

# **ENUMERATOR AND SUPERVISOR MANUAL**

**Impact of Incentives and Information on Quality and  
Utilization in Primary Care (I3QUIP) Study**

**BASELINE SURVEY**

**March 2014  
Philippines**

# Table of Contents

<b>Acronyms</b>	<b>4</b>
<b>Definition of Terms</b>	<b>5</b>
<b>Part 1. Background and Objective of the Survey</b>	<b>9</b>
<b>Part 2. Methodology of the Survey</b>	<b>10</b>
<b>Part 3. Field Implementation – Field Work Schedule and Plan</b>	<b>14</b>
<b>Part 4. Enumerator's Tasks</b>	<b>17</b>
<b>Part 5. Field Preparation</b>	<b>18</b>
<b>Part 6. Field Guidelines and Conduct</b>	<b>20</b>
<b>Part 7. Enumeration Protocol</b>	<b>26</b>
<b>Part 8. Survey ID Numbers</b>	<b>31</b>
<b>Part 9. The Baseline Survey</b>	<b>32</b>
1. Local Chief Executive Interview	32
2. MSWDO Interview	42
3. LGU Finance Interview	50
4. Health Facility Survey	63
5. Physician Interview	90
6. Patient Chart Review and Health Profile Collection	101
7. Direct Observation	117
8. Patient Exit Interview	126

## Acronyms

BEmONC	Basic Emergency Obstetric Newborn Care
BHWs	Barangay Health Workers
CHT	Community Health Team
COA	Commission on Audit
CNV	Community Nutritionist Volunteers
DOH	Department of Health
DTBB	Doctors to the Barrios
LCE	Local Chief Executive
LGU	Local Government Unit
MCP	Maternal Care Package
MHO	Municipal Health Officer
MPDO	Municipal Planning and Development Officer
MSWDO	Municipal Social Works and Development Officer
NHTS	National Household Targeting System
OPB	Outpatient Benefits
PCB	Primary Care Benefits
PEN/PhilPEN	Package of Essential Non-communicable disease interventions.
PHIC/PhilHealth	Philippine Health Insurance Corporation
RHM	Rural Health Midwife
RHMP	Rural Health Midwife Program
RHU	Rural Health Unit
SAAOB	Status of Appropriation Allotment and Obligation
SP	Sponsored Program

## Definition of Terms

	Definition
4Ps or Pantawid Pamilya Pilipino Program (4Ps)	Department of Social Welfare and Development (DSWD)'s national program providing conditional cash transfers to poor households with children aged 0-14.
BEmONC or Basic Emergency Obstetric and Neonatal Care facility  <i>or</i>  Birthing facility  <i>or</i>  MCP or Maternal Care Package Provider	Refers to the health care facility licensed by the Department of Health (DOH) and designated to provide pre-natal, natal, and postpartum care to mothers.  Referred to as MCP Provider if accredited by PhilHealth
BNS or Barangay Nutrition Scholars  <i>also referred to as</i>  CNV or Community Nutrition Volunteers	Volunteer community workers who are trained in implementing health and nutrition programs in a locality
Capitation	Capitation is a payment of PhilHealth to LGU for rendering Outpatient Benefit (OPB) Package services in its RHU/s. The capitation is a fixed amount paid for each enrolled family, per period of time, whether or not that family seeks care at the RHU.
Community Health Team (CHT)	Volunteers mobilized by the Department of Health to guarantee that every family in the community is periodically visited and attended by health providers, as part of the government's efforts to achieve Kalusugan Pangkalahatan or Universal Health Care.
DTTB or Doctors to the Barrios program	Department of Health program that deploys physicians to doctorless rural, poor and geographically isolated RHUs

	<b>Definition</b>
Enlistment for PCB1	Enlistment is signaled by the member signing the master list of members provided to the LGU by PhilHealth.
General Fund of the LGU	The LGU's fund not earmarked for specific sectors or specific purposes, but according to purposes in the annual plan of the LGU and with discretion to change according to LGU guidelines.
Health Profile/Health Profiling for PCB1	Each PCB-entitled member and dependent needs to undergo health profiling using the Individual Health Profile form of PhilHealth or any equivalent form. (see sample Individual Health Profile form of PhilHealth in Annex)
Masterlist of PCB1 entitled	A list of poor households enrolled by the national government into PhilHealth who will be targeted for enlistment and health profiling for PCB1
National Household Targeting System (NHTS)	An information management system used by the Department of Social Welfare and Development (DSWD) to identify who and where the poor are in the country.
Out Patient Benefit (OPB) Package	A PhilHealth package for the Sponsored Program members, funding primary consultations, diagnostic services and medicines, rendered through RHUs. Implemented in the late 1990s until it was replaced by Primary Care Benefit Package 1 (PCB 1) in April 2012. OPB is also sometimes referred to as the PhilHealth Capitation Fund (see Capitation).
PCB 1 or Primary Care Benefit Package	A PhilHealth package for the Sponsored Program members and other select members, rendered in the RHU. This replaced the OPB package in April 2012.
PCB1 Facility Participation #	The number is indicated in the PCB Participation Certificate issued by PhilHealth to the RHU.
PCB Payment Notice	This pertains to any written document that informs the LGU/RHU that PFP has been issued for any particular quarter.

	Definition
PEN/PhilPEN	The Package of Essential Non-communicable Disease Interventions is a WHO endorsed low-cost individual treatment protocol consisting of early screening and timely treatment of NCDs in a primary health care setting.
Per Family Payment (PFP)	The payment of PhilHealth to LGU for rendering PCB1 in its RHU/s. Similar to capitation to the OPB, but mode of payment is performance-based.
Per Family Payment Rate (PFPR)	The amount of PFP.
Professional Fee	Remuneration for a licensed health care provider for services rendered to PhilHealth member clients.
Revenue Retention (or Income Retention) in the RHU	Receipts of the RHU that is not reverted to the LGU general fund, but is rather designated for the use of the RHU
RHMPP or Rural Health Midwives Placement Program	Department of Health program that deploys midwives to low performing areas in terms of facility-based deliveries, fully immunized child and contraceptive prevalence rates.
RNHeals or Registered Nurses for Health Enhancement and Local Service Project  also referred to as  NDP or Nurse Deployment Program	Department of Health program that deploys registered nurses to rural, poor LGUs
SAAOB (Statement of Appropriation, Allotment, and Obligations)	Financial report prepared by the LGU regarding the planned use and actual use of the General Fund

	<b>Definition</b>
Sponsored Program (SP) of PhilHealth	PhilHealth enrollment scheme wherein PhilHealth premiums of persons or families are paid for by the Local Government Unit, a Compassionate Individual, Peoples Organizations, Charitable Institutions or Corporations in compliance to R.A. 7875.
Trust Fund of the LGU	A fund of the LGU separate from the General Fund, earmarked for specific purposes
User Fee	Fee charged to a patient for availing and/or using the LGU health facilities, such as for consultation, laboratory fee, medicines, inpatient care

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## **PART 1. BACKGROUND AND OBJECTIVE OF THE SURVEY**

### **BACKGROUND OF THE SURVEY**

On April 1, 2012, the National Health Insurance Program of the Philippine Health Insurance Corporation (PhilHealth) launched a Primary Care Benefit Package 1 (PCB1). Currently PCB1 covers selected PhilHealth member types and their dependents, with intentions to roll out to all member types. The PCB1 services are currently delivered through rural health units (RHUs) and urban health centers (HCs).

Lessons were taken from a previous primary care package which was marred with concerns on poor utilization of services and indeterminate quality of services. Hence under PCB1, payment method is designed such that RHUs/HCs are incentivized by providing Per Family Payment (PFP) of up to P500 per year per family based on service coverage by the RHUs/HCs. PhilHealth is also planning to initiate additional interventions to the PCB1 in order to strengthen the potential of LGUs and their providers to become powerful allies in ensuring utilization and quality provision of PCB1 services. The role of the local government units (LGUs) is critical in PCB1 implementation, since the Local Government Code of the Philippines mandates that LGUs at the municipality/city level manage and delivery primary care services through the RHUs/HCs.

Before integrating these interventions in the design of PCB1, PhilHealth is partnering with researchers from the World Bank and the Impact Evaluation Laboratory of the Korean Development Institute (KDI) for a randomized evaluation of these supplementary interventions. This study is called the Impact of Incentives and Information on Quality and Utilization in Primary Care (I3QUiP) Study. National scale-up of the proposed interventions will be based on the results of this study.

The Center for Economic Policy Research (CEPR) has been contracted by the World Bank to conduct the baseline survey for I3QUiP.

### **OBJECTIVE OF THE SURVEY**

The I3QUiP Baseline Survey aims to collect information regarding local government, health services, and other background on sample local government units (municipalities or cities). It will also collect data to be used in measuring utilization, quality, and other indicators for analysis.



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## PART 2. METHODOLOGY OF THE SURVEY

This section describes how the set of sample LGUs was selected and the data collection methods for the survey.

(To make it simple, starting from this section, RHUs pertain to rural health units in municipalities and health centers in cities. Accordingly, rural health physicians and rural health nurse also pertain to the equivalents in city health centers.)

### SAMPLE LGUs

The I3QUiP baseline survey is to be conducted in 240 LGUs that were randomly selected (stratified by region and by province) from LGUs that are engaged with PhilHealth for PCB1 and that agreed to be included in the study. A complete list of these 240 LGUs is provided in Annex A. A copy of an Informed Consent for the Local Chief Executive is provided in Annex B.

### DATA COLLECTION METHODS, INSTRUMENTS, AND RESPONDENTS

The data collection involves face-to-face interviews and secondary data collection from local government unit offices and one RHU of each LGU. An additional data collection through Direct Observation will be done in the RHUs of 40 LGUs.

The following lists the data collection activities that need to be completed in an LGU, the corresponding instruments to be used per activity, and the main respondents. It also notes the volume of instruments that need to be accomplished.

**Table 1. Data Collection Activity, Instruments, and Main Respondents**

	<b>DATA COLLECTION ACTIVITY</b>	<b>INSTRUMENTS</b>	<b>MAIN RESPONDENT</b>	<b>Notes</b>
1	Interview with Local Chief Executive	Questionnaire for Local Chief Executive	Local Chief Executive/Mayor	One questionnaire per LGU
2	Interview with Municipal Social Welfare and Development Officer	Questionnaire for MSWDO	MSWDO	One questionnaire per LGU

	<b>DATA COLLECTION ACTIVITY</b>	<b>INSTRUMENTS</b>	<b>MAIN RESPONDENT</b>	<b>Notes</b>
3	Interview with the Budget Officer and Accountant and Collection of Data from Financial Documents of the LGU	Questionnaire for LGU Finance Officers	Part 1: Budget Officer  Part 2: Accountant or Treasurer  (or only one respondent if agrees to respond for both parts)	One questionnaire per LGU
4	Health Facility Survey	Questionnaire on Health Facility	Part 1: Rural Health Nurse  Part 2: Medical Technologist (Med Tech)  Part 3: Enumerator's Ocular Observation (no respondent)	One questionnaire per RHU
5	Interview with Rural Health Physician	Questionnaire for Physician	Rural Health Physician	One questionnaire per RHU
6	Patient Chart Review	Patient Chart Review Tool	Medical Enumerator, assistance to be needed from RHU staff	24 charts per RHU  (6 charts for each of the 4 conditions being reviewed)
7	Health Profile Collection for encoding (by taking anonymized photographs of the profiles)	Not applicable	Not applicable	Health profiles of the patients whose charts were reviewed (under item 6), if profile is available. Therefore a maximum of 24 patient health profiles per RHU
8	Direct Observation (only in 40 LGUs)	Direct Observation Tool	The following to be observed:  Physician  Nurse or any health worker obtaining the	6 sets of observations per RHU  One observation consists observing i) the nurse or

	<b>DATA COLLECTION ACTIVITY</b>	<b>INSTRUMENTS</b>	<b>MAIN RESPONDENT</b>	<b>Notes</b>
			blood pressure of the patient in the consultation  (The patient being seen/treated must be an adult patient and will also be read and obtained consent)	health worker taking the BP, and  ii) the physician for the same patient/consultation
9	Patient Exit Survey	Questionnaire for Patients	Adult patients (at least 18 years old)	20 respondents per RHU

Note: There are questions where respondents may need to look at records and files. On the other hand, there are some sections pertaining to the knowledge of the respondent. For these sections, the respondent should not consult others.

The section devoted in the discussion of each data collection activity in this manual describes who can be a proxy respondent in the event that the respondent (listed and described in the box above) is not available to be interviewed. The detailed instructions will also indicate which section cannot be consulted with others.

## **SAMPLING METHOD BY INSTRUMENT**

The respondents or subjects of three of the instruments will need to be sampled. The table below describes how to select the sample respondents or subjects for these instruments.

	<b>Instrument</b>	<b>Respondent/Subject</b>	<b>How to Select</b>
1	Patient Chart Review	Charts for each of the following conditions:  - asthma  - diabetes  - hypertension, and  - acute gastroenteritis	Retrieve the charts of the six most recent patients who consulted for each condition.  For hypertension and diabetes cases, only charts of patients above 40 years old will be retrieved and reviewed. Asthma and acute gastroenteritis cases can be of any age. Charts may be of PhilHealth members or non-members. Reviewing the facility's patient logbook could facilitate the identification of these cases.

	<b>Instrument</b>	<b>Respondent/Subject</b>	<b>How to Select</b>
			For each patient, charts as far back as July 1, 2013 will be included in the chart review. Exceptions are patients for Gastroenteritis, where only the latest chart will be included in the chart review.
2	Direct Observation (only in 40 LGUs)	The following to be observed: Physician Nurse/Health Worker Adult patients	6 observations per RHU:  Observe the interaction between the health service providers and the first 6 patients above 40 years old who are known to be hypertensive or are new cases with abnormal blood pressure.  If a patient is attended to by another health provider while the enumerator is still observing another case, skip that patient.
3	Patient Exit Survey	Adult patients or adult companion of patient	20 respondents per RHU.  Counting from the first patient who is seen at the health facility, interview every other patient coming out of the health facility after the visit. So interview the second, fourth, sixth, etc. patient

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## **PART 3. FIELD IMPLEMENTATION-FIELD WORK SCHEDULE AND PLAN**

### **ENGAGING OF FIELD TEAMS WITH THE LGUs**

Although each LGU has given its consent to participate in the study, the field team will be provided a letter of endorsement from PhilHealth. The letter will introduce the field team to the Municipal/City Mayor when the former visit the latter's office for a courtesy call. The Mayor's office can then facilitate access to the Budget Officer, the Accountant, the MSWDO, and the RHUs.

A draft of this letter is provided in Annex C.

### **OVERALL FIELD PLAN**

Field activities cover the 3rd week of April up until the 2nd week of June 2014. It is targeted that the required data collection in an LGU, including travel time, is completed in four days on the average.

Each field team consists of a field supervisor, a medical enumerator, and two non-medical enumerators. A field supervisor may cover more than one province within a region. In each LGU, the main RHU will be included in the survey. By the "main RHU", we mean the facility where the Municipal/City Health Officer has his office and regularly conducts consultations there.

Field supervisors plan and direct how sampled areas are to be efficiently covered; and ensure quality control by directly observing, spot-checking and back checking work of interviewers and holding regular field assessment meetings. The field supervisors also check on **all** completed questionnaires at the end of each field day, and discuss with the interviewers the mistakes that they are making. If there are missing data or problems with the data, the interviewer should go back to correct the information in the questionnaire. Moreover, the field supervisors shall also conduct interviews with the LGU key informants other than those in the RHU (LCE, Budget Officer, Accountant or Treasurer, MSWDO).

The medical enumerator and non-medical enumerators shall conduct all interviews and other data gathering activities in the RHUs. Some of these enumerators may also conduct interviews and data gathering in the other LGU respondents, if the enumerators were trained on such data gathering activities, and if the supervisor deems it practical for the enumerators to conduct those activities.

The following enumerates the specific roles of each member of the field team.

<b>FIELD TEAM MEMBER</b>	<b>TASKS</b>
Field Supervisor	<ul style="list-style-type: none"> <li>▪ Send copies of endorsement letters from PhilHealth to local chief executives about the upcoming survey.</li> <li>▪ Introduce the field team to the key informants to ensure smooth data collection in the sample sites. In RHUs:               <ul style="list-style-type: none"> <li>- Introduce the field team to the head of the facility and other key informants</li> <li>- Inform the physician, nurse, and other pertinent staff of the interviews that need to be done</li> <li>- Inform the physician, nurse, and other pertinent staff of the need to look at the charts, and to copy some patient profiles</li> </ul> </li> <li>▪ Conduct interview with local chief executive</li> <li>▪ Conduct interviews and obtain information from the budget officer and the accountant. Obtain copies of financial documents if necessary.</li> <li>▪ Conduct interview with the Municipal Social Welfare Development Officer</li> <li>▪ Make a work plan on a daily basis based on the field conditions; brief team members on latest development of field conditions</li> <li>▪ Update progress, report problems, etc. to the Survey Management Team (SMT)</li> <li>▪ Send filled-out questionnaires, secondary data, and other supporting documents to SMT</li> <li>▪ Arrange base camp for field team</li> <li>▪ Supervise enumerators in conducting interview and conduct spot checks</li> <li>▪ Manually edit all filled-out questionnaires, on the day interview was conducted or the soonest possible time</li> <li>▪ Assist supervision mission teams from SMT and the World Bank/PhilHealth/KDI</li> </ul>
Medical Enumerator	<ul style="list-style-type: none"> <li>▪ If in case the field supervisor cannot be present on the first day of visit to the facility, introduces the survey team:               <ul style="list-style-type: none"> <li>- Introduce the field team to the head of the facility and other key informants</li> <li>- Inform the physician, nurse, and other pertinent staff of the interviews that need to be done</li> <li>- Inform the physician, nurse, and other pertinent staff of the need to look at the charts, and to copy some patient</li> </ul> </li> </ul>

	<p>profiles</p> <ul style="list-style-type: none"> <li>▪ Conduct interview with rural health physician</li> <li>▪ Conduct patient chart reviews</li> <li>▪ Copy the profiles of patients whose charts were reviewed. The non-medical enumerator may assist in copying profiles. Conduct Direct Observations (if assigned in Direct Observation sites)</li> <li>▪ May conduct interviews with LGU informants if so directed by the field supervisor and if trained on the instruments to be used</li> <li>▪ Self-edit filled questionnaires before passing them to the Field Supervisor</li> </ul>
Non-Medical Enumerator	<ul style="list-style-type: none"> <li>▪ Conduct interview with Rural Health Nurse and Medical Technologist for the Health Facility Questionnaire</li> <li>▪ Conduct patient exit interviews</li> <li>▪ Produce copies of the individual health profiles of patients whose charts were reviewed, in coordination with the medical enumerator.</li> <li>▪ May conduct interviews with LGU informants if so directed by the field supervisor and if trained on the instruments to be used</li> <li>▪ Self-edit filled questionnaires before passing them to the Field Supervisor</li> </ul>

## PART 4. ENUMERATOR'S TASKS

**Professionalism:** Your role as an enumerator is crucial to every part of the survey and the study. The quality of your work will determine how well the data reflects the realities on the ground. Thus, dedication to obtaining accurate data is expected among all enumerators. One way of showing your dedication and professionalism is by asking questions about anything on the survey that is confusing or unclear. You will likely have questions during the training and before going to the field, but it is also *very important* to ask questions when returning from the field to clarify and confirm how to handle any unanticipated situations. Remember that your Field Supervisors are your future job references. You want them to be able to recall your professionalism!

**Punctuality:** You are expected to always be punctual. This means showing up to work on time, taking and returning from breaks at appropriate times, and maintaining the survey schedule. Remember that you are part of a team; if you are not punctual, you will drag the rest of your team behind.

**Outputs:** Your principal task is to independently administer surveys to individuals following survey protocols.

**Uniformity:** This is one of the most important goals of the enumeration teams. It is vitally important that all interviews are conducted uniformly by enumerators across all field teams and throughout the entire survey period. To ensure uniformity, you must:

- strictly follow all instructions contained in this manual
- read all questions exactly as they appear in the questionnaire (i.e. “stick to the script”)
- use your Field Supervisors and fellow enumerators as support

The Field Supervisor will provide you with all necessary materials and instructions, collect and check your work, and help you solve any problems that may arise. Please remember that although the Field Supervisor manages and checks your work, he/she is there to serve as a resource for you. The Field Supervisor's job is to enable you to do your work as an enumerator. It is therefore your responsibility to constantly communicate with him/her so that he/she can better assist you.

### Key Points

- The survey will provide initial characteristic data of the sample population
- Asking questions about the questionnaire demonstrates your dedication and professionalism
- You must always be punctual



- Uniformity in conducting interviews across enumerators and field teams is crucial

## PART 5. FIELD PREPARATIONS

Before leaving for the field, the enumerator should check that his/her survey kit is complete. Knowing what to do and being equipped with the necessary materials will make you better prepared for the interview and is a major indicator of your professionalism. Each enumerator should have the following materials with them:

1. **Questionnaires**– Make sure that you bring the correct questionnaire or tool with you when you go to the field to interview. Equally importantly, make sure you check that each questionnaire you have with you is complete from page 1 to the last page. Make sure it is not missing any page and every page is printed clearly.
2. **Field Team Manual**- Bring this Manual but make sure to have thoroughly understood and reviewed it before going to the field. This is to be used only for reference when needed, but not meant to be read DURING fieldwork. Note that the annexes contain sample forms and the PEN risk stratification table.
3. **Calling Cards** – Every time you read the Informed Consent Form, you will have to give a card with the contact details of the field supervisor, and the UP Manila Review Ethics Board Panel 2 for any concern.
4. **Show cards/Illustrations** – You are required to show answers to the respondent for the section on Patient Satisfaction in the Patient Exit Survey.
5. **Pens** - You will be conducting interviews the whole day. You will record the answers of your respondent on the questionnaire using your pen. Never rely on your memory. Record all information on the questionnaire.
6. **Camera** - For obtaining copies of patient profiles. Make sure to follow instructions for anonymizing the profiles (but clearly mark the unique ID assigned to the Chart Review Form so that they can be linked) when making copies
7. **ID** – this will serve as your identification card
8. **Clipboard** – this is where you insert the questionnaire for easy writing of answers
9. **Notebook** – this will serve as your survey diary (write details like date and time of interview, names of LGU/RHU, number of respondents interviewed, any problems encountered, etc.)
10. **Long expandable plastic envelope** – this is where you place all questionnaires for safe keeping
11. **Emergency contacts** – contains contact details of field supervisor, survey team
12. **Umbrella/raincoat** – to protect you from rain or shine

In addition to possessing the necessary materials, the enumerator should be mentally and physically prepared for field interviews. This includes:

**Good knowledge of questionnaire:** You must know the questionnaire and response codes by heart. You must be well versed in the questionnaire's content,

short of being able to memorize the exact question wordings so that you will be able to conduct the interview well. Such command over the survey will convey to the respondent confidence and pride in your work, and it will help allow the interview to be conducted more efficiently.

**Looking presentable:** Since you are there to represent the institution, you must appear professional looking.

**Good physical condition:** Fieldwork may demand a lot of travel on foot in various types of weather (e.g. rain, hot weather, etc.).

How to prepare the interview is vital. However, bear in mind that two issues supersede all others:

1. Your personal safety and the safety of the other members of the field team
2. The rights and welfare of survey respondents

## **PART 6. FIELD GUIDELINES AND CONDUCT**

### **1. ETHICS**

One of the most important aspects of your work is to be mindful of the rights and welfare of the individuals you will be interviewing throughout the survey process. Such rights include:

- The right to refuse participation
- The right to refuse answering any particular questions
- The right to confidentiality and anonymity

### **2. EXPLANATION OF THE SURVEY**

#### **INTRODUCING YOURSELF AND OBTAINING INFORMED CONSENT**

Each questionnaire has an Introduction section printed on it. It is very important that you start your interview by politely introducing yourself, and then reading out the entire Introduction Section that includes Informed Consent. The introduction for the interview is as follows:

For patient respondents, make sure to use the translation of the Introduction in Filipino or the local dialect as appropriate.

In the introduction, it is important the respondent understands:

- Which organization you represent
- The objective of the research is to determine whether interventions to be introduced by PhilHealth to the PCB1 package will help in the improvement of utilization and quality of PCB services.
- That the LGU was chosen by a lottery (randomly), and that the Local Chief Executive has agreed for the LGU to be included in the study after being chosen randomly
- That all the information will remain confidential, no names will be reported
- That the respondent may withdraw from the interview anytime without penalty
- That a supervisor may return to check the interviewers' work
- That if they have questions or concerns, they may contact your supervisor or PhilHealth.
- That for information regarding rights of study participants, including grievances and complaints, the UP Manila Research Ethics Board (UPMREB) may be contacted. The contact details of UPMREB are included in the name card.

And, make sure you ask permission to start the interview

#### **WHO DO YOU REPRESENT IN THE FIELD?**

As the introduction above suggest, all the field data collection team represent the CEPR, as the baseline survey firm commissioned by the World Bank. The World

Bank is conducting a research study, in particular an impact evaluation of some interventions to PCB1. Make clear that you do not represent anyone else, as this may change the way people respond to certain questions.

Therefore, the field teams must **not**:

- answer questions regarding any government program (e.g. PhilHealth PCB1 or any other PhilHealth Package, the Conditional Cash Transfer/Pantawid Pampamilyang Pilipino or the CCT/4Ps)
- provide feedback regarding any government program
- make comments or statements about the implementation of any program including its components

If your respondent or any one you meet in the field have questions, concerns or comments about anything about the survey, always refer them to your supervisors. Do not answer or respond to these questions or concerns especially if you do not really know the answer. If someone asks about how the LGUs or respondents were selected, just explain that they were selected by lottery. If the person is curious to learn more, please refer them to your supervisor. Supervisors should in turn refer the person to the CEPR Survey Management Team Manager (SMT Manager - Dr. Lisa Grace Bersales) or Survey Specialist (Prof. Josefina V. Almeda).

#### AT THE END OF THE INTERVIEW...

As you finish asking the last question for the interview quickly go over the questionnaire again. You might need to check each question one by one for any items you might have left blank, forgot to ask, found confusing, or logically inconsistent.

If you think you are done with the interview, do not forget to thank your respondent for the time he/she spent with you in answering your questions. Tell him/her again that the answers he/she gave you will be very helpful in the study we are conducting. Assure him/her that they will remain anonymous as a respondent in the reports.

### 3. THE INTERVIEW

You must be careful to follow all the instructions set out in this manual. Again, you must ask the questions exactly in the form they appear on the survey. The survey should be filled during the interview. You must not record the answers on scraps of paper with the intention of transferring to the survey later. Neither should you count on your memory for filling in the answers after you have returned from the field.

The following are some fundamentals you should follow when conducting the interview. See *Annex M: Handling Challenging Situations* for advice on how to deal with respondents who may potentially make conduct of the interview more difficult.

#### 3.1 COURTESY OF THE INTERVIEWER

It is important for the enumerator to maintain a smiling and cheerful countenance. The amount of cooperation from the respondent depends greatly on the respondent's first impression of you. Remember that you are a stranger meeting the

respondent for the first time. A friendly smile will help the respondent to be at ease and be assured of your good intentions.

It is also important to be polite at all times. A courteous greeting given to the respondent in the most charming manner can make your job a lot easier.

It helps to look and sound enthusiastic and interesting. The respondent's interest needs to be stimulated. Therefore, you should show that you enjoy the interview. These conditions may encourage the respondent to take interest in the interviews and thus cooperate. Consult your Field Supervisors if you are not sure how to present yourself in this way.

### **3.2 TEMPO OF THE INTERVIEW**

You must maintain the tempo of the interview; in particular, try to avoid long discussions of the questions with the respondents. This is to ensure that you and your team are able to maintain the team's schedule. If you are receiving irrelevant or complicated answers, do not break in too suddenly, but listen to what the respondent is saying and then lead him back to the original question. Remember it is you who are running the interview and therefore you must be in control of the situation at all times.

As soon as an answer to the first question is given, the next question should be asked immediately. Once the enumerator hesitates or looks uncertain on what to say next, the respondent will have the opportunity to ask questions ahead.

To help keep the tempo, you should know the questions as these are asked in the right order, short of memorizing them. Referring to the instructions for the next question is allowed during the first few interviews. After that, the enumerator should be able to easily read the questions and follow instructions without sounding mechanical. If the enumerator is not prepared, the respondent will show signs of irritation towards the middle of the interview and may even become uneasy and impatient for the interview to conclude. This is because the enumerator gave the respondent an opportunity to feel this way.

While you want to keep the pace of the interview, sufficient time should be given for the respondent to think, as some may be slow in giving answers. Irritability or impatience should never be shown. However, if there are indications that the respondent can no longer continue or will no longer want to continue with the interview, the enumerator can politely request for another appointment, or politely terminate the interview should the respondent refuse to continue participating in the survey. You want to make sure you are interviewing the respondent at a time where s/he can give thoughtful, accurate, and complete answers.

### **3.3 OBJECTIVITY OF THE INTERVIEWER**

It is extremely important that you should remain absolutely NEUTRAL about the subject of the interview. Most people are naturally polite, particularly with visitors,

and they tend to give answers and adopt attitudes that they think will please the visitor. You must not express surprise, approval, or disapproval about the answers given by the respondent and you must not tell him/her what you think about these things yourself. Assure the respondent that there is no right or wrong answers to ANY of the questions – everything they say are right! – and that their answers will not negatively affect them in any way. If you need to transition between questions, just thank the participant for their answer.

You must also avoid any preconceived ideas about the respondent's ability to answer certain questions or about the kind of answer he/she is likely to give. Your most important task is to read the questions exactly as they are written in the survey, and record the respondent's response exactly as he or she answers.

### **3.4 PRIVATE NATURE OF THE INTERVIEW**

All the data collected are strictly confidential. In principle all the questions should be asked in complete privacy to ensure that his/her answers remain confidential. The presence of other people during the interview may cause a respondent embarrassment and change the way he or she answers some questions.

Respondents should know that his or her name will never be connected to any of their responses (you will have already mentioned this in the introductory script). The only people who will ever see personal identifying information are professional CEPR staff.

Given that much of the survey requires privacy, you should ask the respondent at the beginning of the interview to go to a place in the meeting-area where he/she is least likely to be disturbed. If an onlooker does not understand and refuses to leave, you must use tact and imagination to try and get rid of him.

The survey should not be conducted in the presence of another person unless they are part of the LGU or RHU. However, if a male enumerator is interviewing a female respondent, care must be taken so that they both can still be seen.

## **4. DATA QUALITY**

Proper conduct of the interview will ensure the quality of the data. Such conduct includes:

### **4.1 STICKING TO THE SCRIPT**

This questionnaire is being asked to respondents across 30 provinces. **It is extremely important that all questions are asked the same way to ensure the data is collected uniformly.** Any slight change in wording the question may elicit differing responses, which affects the quality of the data. Much care and attention was paid to wording these questions, which were refined during the pilot exercises. Thus, every word in the questionnaire is there for a reason and it must be said verbatim.

## 4.2 PROBING

You will find that a respondent may not readily provide an answer to your question, or it may not come in the form in which you are asking. For example, “How much did you/the patient pay? (total amount)” . It is important that you follow up and probe the respondent and try to get them to at least estimate an answer.

Probing can be hard work, but it is very important that answers are given where possible. You may be tempted to write the code for “don’t know” at times, without sufficiently probing. If every enumerator is quick to write in “don’t know”, there will be a lot of missing data, which will severely affect the analysis. Remember, you are being audited on randomly selected questionnaires. If it is found that the auditor tends to get answers where you wrote in “don’t know”, you will have to re-interview these households. Though probing may be a time consuming task, it is better than having to conduct the interview over again!

Whenever a question includes a recall period (e.g. in a year), it is good practice to also confirm that the answer given happened within the recall period. Such probing questions can help you catch incorrect answers early on (vs. finding contradictions further along the interview) to help aid the flow and shorten the length of the interview.

Here is one example of how to probe:

*ENUMERATOR:* In the last 12 months, how many times have you visited this health facility?

*RESPONDENT:* I visited the health facility two times.

*ENUMERATOR:* Ok, so for the last 12 months, you visited the health facility two times?

## 4.3 CALCULATIONS

There may likely be instances where a respondent’s answer forces you to make a calculation. All calculations must be written in the margins of the page, and you must check your work after you finish the interview. Calculators will be available in each field office so you can double-check your math while editing. The other editors will need to see your work as well to make sure you did the math correctly.

## 4.4 LEADING

You should never lead the respondent to a particular answer (e.g. “You were prescribed medicines today, yes?”). Rather, the respondent should come up with her/her own responses. Reading the questions verbatim will help ensure you do not lead the respondent, which would otherwise introduce bias into the data. However, your tone may also lead a respondent toward a particular answer if you appear to be passing judgment. Again, you must maintain your objectivity throughout the interview. Note that leading and probing are different in that probing does not lead the respondent to a pre-identified answer.



## 5. QUALITY CONTROL MEASURES

While you take the aforementioned code of conduct into account while conducting interviews, additional measures will be taken in order to ensure the quality of the data.

### 5.1 Spot Checks

The Field Supervisor and the CEPR Team will conduct random spot checks of enumerators to ensure the survey is being properly implemented. It is also an opportunity for the managing staff to see how the survey is progressing, identify any unanticipated challenges, ensure the enumerators are properly supported in the field, and assess performance.

### 5.2 Editing

Editing the questionnaire is an extremely important exercise when conducting a survey. During many evaluations, problems with the data are often traced back to oversight during the editing process.

Immediately after you finish an interview and before you return from the field, you will edit your interview. Your questionnaire will then be edited by your Field Supervisor, and an editor in Manila. If any problems are identified by the subsequent editors, the questionnaire will be sent back to you and you will have to conduct call backs as needed.

#### Key Points

- You must be well-versed in the questionnaire before conducting interviews.
- You must introduce yourself, your organization, the study, participant rights, and confidentiality before beginning the interview.
- You must be courteous and objective when conducting the interviews.
- You must keep the tempo of the interview and maintain focus.
- Ensure that the interview is conducted in private where possible.
- Stick to the script!
- Probe for responses but never lead a respondent.
- You must show the work of all calculations you make.
- There will be spot checks to ensure data quality.



## PART 7. ENUMERATION PROTOCOL

### 1. GENERAL INSTRUCTIONS FOR FILLING OUT THE SURVEY

There are a number of basic principles that the interviewer must observe throughout the survey.

- 1.1 All parts of the survey that are in **BOLD font** should NOT be read aloud to the respondent. These aspects of the survey are directions to the enumerator; those parts that are not in BOLD font must be read to the respondent except the answer options. A few questions have answer options, which should be read to the respondent – these questions have specific instructions about what to read.
- 1.2 The questionnaire should generally **be read** from left to right (i.e. data should be inputted per row, not per column) unless specified otherwise.
- 1.3 There are questions that allow only one response and those that allow for multiple responses. The questions that allow for multiple responses are marked “Allow multiple responses” and have alphabetical codes. Numerical codes mean that only one answer can be given.

### 2. CODES

- 2.1 Most answers in the survey are pre-coded. Unless otherwise specified, you must encircle the code corresponding to the answer given by the respondent.
- 2.2 In some instances, it will be possible to record multiple responses to a question. Encircle all appropriate codes.
- 2.3 There are answers that are not pre-coded. If the question will ask you to indicate a small numerical value, enter the answer in the boxes provided. However, for big numerical value, a line will be provided for you to initially write the answer but after the interview enter the answer in the boxes provided.
- 2.4 The code for “Don’t Know” is -33, the code for “No data available” is -77, the code for “Not Applicable” is -88, and the code for “Refused to answer” is -66.

### 3. “OTHER” RESPONSES

The second type of question that is not entirely pre-coded will require you to write in an “other” response in addition to writing the corresponding code. Whenever selecting “other”, you must specify what the answer is by writing it next to the code for “other”. Please take note that all other answers should be written in English.

## 4. SKIP PATTERNS

- a) Sometimes there are special directions given to the enumerators at the end of a question or after answering a question. If there are no special instructions, go on to the next question.

Example: A3 Did you bring your ID? (Ask to see the ID)

Seen	1
Not Seen	3

Whatever the response to question number A3, continue to question number A4.

- b) Not all questions apply to all respondents. In order to avoid asking respondents questions that do not apply to them, there is a direction where to go to. After a reply or answer shows that the interviewer must go to the question indicated instead of to the question immediately following.

Example: A8 Have you heard of the Primary Care Benefit Package of PhilHealth?

Yes	1	
No	3	<b>(SKIP TO A11)</b>
Don't know	-33	<b>(SKIP TO A11)</b>
No data available	-77	<b>(SKIP TO A11)</b>

This means that if the response is No or Don't know, the enumerator must encircle the appropriate code and move on to question A11. By following this skip pattern, you are ensuring that you are not asking questions related to Primary Care Benefit Package of PhilHealth to those respondents that already told you that they have not heard or does not know the Primary Care Benefit Package of PhilHealth.

Failing to accurately follow skip patterns will cause significant errors when the data is analyzed. Therefore it is very important that you ensure you are accurately following all skip patterns exactly as they appear!

## 5. MARKING RESPONSES

### 5.1 MARKING CODES

When marking codes, **ONLY** encircle the numerical response or code. **DO NOT** use any other sort of mark to indicate the selection.

## 5.2 CORRECTING MARKED CODES

Try to be certain of the response *before* you mark the response-code. Sometimes, however, the respondent may change her/his answer after you have already marked the code. In that case put an “X” through the incorrect response, and encircle the correct response.

## 6. DATA ENTRY

The data will be entered directly from the survey. Everything that you write on the survey will be entered in the computer. Notes, explanations and calculations should be written in the margins of the questionnaire in order to facilitate edit resolution. These notes should never be written in the data entry area. The only exception here is when specifying the “other” option.

## 7. REMARKS

You may write notes or remarks on the margins of the questionnaire. Remarks are free-form notes that you may write in under any question. Remarks may be written for the following reasons:

**Explain a complicated answer:** You may get an answer from a respondent that may be rather complicated and the questionnaire might not seem to capture it very well. If you think an answer might need further explanation when it is reviewed by your supervisors and editors, you can write in a remark.

**Reminder to follow up:** If you are unsure how to input a particular response correctly, you can include a brief description of the situation to remind yourself to follow up with your supervisor and confirm the most appropriate code or numerical value to enter.

**Confirming outliers:** There may be times when you get a response that is unusual in that it seems far beyond the average of the survey sample population. In these situations, you **MUST** write in a remark that you have confirmed that their response is correct. This remark will indicate to your supervisors that you did not make a data entry mistake, and it will help prevent the need for you to conduct call backs.

For example, in Question B11 of Section III (“How much did you pay?”) you asked the respondent how much did he/she pay. The respondent says he paid one million pesos, which you find to be an extremely large number based on the other respondents’ interviews you have conducted.

Therefore, you should write in the remarks that you confirmed the respondent’s answer, and it is not a data entry error. When your questionnaire is later edited by your supervisors, they may not need to follow up with questions about this response as you have already mentioned that the remark was confirmed.

B11	
How much did you pay? P1,000,000	
REMARKS	Confirmed that the respondent paid P1M .

Please note that all remarks **MUST** be written in English! They may need to be coded for the analysis, and the researchers must be able to read the remarks!

## **8. OTHER SURVEY ISSUES**

### **8.1 AVOIDING “DON’T KNOW” RESPONSES**

Do your best to avoid accepting answers like "I don't know" by helping the respondent to consider his/her response. It does happen that even with the help of the interviewer, the respondent cannot give an answer. In that case write in the specified code for “Don’t Know”.

### **8.2 AVOIDING THE “OTHER” OPTION**

Try your best to avoid choosing the “other” option and instead try your best to see whether the given response can fit within one of the specified options already given.

In some other instances the initial response may not seem to fit within any of the categories. However, with further probing, you may find that the answer given actually fits within the given option categories.

### **8.3 QUESTIONABLE RESPONSES**

If you suspect that the respondent is not answering as accurately as possible, whether unintentionally (he/she is becoming fatigued or distracted) or intentionally (lying or exaggerating), then encourage him/her to re-focus by discussing his/her questionable responses in greater depth. If you think the final answers given are suspect, write a note in the bottom of the cover page.

### Key Points

- Enumerator instructions are in **BOLD FONT** and should not be read aloud. Answer options should not be read aloud unless instructed to do so.
- Be careful to write the appropriate data: option code, numerical value, “don’t know” or “refused response” code, and either single or multiple entries.
- The answer should always be specified in line next to the code when selecting “other”.
- Carefully follow all skip patterns. Mistakes will result in missing data and result in callbacks.
- Entries should be clearly written for the data encoders
- Remarks should be written in the margins of the questionnaire.
- Do not write “don’t know” (i.e. -33) without probing first or asking if there is someone else the respondent can confer with or documents that the respondent can obtain the information from. We want to minimize “don’t know” responses where possible.
- Make sure a response cannot fit within any of the given options before selecting “other”. Many times this requires further probing.

## PART 8. SURVEY IDENTIFICATION NUMBER

### Assigning a Survey Identification Number

Each questionnaire is stamped with a survey ID to serve as unique identifier code for each questionnaire as follows:

0	1	0	1	0	2	7	1	0	1
Location code					Type		Number		

The next two digits are for the type of instrument and the last two digits will be the serial number either for the patient interviewed in the RHU or patient chart number.

### Coding for Type of Questionnaire

Code	Type of Questionnaire
01	LGU- Local Chief Executive
02	LGU- Municipal Social Work and Development Officer
03	LGU- Finance
04	Facility Survey

05	Physician Interview
61	Patient Chart Review- Asthma
62	Patient Chart Review- Gastroenteritis
63	Patient Chart Review-Hypertension
64	Patient Chart Review- -Diabetes
71	Patient Health Profile- Asthma
72	Patient Health Profile-Gastroenteritis
73	Patient Health Profile- Hypertension
74	Patient Health Profile- Diabetes
08	Direct Observation
09	Patient Exit Survey

## PART 9. BASELINE SURVEY INSTRUMENTS

### 1. LOCAL CHIEF EXECUTIVE INTERVIEW

**Respondent:** Local Chief Executive (LCE)/Mayor of the Municipality or City.

It is important that the Mayor be the respondent in this interview. If the Mayor really cannot be available for interview (e.g. not in the country during interview period), the only alternative respondents will be the Administrator or the Municipality/City Planning and Development Officer (or endorsed representative from the MPDO/CPDO).

There may be parts where the Mayor will call or consult with his/her staff for some of the responses. Let the Mayor obtain information however he/she wants and record the answer he eventually provides. If he instead tells the enumerator to obtain the information from his/her staff, politely reply that you will also interview that staff (if MSWDO or LGU Finance), and then indicate a Don't Know in the questionnaire.

**Getting the Consent:** Start the conversation by introducing yourself and reading out the consent form. Only start the interview once the LCE/respondent understood and agreed to participate in the survey.

**Survey Tool Review:** Indicate the name of the interviewer, and the date and time of the interview. At the end of the day, the supervisor shall review the questionnaire. The supervisor shall also indicate his/her name, and the date and time of the review.

A1	Date of Interview	Fill in the Month, Day and Year of the interview.
A2	Time Started	Note down the time the interview was initiated, i.e., after the consent was obtained.

A3	Time Completed	Note the time the interview was completed.
A4	Interviewer's Name, Signature	Write the interviewer's name and sign.
A5	Supervisor's Name, Signature	After the supervisor reviews the questionnaire and confirms that the work is complete, write the name of the supervisor and sign.
A6	Supervisor's Review Date	Note the date the questionnaire was reviewed. It is recommended that the review is conducted the day the interview was completed.

### Parts of the Questionnaire:

The questionnaire consists of the following parts which focus on the following:

- Part I. Identification - Personal information of the local chief executive (or alternate respondent)
- Part II. LGU Information – demographic and other information on the LGU
- Part III. LGU Budgeting – budgeting process and transparency
- Part IV. PCB 1 – awareness on PCB1 details
- Part V. RHU Performance – perception on RHU performance by respondent and by the constituents

### Detailed Guide for the Questionnaire

Encircle from the options provided the answers stated by the respondent. Some questions will not have multiple choice answers to encircle and may require the interviewer to write down the respondent's response.

Supervisors are expected to review questionnaires for quality control purposes. Since all questions must have a response, the supervisor should mark as 'Missing data' any unanswered/unmarked question by the interviewer. For those who refused to answer, we put the code -66.

The following provide detailed notes and instructions for each questionnaire item:

#### Part I. Identification

ID1	Region	Write the name and number being required in the space provided. See Annex A for the codes assigned to the regions, provinces, and cities/municipalities.
ID2	Province	
ID3	City/Municipality	

ID4	Name of Respondent	Write the name of the respondent in the space provided
ID5	Contact Number of Respondent	Ask for the respondent's contact number
ID6	Job Title of Respondent	Encircle the appropriate job title
ID7	Years in Service in this LGU	This includes the number of years the respondent has worked in this LGU, possibly in positions, as casual/contractual and as a permanent staff member. But this does not include years of service in other LGUs
ID8	Years in Current Position	This is the number of years the respondent has been occupying the current position e.g. as Mayor or as MPDO
ID9	If local chief executive, total number of years that have served as LCE.	Indicate the total number of years that have served as LCE, even if served in discontinuous years.
ID10	Respondent's Sex	Encircle the respondent's sex in the options provided
ID11	Age	Write down the respondent's age as of the last birthday
ID12	Highest Educational Attainment	Ask the final level of education completed by the respondent. If the respondent went to high school but did not complete high school the response would be "Some high School".  For those that did not complete grade school but obtained some schooling, there is an option "Some grade school" to differentiate from somebody with completely no schooling.

## Part II. LGU Information

A1	Population	Write here the population figure that will be provided by the respondent.  <b><i>If the answer is "Don't Know" or "No data available", skip to A4.</i></b>
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A2	Year of Data on Population	<p>Write here the year associated with the population figure in A1.</p> <p>The enumerator can ask: “For what year is this population figure?”</p> <p>For example, if the last official population figure that the respondent may be comfortable with (and hence the figure provided for A1) is the 2012 LGU estimate. Then write 2012. If on the other hand, the respondent is only comfortable to use the NSO 2010 census (and the figure provided for ID11), then write 2010.</p>
A3	Source of Population Data	Ask for the respondent’s source of the population figure he/she provided in A1.
For A4 to A15, questions ask for figures on families and households. Some LGUs would have a figure on families, others on households, others on both. If an LGU has only figures for no. of households, then response for no. of families is “Don’t Know”		
A4	No. of Families	<p>Ask the number of families in the LGU and write the response. Make sure the respondent refers to families, not households. No. of households is asked later in A7.</p> <p><b><i>If Answer is “Don’t know” or “No data available” skip to A7.</i></b></p>
A5	Year of Data on No. of Families	<p>Write here the year associated with the no. of families figure in A4.</p> <p>The enumerator can ask: “For what year is this figure on no. of families?”</p>
A6	Source of Data on No. of Families	Ask for the respondent’s source of the figure he/she provided in A4.
A7	No. of Households	<p>Ask the number of households in the LGU and write the response. Make sure the respondent refers to households, not families. No. of households is asked earlier in A4.</p> <p><b><i>If Answer is “Don’t know” or “No data available” skip to A10.</i></b></p>

A8	Year of Data on No. of Households	Write here the year associated with the no. of households figure in A7.  The enumerator can ask: “For what year is this figure on no. of households?”
A9	Source of Data on No. of Households	Ask for the respondent’s source of the figure he/she provided in A7.
A10	No. of Poor Families	Ask the number of poor families in the LGU. Make sure the respondent refers to no. of poor families, not poor households.  <b><i>If Answer is “Don’t know” or “No data available” skip to A13.</i></b>
A11	Year of Data on No. of Poor Families	Write here the year associated with the figure on no. of poor families in A10.  The enumerator can ask: “For what year is this figure on no. of poor families?”
A12	Source of Data on No. of Poor Families	Ask for the respondent’s source of the figure he/she provided in A10.
A13	No. of Poor Households	Ask the number of poor households in the LGU. Make sure the respondent refers to no. of poor households, not poor families.  <b><i>If Answer is “Don’t know” or “No data available” skip to A16.</i></b>
A14	Year of Data on No. of Poor Households	Write here the year associated with the figure on no. of poor households in A13.  The enumerator can ask: “For what year is this figure on no. of poor households?”
A15	Source of Data on No. of Poor Households	Ask for the respondent’s source of the figure he/she provided in A13.
A16	No. of RHUs/City Health Centers in LGU	Ask for the number of RHUs or City Health Centers in the LGU. Write down the response.
A17	No. of Barangays in LGU	Ask for the number of barangays covered by the LGU. Write down the response.

### Part III. LGU Budgeting

B1	Who leads in the following processes?	<p>Read each process and the choices on who the main person is involved in the process. There may be more than one person involved in the process, but ask who is the most involved.</p> <p>For example, in Drafting the health budget for submission to the budget office, the respondent may say that both the mayor and Municipal Health Officer are involved. Ask who between the two leads the process. If respondent says MHO, then encircle “3” corresponding to MHO</p>
B2	Who has the final decision on the health budget?	<p>Ask who makes the final decision on the health budget.</p> <p>There should only be one answer.</p>
B3	Is information on health budget and expenditure made public?	<p>Indicate the response.</p> <p>If answer is No, skip to Part IV.</p>
B4	If Yes, how is it made public? (Allow multiple responses. Do not read out the response options.)	<p>Encircle all responses provided by the respondent. Do not read out the choices.</p>
B5	If “posting in public place” is among the answers (in B4), where was this posted (Allow multiple responses. Do not read out the response options.)	<p>Encircle all responses provided by the respondent. Do not read out the choices.</p>

### Part IV. PCB1

C1	Currently, how many Primary Care Benefits-entitled families does the LGU have?	<p>The Mayor may call or consult with his/her staff for some of the responses. Let him/her do so and record the answer he/she eventually provides. If he/she instead tells the enumerator to obtain the information from his/her staff, politely reply that you will also interview that staff (if MSWDO or LGU Finance), and then indicate a Don’t Know in the questionnaire.</p>
C2	Who are the groups enrolled by the municipality/city? (Allow multiple responses. Do not read out the response options.)	<p>Encircle all responses provided by the respondent. Do not read out the choices.</p>

C3	Who are the groups enrolled by the provincial government in this municipality? (Allow multiple responses. Do not read out the response options.)	Encircle all responses provided by the respondent.  Do not read out the choices.
C4-C7	Has the LGU submitted the _____ to PhilHealth for the following quarters?  C4– Master list of enlisted members for PCB1  C5– PCB Provider Clientele Profile (Annex A.2 of Circular)  C6– Summary of Benefits Availment  C7– Report on Assigned members that cannot be found	The Mayor may call or consult with his/her staff for some of the responses. Let him/her do so and record the answer he/she eventually provides. If he/she instead tells the enumerator to obtain the information from his/her staff, politely reply that you will also interview that staff (if MSWDO or LGU Finance), and then indicate a Don't Know in the questionnaire.  The format of the forms for Provider Clientele Profile and Summary of Benefits Availment are in Annexes F and G of this Manual, respectively, in case the respondent asks what they are.
C8	Has this LGU received Per Family Payment (PFP) for the following quarters?	The Mayor may call or consult with his/her staff for some of the responses. Let him/her do so and record the answer he/she eventually provides. If he/she instead tells the enumerator to obtain the information from his/her staff, politely reply that you will also interview that staff (if MSWDO or LGU Finance), and then indicate a Don't Know in the questionnaire.
C9	If yes, how much ? (in pesos)	The quarter pertains to the corresponding quarter of accomplishment, not the date of reporting nor reported to which the payment is for, nor the date of receipt of PFP. For example, PFP may have been received on September 2012, for a report submitted in July 2012. The report is an accomplishment for both Q1 and Q2 of 2012. In this example, Q1 2012 and Q2 2012 will have a Yes response. Read each quarter and indicate the response.  If the answer is NO, Don't Know, and No Data Available to all, skip to C11.  The respondent will likely obtain this from the same records he/she checks for C8.

C10	Generally, how long after the submission of reports does the Local Gov't Unit (LGU) receive the Per Family Payment (PFP)?	Enumerator may read out choices.
C11	Have you been informed on what the Per Family Payment (PFP) is for?	Indicate response.  If answer is NO, skipt to C13.
C12	If yes, how were you informed? (Allow multiple responses. Do not read out the response options.)	Encircle all responses provided by the respondent.  Do not read out the choices.
C13-C23	I will read some statements and please let me know if you Agree or Disagree	Inform the respondent that these Agree or Disagree questions just want to know the general awareness of the population on PhilHealth and PhilHealth benefits. Don't Know response is also allowed. No need to worry if answers are incorrect.
C24	Prior to Primary Care Benefit Package 1 (PCB1), was the RHU an Outpatient Benefit Package (OPB) provider?	Indicate the response. If answer is No, Don't Know, and No data available, Skip to D1.
C25	If yes, since when?	Indicate the response.
C26	Who received shares in the Professional Fee component of the Outpatient Benefit Package (OPB) capitation? (Allow multiple responses. Do not read out the response options.)	Remind the respondent that the question pertains to the capitation in OPB, not the Per Family Payment scheme in the current PCB1.  Encircle all responses provided by the respondent.  Do not read out the choices.
C27	How often was the Professional Fee component of the Outpatient Benefit Package (OPB) capitation distributed?	Remind the respondent that the question pertains to the capitation in OPB, not the Per Family Payment scheme in the current PCB1.
C28	For what were the rest of the Outpatient Benefit Package (OPB) capitation spent on? (Allow multiple responses. Do not read out the response options.)	Remind the respondent that the question pertains to the capitation in OPB, not the Per Family Payment scheme in the current PCB1.  Encircle all responses provided by the respondent.  Do not read out the choices.

## Part V. RHU PERFORMANCE

D1	Rate RHU/s performance from 1 to 5, 5 being the highest	If the respondent asks for a criteria (e.g. “in terms of what?”), there is no criteria. Get the overall assessment of the respondent.
D2	Have you ever received feedback from PhilHealth on the quality of service provided by your RHU/s? If yes, specify the feedback.	Indicate the response.
D3	If yes, when was the last time you received feedback from PhilHealth on the quality of service provided by your RHU/s?	Indicate the quarter and the year.
D4	If yes, How well did you understand the feedback from PhilHealth?	Read choices 1 to 5
D5	What actions have you taken to address the feedback from the PhilHealth? (Allow multiple responses. Do not read out the response options.)	Encircle all responses provided by the respondent.  Do not read out the choices.
D6	What are the ways used for you to hear your constituents’ feedback on the health services in this LGU? (Allow multiple responses. Do not read out the response options.)	Encircle all responses provided by the respondent.  Do not read out the choices.
D7	What do you think is the general rating of the constituents of the RHU’s performance from 1 to 5, 5 being the highest?	
D8	What are the general comments by the constituents on the RHU/s performance	Indicate the response.
D9	What actions have you taken to address the feedback from constituents? (Encircle all that apply)	Encircle all responses provided by the respondent.  Do not read out the choices.
E1	Would you like to comment on the PCB through this survey?	Ask the respondent if he/she has comments regarding the PCB and write down word by word what is expressed by

		the respondent.
E2	Would you like to comment on this survey?	Ask the respondent if he/she has comments regarding this survey and write down word by word what is expressed by the respondent.
<p><b>Please thank the respondent for the time and the information provided.</b></p>		

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## 2. MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICER (MSWDO) INTERVIEW

**Respondent:** Municipal Social Welfare and Development Officer (MSWDO)

The respondent may refer to office records to be able to provide some information. If the MSWDO tells the enumerator to obtain the information from the Municipal Health Office, politely reply that the MHO will also be interviewed, and ask whether the same information can also be obtained from the MSWDO. If such information is not available in the MSWDO, then indicate a Don't Know response in the questionnaire.

**Getting the Consent:** Start the conversation by introducing yourself and reading out the consent form. Only start the interview once the respondent understood and agreed to participate in the survey.

**Survey Tool Review:** Indicate the name of the interviewer, and the date and time of the interview. At the end of the day, the supervisor shall review the questionnaire. The supervisor shall also indicate his/her name, and the date and time of the review.

A1	Date of Interview	Fill in the Month, Day and Year of the interview.
A2	Time Started	Note down the time the interview was initiated, i.e., after the consent was obtained.
A3	Time Completed	Note the time the interview was completed.
A4	Interviewer's Name, Signature	Write the interviewer's name and sign.
A5	Supervisor's Name, Signature	After the supervisor reviews the questionnaire and confirms that the work is complete, write the name of the supervisor and sign.
A6	Supervisor's Review Date	Note the date the questionnaire was reviewed. It is recommended that the review is conducted the day the interview was completed.



## Parts of the Questionnaire:

The questionnaire consists of the following parts which focus on the following:

- Part I. Identification - Personal information of the respondent
- Part II. LGU Information – demographic and other information on the LGU
- Part III. PCB 1 – awareness on PCB1 details
- Part IV. RHU Performance – perception on RHU performance by respondent and by the constituents

## Detailed Guide for the Questionnaire

Encircle from the options provided the answers stated by the respondent. Some questions will not have multiple choice answers to Encircle and may require the interviewer to write down the respondent's response.

Supervisors are expected to review questionnaires for quality control purposes. Since all questions must have a response, the supervisor should mark as 'Missing data' any unanswered/unmarked question by the interviewer. For items, respondent refuses to answer, we put the code -66.

The following provide detailed notes and instructions for each questionnaire item:

### Part I. Identification

ID1	Region	Write the name or number being required in the space provided. See Annex A for the codes assigned to Region, province, and city/municipality.
ID2	Province	
ID3	City/Municipality	
ID4	Name of respondent	Write the name of the respondent in the space provided
ID5	Contact Number of Respondent	Ask for the respondent's contact number
ID6	Job Title of Respondent	Encircle the appropriate job title
ID7	Years in Service in this LGU	This includes the number of years the respondent has worked in this LGU, possibly in positions, as casual/contractual and as a permanent staff member. But this does not include years of service in other LGUs
ID8	Years in current position	This is the number of years the respondent has been occupying the current position

ID9	Respondent's Sex	Encircle the respondent's sex in the options provided
ID10	Age	Write down the respondent's age as of the last birthday
ID11	Highest Educational Attainment	<p>Ask the final level of education completed by the respondent. If the respondent went to high school but did not complete high school the response would be "Some high school".</p> <p>For those that did not complete grade school but obtained some schooling, there is an option "Some grade school" to differentiate from somebody with completely no schooling.</p>

## Part II. LGU Information

A1	Population	<p>Write here the population figure that will be provided by the respondent.</p> <p><b><i>If the answer is "Don't Know" or No data available, skip to A4.</i></b></p>
A2	Year of Data on Population	<p>Write here the year associated with the population figure in A1.</p> <p>The enumerator can ask: "For what year is this population figure?"</p> <p>For example, if the last official population figure that the respondent may be comfortable with (and hence the figure provided for A1) is the 2012 LGU estimate. Then write 2012. If on the other hand, the respondent is only comfortable to use the NSO 2010 census (and the figure provided for ID11), then write 2010.</p>
A3	Source of Population Data	Ask for the respondent's source of the population figure he/she provided in A1.
<p>For A4 to A15, questions ask for figures on families and households. Some LGUs would have a figure on families, others on households, others on both. If an LGU has only figures for no. of households, then response for no. of families is "Don't Know"</p>		

A4	No. of Families	<p>Ask the number of families in the LGU and write the response. Make sure the respondent refers to families, not households. No. of households is asked later in A7.</p> <p><b><i>If Answer is “Don’t know” or “No data available”, skip to A7.</i></b></p>
A5	Year of Data on No. of Families	<p>Write here the year associated with the no. of families figure in A4.</p> <p>The enumerator can ask: “For what year is this figure on no. of families?”</p>
A6	Source of Data on No. of Families	<p>Ask for the respondent’s source of the figure he/she provided in A4.</p>
A7	No. of Households	<p>Ask the number of households in the LGU and write the response. Make sure the respondent refers to households, not families. No. of households is asked earlier in A4.</p> <p><b><i>If Answer is “Don’t know” or “No data available”, skip to A10.</i></b></p>
A8	Year of Data on No. of Households	<p>Write here the year associated with the no. of households figure in A7.</p> <p>The enumerator can ask: “For what year is this figure on no. of households?”</p>
A9	Source of Data on No. of Households	<p>Ask for the respondent’s source of the figure he/she provided in A7.</p>
A10	No. of Poor Families	<p>Ask the number of poor families in the LGU. Make sure the respondent refers to no. of poor families, not poor households.</p> <p><b><i>If Answer is “Don’t know” or “No data available”, skip to A13.</i></b></p>
A11	Year of Data on No. of Poor Families	<p>Write here the year associated with the figure on no. of poor families in A10.</p> <p>The enumerator can ask: “For what year is this figure on no. of poor families?”</p>

A12	Source of Data on No. of Poor Families	Ask for the respondent's source of the figure he/she provided in A10.
A13	No. of Poor Households	Ask the number of poor households in the LGU. Make sure the respondent refers to no. of poor households, not poor families.  <b><i>If Answer is "Don't know" or "No data available", skip to A16.</i></b>
A14	Year of Data on No. of Poor Households	Write here the year associated with the figure on no. of poor households in A13.  The enumerator can ask: "For what year is this figure on no. of poor households?"
A15	Source of Data on No. of Poor Households	Ask for the respondent's source of the figure he/she provided in A13.
A16	No. of RHUs/City Health Centers in LGU	Ask for the number of RHUs or City Health Centers in the LGU. Write down the response.
A17	No. of Barangays in LGU	Ask for the number of barangays covered by the LGU. Write down the response.

### Part III. PCB1

B1	Currently, how many PCB-entitled families does the LGU have?	Refer to the list provided by PhilHealth. Do not allow respondents to guess the responses.
B2	Who are the groups enrolled by the municipality/city? (Allow multiple responses. Do not read out the response options.)	Encircle all responses provided by the respondent. Do not read out the choices.
B3	Who are the groups enrolled by the provincial government? (Allow multiple responses. Do not read out the response options.)	Encircle all responses provided by the respondent.  Do not read out the choices.

B4-B7	<p>Has the LGU submitted the _____ to PhilHealth for the following quarters?</p> <p>B4– Master list of enlisted members for PCB1</p> <p>B5– PCB Provider Clientele Profile (Annex A.2 of Circular)</p> <p>B6– Summary of Benefits Availment (Annex A.4 of Circular)</p> <p>B7– Report on Assigned members that cannot be found</p>	<p>If the respondent tells the enumerator to obtain the information from the Municipal Health Office, politely reply that the MHO will also be interviewed, and ask if the same information is available in the MSWDO. If not available, then indicate a Don't Know in the questionnaire.</p> <p>The format of the forms for Provider Clientele Profile and Summary of Benefits Availment are in Annexes F and G of this Manual, respectively, in case the respondent asks what they are.</p>
B8	Has this LGU received Per Family Payment for the following quarters?	<p>If the respondent tells the enumerator to obtain the information from the Municipal Health Office, politely reply that the MHO will also be interviewed, and ask if the same information is available in the MSWDO. If not available, then indicate a Don't Know in the questionnaire.</p> <p>The quarter pertains to the corresponding quarter of accomplishment, not the date of reporting nor reported to which the payment is for, nor the date of receipt of PFP. For example, PFP may have been received on September 2012, for a report submitted in July 2012. The report is an accomplishment for both Q1 and Q2 of 2012. In this example, Q1 2012 and Q2 2012 will have a Yes response. Read each quarter and indicate the response.</p> <p>If No, Don't Know, and No data available to all, skip to B11.</p> <p>The respondent will likely obtain this from the same records he/she checks for B8.</p>
B9	If yes, how much?	
B10	Generally, how long after the submission of reports does the LGU receive the Per Family Payment (PFP)?	Enumerator may read out choices.
B11	Have you been informed on what the PFP is for?	<p>Indicate response.</p> <p>If answer is not "Yes", skip to B13.</p>

B12	If yes, how were you informed? (Allow multiple responses. Do not read out the response options.)	Encircle all responses provided by the respondent.  Do not read out the choices.
B13-B23	I will read some statements and please let me know if you Agree or Disagree	Inform the respondent that these Agree or Disagree questions just want to know the general awareness of the population on PhilHealth and PhilHealth benefits. Don't Know response is also allowed. No need to worry if answers are incorrect.
B24	Prior to PCB 1, was the RHU an Out Patient Benefit provider?	Indicate the response. If answer is not "Yes", skip to C1.
B25	If yes, since when?	Indicate the response.
B26	Who received shares in the Professional Fee component of the OPB capitation? (Allow multiple responses. Do not read out the response options.)	Remind the respondent that the question pertains to the capitation in OPB, not the Per Family Payment scheme in the current PCB1.  Encircle all responses provided by the respondent.  Do not read out the choices.
B27	How often was the professional fee component of the OPB capitation distributed?	Remind the respondent that the question pertains to the capitation in OPB, not the Per Family Payment scheme in the current PCB1.
B28	For what were the rest of the OPB capitation spent on? (Allow multiple responses. Do not read out the response options.)	Remind the respondent that the question pertains to the capitation in OPB, not the Per Family Payment scheme in the current PCB1.  Encircle all responses provided by the respondent.  Do not read out the choices.

#### Part IV. RHU PERFORMANCE

C1	Rate RHU/s performance from 1 to 5, 5 being the highest	If the respondent asks for a criteria (e.g. "in terms of what?"), there is no criteria. Get the overall assessment of the respondent
C2	Have you ever received feedback from PhilHealth on the quality of service provided by your RHU/s? If yes, specify the feedback.	Indicate the response.

C3	If yes, when was the last time you received feedback from PhilHealth on the quality of service provided by your RHU/s?	Indicate the quarter and the year.
C4	If yes, How well did you understand the feedback from PhilHealth? Please rate from 1 to 5.	Read choices 1 to 5
C5	What actions have you taken to address the feedback from the PhilHealth? (Allow multiple responses. Do not read out the response options.)	Encircle all responses provided by the respondent.  Do not read out the choices.
C6	What are the mechanisms used for you to hear your constituents' feedback on the health services in this LGU? (Allow multiple responses. Do not read out the response options.)	Encircle all responses provided by the respondent.  Do not read out the choices.
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?	
C8	What are the general comments by the constituents on the RHU/s performance?	Indicate the response.
C9	What actions have you taken to address the feedback from constituents? (Allow multiple responses. Do not read out the response options.)	Encircle all responses provided by the respondent.  Do not read out the choices.

D1	Would you like to comment on the PCB through this survey?	Ask the respondent if he/she has comments regarding the PCB and write down word by word what is expressed by the respondent.
D2	Would you like to comment on this survey?	Ask the respondent if he/she has comments regarding this survey and write down word by word what is expressed by the respondent.

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## 3. LGU FINANCE INTERVIEW

**Respondent:** Budget Officer and/or Accountant. In some municipalities, one can respond for the other. In some municipalities, both will need to be interviewed.

### Secondary Information Required:

The following documents will also be needed to obtain the information necessary for this interview:

- Statement of Appropriations, Allotments, and Obligations (SAAOB) for 2012 and 2013, or any equivalent document that shows the general LGU expenditures and the LGU expenditures on health
- Statement of Income and Expenditures or Report on Revenues and Receipts (RORR) for 2012 and 2013, or any equivalent document that shows the sources of revenues of the LGU.

The documents are already requested in the letter introducing the survey team to the LGU. Obtain a copy of these documents prior to the interview and fill out Section II based on the documents before starting the interview.

Sample copies of these documents are in Annexes H and I.

**Getting the Consent:** Start the conversation by introducing yourself and reading out the consent form. Only start the interview once the respondent understood and agreed to participate in the survey.

**Survey Tool Review:** Indicate the name of the interviewer, and the date and time of the interview. At the end of the day, the supervisor shall review the questionnaire. The supervisor shall also indicate his/her name, and the date and time of the review.

A1	Date of Interview	Fill in the Month, Day and Year of the interview.
A2	Time Started	Note down the time the interview was initiated, i.e., after the consent was obtained.
A3	Time Completed	Note the time the interview was completed.
A4	Interviewer's Name, Signature	Write the interviewer name and sign.



A5	Supervisor's Name, Signature	After the supervisor reviews the questionnaire and confirms that the work is complete, write the name of the supervisor and sign.
A6	Supervisor's Review Date	Note the date the questionnaire was reviewed. It is recommended that the review is conducted the day the interview was completed.

### **Parts of the Questionnaire:**

The questionnaire consists of the following parts which focus on the following:

#### ***Section I (Interview)***

- Part I. Identification - Personal information of the respondent/s
- Part II. LGU Budgeting – Budgeting process and transparency
- Part III. Trust Funds – trust fund for PhilHealth Per Family Payment and other LGU trust funds
- Part IV. Other Funding for Health – funding for health in the LGU funds (whether the general fund or trust funds)
- Part V. Income Retention in Health Facilities
- Part VI. Internal Control

#### ***Section II (Secondary Data)***

- Part VII. General Fund - sources and uses of the LGU's general fund, for entire general fund and the health funds portion alone of the general fund

### **Detailed Guide for the Questionnaire**

Prior to conducting the interview, obtain the SAAOB and Statement of Income Expenditure for 2012 and 2013, and fill out Section II.

In conducting the interview, encircle from the options provided the answers stated by the respondent. Some questions will not have multiple choice answers to encircle and may require the interviewer to write down the respondent's response.

Supervisors are expected to review questionnaires for quality control purposes. Since all questions must have a response, the supervisor should mark as 'Missing

data' any unanswered/unmarked question by the interviewer. For items that respondent refuses to answer, we put the code -66.

The following provide detailed notes and instructions for each questionnaire item:

### Part I. Identification

ID1	Region	Write the name or number being required in the space provided. See Annex A for the codes assigned to the region, province, and city/municipality.
ID2	Province	
ID3	City/Municipality	
ID4	Name of Respondent 1	Write the name of the respondent in the space provided
ID5	Job Title of Respondent	Encircle the appropriate job title
ID6	Years in Service in this LGU	This includes the number of years the respondent has worked in this LGU, possibly in positions, as casual/contractual and as a permanent staff member. But this does not include years of service in other LGUs
ID7	Years in Current Position	This is the number of years the physician has been occupying the current position e.g. as Mayor or as MPDO
ID8	Respondent's Sex	Encircle the respondent's sex in the options provided
ID9	Age as of last birthday	Write down the respondent's age
ID10	Highest Educational Attainment	Ask the final level of education completed by the respondent. If the respondent went to high school but did not complete high school the response would be "Some High School".
ID 11- ID17	Same as items ID4-ID10	If there are two main respondents, fill up these items following the same instruction as ID4-ID10.

## Part II. LGU Budgeting

A1	Who leads in the following processes?	<p>Read each process and the choices on who the main person is involved in the process. There may be more than one person involved in the process, but ask who is the most involved.</p> <p>For example, in Drafting the health budget for submission to the budget office, the respondent may say that both the mayor and Municipal Health Officer are involved. Ask who between the two leads the process. If respondent says MHO, then encircle "3" corresponding to MHO</p>
A2	Who has the final decision on the health budget?	<p>Ask who makes the final decision on the health budget.</p> <p>There should only be one answer.</p>
A3	Is information on health budget and expenditure made public?	Indicate the response.
A4	How is the information on health budget and expenditure made public? (Allow multiple responses. Do not read out the response options.)	Encircle all responses provided by the respondent. Do not read out the choices.
A5	Where was the information on health budget and expenditure posted?(Encircle all that apply)	Encircle all responses provided by the respondent. Do not read out the choices.

## Part III. Trust Funds

	Part IV probes about Trust Funds on Health created by the LGU. Trust funds maintained by entities other than the LGU are not included here.	
B1	Does the LGU maintain a trust-fund for the Per Family Payment or capitation from PhilHealth?	<p>Note how the questions progress in B1 to B3.</p> <p>Another way to ask B1 is to first ask if the PFP is maintained in a Trust Fund.</p>
B2	If yes, is the trust fund dedicated to the Per Family Payment/capitation or common with other health trust funds?	Then in B2, ask if such Trust Fund for PFP

B3	Is there a Trust Fund dedicated solely for the professional fee portion of the Per Family Payment?	<p>is distinct from other Trust Funds. Some LGUs put different health-related funds, including the PFP, in a single trust fund.</p> <p>Finally in B3, probe if the Professional Fee portion of the PFP is also placed in a Trust Fund distinct from the rest of the PFP or any other fund.</p>
B4	Including the Trust Fund where the Per Family Payment/capitation from PhilHealth is placed, how many health related trust funds does the LGU maintain?	<p>Ask how many Trust Funds the LGU maintain that are for health. Write the count, including the Trust Fund where the PFP is maintained. If the PFP is maintained in a TF, then the answer should be at least one.</p> <p>It is also possible the PFP is not maintained in a TF, but the LGU maintains other health-related Trust Funds.</p> <p>If B4 is not 0, proceed to B5. If B4 is 0, proceed to B6.</p>
B5	If not 0, what are the other health-related trust funds maintained by the LGU? (Allow multiple responses. Do not read out the response options.)	Indicate what funds are in the other Trust Funds. Encircle all that apply.
B6	Is there a sharing scheme for the 20% Primary Care Benefit 1 (PCB1) professional fee implemented in the LGU?	<p>Indicate the nearest response</p> <p>If answer is not "YES", skip to part IV.</p>
B7	If yes, what is the sharing scheme for the 20% PCB1 professional fee?	<p>Indicate the share of each type of staff cited. If there are who share but are not in the list, lump their shares under Others. The total should be 100%</p>
B8	How was this sharing scheme decided on?	The respondent may reply that there were several factors. Cite the main instrument that the sharing scheme was decided upon.

## Part IV. Other Funding for Health

	Part V pertains to other sources of health expenditure in the LGU, but not did not pass through the LGU's coffers whether in the general fund or in a Trust Fund. For example, the DOH (whether central or regional) may have conducted training for the municipality, with expenditures paid directly by the DOH.	
C1-C2	<p>Did [...] have major health expenditure in the LGU in 2012 (not through the LGU's general fund or trust fund)?</p> <p>What type of expenditure/s were they? (Multiple responses allowed)</p>	<p>Go through the list and ask C1 and C2 one after the other for each item. i.e. Ask C1 and C2 for DOH, then C1 and C2 for Provincial Government, etc.</p> <p>For C2, say, a medical mission by the provincial government may have involved Personal Service an MOOE.</p>
C3-C4	<p>Did the following [...] have major health expenditure in the LGU in 2013 (not through the LGU's general fund or trust fund)? What type of expenditures were they for?</p>	Same note as in C1-C2 but for 2013

## Part V. Income Retention in Facilities

D1	Does the health facility have income from user fees?	<p>The user can fees can be payments for consultation, laboratory fees, medicines, inpatient care, etc.</p> <p>If answer is not "Yes", skip to D4.</p>
D2	If YES, does the facility retain any of its income from user fees?	<p>Retaining the revenues means the facility need not revert the funds to the LGU treasurer and the facility can use the revenues to directly purchase or pay for goods and services.</p> <p>If answer is not "Yes", skip to D4.</p>
D3	If yes, what proportion of it is retained?	Write the response in percentage. Allow estimates.

D4	What are the other incomes of the health facility?	Ask for other income other than user fees. Other income can include rental income, if part of the facility is being rented by another entity and facility is paid for it.
D5	Does the health facility retain any of the income in D4?	Retaining the revenues means the facility need not revert the funds to the LGU treasurer and the facility can use the revenues to directly purchase or pay for goods and services.  If answer is not "Yes", Skip to Part VII.
D6	If yes, approximately how much of Other Income was retained in 2012?	Ask for an estimate for 2012 and write the amount.
D7	If Yes, approximately how much of other income was retained in 2013?	Ask for an estimate for 2013 and write the amount.

## Part VI. Internal Control

E1	Does the LGU have an internal audit or internal control unit?	Ask if the unit is a specific office in the LGU and not an ad hoc function of some office. If it is an ad hoc function, response is "No"
E2.1- E2,4	Were the financial statements of the LGU audited by COA in the following years?	Ask each year and indicate the response.

F1	Would you like to comment on the PCB through this survey?	Ask the respondent if he/she has comments regarding the PCB and write down word by word what is expressed by the respondent.
F2	Would you like to comment on this survey?	Ask the respondent if he/she has comments regarding this survey and write down word by word what is expressed by the respondent.

**Please thank the respondent for the time and the information provided.**

**SECTION II. – Based on the SAAOB and Statement of Income and Expenditure 2012 and 2013 , obtain the following information regarding the General Fund:**

**PART II.**

All Funds in General Fund		
	Questions in G1 to G8 pertain to all funds included in the General Fund, not just the funds for health. These questions aim to provide a picture of the general spending pattern of the LGUs.	
G1	Total Amount Appropriated, General Fund 2012	<p>Indicate the total amount of the general fund appropriated and obligated by the LGU in 2012.</p> <p>Get the breakdown into Personal Services, Maintenance and Other Operating Expenses (MOOE), and Capital Outlay.</p> <p>The best source for these figures will be the SAAOB.</p> <p>In the sample SAAOB in Annex H, the response for this will be as follows:</p> <p>G1: Amount Appropriated, General Fund  Personal Services: P14,870,421  MOOE: P 10,161,805  Capital Outlay: P 4,180,749  TOTAL: P 29,212,975</p> <p>G2: Amount Obligated, General Fund  Personal Services: P14,870,421  MOOE: P 10,161,805  Capital Outlay: P 423,041  TOTAL: P 25,456,267</p>
G2	Total Amount Obligated, General Fund 2012	
G3	Source of Information for Total Amount Appropriated in 2012	

G4	Source of Information for Total Amount Obligated in 2012	This should be the same source indicated in G3, but if for some reason the sources are not the same, indicate here the source of data of Amount Obligated.
G5	Total Amount Appropriated, General Fund 2013	The same instructions in G1-G4 apply here, but for the year 2013.
G6	Total Amount Obligated, General Fund 2013	
G7	Source of Information for Total Amount Appropriated in 2013	
G8	Source of Information for Total Amount Obligated in 2013	
Health Budget in General Fund		
	For questions G9 to G16 pertain to the health funds in the General Fund. The LGU may have other funds for health outside the General Fund. Include in this set of questions only the health funds in the LGU's General Fund. Other health funds, such as those in Trust Funds, will be discussed in questions after this set.	



G9	Amount Appropriated for Health, General Fund 2012	<p>Indicate the general fund appropriated and obligated by the LGU for Health only in 2012.</p> <p>This is usually the line item Health Services in the SAAOB, but some LGUs may have other health budget in other line items. For example, some LGUs have separate line items for the Health Office and for the Rural Health Unit. Go through the SAAOB and find all the obviously health-related line items, and add up the figures to fill up the table in G9 and G10.</p> <p>Get the breakdown into Personal Services, Maintenance and Other Operating Expenses (MOOE), and Capital Outlay.</p> <p>The best source for these figures will be the SAAOB.</p> <p>In the sample SAAOB in Annex H, the response for G9 and G10 will be as follows:</p>
G10	Amount Obligated for Health, General Fund 2012	<p>G9: Amount Appropriated for Health</p> <p>Personal Services: P1,694,659 MOOE: P 347,307 Capital Outlay: P180,000 TOTAL: P 2,221,966</p> <p>G10: Amount Obligated for Health</p> <p>Personal Services: P1,694,659 MOOE: P 347,307 Capital Outlay: P 0 TOTAL: P 2,041,966</p>
G11	Source of Information for Total Amount Appropriated for Health in 2012	Indicate the source of data for the Amount Appropriated for Health.
G12	Source of Information for Total Amount Obligated for Health in 2012	This should be the same source indicated in G11, but if for some reason the sources are not the same, indicate here the source of data of Amount Obligated for Health.

G13	Amount Appropriated for Health, General Fund 2013	The same instructions in G9-G12 apply here, but for the year 2013.
G14	Amount Obligated for Health, General Fund 2013	
G15	Source of Information for Total Amount Appropriated for Health in 2013	
G16	Source of Information for Total Amount Obligated for Health in 2013	
	G17-G26 pertain to source of funds in the general funds. Again, do not include here other funds such as Trust Funds.	

G17	What were the sources of funds for the general fund in 2012, in %?	<p>The best source for this data is either the Report of Revenues and Receipts (RORR) or the Statement of Income and Expenditure (SIE).</p> <p>There will likely be several sources cited in the SIE. Lump them in only the following, and compute for the percentages:</p> <ul style="list-style-type: none"> <li>- Internal Revenue Allotment: there is usually a line on IRA</li> <li>- Local Revenues: Included here are Local Taxes, Permits and Licenses, Service Income, Business Income.</li> <li>- Grant: Income from Grants and Donations</li> <li>- Loans</li> <li>- All Others: All others not listed above (e.g. Share from PAGCOR/PCSO)</li> </ul> <p>In the sample RORR in Annex I, the response for G17 will be as follows:</p> <p>G17.1 Internal Revenue Allotment: 86% (=29,148,838/33,953,965)</p> <p>G17.2 Local Revenues: 8% (=(1,265,100+975,420+220,038+370,626)/33,953,965)</p> <p>G17.3 Grants: 0%</p> <p>G17.4 Loans: 0%</p> <p>G17.5 All Others: 6% (=(145,000+711,224+1,008,170+109,549)/33,953,965)</p> <p>G17.6 Total: 100%</p>
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G18	Were there health revenues in 2012?	<p>Browse through the SIE and check if there are any revenues related to health services, e.g., Medical, Dental, and Laboratory Fees. Not all LGUs have this type of revenue.</p> <p>In the sample RORR in Annex I, there is a health revenue in the form of Medical/Laboratory/Consultation Fees.</p>
G19	If Yes, how much?	<p>Indicate the total amount of all health revenues</p> <p>In the sample RORR in Annex I, the amount is P20,897.</p>
G20	If Yes, what were these health-related revenues? (Allow multiple answers, Do not read out the response options.)	Go through the list and decide which types the health revenue belongs to. For example, “Medical, Dental, and Laboratory Fees” belong to the option “User fees in health facilities”. Encircle all that apply.
G21	What is the source of data for G17-G20	<p>Again, the RORR or the SIE is the ideal source of information for G17-G20. If for any reason, there were other sources, indicate the source here.</p> <p>There should only be one source for G17-G20.</p>
G22	What were the sources of funds for the general fund in 2013, in %?	The same instructions for G17 to G21 apply here, but for 2013.
G23	Were there health revenues in 2013?	
G24	If Yes, how much?	
G25	If Yes, what were these health-related revenues?	
G26	What is the source of data for G22-B25	

## 4. HEALTH FACILITY SURVEY

**Respondent:** Rural Health Nurse and Medical Technologist. The main respondent is the Rural Health Nurse, but two portions pertaining to laboratory equipment and supplies will have the Medical Technologist as the respondent. The Rural Health Nurse may consult other RHU staff including the rural health physician if necessary. The Rural Health Nurse will also need to check records to be able to respond to some items. Other RHU staff such as the facility midwife may also serve as an alternate respondent for the rural health nurse but only if the rural health nurse is not present in the facility. The rural health nurse may also respond for the medical technologist only if the medical technologist is not present in the facility.

The last part of the questionnaire requires the enumerator to conduct ocular inspection in the facility to be able to fill in the questions.

**Getting the Consent:** Start the conversation by introducing yourself and reading out the consent form. Only start the interview once the physician understood and agreed to participate in the survey.

**Survey Tool Review:** Indicate the name of the interviewer, and the date and time of the interview. At the end of the day, the supervisor shall review the questionnaire. The supervisor shall also indicate his/her name, and the date and time of the review.

1	Date of Interview	Fill in the Month, Day and Year of the interview.
2	Time Started	Note down the time the interview was initiated, i.e., after the consent was obtained.
3	Time Completed	Note the time the interview was completed.
4	Interviewer's Name, Signature	Write the interviewer's name and sign.
5	Supervisor Name, Signature	After the supervisor reviews the questionnaire and confirms that the work is complete, write the name of the supervisor and sign.
6	Supervisor's Review Date	Note the date the questionnaire was reviewed. It is recommended that the review is conducted the day the interview was completed.

### Parts of the Questionnaire:

The questionnaire is divided into two sections:

Section I consists of the following and may require the respondent to check records to be able to provide the information being asked:

- Part I.A. Identification - Information on Respondents for this Section
- Part II. Facility General Information - Location, coverage, and financing of the health facility

- Part III. General Information on PhilHealth and PCB1 - PhilHealth engagement of the facility
- Part IV. General Outpatient Consultation Services - Details of operations for outpatient consultation and delivery services
- Part V. Health Outcomes – Data on some health outcomes of the population
- Part VI. Personnel/Staffing – No. of personnel in the facility
- Part VII. Services in the Facility - List of services available in the facility
- Part VIII. Referral - Arrangements for referrals to other facilities Fees – Fee amounts and arrangements
- Part IX. General Infrastructure and Other Related Information – Information on infrastructure, laboratory, utilities, supplies management system, and waste disposal system
- Part X. Fees – Fee amounts and arrangements
- Part XI. Instruments/Equipment – Availability of instruments and equipment other than in the laboratory
- Part XII – Supplies – Availability of supplies other than in the laboratory
- Part XIII – Drugs, Medicines, and Other Commodities – Availability of drugs, medicines, and other commodities
- Part XIV - Equipment in the Laboratory - Availability of equipment in the laboratory
- Part XV – Supplies in the Laboratory – Availability of supplies in the laboratory

Section II consists of the part on Enumerator Observations

- Part XVI – Enumerator Observations – Observation of enumerator on physician presence and physical observation of signs, storage space, cleanliness, and other physical attributes of various section of the facility

### **Detailed Guide for the Questionnaire**

Read each question to the respondents and encircle the response code corresponding to the answer provided. If the response codes are numerical, there should only be one answer. If the respondent gives more than one response ask for the “main” or “the most important” response for the question. If the response code is in letters, this means that multiple responses are allowed. These are also marked in the questionnaire as “Encircle all the appropriate codes”.

Some questions will not have multiple choice responses and may require the interviewer to write down the respondent’s response.

Supervisors are expected to review questionnaires for quality control purposes. Since all questions must have a response, the supervisor should mark as ‘Missing data’ any unanswered/unmarked question by the interviewer. For items the respondent refuses to answer, we put the code -66.

The following provide detailed notes and instructions for each questionnaire item:

## **SECTION I**

### **Part I. A Identification**

Question #	Question	Explanation/Note
A1	Region	Write the name or number being required in the space provided. See Annex A for the codes assigned to Region Province City/Municipality.
A2	Province	
A3	City/Municipality	
A4	Name of Health Facility	Indicate the official, full name of the health facility
A5.1a – A5.1d	Nurse: Name, Position, Gender, Age	If the nurse is available to respond, indicate the name, position, gender, and age
A5.2a to A5.2d.	Medical Technologist: Name, Position, Gender, Age	If the medical technologist is available to respond, indicate the name, position, gender, and age
A5.3s to A5.3d	Other, specify: Name, Position, Gender, Age	If other RHU staff responds as an alternate to the Nurse or the Medical Technologist indicate the name, position, gender, and age. Those only consulted by the nurse but the nurse still served as the respondent; need not be included in the respondents list.

### **Part II. Facility General Information**

Question #	Question	Explanation/Note
B1	How many years has the facility been in operation?	Indicate the response given
B2	Is this facility located in the poblacion/town proper?	
B3	How many other Rural Health Units or (RHUs) or Health Centers (HCs) are there in the municipality/city?	
B4	What is the current catchment population of this facility?	
B5	How many barangays are covered by this facility?	
B6	How many barangay health stations are there in the RHU/HC's catchment area?	
B7	Is the facility a designated Basic Emergency Obstetric and Neonatal Care (BEmONC) facility?	
B8	Is the facility a designated Social	

Question #	Question	Explanation/Note
	Hygiene Clinic?	
B9	In what year was the last major RHU renovation/construction completed?	
B10	Who funded the last major RHU renovation / construction? (Allow multiple responses. Do not read out the response options.)	If there is more than one funding source, encircle all responses that apply.  Do not read out response options.
B11	How much was the operating budget (based on the appropriation) of the RHU from the municipality/city in 2012 and in 2013?	Budget documents may contain figures on Appropriation, Allotment, Obligated, and Spent; the Appropriation will be amount used to reply to this question.  Allow the respondent to check records located within the facility, or to make calls, if he/she thinks necessary to be able to recall the amount.
B12	Did the facility use up the entire operating budget or appropriation of the RHU in 2012 and 2013?	Indicate the response given.
B13	How much cash grant or contribution did the RHU/HC receive from DOH in 2012 and 2013?	These questions seek to know if there were other contributors of cash for the facility other than the municipal/city LGU itself. Usual sources are the DOH and the provincial government, but it is highly possible to have other sources. Ask therefore in B15 if there were other sources and in B16 what and who these sources were. Encircle all that apply in B16, no need to ask the amount contributed by each.  Cash is not usually given to the facility itself nor the head of the facility, but to the municipal/city LGU. So if the respondent says they did not receive any because the facility is not a legal entity that can receive grants, explain that the question pertains to any cash given to the LGU specifically for the use of or in the health facility.  If response for both years in B15 is PhP 0 (zero), skip B16 and proceed to B17.
B14	How much cash grant or contribution did the RHU/HC receive from the provincial government in 2012 and 2013?	
B15	How much cash grant or contribution did the RHU/HC receive from other sources in 2012, 2013, and 2014?	
B16	What or who were the other sources of the cash grant or contribution? (in B15) (Encircle all that apply)	
B17	Did _____ give in-kind contributions in 2012 and/or 2013 (other than infrastructure renovations)?	Read each item.
B18	(If any of the answers in B17 is Yes) what type of in-kind	If the answer for an item in B17 is No, encircle A in B18.



Question #	Question	Explanation/Note
	contribution was given by _____? (Read the item)	If the answer for an item in B17 is Yes, ask the type of in-kind contribution. Encircle all that apply.
B19	How much were the revenues from user charges (e.g. consultation, lab, dental, health certificates) in 2012 and 2013?	User charges apply payments received from patients for any health service provided by the facility. This also includes payment for laboratory, dental services, and medicines, if any. Also includes payment for health certificates.
B20	How much were the revenues from non-patient sources (e.g. rental, canteen, etc.) in 2012 and 2013?	Non-patient revenues include rental income, income from canteen, and the like.
B21	How much PhilHealth reimbursements did the facility receive in 2012 and 2013, not including capitation or Per Family Payment for PCB1?	<p>Some RHUs/HCs are accredited to provide other PhilHealth benefit packages, such as TB-DOTS and the Maternity Care Package.</p> <p>Reimbursements or payments for these benefit packages are sometimes directly paid to the LGU, but ask the respondent how much these amounted to, even just an estimate. Some RHUs/HCs keep a record of these. If the respondent cannot estimate, encircle "Don't Know"</p> <p>If not accredited with any package other than PCB1, then there are no payments and the amount should be PhP 0.</p> <p>The response here should be consistent with Part III , where other packages accredited for are identified. E.g. if in Part III C, respondent says RHU is not accredited for any other packages other than PCB1, and in B21 he indicates receiving P500,000 worth of PhilHealth reimbursements, that will be inconsistent.</p> <p><b>Do not include here the Per Family Payment for PCB1.</b></p>
B22	Does the facility retain _____ (Read the item)? (To be asked only if there were revenues from user charges in B19)	<p>Retaining the revenues means the facility need not revert the funds to the LGU treasurer and the facility can use the revenues to directly purchase or pay for goods and services.</p> <p>If the facility does not collect revenues, encircle Not Applicable.</p>

### Part III. General Information on PhilHealth and PCB1

Question #	Question	Explanation/Note
C1	When did the RHU start participating in PCB1?	Indicate the month and year.
C2	What is your PCB1 Facility Participation Number?	The number is indicated in the Participation Certificate. Ask to see the certificate if respondent does not know where to obtain the number. In some RHUs, the certificate is posted on the wall.
C3	Prior to participation in PCB1, was the LGU accredited for the PhilHealth Outpatient Benefit Package (OPB)?	If answer is No or Don't Know, skip C4 and proceed to C5.
C4	If yes, from what year?	The year cannot start from 2012, since the PCB1 replaced the OPB only in 2012.
C5-C6	C5: Is the facility accredited for the following? (read the item) C6: If yes, from what year? (continuous up to present)	Ask one by one, i.e. ask first if the facility is an accredited TB DOTS provider. If yes, ask from what year, i.e., the first year of continuous accreditation up to now. For example, if the facility was first accredited for MCP in 2004, but not in 2005 and 2006, and then again became accredited in 2007 up to the present, then the response in C6 should be 2007, not 2004.  Then ask whether accredited for the MCP, and if yes, ask what year.  Then ask for any other PhilHealth accreditation.
C7	Does the facility have a bulletin board for PhilHealth concerns?	If response is No, skip C8 and proceed to C9
C8	Is the bulletin board specific only for PhilHealth concerns?	Indicate response.
C9	As of what date is the latest list of PCB-entitled families assigned to your health center/s?	Ask the date indicated in the most recent list provided by PhilHealth.
C10	(As of the latest list in C9) how many PCB-entitled families does the LGU have?	Refer to the list provided by PhilHealth.
C11-C14	Has the LGU submitted the following reports to PhilHealth for the following quarters? C11 – Masterlist of enlisted members for PCB1 C12 – PCB Provider Clientele Profile (Annex A.2 of Circular) C13 – Summary of Benefits Availment (Annex A.4 of Circular)	Ask the respondent to refer to his/her records.  Sample forms for PCB Provider Clientele Profile and Summary of Benefits Availment are available in Annexes F and G of this Manual, respectively.

Question #	Question	Explanation/Note
	C14 – Report on Assigned members that cannot be found	
C15	How many members have been ENLISTED in PCB1 as of the latest report submitted (in C11)?	<p>Enlistment is signaled by the member signing the master list of members provided to the LGU by PhilHealth.</p> <p>Fill in the table, indicating the number of members enlisted per membership type, based on the latest report submitted to PhilHealth. Additional members and dependents may have enlisted since then, but only obtain the number as of the last report submitted.</p>
C16	How many members and dependents have been PROFILED in PCB1 as of the latest report submitted (in C12)?	<p>Each PCB-entitled member and dependent needs to undergo health profiling using the Individual Health Profile form of PhilHealth or any equivalent form. (see sample Individual Health Profile form of PhilHealth in Annex E)</p> <p>Fill in the table, indicating the number of members and dependents profiled per membership type, based on the latest report submitted to PhilHealth. Additional members and dependents may have been profiled since then, but only obtain the number as of the last report submitted.</p>
C17	When did you acquire the first master list of PCB1 entitled?	Ask the respondent to check records.
C18.1 to 18.5	Were the following strategies used to enlist members and dependents from the first master list?	Read 18.1 to 18.4 one by one and indicate the response for each. Ask for other strategies and indicate in 18.5.
C19	Have you received an updated master list from Phil Health after the first list?	If response is No or Don't Know, skip C21 and proceed to C22.
C20	When did you receive the updated master list? (Encircle all that apply)	The facility may have received an updated master list (i.e. different from the first master list), more than once, encircle all quarters that apply.
C21.1 to C21.5	What strategies were used to enlist members and dependents from the updated master list?	Clarify that this pertains only to those in updated master lists (not the first master list). They LGU may have learned from lessons from the first enlistment and did not apply all that

Question #	Question	Explanation/Note
		<p>were applied in C18.</p> <p>Read each C21.1 to C21.4 one by one and indicate the response. Indicate other strategies in C21.5.</p>
C22.1 to C22.7	Has this LGU received Per Family Payment for the following quarters?	<p>Ask the respondent to check records.</p> <p>The quarter pertains to the corresponding quarter of accomplishment, not the date of reporting nor reported to which the payment is for, nor the date of receipt of PFP. For example, PFP may have been received on September 2012, for a report submitted in July 2012. The report is an accomplishment for both Q1 and Q2 of 2012. In this example, Q1 2012 and Q2 2012 will have a Yes response.</p> <p>Read each quarter and indicate the response.</p>
C23	If yes, how much did this LGU receive for this quarter?	Ask the respondent to check records, likely the same records used for C22.
C24	Did this facility receive a PCB payment notice?	<p>This pertains to any written document that informs the RHU that PFP has been received for any particular quarter.</p> <p>If answer is No or Don't Know, skip C25 and C26, and proceed to C27.</p>
C25	Is the PCB payment notice posted in the facility?	Do an ocular where posted before checking Yes (that it is posted).
C26	What is the date of the PCB document notice?	Write the month, day, and year of the date of document
	<p>For C27-C30: Check first if response in C3 is Yes, i.e., whether the facility has ever been an OPB provider. If not, proceed to Section C31. If yes, ask C27-C30.</p> <p>Remind the respondent that the question pertains to the capitation in OPB, not the Per Family Payment scheme in the current PCB1. Questions for Per Family Payment will be asked in C31 to 33.</p>	
C27	(If the RHU was an OPB provider) When was the last time that the LGU received capitation for OPB?	<p>Indicate the quarter and year that the capitation payment was received, not for the quarter of accomplishment. Capitation was received based on enrollment, not for any performance or service rendered.</p> <p>Some LGUs may have received only</p>

Question #	Question	Explanation/Note
		the payment in 2012 or later. Some RHUs may find it difficult to know for which quarters or years those payments were for.  If respondent is unsure, encircle "Don't Know"
C28	(If the RHU was an OPB provider) Were the ffg included in the sharing of the professional fee?	Remind the respondent that the question pertains to the capitation in OPB, not the Per Family Payment scheme in the current PCB1.  Read each type of staff in C28.1 to C28.4 and add other types identified in C28.5.
C29	(If the RHU was an OPB provider) How often was the professional fee of OPB distributed among the RHU staff?	Remind the respondent that the question pertains to the capitation in OPB, not the Per Family Payment scheme in the current PCB1.
C30	(If the RHU was an OPB provider) Were the ffg items funded by the capitation?	Remind the respondent that the question pertains to the capitation in OPB, not the Per Family Payment scheme in the current PCB1.  Read each item from C30.1 to C30.5 and indicate response for each. Add other types to be identified in C30.6.
	For C31 to C33, establish that the three succeeding questions no longer pertain to OPB capitation but to the current PCB1 Per Family Payment	
C31	In the PCB1 Per Family Payment, are the following included in the sharing of the professional fee?	Read each item and indicate response.
C32	How often is the professional fee portion of Per Family Payment (PFP) distributed among the RHU staff?	Indicate response.
C33	Are the following items funded by the PFP?	Read each item and indicate response

#### Part IV. General Outpatient Consultation and Facility-Based Delivery Services

Question #	Question	Explanation/Note
D1	In 2013, how many outpatient visits did the RHU have in total?	Ask respondent to check the logbook or any other records.

Question #	Question	Explanation/Note
D2	Of these outpatient visits in 2013, how many were PhilHealth Sponsored Program members?	Ask respondent to check records.
D3	In 2013, how many facility-based deliveries were there in this facility?	Ask respondent to check records.
D4	How many days each week is the facility open for service (regular working hours)?	Indicate response. Some facilities which have birthing facilities and are open 7 days a week.
D5	Are you open as needed for emergency cases or deliveries?	
D6	How many days each week is the physician present at this RHU/HC?	This pertains to the RHU physician or any substitute in the event that there is no current RHU physician employed by the RHU.
D7	On regular days, how many minutes is the average waiting time of patient before they get to see the doctor?	Indicate the response.
D8	When is the RHU's busiest days? (Encircle all that apply)	Indicate the response. The respondent may have more than one response (e.g. "Monday" and "Tuesday". Or write any other response that may be given (e.g. "market day").
D9	During the RHUs busiest days, How long does the waiting time get before seeing a doctor?	Indicate the response in minutes. If more than 1 hour, say one and a half hour, write 90.
D10	Is a physician at the facility present now (during the visit)?	Indicate response. If Yes, skip to E1.
D11	If no, may I know where is the physician? (during your visit)	Confirm with RHU staff
D12	For how long is the physician unavailable for this facility?	Confirm with RHU staff

#### Part V. Health Outcomes

Question #	Question	Explanation/Note
E1	What was the LGU's TB case detection rate in 2012? In 2013?	Indicate response for each year.
E2	What was the LGU's TB cure rate in 2012? In 2013?	These statistics are usually recorded by LGU, not by RHU. Make sure the figure provided is the figure for the LGU, not just the RHU.

Question #	Question	Explanation/Note
E3	What is the LGU's Fully Immunized Children Rate (FIC) in 2012? In 2013?	In some RHUs, these are posted on the wall. If for 2013, the posting on the wall is not complete, ie, say only up to Oct 2013, ask for the rate for the entire 2013 if already available. IF not, indicate "Don't Know"

#### Part VI. Personnel/Staffing

Question #	Question	Explanation/Note
Include personnel in barangay health stations within the catchment of the RHU.		
F1	How many active Barangay Health Workers (BHW) currently report to this RHU/HC?	The number may vary from time to time. Indicate no. of BHWs currently active during the time of interview.
F2	How many active Community Nutrition Volunteers (CNVs) or Barangay Nutrition Scholars (BNSs) currently support this RHU/HC?	The number may vary from time to time. Indicate no. of CNVs/BNSs currently active during the time of interview.
F3	How many Community Health Teams (CHTs) report to this LGU?	CHTs may cover more than one RHU, so ask the number of CHTs for the entire municipality/LGU.
F4	How many active RNHeals or Nurse Deployment Program (NDPs) are currently deployed to this RHU or HC?	The number may vary from time to time. Indicate no. of RNHeals currently active during the time of interview.
F5	How many DOH RHMPs report to this LGU?	The number may vary from time to time. Indicate no. of RHMPs currently connected during the time of interview.
F6	How many Doctor to the Barrios (DTTB) currently report to this RHU/HC?	Indicate the number of DTTBs currently reporting to the RHU/HC.
F7	How many of the following report to this RHU/HC? (not including those in F1 to F6)	Ask each item. Go row by row, i.e., ask first how many physicians there are, how many are fulltime employed, how many part-time employed, how many are voluntary. Do the same for each row.  Remind that these do not include those already counted in F1 to F5. For example, RNHeals nurses should no longer be counted in F6.3.

#### Part VII. Services in the Facility

Question #	Question	Explanation/Note
G1	Does the facility offer any of the following client services?	Read the items one by one, and indicate response whether Yes or No or Don't

Question #	Question	Explanation/Note
		Know
G2	For those that provide facility-based deliveries, is any of the following intervention carried out only by the providers of delivery services as part of their work in this facility?	Read the items one by one, and indicate response whether Yes or No.

## Part VIII. Referral

Question #	Question	Explanation/Note
H1	Does this facility have a functional ambulance or other vehicle for emergency transportation for clients?	If response is No or Don't Know, skip H2 to H4 and proceed to H5.
H2	Is the vehicle stationed in this facility?	This asks whether vehicle indicate in H1 is stationed in the facility or needs to be borrowed from another facility or elsewhere.  If answer is No (not stationed in the facility), skip H3 and proceed to H4.
H3	Is fuel available today, enough to make an emergency trip to a referral facility?	Indicate response.
H4	(If H1 is yes), Is the ambulance or vehicle provided for free of charge to the following patients? (Read each item)	Indicate response.
H5	If patients are referred to another facility, where do you usually send them? (Encircle all that apply)	Encircle all facilities that respondent will mention.
H6	Using the most common mode of transportation, what is the travel time from your facility to the referral facility?	Ask the question only for the facilities encircled in H5.
H7	If the following are referred to another facility without needing an ambulance, are they given money to travel to the referral facility?	Read one by one and indicate response.
H8	In the past four weeks, how many non-laboratory referrals have you made to another facility?	Separate the number of laboratory and non-laboratory referrals between these two questions.
H9	In the past four weeks, how many laboratory referrals have you made to	



Question #	Question	Explanation/Note
	another facility?	

## Part IX. General Infrastructure Related Information

Question #	Question	Explanation/Note
I1	If the facility provides inpatient services, how many functional beds are there?	Indicate response If response is No Applicable, skip I2 and proceed to I3.
I2	Of the functional beds, how many are designated for deliveries?	Indicate response
I3	Is there storage room or cabinet for medicines and/or vaccines?	Indicate response
I4	Is there a cold storage for medicines?	Indicate response
I5	Is there an examination area separate from the consultation area?	Indicate response (Question on the privacy of the examination area is to be asked in Section N.)
I6	Is there an area designated for sputum collection, separate from the consultation area and examination area?	Ask where the sputum collection area. Check Yes if it is separated by a wall from the consultation area and examination area.
Laboratory		
I7	Is there a laboratory at the RHU?	Indicate response
I8	Is the laboratory licensed by DOH?	This item is not questioning whether the laboratory is operating with or without a license.  This question is asking if the laboratory is as defined officially by the DOH. Some RHUs just refer to their "laboratories" set up informally as laboratories, even if by definition of DOH it is not a laboratory. This does not mean they are breaking any regulation.
I9	(If answer in I7 is yes) is this a referral laboratory?	Ask if patients from other facilities are referred to this facility to obtain their laboratory tests.
I10	(If answer in I7 is No, that is, if there is no laboratory in the RHU), Where are lab tests conducted?	Read each item one by one and indicate response.
I11	(For those with yes answers in I10), Do	Read each referral lab with yes answers

Question #	Question	Explanation/Note
	you have a MOA with the referral lab?	in I10, and indicate the response for each.
I12	Using the most common mode of transportation, what is the travel time from the RHU to the referral lab of the ____?	Read each facility type and indicate the response for each, in number of minutes.
Utilities		
I13	Is the electricity always available or is it sometimes interrupted?	Indicate response
I14	If sometimes interrupted, how many days during the past week was the electricity not available for 2 or more hours?	
I15	Does this facility have a functioning computer?	
I16	Does this facility have a functioning landline telephone?	
I17	Is internet connection available in the facility?	
Supplies Management		
I18	Does the facility have inventory records/an inventory system?	If not sure if a system exists, ask whether the facility has a system that can signal when a certain medicine is about to run out of stock.
I19	How often is medicine inventory updated?	This asks how often does the facility have a fresh list on how many of each medicine there is
I20	When you run out of stock of medicines and other supplies, what do you typically do? (Encircle all that apply)	Encircle the responses that the respondent will mention.
I21	Typically, how long does it take the LGU to purchase replenishment stocks?	Clarify that this asks about the stocks purchased directly by the LGU.
I22	Typically, how often do you receive centrally-provided (DOH) stocks?	This pertains to commodities that include TB drugs and vaccines that are primarily provided by the central DOH.
Waste Disposal		
I23	How does this facility dispose of common trash/non-contaminated waste? (Encircle all that apply)	Encircle the responses that the respondent will mention.
I24	How does this facility dispose of contaminated waste (e.g. used	

Question #	Question	Explanation/Note
	syringes)? (Encircle all that apply)	

## Part X. Fees

Question #	Question	Explanation/Note
J1	Are all types of consultation provided free of charge?	Free of charge means the facility does not require any payment from patients for consultation. If respondent says some patients insist to give a donation whether in cash or in kind (e.g. food), the response is still Yes (free of charge)
J2	(If no), What consultation types are charged? Specify _____	Write down in words the consultation types specified
J3	Are lab services and other procedures provided free of charge to the following clients? (Only for those RHUs with laboratory)	Free of charge means the facility does not require any payment from patients for lab services and other procedures. If respondent says some patients insist to give a donation whether in cash or in kind (e.g. food), the response is still Yes (free of charge)
J4	For those that have to pay, how much is charged for the following services and procedures?	<p>Ask the items one by one and indicate the response.</p> <p>Some facilities have a pricelist, and respondent may give that to the enumerator to obtain the information. Make sure to ask for the items that are not in the pricelist. Do not conclude the service is not offered in the facility.</p> <p>Verify that responses here are consistent with responses in G1.34 to G1.36.</p>
J5	Are medicines and supplies provided free of charge to the following clients?	<p>Read the client types one by one and indicate response for each.</p> <p>Free of charge means the facility does not require any payment from patients for lab services and other procedures. If respondent says some patients insist to give a donation whether in cash or in kind (e.g. food), the response is still Yes (free of charge)</p>

## Part XI. Instruments/Equipment

Question #	Question	Explanation/Note
K1 to K15	Number of functional [...] do you have in this facility?	Read each instrument or equipment type and indicate the response. Note that these should be functional.

## Part XII. Supplies in the Laboratory

Question #	Question	Explanation/Note
L1 to L9	Column A: Stock Availability Column B: In the last 3 months, how many weeks was [...] out of stock?	One by one for the list on the leftmost column, <ul style="list-style-type: none"><li>- Read the supply type and ask whether it is available today. Indicate response in column A by writing the code. For example, if response is yes, write "1"</li><li>- If answer is No, ask how many weeks it was out of stock in the last 3 months. Indicate response in Column B. Round off to the nearest no. of weeks if the response is given in no. of days.</li><li>- Move to the following item in the list.</li></ul>

## Part XIII. Drugs and Medicines and Other Commodities

Question #	Question	Explanation/Note
M1 to M52	Column A: Stock Availability Column B: Observed Available Preparation Column C: In the last 3 months, how many weeks was [...] out of stock?	One by one for the list on the leftmost column, <ul style="list-style-type: none"><li>- Read the commodity name and ask whether it is available today. Indicate response in column A by writing the code. For example, if response is yes, write "1"</li><li>- If answer in Column A is yes, ask the type of preparation it is available. Write in Column B the name of corresponding letters of the applicable preparations For example, if the commodity is available in Tablet and in Injectable forms, write, "A, F"</li><li>- If answer is No, ask how many weeks it was out of stock in the last 3 months. Indicate response in Column C.</li></ul>

Question #	Question	Explanation/Note
		- Move to the following item in the list.

#### Part XIV. Other Equipment in the Laboratory

Question #	Question	Explanation/Note
N1 to N20	How many functional [...] do you have in this facility?	Read each instrument or equipment type and indicate the response. Note that these must be functional.

#### Part XV. Supplies in the Laboratory

Question #	Question	Explanation/Note
01 to 06	Column A: Stock Availability Column B: In the last 3 months, how many weeks was [...] out of stock?	One by one for the list on the leftmost column, <ul style="list-style-type: none"> <li>- Read the supply type and ask whether it is available today. Indicate response in column A by writing the code. For example, if response is yes, write "1"</li> <li>- If answer is No, ask how many weeks it was out of stock in the last 3 months. Indicate response in Column B.</li> <li>- Move to the following item in the list.</li> </ul>
P1	Would you like to comment on the PCB through this survey?	Ask the respondent if he/she has comments regarding the PCB and write down word by word what is expressed by the respondent.
P2	Would you like to comment on this survey?	Ask the respondent if he/she has comments regarding this survey and write down word by word what is expressed by the respondent.

**Please thank the respondent for the time and the information provided.**

#### **SECTION II: FACILITY QUESTIONNAIRE: OCULAR INSPECTION**

Indicate the name of the enumerator, and the date and time of the ocular inspection. At the end of the day, the supervisor shall review the questionnaire. The supervisor shall also indicate his/her name, and the date and time of the review.

1	Date of Ocular Inspection	Fill in the Month, Day and Year of the ocular inspection
2	Time Started	Note down the time the ocular inspection

		was initiated.
3	Time Completed	Note the time the ocular inspection was completed.
4	Enumerator's Name, Signature	Write the enumerator's name and sign.
5	Supervisor's Name, Signature	After the supervisor reviews the questionnaire and confirms that the work is complete, write the name of the supervisor and sign.
6	Supervisor's Review Date	Note the date the questionnaire was reviewed. It is recommended that the review is conducted the day the interview was completed.

### Part I. Identification (all conditions)

A1	Region	Write the name or number being required in the space provided. See Annex A for the assigned codes for region, province, and city/municipality.
A2	Province	
A3	City/Municipality	
A4	Name of Health Facility	Indicate the name by which the facility is called by the health personnel. Please ask for the official full name of the facility.

### Part XVI. Enumerator Observations

Question #	Question	Explanation/Note
	<p>Before starting with P4, Inform the respondent that for the remainder of the questionnaire, you will have to make ocular inspections of the different parts of the facility, and that you will come back to him/her after you conduct the inspection for any clarification and to conclude the survey.</p> <p>Then proceed to make observations to be able to respond to the following questions. Several items may be subjective, but please use the definitions provided in this manual when provided, instead of your own judgment.</p>	
P4	Was there a clear sign bearing the name of the facility?	Answer is Yes if sign can be read 20 feet away by somebody not needing eyeglasses, or with eyeglasses for those needing eyeglasses.
P5	Was there a clear sign indicating that the facility is a PhilHealth provider?	Answer is Yes if sign can be read 20 feet away by somebody not needing eyeglasses, or with eyeglasses for those needing eyeglasses.

Question #	Question	Explanation/Note
P6	Is there a large sign enumerating the health services that the facility provides?	Answer is Yes if the poster title can be read clearly without squinting by a nearsighted person from three feet away, and the rest of the contents of the material can be read from one foot away.
P7	Is there a poster or signage that indicates the components of the Primary Care Benefit Package?	Answer is Yes if the phrase "Primary Care Benefit Package" (or equivalent in dialect) can be read clearly without squinting by a nearsighted person from three feet away, and the rest of the contents of the material can be read from one foot away.
P8	Are there adequate signages indicating the exit?	Answer is Yes if all exit points have "exit" signages
P9	Are there Emergency Preparedness Plans (Exit/Evacuation plans) posted on the wall?	Answer is Yes if the exit/evacuation plan is posted on the wall that can be seen by all staff and all clients and visitors.
P10	Is there fire safety provision?	Answer is Yes if there is a fire extinguisher that is not obstructed
P11	Is there a signage that Smoking is not allowed?	Answer is Yes if there is signage can be seen in the patients' waiting room
P12	Are waste bins properly segregated and labeled for different kinds of wastes?	Answer is Yes is segregation has labels, whether color-coded or not. Answer is No even if color-coded if there are no labels.
P13	Are there puncture proof receptacles for disposal or pointed/sharp objects?	Answer is Yes if there are receptacles may be made of hard plastic or metal or any material that by vision seems to be not can easily punctured (no need to try to puncture)
P14	Are floors non-slippery?	Ask anyone with flat soles (not the one with grips) if they feel that any part of the floor is slippery.  Also, there should not be any wet portion on the floor without a caution sign
P15	Is the sputum collection area well ventilated?	Answer is Yes if the area has a door or window leading to outdoors. Also, there should be no wall obstruction less than one meter from door or window.
P16	Was there interruption in electricity when you were in the facility?	Answer is Yes if there was any interruption during the entire duration of stay in the facility

Question #	Question	Explanation/Note
Check the medicine storage room or cabinet		
P17	Were the medicines organized according to expiry date (First Expiry First Out) on the Shelf?	Randomly check at least three stocks. Answer is Yes if the stock with the earliest expiry is the one that is most easily retrievable.
P18	Were there medicines about to expire in six months?	Randomly check at least five types of medicines. Answer is yes if at least one is about to expire within six months, but not expired.
P19	Were there expired medicines not segregated from non-expired medicines?	Randomly check at least five types of medicines. Answer is yes if at least one is expired.
P20	Were there expired medicines elsewhere in the facility but segregated from the non-expired medicines?	Answer is yes if there are expired medicines elsewhere, not inside a trash can. Answer is yes if even if expired medicines are in a plastic bag but not inside the trash can.
P21	Are the medicines off the floor protected from water/dampness?	Answer is Yes if there are no medicines on the floor.
P22	Are the medicines protected from the sun?	Answer is Yes if medicines cannot be reached by direct sunlight.
P23	Is the refrigerator or cold storage for medicines used solely for medicines and vaccines?	Check that there no other items in the cold storage other than medicines and vaccines.
P24	Is the stockroom clear of any evidence of pest?	Answer is Yes if there is no visible pest, or any sign that any medicine stock has been infested by pest.
Check the consultation and examination room		
P25	Is there visual privacy in the doctor's consultation room?	There is visual privacy is when other patients waiting for their turn cannot see the doctor and the patient currently
P26	Is there auditory privacy in the doctor's consultation room?	There is auditory privacy when the other patients waiting for their turn cannot hear the doctor not a consulting patient when they are talking
P27.1	How clean is the floor of the doctor's consultation room?	Clean - dry and no clutter or any other visible dirt  Somewhat clean – dry but with some clutter or visible dirt although not distracting nor obstructing the conduct of consultation



Question #	Question	Explanation/Note
		<p>Somewhat dirty – with some clutter (bits of paper, trash, dust, liquid) and somewhat distracting to the persons in the room</p> <p>Dirty - with clutter (bits of paper, trash, dust, liquid and any other visible clutter or dirt and is obstructing the conduct of consultation</p>
P27.2	How clean are the walls of the doctor's consultation room?	<p>Clean – dry, well-painted, and no visible dirt</p> <p>Somewhat clean – dry but with some chipped paint or unpainted but not distracting nor obstructing the conduct of consultation</p> <p>Somewhat dirty – with visible dirt or spiderwebs paint or stains or moisture and somewhat obstructing the conduct of consultation</p> <p>Dirty – with dirt or spider webs or stains or moisture which obstruct the conduct of consultation</p>
P27.3	How clean is the ceiling of the doctor's consultation room?	<p>Clean – dry, well-painted, and no visible dirt</p> <p>Somewhat clean – dry but with some chipped paint or unpainted but not distracting nor obstructing the conduct of consultation</p> <p>Somewhat dirty – with visible dirt or spider webs or stains or moisture and somewhat obstructing the conduct of consultation</p> <p>Dirty – with dirt or spider webs or stains or moisture which obstruct the conduct of consultation</p>
P28	Is there a curtain or any other division that encloses the examination area and separates it from the consultation room?	Indicate response
P29	Does the physician's examination area have: P29.1 Window P29.2 Enough Light P29.3 Ventilation P29.4 Wash basin P29.5 Running water	<p>Enough light is when the enumerator can read the questionnaire without difficulty due to lighting</p> <p>Ventilation is if there is an open and unobstructed window or door leading to outdoors, if there is no aircon.</p>

Question #	Question	Explanation/Note
	P29.6 Examination table P29.7 Trash can	Wash basin should have provision for used water to go to the drainage
Check storage of patient records		
P30	Is there a cabinet or place to store patient records?	
P31	If yes, did you observe it being utilized during your visit e.g. patient records were retrieved from it?	Answer is no if patient records were retrieved elsewhere
Observe the laboratory. If there is no laboratory, proceed to P35		
P32.1	How clean is the floor of the laboratory?	<p>Clean - dry and no clutter or any other visible dirt</p> <p>Somewhat clean – dry but with some clutter or visible dirt although not distracting nor obstructing the work in the laboratory</p> <p>Somewhat dirty – with some clutter (bits of paper, trash, dust, liquid) and somewhat distracting to the persons in the room</p> <p>Dirty - with clutter (bits of paper, trash, dust, liquid and any other visible clutter or dirt and is obstructing the work in the laboratory</p>
P32.2	How clean are the walls of the laboratory?	<p>Clean – dry, well-painted, and no visible dirt</p> <p>Somewhat clean – dry but with some chipped paint or unpainted but not distracting nor obstructing the work in the laboratory</p> <p>Somewhat dirty – with dirt or spider webs or stains or moisture and somewhat obstructing the work in the laboratory</p> <p>Dirty – with dirt or spider webs or stains or moisture which obstruct the work in the laboratory</p>
P32.3	How clean is the ceiling of the laboratory?	<p>Clean – dry, well-painted, and no visible dirt</p> <p>Somewhat clean – dry but with some chipped paint or unpainted but not distracting nor obstructing the work in the laboratory</p>

Question #	Question	Explanation/Note
		<p>Somewhat dirty – with visible dirt or spider webs or stains or moisture and somewhat obstructing the work in the laboratory</p> <p>Dirty – with dirt or spider webs or stains or moisture which obstruct the work in the laboratory</p>
P33	Does the laboratory have running water?	With running water from the tap and drains into the drainage system
P34	Is there a garbage can in the laboratory?	Observe and indicate response.
Observe the delivery room. (If there is no delivery room proceed to P38)		
P35.1	How clean is the floor of the delivery room?	<p>Clean - dry and no clutter or any other visible dirt</p> <p>Somewhat clean – dry but with some clutter or visible dirt although not distracting nor obstructing the work in the delivery room</p> <p>Somewhat dirty – with some clutter (bits of paper, trash, dust, liquid) and somewhat distracting to the persons in the room</p> <p>Dirty - with clutter (bits of paper, trash, dust, liquid and any other visible clutter or dirt and is obstructing the work in the delivery room</p>
P35.2	How clean are the walls of the delivery room?	<p>Clean – dry, well-painted, and no visible dirt</p> <p>Somewhat clean – dry but with some chipped paint or unpainted but not distracting nor obstructing the work in the delivery room</p> <p>Somewhat dirty – with dirt or spider webs or chipped paint or stains or moisture and somewhat obstructing the work in the delivery room</p> <p>Dirty – with dirt or spider webs or chipped paint or stains or moisture which obstruct the work in the delivery room</p>
P35.3	How clean is the ceiling of the delivery room?	Clean – dry, well-painted, and no visible dirt

Question #	Question	Explanation/Note
		<p>Somewhat clean – dry but with some chipped paint or unpainted but not distracting nor obstructing the work in the delivery room</p> <p>Somewhat dirty – with visible dirt or spider webs or stains or moisture and somewhat obstructing the work in the delivery room</p> <p>Dirty – with dirt or spider webs or stains or moisture which obstruct the work in the delivery room</p>
P36	Does the delivery have running water?	With running water from the tap and drains into the drainage system
P37	Is there a garbage can in the delivery room?	Observe and indicate response.
Observer the waiting area		
P38	Is there a waiting area for clients where there are protected from the sun and rain?	Answer is Yes if no one from the waiting clients will get wet if there is rain without wind, and no one is under direct sunlight when it is not raining
P39.1	How clean is the floor of the RHU waiting area?	<p>Clean - dry and no clutter or any other visible dirt</p> <p>Somewhat clean – dry but with some clutter or visible dirt although not distracting nor obstructing the movement of persons in the waiting area</p> <p>Somewhat dirty – with some clutter (bits of paper, trash, dust, liquid) and somewhat distracting to the persons in the room</p> <p>Dirty - with clutter (bits of paper, trash, dust, liquid and any other visible clutter or dirt and is obstructing the movement of persons in the waiting area</p>
P39.2	How clean are the walls of the RHU waiting area?	<p>Clean – dry, well-painted, and no visible dirt</p> <p>Somewhat clean – dry but with some chipped paint or unpainted but not distracting nor obstructing the movement of persons in the waiting area</p> <p>Somewhat dirty – with some distracting dirt</p>

Question #	Question	Explanation/Note
		<p>or spider webs or stains or moisture</p> <p>Dirty – with dirt or spider webs or stains or moisture clearly obstructing the movement of persons in the waiting area</p>
P39.3	How clean is the ceiling of the RHU waiting area?	<p>Clean – dry, well-painted, and no visible dirt</p> <p>Somewhat clean – dry but with some chipped paint or unpainted but not distracting nor obstructing the movement of persons in the waiting area</p> <p>Somewhat dirty – with some distracting dirt or spider webs or stains or moisture</p> <p>Dirty – with dirt or spider webs or chipped paint or stains or moisture clearly obstructing the movement of persons in the waiting area</p>
P40	<p>Does the waiting area have:</p> <p>P40.1 Enough light</p> <p>P40.2 Adequate ventilation</p> <p>P40.3 Fan</p> <p>P40.4 Trash can</p> <p>P40.5 Adequate chairs or benches</p>	<p>Enough light is when one can read this without difficulty due to lighting</p> <p>Ventilation is when there is an unobstructed window or door or any opening leading to outdoors</p> <p>Adequate chairs or benches is when there is no client standing because there is no available chair or bench space</p>
Check the toilet for clients		
Toilet for General Use		
P41	Is there toilet in the RHU that is available for general client use?	<p>Answer is Yes if there is a restroom that can be used by any client. The answer should be NO if the toilet is not functioning.</p> <p>If answer is No, skip to P44</p>
P42.1	How clean is the floor of the toilet?	<p>Clean - dry and no clutter or any other visible dirt</p> <p>Somewhat clean – dry but with some clutter or visible dirt although not distracting nor obstructing the movement of a person in the toilet</p> <p>Somewhat dirty – with some clutter (bits of paper, trash, dust, liquid) and somewhat distracting to a person in the toilet</p>

Question #	Question	Explanation/Note
		Dirty - with clutter (bits of paper, trash, dust, liquid and any other visible clutter or dirt and is obstructing the movement of a person in the toilet
P42.2	How clean are the walls of the toilet?	<p>Clean – dry, well-painted, and no visible dirt</p> <p>Somewhat clean – dry but with some chipped paint or unpainted but not distracting nor obstructing the movement of persons in the toilet</p> <p>Somewhat dirty – with dirt or spider webs or stains or moisture</p> <p>Dirty – with dirt or spider webs or stains or moisture clearly obstructing the movement of a person in the toilet</p>
P42.3	How clean is the ceiling of the toilet?	<p>Clean – dry, well-painted, and no visible dirt</p> <p>Somewhat clean – dry but with some chipped paint or unpainted but not distracting nor obstructing the movement of persons in the toilet</p> <p>Somewhat dirty – with dirt or spider webs or stains or moisture</p> <p>Dirty – with dirt or spider webs or stains or moisture clearly obstructing the movement of a person in the toilet</p>
P42.4	How clean is the toilet bowl?	<p>Clean – no visible dirt, no foul odor</p> <p>Somewhat clean – no foul odor but with stains</p> <p>Somewhat dirty – with dirt or stains</p> <p>Dirty – with dirt or stains and/or with foul odor</p>
P43.1	Does the toilet for general use have enough light?	Answer is yes if one can read this guide without difficulty due to the lighting.
P43.2	Does the toilet for general use have a wash basin	Answer is yes if there is a place where one can wash hands and the used water flows out.

Question #	Question	Explanation/Note
P43.3	Does the toilet for general use have running water?	Answer is yes if water comes out of the faucet
P43.4	Does the toilet for general use have trash can?	
<i>Observe the other patient areas</i>		
P44	Is there a donation box in the facility visible to the clients?	Observe and indicate response.
P45	If yes, did you observe anyone giving donation in the donation box?	
P46	Is there a suggestion box in the facility visible to the clients?	
P47	Did you observe anyone reading the bulletin board during your RHU visit?	
P48	Did you observe anyone reading specifically the PhilHealth-related notices during you RHU visit?	

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## 5. PHYSICIAN INTERVIEW

**Respondent:** Rural Health Physician, i.e., the main physician for the RHU/health center. In cases when the RHU has more than one physician, interview that is most regularly present in the health center. Other RHU physicians may be interviewed only if main physician is not present.

**Getting the Consent:** Start the conversation by introducing yourself and reading out the consent form. Only start the interview once the physician understood and agreed to participate in the survey.

**Survey Tool Review:** Indicate the name of the interviewer, and the date and time of the interview. At the end of the day, the supervisor shall review the questionnaire. The supervisor shall also indicate his/her name, and the date and time of the review.

1	Date of Interview	Fill in the Month, Day and Year of the interview.
2	Time Started	Note down the time the interview was initiated, i.e., after the consent was obtained.
3	Time Completed	Note the time the interview was completed.
4	Interviewer's Name, Signature	Write the interviewer's name and sign.
5	Supervisor's Name, Signature	After the supervisor reviews the questionnaire and confirms that the work is complete, write the name of the supervisor and sign.
6	Supervisor's Review Date	Note the date the questionnaire was reviewed. It is recommended that the review is conducted the day the interview was completed.

### Parts of the Questionnaire:

The questionnaire consists of the following parts which focus on the following:

- Part I. Identification - Personal information of the physician
- Part II. PCB1 Awareness and Understanding - Physician respondent's awareness and understanding of the PhilHealth PCB1
- Part III. Patient Management – Physician respondent's management of patients in terms of diagnosis, and treatment



- Part IV. Access to Services – Physician respondent’s perception of access of patients to RHU services
- Part V. Training - Pertinent training undergone by RHU healthcare providers
- Part VI. PhilPEN Training, Knowledge - Physician respondent’s knowledge of the Philippine Package of Essential NCD Interventions
- Part VII. Budget and Benefits - LGU budgeting and benefits of healthcare providers

### Detailed Guide for the Questionnaire

Encircle from the options provided the answers stated by the respondent. Some questions will not have multiple choice answers to encircle and may require the interviewer to write down the respondent’s response.

Supervisors are expected to review questionnaires for quality control purposes. Since all questions must have a response, the supervisor should mark as ‘Missing data’ any unanswered/unmarked question by the interviewer. For items the respondent refuses to answer, put the code -66.

The following provide detailed notes and instructions for each questionnaire item:

#### Part I. Identification

Question #	Question	Explanation/Note
A.1	Region	Write the name or number being required in the space provided. See Annex A for the codes assigned to region, province, and city/municipality.
A.2	Province	
A.3	City/Municipality	
A.4	Name of Health Facility	Indicate the official, full name of the health facility
A.5	Physician’s Name	Write the name of the respondent (the physician) in the space provided
A.6	Physician’s Contact Number/s	Ask for the physician’s contact number and write in the space provided.
A.7	Physician’s Age	Write down the physician’s age
A.8	Physician’s Sex	Encircle the physician’s sex in the options provided

Question #	Question	Explanation/Note
A.9	Year started practice as a Physician	This is the year when the physician started his medical practice, be it in private or government service, which may be different from the year when he passed the medical board
A.10	No. of years working in this LGU	This includes the number of years the physician has worked in this LGU, possibly in various health stations, as casual/contractual and as a permanent staff member
A.11	No. of years in your current position	This is the number of years the physician has been appointed to his current position e.g. MHO or RHP, which may include assignments in various health stations of the same LGU
A.12	No. of years working in this facility	This is the number of years that the physician has been working in the facility visited today
A.13	May I know your salary grade?	All permanent staff members of the facility would have a salary grade that is the basis for their monthly remuneration from the LGU
A.14	Related postgraduate course/s taken after medical school	This includes only related degrees completed after the physician earned his medical degree, e.g. MPH or MHA

## Part II. PCB1 Awareness and Understanding

B.1	Have you ever heard of PCB1 before?	This is a question on the physician's knowledge on the existence of PhilHealth's Primary Care Benefit package 1  <b>Skip to Part III if response is 'No'</b>
B.2	What does PCB stand for?	Note down how the physician defines the acronym PCB. Write down verbatim.
B.3	Have you been oriented on PCB1 guidelines?	Note down the respondent's response  <b>Skip to B.5 if response is 'No'</b>
B.4	If yes, when were you oriented on PCB1 guidelines?	Note down the respondent's response

B.5	Based on your understanding, are the following entitled to PCB1?	<p>Read the list one by one and indicate the response for each.</p> <p>Note that some would refer to Sponsored Program members as indigent members.</p>
B.6	Has your RHU conducted the PCB1 client enlistment (signaled by the members signing the master list)?	<p>Enlistment is signaled by the member and dependents signing the master list of members provided to the LGU by PhilHealth.</p> <p><b>Skip to B.8 if response is 'No' or 'Don't know'</b></p>
B.7	If yes, which of the following groups have been enlisted?	<p>Read the list one by one and indicate the response for each.</p> <p>Note that some would refer to sponsored program members as indigent members.</p>
B.8	Has your RHU conducted the PCB1 client profiling? (Refer to Annex E of the Manual for a sample of the Health Profile Form)	<p>All PHIC Sponsored Program members and their beneficiaries need to undergo health profiling using PCB1 Form A1 (Individual Health Profile). This form is in Annex E of this Manual.</p> <p>The RHU may also indicate that they don't use the exact form in the example. If they show another format which they use for reporting the number of profiled clients to PhilHealth, then the answer is still Yes even if another health profile format is used.</p> <p><b>Skip to B.10 if response is 'No' or 'Don't know'</b></p>
B.9	(If yes) Which of the following have been profiled?	<p>Read the list one by one and indicate the response for each.</p> <p>Note that some would refer to sponsored program members as indigent members.</p>
B.10	Do you have Community Health Teams (CHT) in the LGU?	<p>Note down the respondent's response.</p> <p><b>Skip to B.12 if response is 'No' or Don't Know.</b></p>

B.11	What was the CHT's role in the PCB enlisting of Sponsored Program members? (Allow multiple responses)	Note down the respondent's response. Allow multiple responses. Do not read out the response options.
B.12	Based on your understanding, what are the diseases/procedures covered by PCB1?	Initially allow the physician to spontaneously enumerate his responses. Encircle the first column "Yes (answer provided spontaneously)". Once done, probe further by asking one by one from the top (B12.1) skipping the response the doctor already gave spontaneously whether he agrees or not with the other listed responses that he missed. If response is affirmative, encircle the second column "Yes (under Answer provided upon probing)". The physician may also state that some conditions are not covered by PCB1, in which case, encircle "No".
B.13	Based on your understanding, what are the PCB1 obligated services that should be provided in your facility?	Initially allow the physician to spontaneously enumerate his responses. Encircle the first column "Yes (answer provided spontaneously)". Once done, probe further by asking one by one from the top (B.13.1) skipping the response the doctor already gave spontaneously whether he agrees or not with the other listed responses that he missed. For affirmative responses, encircle the second column "Yes (under Answer provided upon probing)". The physician may also state that some services are not obligated by PCB1, in which case encircle "No".
B.14	Do you provide the following services at your health facility?	Check on the availability of some basic health services in the facility.  Read the list one by one and indicate the response for each starting from B.14.1
B.15	How many of the following services were provided in the facility last quarter (Jan to March 2014)?	Read the list one by one and indicate the response.
B.16	Have you ever heard of the Per Family Payment (PFP) or the Per Family Payment Rate (PFPR)?	This looks into whether or not the physician is aware of the PFPR.  <b>Skip to Part III if response is 'No'</b>
B.17	Are you aware of the amount of the PFPR?	Note down the respondent's response  <b>Skip to B.19 if response is 'No'</b>

B.18	If yes, how much is it per family?	Note down the respondent's response
B.19	How much was the total amount of the last Per Family Payment (PFP) received by the LGU?	Note down the respondent's response
B.20	When was the last PFP received by the LGU?	Note down the respondent's response
B.21	Has the LGU received PFP for the following quarters? (Read each item)	PHIC releases PFP quarterly. This asks which quarterly PHIC payment was last received by the LGU. Multiple answers are allowed for cases when several quarterly payments are released at one time.  Read the list one by one and indicate the response.
B.22	Based on your understanding, what portion of the Per Family Payment is for Professional Fee?	Inquire on the respondent's knowledge on his share of the PFP. Check one answer only.  Note that some would describe the sharing as 50% going to the physician and 50% going to the rest of the staff. This question asks the portion of entire PFP that is for the professional fee.
B.23	Is the PFP placed in an LGU Trust Fund?	Note down the respondent's response.  <b><i>Skip to B.26 if response is "No" or "Don't Know"</i></b>
B.24	Does the LGU have a separate trust fund created for the PCB1 Per Family Payment (PFP)?	Many LGUs have an existing health trust fund. Sometimes an LGU puts the PFP as a new ledger account in an already existing health trust fund. The question verifies whether or not a separate one was created specifically for the PCB1 Per Family Payment.
B.25	Does the LGU have a separate trust fund created for the 20% PCB1 administrative/professional fee?	The question verifies whether or not a separate Trust Fund was created specifically for the PCB1 professional fee component.
B.26	Is there a sharing scheme for the 20% PCB1 professional fee implemented in the LGU?	20% of the PFP is for the professional fee of services providers. The question asks if there's an existing sharing scheme for these fees.  <b><i>Skip to B.29 if response is not 'Yes'.</i></b>

B.27	(If yes) What is the sharing scheme for the 20% PCB1 professional fee?	<p>This is a follow-up question on the percent share of the different service providers. The total of the answers should be 100%.</p> <p>As previously noted, some would describe the sharing as 50% going to the physician and 50% going to the rest of the staff.</p>
B.28	How was this sharing scheme decided on?	Note down the respondent's response
B.29	How often does the RHU staff receive its share of the 20% PCB1 professional fee?	Note down the respondent's response

### Part III. Patient Management

	For C.1 to C.8	Initially allow the physician to spontaneously enumerate his responses. Encircle the first column "Yes (answer provided spontaneously)". Once done, probe further by asking one by one from the top skipping the response the doctor already gave spontaneously whether he agrees or not with the other listed responses that he missed. For affirmative responses, encircle the second column "Yes (under Answer provided upon probing)". The physician may also state that some information are not part of his considerations, in which case encircle "No"
C.1	In a new case, what will be your basis for diagnosing hypertension?	Note that some would describe 'clinical experience/observation' as 'clinical eye'.
C.2	For diagnosing hypertension, what lab tests and procedures would you order if affordability is not an issue?	Some would use 'kidney function tests' instead of creatinine.
C.3	For newly diagnosed hypertensive patients, what's the drug that you would likely prescribe if affordability is not an issue?	
C.4	For hypertension, what lifestyle modifications do you typically advise your patients?	
C.5	In a new case, what will be your basis for diagnosing type 2 diabetes?	Note that some would describe 'clinical experience/observation' as 'clinical eye'.
C.6	For diagnosing type2 diabetes, what lab tests and procedures would you order if affordability is not an issue?	Some would use the 'urine albumin' instead of urine protein.

C.7	For newly diagnosed type2 diabetes patients, what's the drug that you would likely prescribe if affordability is not an issue?	
C.8	For diabetes, what lifestyle modifications do you typically advise your patients?	

#### Part IV. Access to Services

D.1	In your opinion, what hinders PATIENT access to diagnostic services?	<p>For D.1 to D.6:</p> <p>Initially allow the physician to spontaneously enumerate his responses. Encircle the first column "Yes (answer provided spontaneously)". Once done, probe further by asking one by one from the top skipping the response the doctor already gave spontaneously whether he agrees or not with the other listed responses that he missed. For affirmative responses, encircle the second column "Yes (under Answer provided upon probing)". The physician may also state that some information are not part of his considerations, in which case encircle "No"</p>
D.2	In your opinion, what hinders PATIENT access to needed medicines?	
D.3	In your opinion, what hinders proper referral of PATIENTS with complicated cases?	
D.4	What could hinder YOU from providing patients full diagnostic services?	
D.5	What could hinder YOU from providing patients with needed medicines?	
D.6	What could hinder YOUR proper referral of complicated cases?	

#### Part V. Training

E.1	Have you attended BEmONC (Basic Emergency Obstetric and Newborn Care) training?	<p>Note down the respondent's response. Basic Emergency Obstetrics and Newborn Care trainings involve teams composed of a physician, and, usually, a nurse and two midwives.</p> <p><b>Skip to E.3 if response is 'No'.</b></p>
E.2	If yes, on what date?	An affirmative response should be followed up with a question on the date of the training. Indicate month and year of training.
E.3	Has a nurse in your RHU attended BEmONC training?	<p>Confirm if at least one nurse in the facility has been BEmONC trained</p> <p><b>Skip to E.5 if response is 'No' or 'Don't Know'.</b></p>
E.4	(If yes) On what date?	An affirmative response should be followed up with a question on the date of the training. Indicate month and year

E.5	Has a midwife in your RHU attended BEmONC training?	Confirm if at least one midwife in the facility has been BEmONC trained.  <b><i>Skip to E.7 if response is 'No' or 'Don't Know'.</i></b>
E.6	(If yes), On what date?	An affirmative response should be followed up with a question on the date of the training. Indicate month and year
E.7	Have you attended a training on visual acetic acid?	Note down the respondent's response. Visual inspection with acetic acid can detect early stages of cervical cancer.  <b><i>Skip to E.9 if response is 'No' or 'Don't Know'.</i></b>
E.8	(If yes), On what date?	An affirmative response should be followed up with a question on the date of the training. Indicate month and year
E.9	Has a staff member of the facility attended a training on sputum microscopy?	Note down the respondent's response  <b><i>Skip to E.11 if response is 'No' or 'Don't Know'.</i></b>
E.10	(If yes), on what date?	An affirmative response should be followed up with a question on the date of the training. Indicate month and year

## Part VI. PhilPEN Training, Knowledge

F.1	Have you ever heard of PhilPEN before?	This is a question on the physician's knowledge on the existence of PhilPEN1  <b><i>Skip to Part VII if response is 'No'</i></b>
F.2	What does PhilPEN stand for?	Note down how the physician defines the acronym PhilPEN
F.3	Have you received any training on PhilPEN guidelines?	Note down the respondent's response. PEN stands for Package of Essential Non-communicable disease interventions. PEN is a WHO endorsed low-cost individual treatment protocol consisting of early screening and timely treatment of NCDs in a primary health care setting.  Since we ask about the Physician's knowledge of PEN/PhilPEN, do not explain what this is when asked. If asked. Just say 'so you haven't been trained on PEN?' and move on.



F.4	(If yes), on what date?	An affirmative response should be followed up with a question on the date of the training. Indicate month and year
F.5	Do you know what diseases were covered in the PhilPEN training?	Initially allow the physician to spontaneously enumerate his responses. Encircle the first column "Yes (answer provided spontaneously)". Once done, probe further by asking one by one from the top skipping the response the doctor already gave spontaneously whether he agrees or not with the other listed responses that he missed. For affirmative responses, encircle the second column "Yes (under Answer provided upon probing)". The physician may also state that some choices are not part of PEN, in which case encircle "No"
F.6	What risk factors are used in the PhilPEN risk prediction/stratification?	

## Part VII. Budget and Benefits

G.1	Who typically determines the LGU health budget? (Allow multiple responses)	Note down the respondent's response. Allow multiple responses. Do not read out the response options.
G2	Are you involved in the preparation of the LGU annual health budget?	Note down the respondent's response.
G.3	Are you responsible for presenting the proposed annual health budget to the Mayor?	
G.4	Are you responsible for presenting the proposed health budget for approval by the Sanggunian?	
G.5	Are magna carta benefits included in this year's budget?	

G.6	What LGU benefits do you receive in addition to your salary?	Initially allow the physician to spontaneously enumerate his responses. Encircle the first column "Yes (answer provided spontaneously)". Once done, probe further by asking one by one from the top skipping the response the doctor already gave spontaneously whether he agrees or not with the other listed responses that he missed. For affirmative responses, encircle the second column "Yes (under Answer provided upon probing)". The physician may also state that some benefits are not provided to them, in which case encircle "No"
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H1	Would you like to comment on the PCB through this survey?	Ask the respondent if he/she has comments regarding the PCB and write down word by word what is expressed by the respondent.
H2	Would you like to comment on this survey?	Ask the respondent if he/she has comments regarding this survey and write down word by word what is expressed by the respondent.
<p><b>Please thank the respondent for the time and the information provided.</b></p>		

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## 6. PATIENT CHART REVIEW AND HEALTH PROFILE COLLECTION

**Subject:** Charts of six patients for the each of the following conditions: Hypertension, Diabetes, Asthma, and Acute Gastroenteritis.

**Selecting Charts for Review:** The following are the charts that will be reviewed. Reviewing the facility's patient logbook could facilitate the identification of these cases.

- Charts of the last six patients who most recently sought consult in the health facility for each of the four conditions
- For Hypertension, Diabetes, and Asthma: Charts of each of these patients from July 1, 2013 to the most recent consultation. For Gastroenteritis: Patient chart for the most recent consultation.
- For Hypertension and Diabetes cases, only charts of patients above 40 years of age will be reviewed. Asthma and Gastroenteritis can be of any age.
- Patients may be PhilHealth members or non-members.

The chart reviewer will also obtain a copy of the Individual Health Profile of the patients in the charts, for encoding. Some health profiles may be attached to the health profiles or included in the family envelope of the patient, some health profiles may be located elsewhere in the facility. Ask the Rural Health Nurse or any other knowledgeable RHU staff for the health profile of a patient if the profile is not attached to the chart nor in the family envelope.

**Tool Review:** Indicate the name of the reviewer, and the date and time of the review. At the end of the day, the supervisor shall review the questionnaire. The supervisor shall also indicate his/her name, and the date and time of the review.

A1	Reviewer's Name, Signature	Write the reviewer name and sign.
A2	Date of Review	Fill in the Month, Day and Year of the interview.
A3	Time Started	Note down the time the review of the particular set of charts for a patient started.
A4	Time Completed	Note the time the review was completed.
A5	Supervisor's Name, Signature	After the supervisor reviews the questionnaire and confirms that the work is complete, write the name of the supervisor and sign.

A6   Date of Supervisor's Review	Note the date and time the chart review tool was reviewed. It is recommended that the review is conducted the day the interview was completed.
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### Parts of the Questionnaire:

The chart review tool for each condition consists of the following parts which focus on the following:

- Part I. Identification - Details of the RHU and personal information of the patient whose chart is being reviewed
- Part II. Profile - Checks whether the Individual Health Profile is attached or not to the patient chart, and whether the PhilHealth Form was used or not. Also checks whether the Risk Assessment and Screening Form was used and attached to the charts.

For Gastroenteritis

- Part III. Diagnosis – Diagnosis indicated and diagnostic tests conducted
- Part IV. Treatment – Treatment plan indicated

For Asthma

- Part III. Diagnosis – Diagnosis indicated and diagnostic tests conducted
- Part IV. Treatment – Treatment plan indicated
- Part V. Follow-up - Checking whether follow-up visit was ordered

For Hypertension and Diabetes

- Part III. Diagnosis – Diagnosis indicated and diagnostic tests conducted
- Part IV. Compliance to PEN Guidelines – Assessment for Common Risk Factors, Risk Screening, Risk Prediction
- Part V. Management – Checking for evidence of management
- Part VI. Referral - Checking for evidence of referral and reason for referral
- Part VII. Follow-up - Checking whether follow-up visit was ordered

### Detailed Guide for the Chart Review Tool

Encircle from the options provided the answer that best describes the findings in the charts. An option of 'No/can't tell' is provided for some questions when the surveyor could not find evidence for an affirmative response to questions after reviewing patient records from July 1, 2013 onwards (except for Gastroenteritis). There may be issues with the doctor's handwriting and local terminologies that the chart review may not be familiar with. He/She should make sure to ask either the doctor or the nurses if something written in the chart is unclear.

Although the selection of the chart for reviewing is based on the most recent visit, during the process of the chart review, the chart reviewer will have to go through past records, i.e. charts dated July 1, 2013 onwards, to ascertain the information (except for Gastroenteritis for which only the chart of the latest consultation will be needed).

Supervisors are expected to review questionnaires for quality control purposes. Since all questions must have a response, the supervisor should mark as 'Missing data' any unanswered/unmarked question by the chart reviewer. For items the respondent refuses to answer, we put the code -66.

The following provide detailed notes and instructions for each questionnaire item:

**Part I. Identification (all conditions)**

ID1	Survey ID Number	Survey ID Number will be stamped on each page of the instrument.
ID2	Region	Write the name or number being required in the space provided. See Annex A for the assigned codes for region, province, and city/municipality.
ID3	Province	
ID4	City/Municipality	
ID5	Name of Health Center	Indicate the name by which the facility is called by the health personnel. Please ask for the official full name of the facility.
ID6	Chart is of a PhilHealth member?	Before administering this tool, the surveyor should ask the Public Health Nurse (PHN) how a chart of a PhilHealth member could be identified
ID7	If yes, what is the patient's Philhealth Number?	If patient is a PhilHealth member, note down the PhilHealth # if it is indicated on the chart
ID8	If yes, what is the type of Philhealth membership	Check from among options provided the membership category of the patient  Paying members, both formally and informally employed, contribute to the payment of their premiums. Sponsored members have government and other sponsors paying for their premiums. Lifetime members are retirees who are not required to pay their premiums anymore.
ID9	Patient's Name	Note down data provided in the chart
ID10	Patient's Age (as of last birthday)	

ID11	Patient's Sex	
ID12	Date of most recent patient consultation	Indicate date of the latest patient consultation
ID13	Pertinent chief complaint in seeking consultation	Note down data provided in the chart for the last consultation

## Part II. Profile (all conditions)

0.1	Is the Individual Health Profile Form attached to the chart? (see sample in Annex E of this Manual)	<p>Check whether the Individual Health Profile is attached to the chart or in the envelope of the charts.</p> <p>The format of the profile is in Annex E of this Manual. This is the suggested format of the Individual Health Profile in PhilHealth PCB Circular No. 10, s. 2012, but the RHU/health center may also use its own Individual Health Profile form in a different format, if it has any.</p> <p>Accept any alternative format if the RHU/health center says that is what they use to keep a health profile of its clients.</p> <p>If yes (health profile attached to the chart), include in the 24 profiles for encoding and skip to 0.3.</p> <p>If No, ask RHU/health center to retrieve the patient's profile and include in the 24 profiles for encoding.</p>
0.2	Is RHU able to retrieve the patient's profile?	<p>Indicate whether the RHU was able to retrieve the patient's profile.</p> <p>If unable to retrieve the profile, skip to Part III. (Section on DIAGNOSIS).</p>

0.3	If Individual Health Profile is attached or not attached but retrieved, is the PhilHealth Individual Health Profile form (Annex A.1 of PCB Circular) used?	Indicate here whether the PhilHealth form or another format was used (as discussed above in 0.1).
0.4 for Hypertension and Diabetes only		
0.4	Was the NCD Risk Assessment and Screening Form attached to the chart? (for Hypertension and Diabetes only)	<p>A copy of the Risk Assessment and Screening Form is in Annex K.</p> <p>If utilized, the answers indicated in the form can be used to answer questions in the subsequent sections of the Hypertension and Diabetes Chart Review questionnaires. Some charts may not have the form attached but the answers to the questions may be written on the chart.</p>

## CHART REVIEW FOR GASTROENTERITIS

Part III. Diagnosis (based on chart for most recent consultation)		
G1.1.1	Signs of dehydration	Note down data provided in the chart. Note that option “3 - Can’t tell” will primarily be used for charts with unintelligible handwriting.
G1.1.2	Changes in the frequency and character of stool	
G1.2	Fecalysis ordered in chart	Note down if test was ordered and if the result is found in the chart.  <i>See sample AGE Chart 1 in Annex J.</i>
G1.3	Fecalysis result indicated in chart	
Part IV. Treatment (based on chart for most recent consultation)		
G2.1	Oral Rehydration Solution ORS plus zinc supplement	Oral rehydration solutions (ORS) may come in different brands and preparations. There are brands (e.g. cholyte with zinc, zinclyte) that already contain zinc. Most ORS do not.
G2.2	“Am” with salt plus zinc supplement	Home solutions such as rice water (am) are sometimes used but should be supplemented with zinc. If zinc was not indicated in the chart then the criterion is not considered accomplished.

G2.3	Breast milk plus zinc supplement	If zinc was not indicated in the chart then the criterion is not considered accomplished.  Not applicable if patient is not breastfed
G2.4	Oral Rehydration Salt only	Note down if this treatment was prescribed to the patient  <i>See sample AGE Chart 2 in Annex J</i>
G2.5	Others, specify	Other treatments, aside from fluid replacement, for Gastroenteritis will likely be written on the chart. Note these down.

## CHART REVIEW TOOL FOR ASTHMA

Part III. Diagnosis (based on charts dated July 1, 2013 onwards)		
A1.1	On the latest visit, what was the state of the patient's diagnosis?	The question aims to determine whether the patient is a new case or a previously diagnosed case in the facility or from elsewhere.
	Findings noted in chart on at least one visit (applies to questions A1.21 – A1.4)	Surveyor should review chart, including previous consultations indicated in charts dated July 1, 2013 onwards, for documentation of evidence on the basis for the clinical diagnosis of the case.
A1.2.1	Dyspnea and chest tightness	Note down findings documented in the chart.  <i>See sample BA chart 1 in Annex J.</i>
A1.2.2	Wheezing	
A1.2.3	Family history of asthma	
A1.3.1	Peak expiratory flow meter testing ordered in chart	Note down data provided in the chart
A1.3.2	Peak expiratory flow meter results in chart	Note down the test result if indicated in the chart. There may be instances when a result of a test would be available even if the order could not be found on the chart, especially for patients who have previously sought consult elsewhere.
Part IV. Treatment		
A2.1	Nebulisation done with beta2 agonist e.g. salbutamol or terbutaline	Note down treatment provided in the chart  <i>See sample BA chart 2 in Annex J.</i>



A2.2	Prescribed salbutamol or terbutaline	Prescription may be in tablet, syrup, inhaler form
A3.1	ICS (inhaled corticosteroid)(e.g. beclomethasone or budesonide or fluticasone) prescribed	Note down additional treatment ordered in the chart like inhaled corticosteroids.
<b>Part IV. Follow-up (based on charts dated July 1, 2013 onwards)</b>		
A4.1	Was a follow-up visit ordered in any of the charts	Note down if follow-up was ever advised after a consultation for asthma based on charts dated July 1, 2013 onwards

## CHART REVIEW TOOL FOR HYPERTENSION

<b>Part III. Diagnosis</b>		
H1.1	On the latest visit, what was the state of the patient's diagnosis?	<p>The question aims to determine whether the patient is a new case or a previously diagnosed case in the facility or from elsewhere</p> <p><i>See sample HPN Chart 1 in Annex J.</i></p>
H1.2.1	BP readings on this consultation	Note down the BP monitoring measurements on the patient during the latest consultation.
H1.2.2		If BP was taken only once, then encircle "Not recorded" in H1.2.2 Second reading
<b>Part IV. Compliance to PEN Guidelines (based on charts dated July 1, 2013 onwards)</b>		
H2.1	Assessment for Common Risk Factors based on charts dated July 1, 2013 onwards	<p>Note down if there's evidence that the succeeding criterion have been accomplished. The reviewer will have to check that the charts are dated July 1, 2013 onwards.</p> <p>Note that option "3 - Can't tell" will primarily be used for charts with unintelligible handwriting.</p>
H2.1.1	Family history for hypertension checked	A common shortcut used by physicians is 'FHx' to indicate family history

H2.1.2	Family history for diabetes checked	A common shortcut used by physicians is 'FHx' to indicate family history
H2.1.3	Weight/Height or BMI checked	Note if the computation for Body Mass Index (BMI) was made and indicated on the chart
H2.1.4	Smoking history checked	Note down findings from the chart
H2.1.5	History of excessive alcohol intake checked	
H2.1.6	Frequent consumption of high fat and salty food checked	
H2.1.7	Infrequent consumption of vegetables and fruit checked	
H2.1.8	Physical activity/regular exercise checked	
H2.2.1	Blood pressure measurements	In order to suspect hypertension, BP $\geq$ 140/90 should be seen at least twice on the chart. 'Incomplete evidence' will be checked if elevated BP is only documented once or not at all.
H2.2.2	Fasting or random glucose determination ordered?	Note down diagnostic test/s ordered in the chart and the most recent date when this was ordered
H2.2.3	Fasting or random glucose determination done?	Note down diagnostic test result/s and the result dates indicated in the chart. There may be instances when a result of a test would be available even if the order could not be found on the chart, especially for patients who have previously sought consult elsewhere.
H2.2.4	Urine ketones determination ordered?	Note down diagnostic test/s ordered in the chart and the most recent date when this was ordered

H2.2.5	Urine ketones determination done?	Note down diagnostic test result/s and the result dates indicated in the chart. There may be instances when a result of a test would be available even if the order could not be found on the chart, especially for patients who have previously sought consult elsewhere.
H2.2.6	Urine protein determination ordered?	Some physicians may refer to urine protein as 'urine albumin'
H2.2.7	Urine protein determination done?	Note down diagnostic test result/s and the result dates indicated in the chart. There may be instances when a result of a test would be available even if the order could not be found on the chart, especially for patients who have previously sought consult elsewhere.
H2.2.8	Total cholesterol determination ordered?	Some physicians may refer to this as the 'lipid profile' or LDL, HDL, and triglycerides  <i>See sample HPN Chart 2 in Annex J.</i>
H2.2.9	Total cholesterol determination done?	Note down diagnostic test result/s and the result dates indicated in the chart. There may be instances when a result of a test would be available even if the order could not be found on the chart, especially for patients who have previously sought consult elsewhere.

H2.3.1	Was risk stratification done using the WHO/ISH Risk Prediction Charts?	<p>Risk stratification involves classification of clients of their 10-year risk of suffering a fatal or non-fatal cardiovascular event. It uses color-coded charts to identify client risk level.</p> <p>A sample PEN Risk Stratification/Risk Prediction Chart is in Annex K of this Manual.</p>
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**Part V. Management (based on charts dated July 1, 2013 onwards)**

Was there evidence that the following management were implemented (from charts dated July 1, 2013 onwards)?

H3.1.1	Prescribed hydrochlorothiazide diuretic	Note down treatment/s provided to the patient
H3.1.2	Prescribed beta blocker e.g. atenolol, metoprolol	
H3.1.3	Prescribed ACE inhibitor e.g. enalapril, captopril	
H3.1.4	Prescribed calcium channel blocker e.g. amlodipine, nifedipine	
H3.1.5	Prescribed a combination of any of the above	

H3.1.6	Prescribed statins e.g. simvastatin	
H3.1.7	Counseled on diet, physical activity, smoking cessation	
<b>Part VI. Referral (based on charts dated July 1, 2013 onwards)</b>		
H4.1	Was the patient ever referred for higher level care?	Note down if patient was ever referred. The subsequent list includes possible reasons for referring patients. "Ever referred" means checking charts from consultations made since July 1, 2013.
H4.2.1	Uncontrolled hypertension	Referral should be made if BP $\geq$ 140/90 in spite of treatment with 2 or 3 agents
H4.2.2	With co-morbidities that require further assessment	Includes history of worsening heart failure, angina, claudication
H4.2.3	With complications e.g. angina, TIA; DM with severe infection, for eye exam	Patients with these medical conditions need to be referred for further assessment
H4.2.4	Abnormal labs e.g. proteinuria; newly diagnosed DM with urine ketones 2+	Patients with any proteinuria or newly diagnosed diabetes cases with 2+ urine ketones should be referred
H4.2.5	Uncontrolled DM despite maximal metformin with or without sulfonylurea	Patients with fasting blood glucose >14 mmol/l despite maximal metformin dosage (3 g/day) need further management by a specialist
H4.2.6	Others, specify	Indicate other reasons for referral that may be indicated in the chart.
<b>Part VII. Follow-up (based on charts dated July 1, 2013 onwards)</b>		
H5.1	Was a follow-up visit ordered in any of the consultations?	Note down if follow-up was ever advised after a consultation for hypertension, based on charts dated July 1, 2013 onwards

## CHART REVIEW TOOL FOR DIABETES

Part III. Diagnosis		
D1.1	On the latest visit, what was the state of the patient's diagnosis?	The question aims to determine whether the patient is a new case or a previously diagnosed case in the facility or from elsewhere
D1.2.1	BP readings on this consultation	Note down the BP monitoring measurements on the patient during the latest consultation.
D1.2.2		If BP was taken only once, then encircle "Not recorded" in D1.2.2 Second reading
Part IV. Compliance to PEN Guidelines (based on charts dated July 1, 2013 onwards)		
D2.1	Assessment for Common Risk Factors	Note down if there's evidence <b>from charts dated July 1, 2013</b> onwards that the succeeding criterion have been accomplished. This means the reviewer will have to check all the charts dates July 1, 2013 onwards for this patient.
D2.1.1	Family history for hypertension checked	A common shortcut used by physicians is 'FHx' to indicate family history
D2.1.2	Family history for diabetes checked	A common shortcut used by physicians is 'FHx' to indicate family history
D2.1.3	Weight/Height or BMI checked	Note if the computation for Body Mass Index (BMI) was made and indicated on the chart

D2.1.4	Smoking history checked	Note down findings from the chart
D2.1.5	History of excessive alcohol intake checked	
D2.1.6	Frequent consumption of high fat and salty food checked	
D2.1.7	Infrequent consumption of vegetables and fruit checked	
D2.1.8	Physical activity/regular exercise checked	
D2.2.1	Blood pressure measurement	In order to suspect hypertension, BP $\geq$ 140/90 should be seen at least twice on the chart. 'Incomplete evidence' will be checked if elevated BP is only documented once or not at all.
D2.2.2	Fasting or random glucose determination ordered?	Note down diagnostic test/s ordered in the chart and the most recent date when this was ordered
D2.2.3	Fasting or random glucose determination done?	Note down diagnostic test result/s and the result dates indicated in the chart. There may be instances when a result of a test would be available even if the order could not be found on the chart, especially for patients who have previously sought consult elsewhere.  <i>See sample DM Chart 1 in Annex J</i>
D2.2.4	Urine ketones determination ordered?	Note down diagnostic test/s ordered in the chart and the most recent date when this was ordered

D2.2.5	Urine ketones determination done?	<p>Note down diagnostic test result/s and the result dates indicated in the chart. There may be instances when a result of a test would be available even if the order could not be found on the chart, especially for patients who have previously sought consult elsewhere.</p> <p><i>See sample DM Chart 1 in Annex J</i></p>
D2.2.6	Urine protein determination ordered?	Some physicians may refer to this as 'urine albumin'
D2.2.7	Urine protein determination done?	<p>Note down diagnostic test result/s and the result dates indicated in the chart. There may be instances when a result of a test would be available even if the order could not be found on the chart, especially for patients who have previously sought consult elsewhere.</p> <p><i>See sample DM Chart 1 in Annex J</i></p>
D2.2.8	Total cholesterol determination ordered?	Some physicians may refer to this as the 'lipid profile' or LDL, HDL, and triglycerides
D2.2.9	Total cholesterol determination done?	<p>Note down diagnostic test result/s and the result dates indicated in the chart. There may be instances when a result of a test would be available even if the order could not be found on the chart, especially for patients who have previously sought consult elsewhere.</p> <p><i>See sample DM Chart 1 in Annex J</i></p>
D2.3.1	Was risk stratification done using the WHO/ISH Risk Prediction Charts?	<p>Risk stratification involves classification of clients of their 10-year risk of suffering a fatal or non-fatal cardiovascular event. It uses color-coded charts to identify client risk level.</p> <p>A sample risk prediction chart is in Annex K of this Manual.</p>
<b>Part V. Management (based on charts dated July 1, 2013 onwards)</b>		
D3.1.1	Prescribed metformin	Note down treatment/s provided to the patient



D3.1.2	Given advice on foot care	
<b>Part VI. Referral</b>		
D4.1	Was the patient ever referred for higher level care?	Note down if patient was <b>ever</b> referred. The subsequent list includes possible reasons for referring patients. "Ever referred" means checking charts from consultations made since July 1, 2013.
D4.2.1	Uncontrolled hypertension	Referral should be made if BP $\geq$ 140/90 in spite of treatment with 2 or 3 agents
D4.2.2	With co-morbidities that require further assessment	Includes history of worsening heart failure, angina, claudication
D4.2.3	With complications e.g. angina, TIA; DM with severe infection, for eye exam	Patients with these medical conditions need to be referred for further assessment  <i>See sample DM Chart 2 in Annex K.</i>
D4.2.4	Abnormal labs e.g. proteinuria; newly diagnosed DM with urine ketones 2+	Patients with any proteinuria or newly diagnosed diabetes cases with 2+ urine ketones should be referred
D4.2.5	Uncontrolled DM despite maximal metformin with or without sulfonylurea	Patients with fasting blood glucose >14 mmol/l despite maximal metformin dosage (3 g/day) need further management by a specialist
D4.2.6	Others, specify	Indicate other reasons for referral that may be indicated in the chart.
<b>Part VII. Follow-Up (based on charts dated July 1, 2013 onwards)</b>		
D5.1	Was a follow-up visit ordered in any of the consultations?	Note down if follow-up was ever advised after a consultation for diabetes based on charts dated July 1, 2013 onwards

## Instructions on How to Copy and Make the Individual Health Profiles Anonymous:

Upon collecting the corresponding Individual Health Profiles of the patient charts, you can make a copy of these documents by taking a photograph. To ensure animosity, please cover the name, address, and contact numbers of the patient/client while you perform any of the procedures mentioned above. It is also important that you make the Survey ID no. of the patient chart be part of the photographed Individual Health Profile.

## INDIVIDUAL HEALTH PROFILES COVER SHEET

The enumerator answers the individual health profiles cover sheet providing collection details and review.

1	Date Started Collection	Fill in the Month, Day and Year of the Collection.
2	Date Completed Collection	Fill in the Month, Day and Year of the Collection
3	Collector's Name, Signature	Write the name and signature of collector.
4	Supervisor's Name, Signature	After the supervisor reviews the questionnaire and confirms that the work is complete, write the name of the supervisor and sign.
5	Date of Supervisor's Review	Note the date and time the individual health profiles cover sheet was reviewed.

### Parts of the Cover Sheet:

The cover sheet consists of the following parts which focus on the following:

- Part I. Identification - Name of Region, province, city/municipality, and name of health facility
  - Part II. Number of Individual Health Profiles (no. of reviewed charts with individual health profiles and no. of reviewed charts without individual health profiles)
  - Part III. Individual Health Profiles by PhilHealth Membership (no. of individual health profiles where patient is a PhilHealth member or dependent, No. of Individual health profiles where patient is not a PhilHealth member or dependent)
  - Part IV. Individual Health Profiles by Format (no. of individual health profiles in PhilHealth Format, no. of individual health profiles in other formats)
  - Part V. Health Profile Identifiers (Survey ID number of profile, age of patient, Is patient a PhilHealth member or dependent, Is individual health profile in PhilHealth format)
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## 7. DIRECT OBSERVATION

Direct Observations are only conducted in a selected subset of health facilities (so you will not conduct Direct Observations in all health facilities visited).

**Subjects:** Health workers providing care to adult hypertensive cases or suspects. In particular, the Nurse or Midwife will be observed in taking the blood pressure of the patients, and the Physician will be observed in his/her interaction with the patients.

**Selecting the Cases for Direct Observation:** The Nurse or Midwife will be asked to inform the Observer when a possible hypertension case is identified. Observations will be made on the first six hypertension cases that consult in the selected facility that will give consent. Only cases of adult patients above 40 years old should be included in the observations. The patients may be PhilHealth or non-PhilHealth members.

**Getting the Consent:** Informed consent will be obtained from the health workers that will be observed, as well as from the patients being cared for during the observation.

First read out the consent form to the Physician and to the Nurse or Midwife. When they agree to proceed, the consent applies to all cases for which they will be observed in their facility.

The Informed Consent for the Patient will be read to each patient that will be identified by the Nurse or Midwife, and each patient will be asked to sign the consent.

**Tool Review:** Indicate the name of the Observer, and the date and time of the observation. At the end of the day, the supervisor shall review the questionnaire. The supervisor shall also indicate his/her name, and the date and time of the review.

1	Observer's Name, Signature	Write the observer's name and sign.
2	Date of Observation	Fill in the Month, Day and Year of the observation.
3	Time Started – BP Taking	Note down the time the observation for BP taking started.
4	Time Completed - BP Taking	Note the time the observation for BP taking was completed.
5	Time Started – Physician Interaction	Note down the time the observation for physician interaction started.
6	Time Completed - Physician Interaction	Note the time the observation for physician interaction was completed.
7	Supervisor's Name, Signature	After the supervisor reviews the questionnaire and confirms that the work is complete, write the name of the supervisor

		and sign.
8	Date and Time of Supervisor's Review	Note the date and time the chart review tool was reviewed. It is recommended that the review is conducted the day the interview was completed.

### Parts of the Questionnaire:

The questionnaire consists of the following parts which focus on the following:

- Part I. Identification - Details of the facility, personal information of the physician and nurse or midwife (or any other health worker) that will be observed; personal information, including PhilHealth membership, of the patient involved in the case.
- Part II. Observation of Blood Pressure Taking - Notes on observation of blood pressure taking by the Nurse or Midwife or Health Worker
- Part III. Observation of Physician Interaction – Notes on observation of the physician's interaction with the patient.

### Detailed Guide for Direct Observation Tool

Both observations with the Nurse/Midwife BP taking and Physician interaction with patient will be conducted for each case. Once the Nurse BP taking is observed, follow the patient to observe the Physician interaction with the same patient. Make sure not to intervene while observing, take notes quietly as if you are not in the room.

In the Direct Observation Tool, encircle from the options listed the answer that best describes the findings during the observation. An option of 'Can't tell' is provided for some questions when the observer could not identify basis for a response to a question. The observer should be very familiar with the tools as activities to be observed will likely occur in rapid succession and even simultaneously. The observer should be very observant on the actions of both the nurse and the physician.

**IMPORTANT:** The observer should not intervene when he/she is observing. The observer should be quietly observing taking notes, as if he/she was not in the room.

Supervisors are expected to review questionnaires for quality control purposes. Since all questions must have a response, the supervisor should mark as 'Missing data' any unanswered/unmarked question by the Direct Observer.

### DIRECT OBSERVATION PROTOCOL

2 weeks before Direct Observation schedule, make sure to review the following:

1. Direct Observation Tool in Enumerator's Manual
2. Correct procedure of performing BP measurement
3. PEN Guidelines
4. PEN risk stratification table
5. NCD Risk Assessment Form

One week before the schedule, you must already be well versed of the tool, the BP procedure and an overview of the general concepts of the PEN guidelines.

**On the actual day:**

1. Introduce yourself, the organization & the study to the RHU staff and explain to them the purpose of the direct observation and that you are going to observe the first 6 hypertensive cases that will consult in the RHU who will agree to participate in the study.
2. Obtain informed consent by reading out to the Physician and to the nurse or midwife the consent form. Tell them that they have the right to refuse to participate, that results will be kept confidential and if there is any questions or concern they can refer to the person and contact numbers that you will mention when you read the Informed Consent section of the tool.
3. The Informed Consent for the Patient will be read to each patient who will be identified by the Nurse or Midwife. Each patient will be requested to sign the consent.
4. Once the nurse or midwife agrees to participate, ask him/her to inform you if there is a hypertensive or a possible hypertensive case. Remind the health worker that you are only going to observe the adult patients who are above 40 years old. The patients may be PhilHealth or non-PhilHealth members.
5. Fill up the 1<sup>st</sup> part (Identification) of the questionnaire and get ready to focus in observing the BP measurement procedure.
6. Observe intently and close enough so you can compare the actual procedure with the standard BP procedure in the Direct Observation Tool.
7. Remain quiet all throughout the procedure. Do not in any way intervene in the interaction b/w the health worker and the patient.
8. After the observation, thank the health worker and the patient. Tell the health worker and the patient that they have been helpful in the study being conducted for PhilHealth.
9. After the BP measurement, follow the patient to observe the Physician interaction with the same patient. Maintain a considerable distance when observing the physician but enough that you can hear their conversation.
10. Take note if the physician utilized/referred to the NCD risk assessment form and the PEN risk stratification table during the consultation process.
11. Thank the physician after the observation and tell him/her that he/she has been very helpful in the study being conducted.
12. Review the checklist/questionnaire for quality control purposes.
13. Repeat this procedure to the next 5 adult (above 40 years old) hypertensive cases that will agree to participate in the study.

Note: Any questions regarding the direct observation should be addressed to Dr. Buddy Salvador.

## Part I. Identification

QUESTION #	QUESTION	EXPLANATION/NOTE
ID1	Region	Write the name or number being required in the space provided. See Annex A for the codes assigned to the region, province, and city/municipality.
ID2	Province	
ID3	City/Municipality	
ID4	Name of Health Facility	Indicate the name by which the facility is called by the health personnel. Please ask for the official full name of the facility.
ID5	Health Worker Name	Write the full name of the health worker to be observed for BP taking
ID6	Health Worker Age (as of last birthday)	Note down the health worker's age in years
ID7	Health Worker Sex	Note down the health worker's gender
ID8	Health Worker Item in RHU	Indicate whether the health worker is a nurse or midwife in the RHU, or any other item he/she may hold in the RHU
ID9	Physician Name	Write the physician's full name
ID10	Physician Age (as of last birthday)	Note down the physician's age in years
ID11	Physician Sex	Note down the physician's gender
ID12	Patient Name	Note down data provided in the chart (if needed, collect this information after the observation so as not to disrupt the consultation by the nurse or the physician).
ID13	Patient Age	
ID14	Patient Sex	
ID15	Pertinent chief complaint in seeking consultation	Note down data provided in the chart for this consultation
ID16	PhilHealth Membership	Note down patient membership status as of the consultation.  <b>Skip to the next section A.O if a non-member</b>
ID17	If member or dependent, PhilHealth ID#	For PhilHealth members, note down the patient's PHIC ID#

QUESTION #	QUESTION	EXPLANATION/NOTE
ID18	PhilHealth membership type	For PhilHealth members, note down the membership type from among the choices provided
ID19	According to the patient's chart, has the patient previously sought consult for hypertension?	Indicate response.

## Part II. Observation of Blood Pressure Taking

QUESTION #	QUESTION	EXPLANATION/NOTE
A0.1	Was BP taken on this visit?	If, for whatever reason, the patient's BP was not measured during the visit, a new patient will have to be identified for observation.
A1.1.1	Does the BP apparatus have a mercury-type manometer?	The measuring unit of the sphygmomanometer may be digital, aneroid, or the mercury type.
A1.1.2	Did the stethoscope chest piece have a bell side?	The stethoscope chest piece typically has two sides: the diaphragm (plastic disc) and the bell (hollow cup).
A1.2.1	Was patient asked if he had smoked within 30 minutes before BP was taken?	Smoking immediately before BP taking may artificially increase measurements.
A1.2.2	Was patient asked if he had coffee within 30 minutes before BP was taken?	Drinking coffee immediately before BP taking may artificially increase measurements.
A1.2.3	Was the procedure explained to the patient?	The nurse is supposed to explain to the patient the procedure before the BP is taken.
A1.2.4	Was the arm in which blood pressure was measured bare to the shoulder?	The patient's sleeve needs to be rolled up to the shoulder so clothing would not interfere with the BP measurement.
A1.2.5	Was the patient's arm supported on a table at heart level?	When BP is being taken, the patient should ideally be seated with arm resting on a table top that is at heart level.
A1.2.6	Was the manometer at eye level of the health care provider?	For accuracy in measurements, the BP taker should be seated with eyes at the

QUESTION #	QUESTION	EXPLANATION/NOTE
		same level as the manometer.
A1.3.1	Did this patient need a smaller size cuff?	Observe based on patient's size whether the patient needed a cuff that is smaller than the regular one.  If not, skip A1.3.2 and proceed to A1.3.3.
A1.3.2	Was a different sized cuff used on smaller patients?	Check for the availability (whether it was used for this patient) of a cuff for measuring the BP of smaller patients (usually a pediatric cuff)
A1.3.3	Was the whole cuff placed on a bare upper arm?	The BP cuff will be placed on the patient's upper arm on bare skin with no clothing impeding the measurement.
A1.3.4	Was the cuff placed approximately 2 cm above the elbow crease?	The lower part of the cuff should be placed 2 cm above the elbow crease.
A1.4.1	Was the palpated systolic BP determined prior to BP measurement?	Before using the stethoscope to measure the BP, the nurse should first determine the systolic BP of the patient via the palpatory method.
A1.4.2	Was the bell side of the stethoscope chest piece used in BP measurement?	Observe whether the nurse uses the bell side or the diaphragm side of the stethoscope chest piece in measuring the BP.
A1.4.3	Was the stethoscope touching the patient's clothing or the BP cuff?	Touching the stethoscope may produce extraneous sounds that could produce errors in measurement.
A1.4.4	Was the cuff deflated at a rate of 2 mm Hg per second?	Deflating the cuff should neither be too fast nor too slow.
A1.4.5	Was a second BP measurement done after a couple of minutes?	BP measurement should be done at least twice with a brief rest period in between. The final BP should be the average of the two measurements.
A1.4.6	Was the BP measurement shared with the patient?	Once BP is determined, the nurse should inform the patient of her findings.



### Part III. Observation of Physician Interaction

QUESTION #	QUESTION	EXPLANATION/NOTE
B	Patient blood pressure during this consultation	<p>Note what the nurse wrote down on the chart as the patient's BP.</p> <p>If the BP was taken twice, get the average of the two systolic and the two diastolic measurements.</p>
B1	Is the patient a smoker?	<p>Was the patient asked about his smoking history?</p> <p><b>Skip to C if the patient is a non-smoker or was not asked if a smoker</b></p>
B2	Explained to current smokers that smoking is a strong risk factor for cardiovascular disease.	If the patient is a smoker, did the physician explain the relation between smoking and heart disease?
B3	Advised current smokers to stop smoking.	Was the patient advised by the physician to quit smoking?
C	Was patient asked to have cholesterol level determination?	Did the physician advise the patient to have his cholesterol level checked?
D1	Does the patient appear overweight?	<p>If computed, a BMI &gt;25 would mean that the patient is overweight.</p> <p><b>Skip to E if not overweight or observer can't tell.</b></p> <p>Can't Tell means the observer is not sure if the patient is overweight and this wasn't established during the interaction between the health workers and patient.</p>
D2	Advised overweight patients to reduce weight.	<p>If the patient appears overweight, did the physician advise him to lose weight?</p> <p>Can't Tell here is supposed to mean "Can't Tell whether the patient was advised to reduce weight or not"</p>
E	Explained to patient the relationship between body weight and level of blood pressure	Did the physician explain to the patient the link between obesity and high blood pressure?

QUESTION #	QUESTION	EXPLANATION/NOTE
F	Explained that a reduction in salt intake reduces blood pressure	Did the physician explain to the patient that low salt in the diet can reduce BP or vice versa?
G1	Advised not to add salt during cooking, use fresh products with little salt	Did the physician advise the patient to limit salt used during cooking?
G2	Advised to limit intake of fatty food	Did the physician advise the patient to limit intake of fatty food?
H	Explained that physical exercise and sport reduce blood pressure	Did the physician explain the link between exercise and reduction of BP?
I	Advised exercise	Did the physician advise the patient to exercise?
J1	Is the patient an alcoholic beverage drinker?	Was the patient asked about his drinking history?  If it becomes apparent in the discussion that the patient does not drink alcoholic beverages or was not asked at all about this, <b>Skip to K.</b>
J2	Advised limiting of alcohol consumption	Did the physician advise the patient to limit his alcohol intake?
K	Discussed risk related to family history of the condition	Did the physician explain the risk of hypertension in relation to family history for this condition?
L	Discussed with patient need for compliance with advice given on the management of his hypertension	Did the physician explain the need for the patient to strictly follow instructions on the management of his hypertension?
M	Provided information about the importance of lifestyle modifications	Did the physician give information on other lifestyle modifications e.g. reducing stress, cutting back on caffeine, regular BP monitoring?
N	Provided information about the importance of follow-up	Did the physician advise the client to make regular follow-ups at the health center?
O1	Maintained patient's privacy	Was the patient's privacy maintained during the whole consultation? A Yes answer would mean at least that other patients are not able to listen in on their conversation.

QUESTION #	QUESTION	EXPLANATION/NOTE
O2	Avoided directing/leading questions	Did the physician avoid using leading questions that imply or contain their own answers? For example, "Did you take your metoprolol 3 times a day like you were instructed to?"
O3	Gave the patient the opportunity/time to talk	Did the physician give the patient ample time to explain his current status and medical condition?
O4	Listened. Gave the patient undivided attention	Did the physician listen and give his undivided attention to what the patient was saying?
O5	Checked/clarified information	Did the physician ask clarificatory questions on what the patient told him about his medical history?
O6	Adapted explanation to patient's level of understanding	Did the physician avoid medical jargon and use layman's terms in explaining the medical treatment to the patient?
O7	Expressed caring, concern, empathy	Did the physician seem to be able to relate to the patient and show an ability to share the patient's feelings?
O8	Maintained a respectful tone	Did the physician maintain a respectful tone in his conversation with the patient?

## 8. PATIENT EXIT SURVEY

**Respondents:** 20 patients or companion of the patient. Only adults will be interviewed (i.e. 18 years old and above).

**Selecting Patients to Interview:** Interview every other patient. i.e., starting from the first patient who come out of the health facility that day after their visit, interview the 2<sup>nd</sup>, 4<sup>th</sup>, 6<sup>th</sup>, ..., 40<sup>th</sup> patients, or until 20 patients have been interviewed. The time of interview is after they have just finished the visit to the health center. If you do not reach 20 patients that day by interviewing every other patient, go back the next day to complete all 20 interviews.

**Getting the Consent:** Start the conversation by introducing yourself and reading out the consent form. Make sure to use the translated consent form when needed. Only start the interview once the patient and/or his/her guardian or companion understood and agreed to participate in the survey. Please ask the respondent to sign the consent form, and give a copy of the I3QUP Contacts Card. If any of the patients/companions do not wish to be interviewed, do not proceed and wait for the next 2<sup>nd</sup> patient.

**Survey Tool Review:** Indicate the name of the interviewer, and the date and time of the interview. At the end of the day, the supervisor shall review the questionnaire. The supervisor shall also indicate his/her name, and the date and time of the review.

A1	Date of Interview	Fill in the Month, Day and Year of the interview.
A2	Time Started	Note down the time the interview was initiated, i.e., after the consent was obtained.
A3	Time Completed	Note the time the interview was completed.
A4	Interviewer's Name, Signature	Write the interviewer's name and sign.
A5	Supervisor's Name, Signature	After the supervisor reviews the questionnaire and confirms that the work is complete, write the name of the supervisor and sign.
A6	Supervisor's Review Date	Note the date the questionnaire was reviewed. It is recommended that the review is conducted the day the interview was completed.

## Parts of the Questionnaire:

The questionnaire consists of the following parts, which focus on the following:

- Part I. Identification - Personal information of the patient and the respondent, and the respondent's PhilHealth membership status. It is important to make a mental note during this part whether the patient or the respondent are the same person or not, in order to properly phrase the asking of questions in the remainder of the questionnaire.
- Part II. PhilHealth Awareness - Respondent's awareness of PhilHealth
- Part III. Utilization/Use of Health Facility – Experience of today's health facility visit
- Part IV. Patient Satisfaction – Respondent's perception based on the experience of today's and previous health facility use

## Detailed Guide for the Questionnaire

Supervisors are expected to review questionnaires for quality control purposes. Since all questions must have a response, the supervisor should mark as 'Missing data' any unanswered/unmarked question by the chart reviewer. For items the respondent refuses to answer, we put the code -66.

The following provide detailed notes and instructions for each questionnaire item:

### Part I. Identification

ID0	SURVEY ID NUMBER	ASSIGN THE SERIAL NUMBER IN THE SURVEY ID NUMBER AS INSTRUCTED ABOVE.
ID1	Region	Note the names of the region, Province, and the City/Municipality
ID2	Province	
ID3	City/Municipality	
ID4	Name of Health Facility	Write down the full name of the health facility.
ID5	Patient's Name	Ask and note the full name of the patient. If the respondent is the patient's guardian/care taker, make sure to ask the patient's name.
ID6	Patient's Age	Ask and note the age of the patient.
ID7	Patient's Sex	Note the sex of the patient.
ID8	Name of Respondent	Note the full name of the respondent. If the patient is the respondent, the name should be the same as ID5.
ID9	Relationship of Respondent to Patient	Ask the relationship between the patient and the respondent. If it is the same person, write "self".

ID10	Respondent's Age	Ask and note the respondent's age. If the patient is the respondent the response should be the same was ID6.
ID11	Respondent's Sex	Ask and note the respondent's Sex. If the patient is the respondent the response should be the same was ID7.
ID12	Respondent's Education	Ask the final level of education <u>completed</u> by the respondent. If the respondent went to high school but did not complete high school the response would be "Grade school". For those that did not complete grade school but obtained some schooling, there is an option "Some grade school" to differentiate from somebody with completely no schooling.
ID13	PhilHealth Membership	<p>Ask whether the <b>respondent</b> is a PhilHealth Member. Note if the respondent is a member, a dependent of a member, or not a member.</p> <p>This pertains to currently active membership. Some respondents may indicate that they used to be a member but is no longer a member or not sure if still a member. If respondent indicates that he/she is no longer a member, the response is "Non-Member." If the response is that he/she is unsure, the response is "Don't Know"</p> <p>If Non-member or Don't Know, skip the remainder of Part I and Part II and proceed to Part III. Utilization.</p>
ID14	PhilHealth # (of respondent)	Ask for the PhilHealth card/documentation and copy the <b>respondent's</b> PhilHealth member ID number.
ID15	PhilHealth Membership type	Ask the type of PhilHealth membership the <b>respondent</b> has.

## Part II. PhilHealth Awareness (for PCB1-entitled members only)

**Note that this section is only for respondents that are PhilHealth members and that are entitled to PCB1. These member types that are entitled are identified in ID15.**

A1	Do you have a PhilHealth ID?	Indicate yes or no as reported by the respondent. Even if the respondent does not have it physically with him/her, indicate yes if reported as having an ID. If the respondent is a dependent, it is possible that only the member has an ID. Indicate yes if respondent indicates that the member
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		has an ID.
A2	If yes, when did you (or the member if the respondent is a dependent) receive the ID?	Indicate the month and year that the ID is the respondent recalls to have received the ID.
A3	Did you bring your ID?	Ask to see the ID and indicate whether you were able to see it or not.
A4	Have you been asked to sign up by the RHU regarding your Sponsored Program membership or PCB1 entitlement?	Ask whether the respondent has been requested by the RHU staff to sign up for the PhilHealth Sponsored Program (SP) membership Primary Care Benefit (PCB) entitlement. Indicate yes or no as reported by the respondent.
A5	If yes, where did you sign up?	If the respondent says yes to A1, ask where the respondent went to sign up for the PhilHealth SP membership PCB entitlement. Select the appropriate response option.
A6	How did you know about signing up?	Ask how the respondent found out about the need to sign up. We are trying to understand the respondent's source of information on signing up. If there is more than one sources of information, probe which one primarily prompted him/her to sign up.
A7	Have you heard of the Primary Care Benefit Package of PhilHealth?	Ask whether the respondent knows or has heard about the Primary Care Benefit Package. Indicate yes or no as reported by the respondent.
A8	What are the benefits covered in PCB1 (Allow multiple responses)	If the respondent knows about the Primary Care Benefit Package, ask him/her what benefits are covered by the PCB package. Encircle all the responses given by the respondent but do not read out or show the response options to the respondent.
A9	How did you know about the PCB1 and the services covered? (Allow multiple responses)	Ask for the respondent's source of information regarding the PCB1 package, and encircle all responses.
A10	Since April 2012, have you or any of your family been rendered the following services by the RHU/HC?	For each item, ask whether the respondent and/or the respondent's family have been rendered the particular service. Since April 2012.

A11	Did you notice a PhilHealth Payment Notice posted at the RHU?	Ask the respondent whether he/she has seen the Payment Notice from PhilHealth posted at the RHU. Indicate yes or no as reported by the respondent.
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### Part III. Utilization/Use of Health Facility (Referring to the Patient)

B1	In the last 12 months, how often have you visited this health facility?	How often has the respondent visited the health facility in the last 12 months?
B2	Reason for this visit (Allow multiple responses)	Ask the reason for today's visit. In case the respondent is not the patient, ask for the reason for the patient's visit to the health facility today.
B3	How long did it take you/the patient to get here today from your home?	Ask how long it took for the respondent and the patient to get to the health facility.
B4	How much did it cost you/the patient to get here today? (inPhP)	Ask the cost of transportation (this should be one-way transportation, from home to the health facility). If he/she walked it should be PhP "0".
B5	Once you arrived here in the health facility, how long did you/the patient wait to be seen by a health care provider?	Ask how long the patient/respondent waited to be seen by the health care provider today in minutes. If the patient/respondent waited one hour, it should be 60 minutes. If it was immediate, write "0" minutes.
B6	Who provided medical care to you/the patient on this visit? (Allow multiple responses)	Ask who saw the patient to provider care today. If multiple providers saw the patient, record all of them.
B7	Were you/Was the patient prescribed medicines today?	Ask whether the patient received prescription during the visit today. Indicate yes or no as reported.
B8	If yes, was it available at this facility today?	If the patient received prescriptions today, ask whether all of the medicines prescribed today were available at the facility today. Write yes or no as reported.
B9	Did you/the patient pay for anything in this visit?	Ask if the patient or the respondent had to pay while at the health facility for any of the services received. Write yes or no as



		reported.
B10	If yes, what did you/the patient pay for? (Allow multiple responses)	If the patient or the respondent had to pay, ask what the payment was for. Note all the responses given by the respondents. Do not read out the response options.
B11	How much did you/the patient pay? (total cost)	If the patient or the respondent had to pay, ask what the total amount was that he/she paid to the RHU for today's service or medicines.

## Part IV. Patient Satisfaction

This section is about the perception of the respondent on the health services provided by the providers at the facility. If the respondent is confused, ask based on today's experience or experiences in the past. Repeat the question until the respondent understands the question and choose from

- Strongly agree (1)
- Agree (2)
- Uncertain (3)
- Disagree (4)
- Strongly disagree (5)

Show the patient the above choices written on a flashcard to remind or guide him/her the different response options. The contents of the flashcard are in Annex O of this Manual.

Below are some examples of what select option would mean. This is intended to guide you (the interviewers) on the interpretation of the responses. Please be careful as questions-response combinations are not very straightforward to understand due to double negatives.

Please note also that the "I" and "me" in the statements refer to the respondent as the recipient of the services.

C1	The medical care I have been receiving is just about perfect	If strongly agree, the respondent strongly agrees that the medical care at the facility is just about perfect.
C2	I am dissatisfied with some things about the medical care I receive	If strongly disagree, it means that the respondent is not dissatisfied (therefore the respondent is satisfied) with some things about the care he/she receives.
C3	I think my doctor's office has everything needed to provide complete medical care	Uncertain means that the respondent isn't sure whether the doctor has everything he/she needs to provide all the care.
C4	Sometimes doctor makes me wonder if the diagnosis is correct	Strongly disagree means that the doctor never makes the respondent wonder about the correctness of the diagnosis.

C5	When I go for medical care, they are careful to check everything when treating and examining me	Disagree means that the respondent doesn't think they are careful to check everything when treating and examining the respondent.
C6	I have doubts about the ability of the doctors who treat me	Uncertain means that the respondent isn't sure whether he/she has doubts about the ability of the doctors. On the other hand, strongly disagree means that the respondent does have doubts.
C7	Doctors are too businesslike and impersonal toward me	Strongly agree means that the respondent thinks that the doctors are businesslike and impersonal.
C8	My doctor treats me in a very friendly and courteous manner	Uncertain would mean that the respondent is unsure whether doctor is very friendly and courteous.
C9	Doctor is good about explaining the reason for medical tests	Strongly disagree would mean the doctor is not good about explaining reasons for medical tests.
C10	Doctors sometimes ignore what I tell him/her	Strongly disagree would mean the doctor never ignores what the respondent tell him/her, in other words the doctor always listens to the patient
C11	I feel confident that I can get the medical care I need without being set back financially	Uncertain would mean the respondent is unsure whether he/she is confident that he/she can get the care he/she needs without having a financial burden. Disagree would mean that the respondent feels that he/she will be set back financially with the medical care cost
C12	I have to pay for more of my medical care than I can afford	Strongly disagree would mean that the respondent doesn't have to pay for more than he/she can afford for his/her medical care.
C13	Those who provide my medical care sometimes hurry too much when they treat me	Uncertain means that he/she is unsure whether the providers are sometime in a rush.
C14	Doctor usually spends plenty of time with me	Strongly disagree would mean that the doctor never spends enough time with him/her
C15	I have easy access to the doctor whenever needed	Strongly disagree would mean that the respondent doesn't have easy access to the doctor when needed
C16	When I get medical care, people have	Disagree would mean that people don't have

	to wait too long for consultation	to wait too long for consultation.
C17	I find it hard to get hold of the doctor at the health center	Strongly disagree would mean that it is not hard (it is easy) to find the doctor at the health facility.
C18	I am able to get medical care whenever I need it	Strongly disagree would mean that the respondent is not able to get medical care when he/she needs it.
C19	I will recommend this facility to my family or friends	Disagree would mean that the respondent won't recommend this facility to others.

D1	Would you like to comment on the PCB through this survey?	Ask the respondent if he/she has comments regarding the PCB and write down word by word what is expressed by the respondent.
D2	Would you like to comment on this survey?	Ask the respondent if he/she has comments regarding this survey and write down word by word what is expressed by the respondent.
<b>Please thank the respondent for the time and the information provided.</b>		