direct Observations will be conducted to observe how services are provided to the patients. This particular interview is for the Municipal Social Welfare and Development Officer, and will inquire about LGU engagement with PhilHealth and LGU funds and operations.

4 Please be assured that the information you provide will be treated with the utmost confidentiality and will not be shared with anyone, including your RHU/health center physician and staff. This information will be used for research purposes only. Your name and other personal information will eventually be removed from the information collected and only a code number will connect your name with your answers. When results are presented, they will be in aggregate, combined with the results in other sites. Specifically we want to say that this information will not be used for disciplinary action or regulation.

5 We hope that the information will indirectly benefit you by informing the Department of Health and the Philippine Health Insurance Corporation (DOH and PhilHealth) of ways to implement PCB1 that will encourage more people to seek primary health care, help PCB1 providers render quality services, and produce good health outcomes for the population. The only cost to you in terms of participation is your time in responding to the survey.

6 We shall proceed with the interview. If there is a question you do not want to answer, just tell me and we will skip to the next one. If you have any questions, you can ask me, or you can contact our survey supervisor _____ through _____ at _____ (tel.). You can also contact Ms. Corinne Bernaldez at the World Bank at Tel. No. (02) 4652633, or Dr. Leizel Lagrada in PhilHealth at Tel. No. (02) 637-6239.

7 The UP Manila Research Ethics Board (UPMREB) Panel 2 has approved the study, and may be reached through the following contact for information regarding rights of study participants, including grievances and complaints:

Dr. Virginia R. de Jesus
Address: Room 205, Paz Mendoza Building, College of Medicine, UP Manila
Number: +63 2 5222684
Mobile: +63 927 3264910
Email: upmreb@post.upm.edu.ph

8 May I proceed?

Respondent: Municipal Social Welfare Development Officer (MSWDO)

DIRECTION: Answer all items completely and encircle appropriate code/s.

If refuses to answer any item, put -66.

I IDENTIFICATION

ID1 Region _____

ID2 Province _____

ID3 City/Municipality _____

ID4 Name of Respondent _____

ID5 Contact Number of Respondent _____

ID6 Job title of Respondent

1 - MSWDO

2 - Others, specify _____

ID7 Years in Service in this LGU Years

ID8 Years in Current Position Years

ID9 Respondent's Sex 1 - Male 2 - Female

ID10 Age as of last birthday Years

ID11 Highest Educational Attainment (completed)

1 - No Schooling

6 - Some College

2 - Some grade school

7 - College Graduate

3 - Grade School Graduate

8 - Masters Graduate

4 - Some High School

9 - PhD Graduate

5 - High School Graduate

10 - Others, specify _____

PART II. LGU INFORMATION

A1 Population _____

-33 - Don't Know (Skip to A4)

-77 - No data available (Skip to A4)

A2 Year of data on population

y y y y

-33 - Don't Know (Skip to A4)

-77 - No data available (Skip to A4)

A3 Source of Population Data

1 - National Statistics Office (NSO)

2 - Community-Based Monitoring System (CBMS)

3 - Local Government Unit (LGU) Estimate

4 - Department of Social Welfare and Development -
National Household Targeting System (DSWD-NHTS)

5 - Respondent's Estimate

6 - Others, specify _____

-33 - Don't Know

-77 - No data available

A4 No. of Families _____

-33 - Don't Know **(Skip to A7)**

-77 - No data available **(Skip to A7)**

A5 Year of Data on No. of Families

--	--	--	--

y y y y

-33 - Don't Know **(Skip to A7)**

-77 - No data available **(Skip to A7)**

A6 Source of Data on No. of Families

- 1 - National Statistics Office (NSO)
- 2 - Community-Based Monitoring System (CBMS)
- 3 - Local Government Unit (LGU) Estimate
- 4 - Department of Social Welfare and Development - National Household Targeting System (DSWD-NHTS)
- 5 - Respondent's Estimate
- 6 - Others, specify _____

-33 - Don't Know

-77 - No data available

A7 No. of Households _____

-33 - Don't Know **(Skip to A10)**

-77 - No data available **(Skip to A10)**

A8 Year of Data on No. of Households

--	--	--	--

y y y y

-33 - Don't Know **(Skip to A10)**

-77 - No data available **(Skip to A10)**

A9 Source of Data on No. of Households

- 1 - National Statistics Office (NSO)
- 2 - Community-Based Monitoring System (CBMS)
- 3 - Local Government Unit (LGU) Estimate
- 4 - Department of Social Welfare and Development - National Household Targeting System (DSWD-NHTS)
- 5 - Respondent's Estimate
- 6 - Others, specify _____

-33 - Don't Know

-77 - No data available

A10 No. of Poor Families _____

-33 - Don't Know **(Skip to A13)**

-77 - No data available **(Skip to A13)**

A11 Year of Data on No. of Poor Families

--	--	--	--

y y y y

-33 - Don't Know **(Skip to A13)**

-77 - No data available **(Skip to A13)**

A12 Source of Data on No. of Poor Families

- 1 - National Statistics Office (NSO)
- 2 - Community-Based Monitoring System (CBMS)
- 3 - Local Government Unit (LGU) Estimate
- 4 - Department of Social Welfare and Development - National Household Targeting System (DSWD-NHTS)
- 5 - Respondent's Estimate
- 6 - Others, specify _____
- 33 - Don't Know
- 77 - No data available

A13 No. of Poor Households _____

- 33 - Don't Know **(Skip to A16)**
- 77 - No data available **(Skip to A16)**

A14 Year of Data on No. of Poor Households

--	--	--	--

- 33 - Don't Know **(Skip to A16)**
- 77 - No data available **(Skip to A16)**

A15 Source of Data on No. of Poor Households

- 1 - National Statistics Office (NSO)
- 2 - Community-Based Monitoring System (CBMS)
- 3 - Local Government Unit (LGU) Estimate
- 4 - Department of Social Welfare and Development - National Household Targeting System (DSWD-NHTS)
- 5 - Respondent's Estimate
- 6 - Others, specify _____
- 33 - Don't Know
- 77 - No data available

A16 No. of RHUs/City Health Centers in LGU

--	--

- 33 - Don't Know
- 77 - No data available

A17 No. of Barangays in LGU

--	--	--

- 33 - Don't Know
- 77 - No data available

PART III. PCB 1

B1 Currently how many PCB-entitled families does the LGU have?

(Get the exact count and not an estimate)

		Don't Know	No data available
B1.1	NHTS/CCTs/4Ps/Other NHTS _____	-33	-77
B1.2	LGU Sponsored _____	-33	-77
B1.3	Province-Sponsored _____	-33	-77
B1.4	Congressman/woman-Sponsored _____	-33	-77
B1.5	Overseas Worker Program (OWP) _____	-33	-77
B1.6	Organized Groups _____	-33	-77
B1.7	Dept of Education employees _____	-33	-77
B1.8	TOTAL _____	-33	-77

B2 Who are the groups enrolled by the municipality/city government?

(Allow multiple responses, do not read out the response options)

- A - barangay health workers
- B - volunteers other than BHWs
- C - poor based on municipal/city LGU's own assessment
- D - tricycle drivers
- E - porters
- F - indigenous persons
- G - persons with disabilities
- H - None
- I - Others, specify _____

-33 - Don't Know

-77 - No data available

B3 Who are the groups enrolled by the provincial government in this municipality?

(Allow multiple responses, do not read out the response options)

- A - barangay health workers
- B - volunteers other than BHWs
- C - poor based on municipal/city LGU's own assessment
- D - tricycle drivers
- E - porters
- F - indigenous persons
- G - persons with disabilities
- H - None
- I - Others, specify _____

-33 - Don't Know

-77 - No data available

B4 to B7 Has this LGU submitted the following (B4 to B7) from PCB1 to PhilHealth for the following quarters?

B4

Master list of enlisted members from PCB1			
Yes	No	Don't Know	No Data Available
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77

B4.1 Quarter 2 2012
B4.2 Quarter 3 2012
B4.3 Quarter 4 2012
B4.4 Quarter 1 2013
B4.5 Quarter 2 2013
B4.6 Quarter 3 2013
B4.7 Quarter 4 2013
B4.8 Quarter 1 2014

B5

PCB Provider Clientele (Annex A.2 of Circular)			
Yes	No	Don't Know	No Data Available
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77

B5.1 Quarter 2 2012
B5.2 Quarter 3 2012
B5.3 Quarter 4 2012
B5.4 Quarter 1 2013
B5.5 Quarter 2 2013
B5.6 Quarter 3 2013
B5.7 Quarter 4 2013
B5.8 Quarter 1 2014

B6

Summary of Benefits Availment (Annex A.4 of Circular)			
Yes	No	Don't Know	No Data Available
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77

B6.1 Quarter 2 2012
B6.2 Quarter 3 2012
B6.3 Quarter 4 2012
B6.4 Quarter 1 2013
B6.5 Quarter 2 2013
B6.6 Quarter 3 2013
B6.7 Quarter 4 2013
B6.8 Quarter 1 2014

B7

Report on Assigned members that cannot be found			
Yes	No	Don't Know	No Data Available
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77

B7.1 Quarter 2 2012
B7.2 Quarter 3 2012
B7.3 Quarter 4 2012
B7.4 Quarter 1 2013
B7.5 Quarter 2 2013
B7.6 Quarter 3 2013
B7.7 Quarter 4 2013
B7.8 Quarter 1 2014

B8 Has this LGU received Per Family Payment for the following quarters?

Yes	No	Don't Know	No Data Available
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77
1	3	-33	-77

B8.1 Quarter 2 2012
B8.2 Quarter 3 2012
B8.3 Quarter 4 2012
B8.4 Quarter 1 2013
B8.5 Quarter 2 2013
B8.6 Quarter 3 2013
B8.7 Quarter 4 2013
B8.8 Quarter 1 2014

B9 If yes how much?

-33	Don't Know
-77	No Data Available
(In Pesos)	

B9.1 Quarter 2 2012
B9.2 Quarter 3 2012
B9.3 Quarter 4 2012
B9.4 Quarter 1 2013
B9.5 Quarter 2 2013
B9.6 Quarter 3 2013
B9.7 Quarter 4 2013
B9.8 Quarter 1 2014

NOTE: If NO, Don't Know, and No data available to all, skip to B11

B10 Generally, how long after the submission of reports does the LGU receive the Per Family Payment (PPF)? (Enumerator may read out choices.)

- 1 - within one month
- 2 - within the quarter but longer than one month
- 3 - more than one quarter
- 33 - Don't Know
- 77 - No data available

B11 Have you been informed on what the PFP is for?

- 1 - Yes
- 3 - No **(Skip to B13)**
- 33 - Don't Know **(Skip to B13)**
- 77 - No data available **(Skip to B13)**

B12 If yes, how were you informed?

(Allow multiple responses, do not read out the response options)

- A - PhilHealth circular
- B - Orientation/Training by PhilHealth
- C - Orientation by Municipal/City Health Office
- D - Others, specify _____
- 33 - Don't Know
- 77 - No data available

For B13 to B23, I will read some statements and please let me know if you agree or disagree.

	AGREE	DISAGREE	Don't Know
B13 Part of the Per Family Payment is for any priority budget expenditures for the LGU.	1	3	-33
B14 Part of the Per Family Payment is for any health priority budget expenditures for LGU.	1	3	-33
B15 Part of Per Family Payment is for any LGU staff.	1	3	-33
B16 Part of the Per Family Payment is for doctors.	1	3	-33
B17 Part of the Per Family Payment is for other medical staff.	1	3	-33
B18 PhilHealth pays the RHU to provide free diagnosis and medicines for asthma cases consulting in the RHU.	1	3	-33
B19 PhilHealth pays for the doctor's professional fees when admitted in a hospital.	1	3	-33
B20 PhilHealth pays for the transportation costs going to a hospital.	1	3	-33
B21 PhilHealth pays for some medicines when admitted in a hospital.	1	3	-33
B22 PhilHealth does not pay for laboratory tests when admitted in a hospital.	1	3	-33
B23 PhilHealth indigent members should not pay anything if admitted in a government hospital for appendicitis	1	3	-33

B24 Prior to PCB1, was the RHU an Out Patient Benefit provider?

- 1 - Yes
- 3 - No **(Skip to C1)**
- 33 - Don't Know **(Skip to C1)**
- 77 - No data available **(Skip to C1)**

B25 If yes, since when? Year

- 33 - Don't Know
- 77 - No data available

B26 Who received shares in the Professional Fee component of the OPB capitation?

(Allow multiple responses, do not read out the response options)

- A - RHU physician
- B - RHU staff
- C - Other LGU staff (not in RHU)
- D - Health volunteers
- E - No one
- F - Others, specify _____
- 33 - Don't Know
- 77 - No data available

B27 How often was the Professional Fee component of the OPB capitation distributed?

- 1 - less frequent than once a year
- 2 - once a year
- 3 - twice a year
- 4 - more than twice a year
- 5 - Never distributed
- 33 - Don't Know
- 77 - No data available

B28 For what were the rest of the OPB capitation spent on?

(Allow multiple responses, do not read out the response options)

- A - RHU medical supplies
- B - RHU medical equipment
- C - RHU building improvements/infra
- D - RHU equipment, non-medical (e.g. photocopier, fax machine)
- E - Expenditure not related to RHU
- F - Others, specify _____
- 33 - Don't Know
- 77 - No data available

PART IV. RHU PERFORMANCE

C1 Rate RHU's overall performance from 1 to 5, 5 being the highest.

1 2 3 4 5

Comment: _____

C2 Have you ever received feedback from PhilHealth on the quality of service provided by your RHU/s? If Yes, specify the feedback.

- 1 - Yes _____
- 3 - No **(Skip to C6)**
- 33 - Don't Know **(Skip to C6)**
- 77 - No data available **(Skip to C6)**

C3 If yes, when was the last time you received feedback from PhilHealth on the quality of service provided by your RHU/s? Quarter Year

- 33 - Don't Know
- 77 - No data available

C4 If yes, how well did you understand the feedback from PhilHealth? Please rate from 1 to 5. (Read each of the answer options and let the respondent select)

- 1 - Very difficult to understand, clarifications needed
- 2 - Somewhat difficult to understand, clarifications needed
- 3 - Neither difficult nor easy to understand
- 4 - Somewhat easy to understand
- 5 - Very easy to understand

- 33 - Don't Know
- 77 - No data available

C5 What actions have you taken to address the feedback from PhilHealth? (Allow multiple responses, do not read out the response options)

- A - None so far
- B - Forwarded feedback to MHO/CHO for his/her action
- C - Called a meeting with the MHO and RHU staff to discuss the feedback
- D - Called MHO/CHO to ask for an explanation on the findings
- E - Discussed feedback during our Local health Board meeting

- F - Others, specify _____

- 33 - Don't Know
- 77 - No data available

C6 What are the ways used for you to hear your constituents' feedback on the health services in this LGU? (Allow multiple responses, don't read the options)

- A - Feedback Form in RHU/HC
- B - Feedback form in areas other than RHU/HC
- C - Feedback form during public health activities
- D - Surveys
- E - Forum
- F - Website/Social Media
- G - None, we don't get feedback from constituents regarding health services in the LGU

- H - Others, specify _____

- 33 - Don't Know
- 77 - No data available

C7 What do you think is the general rating of the constituents of the RHU's performance from 1 to 5, 5 being the highest?

1 2 3 4 5

C8 What are the general comments by the constituents on the RHU/s performance?

C9 What actions have you taken to address the feedback regarding the RHU from constituents? (Allow multiple responses, do not read out the response options)

- A - None so far
- B - Forwarded feedback to MHO/CHO for his/her action
- C - Called a meeting with the MHO and RHU staff to discuss the feedback
- D - Called MHO/CHO to ask for an explanation on the findings
- E - Discussed feedback during our Local Health Board meeting

- F - Others, specify _____

-33 - Don't Know
-77 - No data available

D1 Would you like to comment on the PCB through this survey?

D2 Would you like to comment on this survey?

This is the end of this interview. Thank you very much for your time.