

**HEALTH FACILITY SURVEY - I3QUIP Study**  
**SECTION I**

**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.
- 3 As part of the study, surveys will be conducted with key informants in the LGU, health facility surveys, and selected patients. This particular interview is for a facility survey. This facility survey will inquire about the services available at your health facility including your staff, equipment, supplies, and operations. We will also need to conduct some ocular inspection of the facility.
- 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. 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.
- 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 survey. 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  
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- 8 May I proceed?

**DIRECTIONS:** Please answer all items completely and encircle the appropriate code/s. If refuses to answer any item, put -66.

**1 Date of Interview**

m	m	d	d	y	y	y	y

**2 Time Started**

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AM

PM

**3 Time Finished**

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AM

PM

**4 Interviewer's Name, Signature**

\_\_\_\_\_

**5 Supervisor Name, Signature**

\_\_\_\_\_

**6 Supervisor's Review Date**

m	m	d	d	y	y	y	y

**I. IDENTIFICATION**

**A1 Region** \_\_\_\_\_

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**A2 Province** \_\_\_\_\_

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**A3 City/Municipality** \_\_\_\_\_

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**A4 Name of Health Facility** \_\_\_\_\_

**A5 Respondents' Profile**

	Name	Position	Gender	Age
Nurse	A5.1a _____	A5.1b _____	A5.1c 1 - Male 2 -Female	A5.1d _____
Medical Technologist	A5.2a _____	A5.2b _____	A5.2c 1 - Male 2 -Female	A5.2d _____
Others, specify	A5.3a _____	A5.3b _____	A5.3c 1 - Male 2 -Female	A5.3d _____

## II. FACILITY GENERAL INFORMATION

**B1** How many years has the facility been in operation? 

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 Years

-33 Don't Know  
-77 No data available

**B2** Is this facility located in the poblacion/town proper?

1 Yes  
3 No

**B3** How many other Rural Health Units (RHUs) or Health Centers (HCs) are there in the municipality/city? \_\_\_\_\_

**B4** What is the current catchment population of this facility? \_\_\_\_\_ people

-33 Don't Know  
-77 No data available

**B5** How many barangays are covered by the facility? \_\_\_\_\_ barangays

-33 Don't Know  
-77 No data available

**B6** How many barangay health stations are there in the RHU or HC's catchment area? \_\_\_\_\_

-88 Not applicable (if health center is a Barangay Health Station)  
-33 Don't Know  
-77 No data available

**B7** Is the facility a designated Basic Emergency Obstetric and Neonatal Care (BEmONC) facility?

1 Yes  
3 No  
-33 Don't Know  
-77 No data available

**B8** Is the facility a designated Social Hygiene Clinic?

1 Yes  
3 No  
-33 Don't Know  
-77 No data available

**B9** In what year was the last major RHU renovation/construction completed? \_\_\_\_\_ year

-33 Don't Know (SKIP TO B11)  
-77 No data available (SKIP TO B11)

**B10** Who funded the last major RHU renovation/construction? (ENCIRCLE ALL THAT APPLY)  
(Allow multiple responses. Do not read out the response options.)

A Municipal/City LGU  
B Provincial LGU  
C Congressman/woman  
D DOH, HFEP  
E DOH, other than HFEP  
F Bilateral/Multilateral Agency (e.g. EU, USAID), specify \_\_\_\_\_  
G NGO  
H Private Corporation (e.g. Pharma)  
I Private Individual  
J Others, please specify \_\_\_\_\_

-33 Don't Know  
-77 No data available

**B11** How much was the operating budget (based on the appropriation) of the RHU from the municipality or city in 2012 & in 2013?

**APPROPRIATION**

<b>B11.1</b>	<b>2012</b>	PhP	_____		Don't Know		No data available
					-33		-77
<b>B11.2</b>	<b>2013</b>	PhP	_____		-33		-77

**B12** Did the facility use up the entire operating budget or appropriation of the RHU in 2012 and 2013?

			Yes	No	Don't Know	No data available	
<b>B12.1</b>	<b>2012</b>		1	3	-33	-77	
<b>B12.2</b>	<b>2013</b>		1	3	-33	-77	

**B13** How much cash grant or contribution did the RHU or HC receive from DOH in 2012 and 2013?

<b>B13.1</b>	<b>2012</b>	PhP	_____		Don't Know		No data available
					-33		-77
<b>B13.2</b>	<b>2013</b>	PhP	_____		-33		-77

**B14** How much cash grant or contribution did the RHU or HC receive from the provincial government in 2012 and 2013?

				Don't Know	No data available
B14.1	2012	PhP		-33	-77
B14.2	2013	PhP		-33	-77

**B15** How much cash grant or contribution did the RHU or HC receive from other sources in 2012, 2013, and 2014?

				Don't Know	No data available
B15.1	2012	PhP		-33	-77
B15.2	2013	PhP		-33	-77
B15.3	2014	PhP		-33	-77

(If response for all years in B15 is PhP 0, skip B16 & proceed to B17.)

**B16** What or who were the other sources of the cash grant or contribution? (in B15)?

(Allow multiple responses. Do not read out the response options.)

	2012	2013	2014
Bilateral/Multilateral agencies (e.g. EU, etc.)	A	A	A
NGOs	B	B	B
Private corporations (e.g. pharmaceutical companies)	C	C	C
Private individuals	D	D	D
Others, specify _____	E	E	E
Don't Know	-33	-33	-33
No data available	-77	-77	-77

**B17** Did \_\_\_\_\_ (Read the item) give in-kind contributions in 2012 and/or 2013 (other than infrastructure renovations)?

	Yes	No	Don't Know	No data available
B17.1 DOH	1	3	-33	-77
B17.2 Provincial Government	1	3	-33	-77
B17.3 Congressman/woman	1	3	-33	-77
B17.4 Bilateral/Multilateral agencies (e.g. EU, etc.)	1	3	-33	-77
B17.5 NGOs	1	3	-33	-77
B17.6 Private corporations (e.g. pharmaceutical companies)	1	3	-33	-77
B17.7 Private individuals	1	3	-33	-77
B17.8 Others, specify _____	1	3	-33	-77

(If the answer for an item in B17 is No, encircle A in B18.)

**B18** (If any of the answers (in B17) is Yes) What type of in-kind contribution was given by \_\_\_\_\_ (Read the item)?

(Encircle all appropriate codes)	Not applicable (Ans in B17 is No)	Drugs and Medicines	Equipment	Medical Mission	Others, specify _____	Don't Know	No data Available
B18.1 DOH	A	B	C	D	E	-33	-77
B18.2 Provincial Government	A	B	C	D	E	-33	-77
B18.3 Congressman/woman	A	B	C	D	E	-33	-77
B18.4 Bilateral/Multilateral agencies (ex. EU, Etc.)	A	B	C	D	E	-33	-77
B18.5 NGOs	A	B	C	D	E	-33	-77
B18.6 Private corporations (Ex. Pharmaceutical Co.)	A	B	C	D	E	-33	-77
B18.7 Private individuals	A	B	C	D	E	-33	-77
B18.8 Others, specify _____	A	B	C	D	E	-33	-77

**B19** How much were the revenues from user charges (e.g. consultation, lab, dental, health certificates) in 2012 and 2013?

				Don't Know	No data available
B19.1	2012	PhP		-33	-77
B19.2	2013	PhP		-33	-77

**B20** How much were the revenues from non-patient sources (e.g. rental, canteen, etc.) in 2012 and 2013?

				Don't Know	No data available
B20.1	2012	PhP		-33	-77
B20.2	2013	PhP		-33	-77

**B21** How much PhilHealth reimbursements did the facility receive in 2012 and 2013, not including capitation or Per Family Payment for PCB1?

				Don't Know	No data available
B21.1	2012	PhP		-33	-77
B21.2	2013	PhP		-33	-77

B22 (To be asked only if there were Revenues from user charges in B19)

Does the facility retain _____ (Read the item)?	Yes	No	Not Applicable (does not collect such revenue)	Don't Know	No data available
B22.1 Revenues from patients	1	3	-88	-33	-77
B22.2 Revenues from non-patient sources	1	3	-88	-33	-77

III. GENERAL INFORMATION ON PHILHEALTH and PRIMARY CARE BENEFIT PACKAGE 1 (PCB1)

- C1 When did the RHU start participating in PCB1? 

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-33 Don't Know  
-77 No data available
- C2 What is your PCB1 Facility Participation Number? \_\_\_\_\_  
-33 Don't Know  
-77 No data available
- C3 Prior to participating in PCB1, was the LGU accredited for the PhilHealth Outpatient Benefit Package (OPB)?  
1 Yes  
3 No (SKIP TO C5)  
-33 Don't Know (SKIP TO C5)  
-77 No data available (SKIP TO C5)
- C4 If yes, from what year? 

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

C5-C6 Other PhilHealth accreditation

	C5				C6		
	Is the facility accredited for _____ (Read the item)?				If yes, from what year? (continuous up to the present)		
	Yes (go to C6)	No (go to next item)	Don't Know	No data Available	Year	Don't Know	No Data Available
1. TB DOTS	C5.1 1	3	-33	-77	C6.1 _____	-33	-77
2. Maternal Care Package (MCP)	C5.2 1	3	-33	-77	C6.2 _____	-33	-77
3. Newborn Package	C5.3 1	3	-33	-77	C6.3 _____	-33	-77
3. Other, specify _____	C5.4 1	3	-33	-77	C6.4 _____	-33	-77

C7 Does the facility have a bulletin board for PhilHealth concerns?

- 1 Yes  
3 No (SKIP TO C9)

C8 Is the bulletin board specific only for PhilHealth concerns?

- 1 Yes  
3 No  
-33 Don't Know

C9 As of what date is the latest list of PCB-entitled families assigned to your health center?

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C10 (As of the latest list in C9) How many PCB-entitled families does the LGU have? (Read each item and wait for response)

	Don't Know	No data available
C10.1 CCTs or 4Ps, Other NHTS	-33	-77
C10.2 LGU-Sponsored	-33	-77
C10.3 Province-Sponsored	-33	-77
C10.4 Congressman/woman-Sponsored	-33	-77
C10.5 Overseas Worker Program (OWP)	-33	-77
C10.6 Organized Groups (TODA, Cooperative, Senior Cit.)	-33	-77
C10.7 Dept of Education employees	-33	-77
TOTAL	-33	-77

**C11 to C14** Has the LGU submitted the following reports to PhilHealth for the following quarters?

**If answer is No, Don't Know, and No Data Available to all in C11, proceed to C27.**

		C11				C12				C13				C14					
		Master list of enlisted members for PCB1				PCB Provider Client Profile (Annex A.2 of Circular)				Summary of Benefits Availment (Annex A.4 of Circular)				Report on Assigned members that cannot be found					
		Yes	No	Don't Know	No Data Available	Yes	No	Don't Know	No Data Available	Yes	No	Don't Know	No Data Available	Yes	No	Don't Know			
a. Quarter 2 2012	C11.1	1	3	-33	-77	C12.1	1	3	-33	-77	C13.1	1	3	-33	-77	C14.1	1	3	-33
b. Quarter 3 2012	C11.2	1	3	-33	-77	C12.2	1	3	-33	-77	C13.2	1	3	-33	-77	C14.2	1	3	-33
c. Quarter 4 2012	C11.3	1	3	-33	-77	C12.3	1	3	-33	-77	C13.3	1	3	-33	-77	C14.3	1	3	-33
d. Quarter 1 2013	C11.4	1	3	-33	-77	C12.4	1	3	-33	-77	C13.4	1	3	-33	-77	C14.4	1	3	-33
e. Quarter 2 2013	C11.5	1	3	-33	-77	C12.5	1	3	-33	-77	C13.5	1	3	-33	-77	C14.5	1	3	-33
f. Quarter 3 2013	C11.6	1	3	-33	-77	C12.6	1	3	-33	-77	C13.6	1	3	-33	-77	C14.6	1	3	-33
g. Quarter 4 2013	C11.7	1	3	-33	-77	C12.7	1	3	-33	-77	C13.7	1	3	-33	-77	C14.7	1	3	-33
h. Quarter 1 2014	C11.8	1	3	-33	-77	C12.8	1	3	-33	-77	C13.8	1	3	-33	-77	C14.8	1	3	-33

**C15** How many members have been ENLISTED in PCB1 as of the latest report submitted ( in C11)? (Read each item and wait for response)

	No. of MEMBERS ENLISTED in PCB1	Don't Know	No Data Available
<b>C15.1</b> CCTs or 4Ps, Other NHTS		-33	-77
<b>C15.2</b> LGU-Sponsored		-33	-77
<b>C15.3</b> Province-Sponsored		-33	-77
<b>C15.4</b> Congressman/woman-Sponsored		-33	-77
<b>C15.5</b> Overseas Worker Program (OWP)		-33	-77
<b>C15.6</b> Organized Groups (TODA, Cooperative, Senior Cit.)		-33	-77
<b>C15.7</b> Dept of Education Employees		-33	-77
<b>C15.8</b> TOTAL		-33	-77

**C16** How many members and dependents have been PROFILED in PCB1 as of the latest report submitted ( in C12)?

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

	NUMBER PROFILED	
	Members	Dependents
<b>C16.1</b> CCTs or 4Ps or Other NHTS	<b>C16.1a</b>	<b>C16.1b</b>
<b>C16.2</b> LGU-Sponsored	<b>C16.2a</b>	<b>C16.2b</b>
<b>C16.3</b> Province-Sponsored	<b>C16.3a</b>	<b>C16.3b</b>
<b>C16.4</b> Congressman/woman-Sponsored	<b>C16.4a</b>	<b>C16.4b</b>
<b>C16.5</b> Overseas Worker Program (OWP)	<b>C16.5a</b>	<b>C16.5b</b>
<b>C16.6</b> Organized Groups (TODA, Coop, Senior)	<b>C16.6a</b>	<b>C16.6b</b>
<b>C16.7</b> Dept of Education Employees	<b>C16.7a</b>	<b>C16.7b</b>
<b>C16.8</b> TOTAL	<b>C16.8a</b>	<b>C16.8b</b>

**C17** When did you acquire the first master list of PCB1 entitled?

1	Quarter 2 2012	6	Quarter 3 2013
2	Quarter 3 2012	7	Quarter 4 2013
3	Quarter 4 2012	8	Quarter 1 2014
4	Quarter 1 2013		
5	Quarter 2 2013	-33	Don't Know
		-77	No data available

**C18** Were the following strategies used to enlist members and dependents from the first master list? (Read each item)

	Yes	No	Don't Know	No data available
<b>C18.1</b> Community Organizing/ Calling for Beneficiaries to Enlist	1	3	-33	-77
<b>C18.2</b> Barangay/Home Visits	1	3	-33	-77
<b>C18.3</b> Posting in Barangay Halls	1	3	-33	-77
<b>C18.4</b> Upon consultation in RHU	1	3	-33	-77
<b>C18.5</b> Others, specify	1	3	-33	-77

**C19** Have you received an updated master list from PhilHealth after the first list?

- 1 Yes  
 3 No (SKIP TO C22)  
 -33 Don't Know (SKIP TO C22)  
 -77 No data available (SKIP TO C22)

**C20** When did you receive the updated master list? (ENCIRCLE ALL THAT APPLY)

- A Quarter 2 2012  
 B Quarter 3 2012  
 C Quarter 4 2012  
 D Quarter 1 2013  
 E Quarter 2 2013  
 F Quarter 3 2013  
 G Quarter 4 2013  
 H Quarter 1 2014  
 -33 Don't Know  
 -77 No data available

**C21** What strategies were used to enlist members and dependents from the updated master list? (Read each item)

	Yes	No	Don't Know	No data available
<b>C21.1</b> Community Organizing/ Calling for Beneficiaries to Enlist	1	3	-33	-77
<b>C21.2</b> Barangay/Home Visits	1	3	-33	-77
<b>C21.3</b> Posting in Barangay Halls	1	3	-33	-77
<b>C21.4</b> Upon consultation in RHU	1	3	-33	-77
<b>C21.5</b> Others, specify _____	1	3	-33	-77

**FOR C22 AND C23**

	C22				C23		
	Has this LGU received Per Family Payment for the following quarters?				If yes, how much did this LGU receive for this quarter? (Request to check records)		
		Yes	No	Don't Know	No data available		Don't Know
1. Quarter 2 2012	<b>C22.1</b>	1	3	-33	-77	<b>C23.1</b> PhP _____	-33
2. Quarter 3 2012	<b>C22.2</b>	1	3	-33	-77	<b>C23.2</b> PhP _____	-33
3. Quarter 4 2012	<b>C22.3</b>	1	3	-33	-77	<b>C23.3</b> PhP _____	-33
4. Quarter 1 2013	<b>C22.4</b>	1	3	-33	-77	<b>C23.4</b> PhP _____	-33
5. Quarter 2 2013	<b>C22.5</b>	1	3	-33	-77	<b>C23.5</b> PhP _____	-33
6. Quarter 3 2013	<b>C22.6</b>	1	3	-33	-77	<b>C23.6</b> PhP _____	-33
7. Quarter 4 2013	<b>C22.7</b>	1	3	-33	-77	<b>C23.7</b> PhP _____	-33
8. Quarter 1 2014	<b>C22.8</b>	1	3	-33	-77	<b>C23.8</b> PhP _____	-33

**C24** Did this facility receive a PCB payment notice?

- 1 Yes  
 3 No (SKIP TO C27)  
 -33 Don't Know (SKIP TO C27)  
 -77 No data available

**C25** Is the PCB payment notice posted in the facility? (Do an ocular where posted before checking Yes. )

- 1 Yes  
 3 No  
 -33 Don't Know  
 -77 No data available

**C26** What is the date of the PCB payment notice?

m	m	d	d	y	y	y	y

- 33 Don't Know  
 -77 No data available

(Questions C27 to C30 apply only if the answer in C3 is Yes, i.e., if the RHU was an OPB provider before being a PCB1 provider.  
If RHU was not an OPB provider, proceed to C31.)

**C27** If the RHU was an OPB provider, when was the last time that the LGU received capitation for OPB?  
Indicate Quarter and Year

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

**C28** (If the RHU was an OPB provider) Were the ffg included in the sharing of the professional fee? (Read each item.)

	Yes	No	Don't Know	No data available
<b>C28.1</b> RHU physician/s	1	3	-33	-77
<b>C28.2</b> RHU nurse/s	1	3	-33	-77
<b>C28.3</b> Rural Health Midwives	1	3	-33	-77
<b>C28.4</b> Other RHU staff	1	3	-33	-77
<b>C28.5</b> BHWs (Barangay Health Workers)	1	3	-33	-77
<b>C28.6</b> Others, specify _____	1	3	-33	-77

**C29** (If the RHU was an OPB provider) How often was the professional fee of OPB distributed among the RHU staff?

- 1 Quarterly  
2 Semi-Annual  
3 Annual  
4 Less frequent than Annual  
7 Others, specify \_\_\_\_\_  
-33 Don't Know  
-77 No data available

**C30** (IF THE RHU WAS AN OPB PROVIDER) Were the following items funded by the capitation? (Read each item.)

	Yes	No	Don't Know	No data available
<b>C30.1</b> Infrastructure in the RHU or HC	1	3	-33	-77
<b>C30.2</b> Equipment in the RHU or HC	1	3	-33	-77
<b>C30.3</b> Supplies in the RHU or HC	1	3	-33	-77
<b>C30.4</b> Medicines in the RHU or HC	1	3	-33	-77
<b>C30.5</b> LGU expenses not related to the RHU/HC, specify _____	1	3	-33	-77
<b>C30.6</b> Others, specify _____	1	3	-33	-77

(THE SUCCEEDING QUESTIONS, C31-C33, PERTAIN TO PER FAMILY PAYMENT IN PCB1 )

**C31** In the PCB1 Per Family Payment (PFP), are the following included in the sharing of the professional fee? (Read each item.)

	Yes	No	Don't Know	No data available
<b>C31.1</b> RHU physician/s	1	3	-33	-77
<b>C31.2</b> RHU nurse/s	1	3	-33	-77
<b>C31.3</b> Rural Health Midwives	1	3	-33	-77
<b>C31.4</b> Other RHU staff	1	3	-33	-77
<b>C31.5</b> BHWs	1	3	-33	-77
<b>C31.6</b> Others, specify _____	1	3	-33	-77

**C32** How often is the professional fee portion of Per Family Payment (PFP) distributed among the RHU staff?

- 1 Quarterly  
2 Semi-Annual  
3 Annual  
4 Less frequent than Annual  
7 Others, specify \_\_\_\_\_  
-33 Don't Know  
-77 No data available

**C33** Are the following items funded by the PFP? (Read each item)

	Yes	No	Don't Know	No data available
<b>C33.1</b> Professional Fee	1	3	-33	-77
<b>C33.2</b> Infrastructure in the RHU or HC	1	3	-33	-77
<b>C33.3</b> Equipment in the RHU or HC	1	3	-33	-77
<b>C33.4</b> Supplies in the RHU or HC	1	3	-33	-77
<b>C33.5</b> Medicines in the RHU or HC	1	3	-33	-77
<b>C33.6</b> LGU expenses not related to the RHU or HC, specify _____	1	3	-33	-77
<b>C33.7</b> Others, specify _____	1	3	-33	-77

IV. GENERAL OUTPATIENT CONSULTATION SERVICES

D1 In 2013, how many outpatient visits did the RHU have in total? (Please check the records/logbook) \_\_\_\_\_  
 -33 Don't Know  
 -77 No data available

D2 Of these outpatient visits in 2013, how many were PhilHealth Sponsored Program members. (Please check the records) \_\_\_\_\_  
 -33 Don't Know  
 -77 No data available

D3 In 2013, how many facility-based deliveries were there in this facility? \_\_\_\_\_ deliveries

D4 How many days each week is the facility open for service (regular working hours)?

- 1 One day
  - 2 Two days
  - 3 Three days
  - 4 Four days
  - 5 Five days
  - 6 Others, specify \_\_\_\_\_
- 33 Don't Know  
 -77 No data available

D5 Are you open as needed for emergency cases or deliveries?

- 1 Yes
  - 3 No
- 33 Don't Know  
 -77 No data available

D6 How many days each week is the physician present at this RHU/HC? \_\_\_\_\_ days

- 33 Don't Know  
 -77 No data available

D7 On regular days, how many minutes is the average waiting time of patients before they get to see the doctor? \_\_\_\_\_ minutes

- 33 Don't Know  
 -77 No data available

D8 When is the RHU's busiest days? (ENCIRCLE ALL THAT APPLY)

- A Monday
  - B Tuesday
  - C Wednesday
  - D Thursday
  - E Friday
  - F Saturday
  - G Sunday
  - H Others, specify \_\_\_\_\_
- 33 Don't Know  
 -77 No data available

D9 During the RHUs busiest days, How long does the waiting time get before seeing a doctor? \_\_\_\_\_ minutes

- 33 Don't Know  
 -77 No data available

D10 Is a physician at the facility present now (during the visit)?

- 1 Yes (Skip to E1)
  - 3 No
- 33 Don't Know  
 -77 No data available

D11 If no, may I know where is the physician? (during your visit)

- 1 At LGU/health office for a meeting
  - 2 At another health facility/lab where physician also works
  - 3 At training
  - 4 Outreach services
  - 5 On personal leave
  - 6 Others, specify \_\_\_\_\_
- 33 Don't Know  
 -77 No data available



**D12 For how long is the physician unavailable for this facility?**

- 1 1 day (just today)  
 2 2 -3 days this week  
 3 4-5 days this week  
 4 more than 5 days  
 5 Others, specify \_\_\_\_\_  
 -33 Don't Know  
 -77 No data available

**V. HEALTH OUTCOMES** (Make sure that the figure provided is the figure for the LGU, not the RHU)  
 (Data should be for the entire year of 2012 and 2013)

	E.1 What was the LGU's [...] in 2012			E.1 What was the LGU's [...] in 2013		
		Don't Know	No data available		Don't Know	No data available
1 TB case detection rate?	E1.1 <input type="text"/> <input type="text"/> <input type="text"/> %	-33	-77	E1.2 <input type="text"/> <input type="text"/> <input type="text"/> %	-33	-77
2 TB cure rate?	E2.1 <input type="text"/> <input type="text"/> <input type="text"/> %	-33	-77	E2.2 <input type="text"/> <input type="text"/> <input type="text"/> %	-33	-77
3 Fully Immunized Children (FIC) Rate?	E3.1 <input type="text"/> <input type="text"/> <input type="text"/> %	-33	-77	E3.2 <input type="text"/> <input type="text"/> <input type="text"/> %	-33	-77

**VI. PERSONNEL/STAFFING** (RHU includes Barangay Health Stations (BHS) within the catchment of the RHU)  
 (For F1-F5, these refer to people not in the plantilla)

F1 How many active Barangay Health Workers (BHW) currently report to this RHU or HC? \_\_\_\_\_ BHWs

- 33 Don't Know  
 -77 No data available

F2 How many active Community Nutrition Volunteers (CNVs) or Barangay Nutrition Scholars (BNSs) currently support this RHU/HC? \_\_\_\_\_ CNVs/BNSs

- 33 Don't Know -77 No data available

F3 How many Community Health Teams (CHTs) report to this LGU? \_\_\_\_\_ CHTs (NOTE: for the entire municipality)

- 33 Don't Know  
 -77 No data available

F4 How many active RNHEALS or Nurse Deployment Program (NDPs) are currently deployed to this RHU or HC? \_\_\_\_\_

- 33 Don't Know -77 No data available  
 RNHEALS - Registered Nurses for Health Enhancement and Local Service (NDPs)

F5 How many DOH RHMPP report to this LGU? \_\_\_\_\_ DOH RHMPPs

- 33 Don't Know -77 No data available  
 RHMPP - Rural Health Midwives Placement Program

F6 How many Doctor to the Barrios (DTTB) currently report to this RHU/HC? \_\_\_\_\_ DTTBs

- 33 Don't Know  
 -77 No data available

F7 How many of the following report to this RHU or HC, (not including those in F1 to F6)? (Read each item)					
Plantilla Position	No. of Full-time LGU Employees	No. of Part-time/Casual LGU	No. of Volunteer Staff Members	Don't Know	No available Data
F7.1 Physician (exclude DTTB)	F7.1.1 _____	F7.1.2 _____	F7.1.3 _____	-33	-77
F7.2 Nurse (exclude RNHEALS)	F7.2.1 _____	F7.2.2 _____	F7.2.3 _____	-33	-77
F7.3 Medical Technologist	F7.3.1 _____	F7.3.2 _____	F7.3.3 _____	-33	-77
F7.4 Sanitary Inspector	F7.4.1 _____	F7.4.2 _____	F7.4.3 _____	-33	-77
F7.5 Administrative staff (Clerk)	F7.5.1 _____	F7.5.2 _____	F7.5.3 _____	-33	-77
F7.6 Rural Health Midwives (not including RHMP)	F7.6.1 _____	F7.6.2 _____	F7.6.3 _____	-33	-77
F7.7 Driver	F7.7.1 _____	F7.7.2 _____	F7.7.3 _____	-33	-77
F7.8 Dental Aide	F7.8.1 _____	F7.8.2 _____	F7.8.3 _____	-33	-77
F7.9 Dentist	F7.9.1 _____	F7.9.2 _____	F7.9.3 _____	-33	-77
F7.10 Nutrition Officer	F7.10.1 _____	F7.10.2 _____	F7.10.3 _____	-33	-77
F7.11 Others, specify _____	F7.11.1 _____	F7.11.2 _____	F7.11.3 _____	-33	-77

## VII. SERVICES IN THE FACILITY

G1 Does the facility offer any of the following client services?

(Read each item)

	Yes	No
G1.1 Consultation on:		
G1.1.1 Medicine	1	3
G1.1.2 General Surgery	1	3
G1.1.3 Obstetrics and Gynecology	1	3
G1.1.4 Pediatrics	1	3
G1.2 Visual Inspection with Acetic Acid	1	3
G1.3 Regular blood pressure measurements	1	3
G1.4 Breastfeeding Program Education	1	3
G1.5 Periodic clinical breast examination	1	3
G1.6 Counseling for lifestyle modification	1	3
G1.7 Counseling for Smoking Cessation	1	3
G1.8 Body Measurements	1	3
G1.9 Digital Rectal examination	1	3
G1.10 Master listing of women of reproductive age	1	3
G1.11 Family Planning Services		
G1.11.1 Counseling/Information Education & Communication (IEC)	1	3
G1.11.2 Provision of Pills	1	3
G1.11.3 Provision of DMPA	1	3
G1.11.4 Provision of Condom	1	3
G1.11.5 Natural Family Planning	1	3
G1.11.6 IUD	1	3
G1.11.7 BTL	1	3
G1.11.8 NSV	1	3
G1.11.9 Management of complication resulting from FP	1	3

		Yes	No
G1.12	Pre-pregnancy Tetanus Toxoid immunization	1	3
G1.13	Pre-pregnancy women's/maternal health, nutrition, micronutrient supplementation	1	3
G1.14	Ante Natal Care services	1	3
G1.15	Services for the prevention of mother-to-child transmission of HIV (PMT+H745CT)	1	3
G1.16	Delivery		
G1.16.1	normal delivery	1	3
G1.16.2	basic emergency obstetric care	1	3
G1.16.3	comprehensive emergency obstetric care	1	3
G1.16.4	newborn care services	1	3
G1.17	Child immunization services, either at the facility or as outreach	1	3
G1.18	Preventative and curative care services for children under 5	1	3
G1.19	Adolescent health services	1	3
G1.20	HIV counselling and testing services	1	3
G1.21	HIV&AIDS antiretroviral prescription or antiretroviral treatment follow-up services	1	3
G1.22	HIV & AIDS care and support services, including including treatment of opportunistic infections and provisions of palliative care	1	3
G1.23	Diagnosis or treatment of STIs, excluding HIV	1	3
G1.24	Diagnosis, treatment prescription, or treatment follow-up or tuberculosis	1	3

		Yes	No
G1.25	Sputum collection and examination	1	3
G1.26	Diagnosis or treatment of malaria	1	3
G1.27	Diagnosis or management of diabetes	1	3
G1.28	Diagnosis or management of cardiovascular disease	1	3
G1.29	Diagnosis of chronic respiratory disease	1	3
G1.30	Diagnosis of non-communicable diseases other than diabetes, CVD, and chronic respiratory disease	1	3
G1.31	IEC on healthy lifestyle	1	3
G1.32	Any surgical services, including caesarean section	1	3
G1.33	Blood transfusion services	1	3
G1.34	Diagnostic Services		
G1.34.1	Urinalysis	1	3
G1.34.2	Fecalysis	1	3
G1.34.3	Creatinine	1	3
G1.34.4	Lipid Profile	1	3
G1.34.5	Fasting blood glucose	1	3
G1.34.6	Sputum testing for TB (AFB)	1	3
G1.34.7	Complete Blood Count	1	3
G1.34.8	Chest x-ray	1	3
G1.34.9	12 lead ECG	1	3
G1.34.10	Peak expiratory flow meter	1	3
G1.35	Inpatient services other than for delivery	1	3

**G2 For those that provide facility-based deliveries, is any of the following intervention carried out by the providers of delivery services as part of their work in this facility? (Read each item)**

**Emergency Obstetric Care**

	Yes	No
G.2.1 Parenteral administration of oxytocin in the third stage of labor	1	3
G.2.2 Parenteral administration of loading dose of anticonvulsants for severe preeclampsia and eclampsia	1	3
G.2.3 Parenteral administration of initial dose of antibiotics as indicated or as needed	1	3
G.2.4 Assisted vaginal delivery during imminent breech delivery	1	3
G.2.5 Removal of retained products of conception	1	3
G.2.6 Medical and manual removal of retained placenta	1	3
G.2.7 Safe blood supply and transfusion	1	3
G.2.8 Caesarian section	1	3
G.2.9 Anaesthesia	1	3

**Postpartum**

	Yes	No
G.2.10 Identification of early signs and symptoms of postpartum complications	1	3
G.2.11 Latching on/early newborn contact	1	3
G.2.12 IEC counseling on breastfeeding	1	3
G.2.13 Family Planning counseling and services	1	3
G.2.14 Prevention of abortion complications	1	3
G.2.15 Management of abortion complications	1	3
G.2.16 Diagnostic test: breast cancer screening	1	3
G.2.17 Diagnostic test: cervical cancer screening	1	3
G.2.18 Maternal Nutrition (Iron/folate, Vitamin A, Iodine)	1	3
G.2.19 IEC/Counseling on Healthy Lifestyle	1	3

**Newborn and Early Childhood**

	Yes	No
G.2.20 Identification of early signs and symptoms of newborn problems	1	3
G.2.21 Newborn resuscitation	1	3
G.2.22 Treatment of neonatal sepsis	1	3
G.2.23 Oxygen support for neonates	1	3
G.2.24 Safe Blood transfusion	1	3
G.2.25 Administration of steroids during preterm labor	1	3
G.2.26 Advance newborn resuscitation	1	3
G.2.27 Management of sick newborns with severe illness	1	3
G.2.28 Routine newborn care	1	3
G.2.29 Newborn screening within 48-72 hours	1	3
G.2.30 Advise on danger signs, emergency preparedness and follow-up	1	3
G.2.31 Kangaroo mother care	1	3
G.2.32 Treatment of mild to moderate local infections and birth injuries	1	3
G.2.33 Pre-resuscitation/Pre-transport stabilization	1	3
G.2.34 Management of correctable malformations	1	3
G.2.35 Retinopathy of prematurity screening	1	3
G.2.36 Mother and Child Book	1	3
G.2.37 Birth registration within 30 days	1	3
G.2.38 Assessment of infant's wellbeing and breastfeeding	1	3
G.2.39 Information and counseling on home care & immunization	1	3
G.2.40 Additional follow-up visits for high-risk babies	1	3
G.2.41 Child protection and injury prevention	1	3
G.2.42 Vision screening	1	3
G.2.43 Newborn hearing screening	1	3

# VIII. REFERRAL

H1 Does this facility have a functional ambulance or other vehicle for emergency transportation for clients?

- 1 Yes  
3 No (SKIP TO H5)  
-33 Don't Know (SKIP TO H5)  
-77 No data available (SKIP TO H5)

H2 Is the vehicle stationed in this facility?

- 1 Yes  
3 No (SKIP TO H4)  
-33 Don't Know (SKIP TO H4)  
-77 No data available (SKIP TO H4)

H3 Is fuel available today, enough to make an emergency trip to a referral facility?

- 1 Yes  
3 No  
-33 Don't Know  
-77 No data available

H4 (If H1 is yes), Is the ambulance or vehicle provided free of charge to the following patients? (Read each item)

	Yes	No	Don't Know	No data available
H4.1 PhilHealth patients covered by PCB1	1	3	-33	-77
H4.2 PhilHealth patients not covered by PCB1	1	3	-33	-77
H4.3 Non-PhilHealth patients	1	3	-33	-77
H4.4 Others, specify _____	1	3	-33	-77

H5 If patients are referred to another facility, where do you usually send them? (ENCIRCLE ALL THAT APPLY)

- A Government hospital -33 Don't Know  
B Private hospita -77 No data available  
C Another RHU  
D Private physician  
E Others, specify \_\_\_\_\_

H6 Using the most common mode of transportation, what is the travel time from your facility to the referral facility ?  
(FOR FACILITIES ENCIRCLED IN H5)

	H6.1 Gov't Hospital	H6.2 Private Hospital	H6.3 Another RHU	H6.4 Private physician	H6.5 Other facility
< 10 min	1	1	1	1	1
10 min to < 30min	2	2	2	2	2
30 min to < 1 hour	3	3	3	3	3
1 hour or more	4	4	4	4	4
Not applicable (not encircled in H5)	-88	-88	-88	-88	-88
Don't know	-33	-33	-33	-33	-33
Missing Data	-77	-77	-77	-77	-77

H7 If the following are referred to another facility without needing an ambulance, are they given money to travel to the referral facility? (Read each item)

	Yes	No	Don't Know	No data available
H7.1 PhilHealth patients covered by PCB1	1	3	-33	-77
H7.2 PhilHealth patients not covered by PCB1	1	3	-33	-77
H7.3 Non-PhilHealth patients	1	3	-33	-77
H7.4 Others, specify _____	1	3	-33	-77

H8 In the past four weeks, how many non-laboratory referrals have you made to another facility? \_\_\_\_\_ referrals

- 33 Don't Know  
-77 No data available

H9 In the past four weeks, how many laboratory referrals have you made to another facility? \_\_\_\_\_ referrals

- 33 Don't Know  
-77 No data available

# IX. GENERAL INFRASTRUCTURE AND OTHER RELATED INFORMATION

I1 If the facility provides inpatient services, how many functional beds are there?  functional beds  
-88 Not Applicable, no inpatient services (SKIP TO I3)

I2 Of the functional beds, how many are designated for deliveries? \_\_\_\_\_ beds

I3 Is there a storage room or cabinet for medicines and/or vaccines?

- 1 Yes  
3 No

I4 Is there a cold storage for medicines?

- 1 Yes  
3 No

I5 Is there an examination area separate from the consultation area?

- 1 Yes  
3 No

I6 Is there an area designated for sputum collection, separate from the consultation area and examination area?

- 1 Yes (Check Yes if it is separated by a wall from the consultation area and examination area.)  
3 No

#### Laboratory

I7 Is there a laboratory at the RHU?

- 1 Yes  
3 No (Skip to I10)

I8 Is the laboratory licensed by DOH?

- 1 Yes -33 Don't Know  
3 No (Skip to I11)

I9 (If answer in I7 is yes), Is this a referral laboratory?

- 1 Yes (Skip to I13)  
3 No (Skip to I13)

I10 (If answer in I7 No, that is, if there is no laboratory in the RHU), Where are lab tests conducted? (Read each item)

	Yes	No
I10.1 Central Health Office	1	3
I10.2 Other facility (RHU/HC)	1	3
I10.3 Government hospital	1	3
I10.4 Private hospital/lab/clinic	1	3
I10.5 Others, specify _____	1	3

I11 (For those with Yes answers in I10), Do you have MOA with the referral lab? (Read each item)

	Yes	No
I11.1 Central Health Office	1	3
I11.2 Other facility (RHU/HC)	1	3
I11.3 Government hospital	1	3
I11.4 Private facility (hospital/lab/clinic)	1	3
I11.5 Others, specify _____	1	3

I12 Using the most common mode of transportation, what is the travel time from the RHU to the referral lab of the \_\_\_\_\_ (Read Item)?

I12.1 Central Health Office	I12.2 Other Health facility (RHU/HC)	I12.3 Gov't Hosp	I12.4 Private Hosp	I12.5 Others, specify _____
-----------------------------	--------------------------------------	------------------	--------------------	-----------------------------

Travel time \_\_\_\_\_ min \_\_\_\_\_ min \_\_\_\_\_ min \_\_\_\_\_ min \_\_\_\_\_ min

Don't Know -33 -33 -33 -33 -33

#### Utilities

I13 Is the electricity always available or is it sometimes interrupted?

- 1 Always available (Skip to I15)  
2 Sometimes interrupted

I14 If sometimes interrupted, how many days during the past week was the electricity not available for 2 or more hours?

Number of days interrupted \_\_\_\_\_ days

-33 Don't Know

I15 Does this facility have a functioning computer?

- 1 Yes  
3 No

I16 Does this facility have a functioning landline telephone?

- 1 Yes  
3 No

I17 Is internet connection available in the facility?

- 1 Yes  
3 No

**Supplies Management**

**I18 Does the facility have inventory records or an inventory system?**

- 1 Yes (Yes, if the facility has a system that can signal when a certain medicine is about to run out of stock.)  
3 No (Skip to I20)

**I19 How often is medicine inventory updated?**

- 1 Daily  
2 Weekly  
3 Monthly  
4 No regular time, only when there is time or as needed  
5 Others, specify \_\_\_\_\_

**I20 When you run out of stock of medicines and other supplies, what do you typically do?(ENCIRCLE ALL THAT APPLY)**

- A Prepare purchase request  
B Nothing, replenishment stocks will just arrive  
C Inform the City Health Officer (CHO) or Municipal Health Officer (MHO)  
D Inform the Mayor's office  
E Get replenishment from the Provincial Health Officer (PHO)  
F Get replenishment from other health centers  
G Others, specify \_\_\_\_\_

**I21 Typically, how long does it take the LGU to purchase replenishment stocks?**

- 1 Less than a month  
2 1 to 3 months  
3 more than 3 months  
4 Others, specify \_\_\_\_\_

**I22 Typically, how often do you receive centrally-provided (DOH) stocks?**

- 1 Monthly  
2 Quarterly  
3 Twice a year  
4 Once a year  
5 Irregularly  
6 Others, specify \_\_\_\_\_

**Waste Disposal**

**I23 How does this facility dispose of common trash or non-contaminated waste? (ENCIRCLE ALL THAT APPLY)**

- A Collected and disposed by the LGU  
B Burned on flat ground  
C Burned in an open pit  
D Burned in covered pit  
E Dump without burning on flat ground  
F Dump without burning in open pit  
G Dump without burning in covered pit  
H Safety vault  
I Others, specify \_\_\_\_\_

**I24 How does this facility dispose of contaminated waste (e.g. used syringes)? (ENCIRCLE ALL THAT APPLY)**

- A Collected and disposed by the LGU  
B Burned on flat ground  
C Burned in an open pit  
D Burned in covered pit  
E Dump without burning on flat ground  
F Dump without burning in open pit  
G Dump without burning in covered pit  
H Safety vault  
I Others, specify \_\_\_\_\_

**X. FEES**

**J1 Are all types of consultation provided free of charge?**

- 1 Yes (SKIP TO J3)  
3 No  
-33 Don't Know  
-77 No data available

**J2 (If no), What consultation types are charged? Specify \_\_\_\_\_**

- 33 Don't Know  
-77 No data available

J3 Are lab services and other procedures provided free of charge to the following clients? (Only for those RHUs with laboratory)					
		Yes	No	Don't Know	No data available
J3.1	PhilHealth members covered by PCB1	1	3	-33	-77
J3.2	PhilHealth members not covered by PCB1	1	3	-33	-77
J3.3	Non-PhilHealth members	1	3	-33	-77
J3.4	Clients referred by other facilities	1	3	-33	-77
J3.5	Others, specify	1	3	-33	-77

J4 For those that have to pay, how much is charged for the following services and procedures? (Read each option)

Verify that responses here are consistent with responses in G1.34

			Fees	Service not Provided in the Facility	Don't know	No available data
J4.1	Consultation	PhP		-88	-33	-77
J4.2	Urinalysis	PhP		-88	-33	-77
J4.3	Fecalysis	PhP		-88	-33	-77
J4.4	Creatinine	PhP		-88	-33	-77
J4.5	Lipid profile	PhP		-88	-33	-77
J4.6	Fasting blood glucose	PhP		-88	-33	-77
J4.7	Sputum testing for TB (AFB)	PhP		-88	-33	-77
J4.8	Complete Blood Count (CBC)	PhP		-88	-33	-77
J4.9	Chest x-ray	PhP		-88	-33	-77
J4.10	12 lead ECG	PhP		-88	-33	-77
J4.11	Peak expiratory flow meter	PhP		-88	-33	-77
J4.12	Others, specify _____	PhP		-88	-33	-77

<b>J5 Are medicines and supplies provided free of charge to the following clients? (Read each item)</b>					
		Yes	No	Don't Know	No available data
<b>J5.1</b>	PhilHealth members covered by PCB1	1	3	-33	-77
<b>J5.2</b>	PhilHealth members not covered by PCB1	1	3	-33	-77
<b>J5.3</b>	Non-PhilHealth members	1	3	-33	-77
<b>J5.4</b>	Others, specify _____	1	3	-33	-77

XI. INSTRUMENTS/EQUIPMENT				
Type of Instruments/Equipment		How many functional [...] do you have in this facility?	Don't Know	No available data
K1	Non-mercurial BP Apparatus	_____	-33	-77
K2	Non-mercurial thermometer	_____	-33	-77
K3	Stethoscope	_____	-33	-77
K4	Weighing scale (Adult)	_____	-33	-77
K5	Weighing scale (infant)	_____	-33	-77
K6	Tape measure	_____	-33	-77
K7	Nebulizer	_____	-33	-77
K8	Sterilizer or its equivalent	_____	-33	-77
K9	Vaginal speculum (big)	_____	-33	-77
K10	Vaginal speculum (small)	_____	-33	-77
K11	Storage cabinet for sterile instruments and supplies	_____	-33	-77
K12	Examination table	_____	-33	-77
K13	ECG machine	_____	-33	-77
K14	Dental chair	_____	-33	-77
K15	X-ray machine	_____	-33	-77



## XII. SUPPLIES

L. ASK: I would like to know if the following items are available today in this facility.

	1	Yes, available today (skip to next commodity) (IF NO, SKIP TO COL. B)	2	No, currently out of stock (IF NO, SKIP TO COL. B)	3	Never had it (skip to next commodity)	-33	Don't Know	-77	No available data	Column A (write the code)	Column B
L1	Lubricating jelly	L1.1		L1.2								
L2	Disposable needles and syringes	L2.1		L2.2								
L3	Sterile cotton balls	L3.1		L3.2								
L4	Sterile cotton swabs	L4.1		L4.2								
L5	Disposable gloves	L5.1		L5.2								
L6	Specimen cups/bottles	L6.1		L6.2								
L7	Decontamination solutions	L7.1		L7.2								
L8	70% Isopropyl alcohol	L8.1		L8.2								
L9	3% to 5% acetic acid	L9.1		L9.2								

## XIII. DRUGS AND MEDICINES and OTHER COMMODITIES

M. ASK: I would like to know if the following items are available today in this facility.

	1	Yes, available today (IF YES, SKIP TO COL. B)	2	No, currently out of stock (IF NO, SKIP TO COL. C)	3	Never had it (SKIP TO NEXT COMMODITY)	-33	Don't Know	-77	No available data	Column A	Column B	Column C
COMMODITIES													
	For Hypertension:	(write the code)	Write codes, separate by comma										
M1	Diuretic e.g. hydrochlorothiazide	M1.1	M1.2	M1.3									
M2	ACE inhibitor e.g. enalapril, captopril	M2.1	M2.2	M2.3									
M3	Calcium channel blocker e.g. amlodipine, nifedipine	M3.1	M3.2	M3.3									
M4	Beta blocker e.g. metoprolol, atenolol	M4.1	M4.2	M4.3									
M5	Angiotensin receptor blocker e.g. losartan, irbesartan	M5.1	M5.2	M5.3									
	For Diabetes												
M6	Metformin	M6.1	M6.2	M6.3									
M7	Sulfonylureas e.g. glibenclamide, gliclazide	M7.1	M7.2	M7.3									
M8	Meglitinides e.g. repaglinide	M8.1	M8.2	M8.3									
M9	Thiazolidinediones e.g. rosiglitazone	M9.1	M9.2	M9.3									
M10	Alpha Glucosidase Inhibitors e.g. acarbose	M10.1	M10.2	M10.3									
M11	Dipeptidyl Dipeptidase Inhibitors e.g. sitagliptin	M11.1	M11.2	M11.3									
	For Gastroenteritis												
M12	ORS	M12.1	M12.2	M12.3									
M13	Zinc supplements	M13.1	M13.2	M13.3									

		Stock availability	Observed Available Preparation:	
		1 Yes, available today (IF YES, SKIP TO COL. B)	A Tablet/Capsule	In the last 3 months how many weeks was [...] out of stock?
		2 No, currently out of stock (IF NO, SKIP TO COL. C)	B Liquid/Bottle/Drops	
		3 Never had it (SKIP TO NEXT COMMODITY)	C Ampule/Vial	Round off to the nearest no. of weeks if the response is given in no. of days.
		-33 Don't Know	D Nebule	
		-77 No available data	E Sachet/Powder	-33 Don't Know -77 No available data
			F Injectable/Syringe	
			G Others, Specify	
			-33 Don't Know	
			-77 No available data	
COMMODITIES		Column A	Column B	Column C
For Asthma		(write the code)	Write codes, separate by comma	
M14	Beta2 agonist e.g. salbutamol	M14.1	M14.2	M14.3
M15	Leukotrine modifier e.g. montelukast	M15.1	M15.2	M15.3
M16	ICS e.g. beclomethasone or budesonide or fluticasone	M16.1	M16.2	M16.3
M17	Sustained release theophylline	M17.1	M17.2	M17.3
For BEmONC				
M18	Oxytocin	M18.1	M18.2	M18.3
M19	Magnesium sulfate	M19.1	M19.2	M19.3
M20	Antibiotic eye ointment for newborn	M20.1	M20.2	M20.3
M21	Injectable antibiotic(e.g. ampicillin, entamycin)	M21.1	M21.2	M21.3
M22	Injectable diazepam	M22.1	M22.2	M22.3
M23	Skin disinfectant	M23.1	M23.2	M23.3
M24	Iron tablets	M24.1	M24.2	M24.3
M25	Folic acid tablets	M25.1	M25.2	M25.3
M26	Iron and folic acid combination tablets	M26.1	M26.2	M26.3
M27	Tetanus toxoid vaccine	M27.1	M27.2	M27.3

		Stock availability	Observed Available Preparation:	
		1 Yes, available today (IF YES, SKIP TO COL. B)	A Tablet/Capsule	In the last 3 month how many weeks was [...] out of stock?
		2 No, currently out of stock (IF NO, SKIP TO COL. C)	B Liquid/Bottle/Drops	
		3 Never had it (SKIP TO NEXT COMMODITY)	C Ampule/Vial	Round off to the nearest no. of weeks if the response is given in no. of days.
		-33 Don't Know	D Nebule	
		-77 No available data	E Sachet/Powder	-33 Don't Know -77 No available data
			F Injectable/Syringe	
			G Others, Specify	
			-33 Don't Know	
			-77 No available data	
For Family Planning		Column A (Write the code)	Col. B	Column C
M28	Oral contraceptives	M28.1	M28.2	M28.3
M29	DMPA	M29.1	M28.3	M29.3
M30	IUD	M30.1	M28.4	M30.3
Antibacterial (any preparation)			M28.5	
M31	Amoxicillin	M31.1	M28.6	M31.3
M32	Ciprofloxacin	M32.1	M28.7	M32.3
M33	Cotrimoxazole	M33.1	M28.8	M33.3
M34	Erythromycin	M34.1	M28.9	M34.3
M35	Nitrofurantoin	M35.1	M28.10	M35.3
M36	Deworming drugs (albendazole or mebendazole)	M36.1	M28.11	M36.3
TB drugs available in the RHU				
M37	Isoniazid+Rifampicin+Pyrazinamide+Ethambutol fixed dose tablets	M37.1	M37.2	M38.3
M38	Streptomycin injectable	M38.1	M38.2	M39.3

		Stock availability	Observed Available Preparation:	In the last 3 month how many weeks was [...] out of stock?
		1 Yes, available today (IF YES, SKIP TO COL. B) 2 No, currently out of stock (IF NO, SKIP TO COL. C) 3 Never had it (SKIP TO NEXT COMMODITY) -33 Don't Know -77 No available data	A Tablet/Capsule B Liquid/Bottle/Drops C Ampule/Vial D Nebule E Sachet/Powder F Injectable/Syringe G Others, Specify _____ -33 Don't Know -77 No available data	Round off to the nearest no. of weeks if the response is given in no. of days. -33 Don't Know -77 No available data
Vaccines available today in the RHU?		Column A (Write the code)	Col. B Write codes, separate by comma	Column C
M39	BCG	M39.1	M39.2	M39.3
M40	OPV	M40.1	M40.2	M40.3
M41	DPT	M41.1	M41.2	M41.3
M42	Hepatitis B	M42.1	M42.2	M42.3
M43	Measles	M43.1	M43.2	M43.3
M44	Tetanus toxoid	M44.1	M44.2	M44.3
M45	Rotavirus	M45.1	M45.2	M45.3
M46	Pneumococcal vaccine	M46.1	M46.2	M46.3
M47	DPT-Hib + HepB (pentavalent)	M47.1	M47.2	M47.3
Are the following available in the RHU?				
M48	Alcohol	M48.1	M48.2	M48.3
M49	Povidone-Iodine	M49.1	M49.2	M49.3
M50	Paracetamol	M50.1	M50.2	M50.3
M51	Ascorbic acid	M51.1	M51.2	M51.3
M52	Multivitamins	M52.1	M52.2	M52.3

#### XIV. OTHER EQUIPMENT

##### Type of Instruments/Equipment

How many functional [...]

do you have in this facility?

- N1 Microscope  
N2 Centrifuge  
N3 Blood chemistry analyzer machine  
N4 Capillette  
N5 Pipettes  
N6 Bunsen burner

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

#### XV. SUPPLIES IN THE LABORATORY

ASK: I would like to know if the following items are available today in this facility.

		Stock availability	In the last 3 months how many weeks was [...] out of stock?
		1 Yes, available today (SKIP TO NEXT COMMODITY) 2 No, currently out of stock (IF NO, SKIP TO COL. B) 3 Never had it (GO TO NEXT COMMODITY) -33 Don't Know -77 No available data	Round off to the nearest no. of weeks if the response is given in no. of days. -33 Don't Know -77 No available data
For CBC		Column A (write the code)	Column B
O1	Blood lancets	O1.1	O1.2
(for manual CBC)			
O2	Hematoxin and Eosin stain	O2.1	O2.2
O3	Hema color	O3.1	O3.2
O4	Methylene blue stain	O4.1	O4.2
O5	Microhematocrit reader	O5.1	O5.2
O6	Hemoglobinometer kit/acid hematin	O6.1	O6.2
O7	Comparator block	O7.1	O7.2
O8	Differential counter	O8.1	O8.2
O9	Hemocytometer	O9.1	O9.2
O10	Tally counter	O10.1	O10.2

<b>Stock availability</b> 1 Yes, available today <b>(SKIP TO NEXT COMMODITY)</b> 2 No, currently out of stock <b>(IF NO, SKIP TO COL. B)</b> 3 Never had it <b>(GO TO NEXT COMMODITY)</b> -33 Don't Know -77 No available data		<b>In the last 3 months how many weeks was [...] out of stock?</b>  <b>Round off to the nearest no. of weeks if the response is given in no. of days.</b> -33 Don't Know -77 No available data	
		<b>Column A</b>	
		<b>Column B</b>	
<b>(for automated CBC)</b>			
O11	Hema analyzer	O11.1	O11.2
O12	Reagents for CBC	O12.1	O12.2
O13	Plain test tubes	O13.1	O13.2
O14	Reagents for lipid profile and FBS	O14.1	O14.2
O15	Dip stick for qualitative urine analysis	O15.1	O15.2
O16	Applicator stick	O16.1	O16.2
O17	NSS	O17.1	O17.2
O18	glass slides	O18.1	O18.2
O19	cover slips	O19.1	O19.2
O20	stains for acid fast bacilli (AFB)	O20.1	O20.2

P1
Would you like to comment on the PCB?

P2
Would you like to comment on this survey?

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