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Baseline assessment of the implementation of provider payment and outpatient benefit reforms in the Philippines

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Philippine Institute for Development Studies
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HEALTH ECONOMICS AND FINANCE PROGRAM

PIDS DISCUSSION PAPER SERIES 2025-26

Baseline Assessment of the Implementation of Provider Payment and Outpatient Benefit Reforms in the Philippines

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Abstract

The Universal Health Care (UHC) Act of 2019 introduces comprehensive reforms to address longstanding demand and supply constraints in the Philippine health system. Key reform areas include shifting provider payment mechanisms of PhilHealth to a global budget and expanding primary healthcare (PHC) and drug benefits. The Department of Health and PhilHealth will implement Health Care Provider Networks (HCPNs) as a key service delivery platform to integrate care at the province level. These reforms will be piloted in select provinces through the HCPN Demonstration Program. A robust impact evaluation is critical given the profound system-wide effects, which require baseline assessment of the population, healthcare providers, and health facilities before implementation. Data collection should include comparator sites to establish counterfactual data, allowing for a more accurate estimation of program impact. To support this effort, the Philippine Institute for Development Studies (PIDS) was tasked with designing an impact evaluation framework, developing data collection tools, and collecting baseline data of the eight (8) provinces at three (3) levels: population-level, facility-level, and provider-level. This paper summarizes key indicators of eight provinces at the baseline level prior to the implementation of the reforms. Key findings show differences across population health status, healthcare-seeking behavior, and financial risk protection. There are also persistent challenges seen in terms of affordability of services and service readiness of facilities. Quality of care emerged as a concern given the workload of healthcare providers and resource constraints. This baseline evaluation provides a critical reference point for measuring the effects of UHC reforms. This report should be paired with an end-line survey of the same sites to properly isolate the effects of the HCPN demonstration program as an intervention.

Keywords: Universal Health Care, Health Care Provider Networks, decentralization, health

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Introduction

Universal Health Coverage (UHC) is a global goal that ensures everyone can access essential health services without financial hardship. In the Philippines, the Universal Health Care (UCA) Act of 2019 has taken significant steps towards achieving UHC by expanding access to quality healthcare services.

The UHC Act introduces comprehensive health reforms to address longstanding demand and supply constraints in the Philippine health system. A key provision of the Act is transitioning to a fairer and more responsive provider payment system, shifting from an all-case rate (ACR) approach to a global budget (GB). The Act also mandates the expansion of PhilHealth's outpatient benefit package and the introduction of drug benefits. Central to the reform is emphasizing primary care and integrating healthcare services by establishing Health Care Provider Networks (HPCNs). Arguably, these reforms are expected to impact both demand and supply within the health system. On the demand side, expanding benefits may influence health-seeking behavior and access to care, which, in turn, could enhance financial protection and improve health outcomes. On the supply side, these reforms, particularly the changes in provider payment mechanisms (PPMs), will likely affect provider behaviors because of shifts in incentive structures.

The DOH and PhilHealth aim to pilot these health reforms in four (4) provinces. From an impact evaluation perspective, assessing the impact of these reforms on the population and health providers is critical before scaling up. A robust impact evaluation is necessary, starting with a baseline assessment of the population, healthcare providers, and health facilities before pilot implementation. Data should also be collected from comparator or control areas as counterfactual to enable a more accurate estimation of the potential impact of the reforms. In light of this, the **Philippine Institute for Development Studies (PIDS) was tasked with designing the impact evaluation framework, developing the data collection tools, and collecting the baseline data in implementation and comparator sites.**

The study aims to establish baseline data on a wide range of population, provider, and health facilities indicators before implementing reforms in four (4) provinces. The specific reforms include payment reforms and outpatient health insurance (i.e., KONSULTA+ or the Comprehensive Outpatient Benefit Package) expansion under the UHC Act (2019). The Department of Health (DOH) and Philippine Health Insurance Corporation (PhilHealth) plan to pilot in select provinces as part of the Health Care Provider Network (HCPN) Demonstration

[1]LEC is a Project Senior Technical Specialist; JB, DFG, FLN are Consultants; JPS is a Project Senior Technical Specialist, KC, GMS, and DTL are Consultants; JTT is a Project Technical Assistant; and VGU is a Senior Research Fellow at the Philippine Institute for Development Studies.

Program. Experiences from other countries introducing similar reforms show mixed effects on efficiency, quality, and equity. Collecting baseline data will enable researchers to estimate the impact of these reforms on the Philippines. The findings will inform decisions on the nationwide rollout and course correction of health financing reforms. The UHC Act of 2019 mandates that the DOH and PhilHealth present evidence of the effectiveness of these reforms to Congress by 2025 (Republic of the Philippines 2019).

Objectives

2.1. General objective

Conduct a baseline assessment of the local health system in the four (4) Healthcare Provider Network (HCPN) Demonstration sites and four (4) comparator sites.

2.2. Specific objectives

- To develop a comprehensive framework and data collection tools for evaluating province-wide health sector reform interventions
- To conduct a baseline assessment of the four (4) pilot sites and four (4) control sites of the CATCH program, capturing broad health indicators

Methodology

3.1 Framework

Our evaluation framework follows the theory of change or general intuition behind health insurance expansion and provider payment reforms. As noted, the reforms will profoundly affect the health system's demand side (i.e., population/household) and supply side (i.e., health workers and health facilities). Therefore, it is critical to capture data at the baseline to assess the effects of the reforms empirically.

Figure 1 shows our framework for the demand side. Health insurance (i.e., PHC benefits) reduces the price of healthcare services, which has three direct effects: 1) reducing patient out–of–pocket (OOP) spending, 2) reducing catastrophic spending, and 3) improving healthcare services received by the population. In the Philippines, outpatient services are paid mainly out-of-pocket because of PhilHealth's limited insurance coverage of PHC services. This framework follows international literature that found countries that have attained UHC have typically done so by investing in PHC and utilizing it as a cornerstone of their respective health systems (Macinko, Starfield, and Erinosho 2009; Uy et al. 2023).

PHC improves population health by ensuring patient access at the community level and by reducing disease complications through preventive and promotive services (Uy et al. 2023). This leads to lower OOP spending and less catastrophic health expenditure, ultimately leading to improved population health (Tangcharoensathien et al. 2015; WHO 2025). Reducing the price of outpatient services to zero (or near zero) through the expansion of the PHC benefit package (in this case, Konsulta) will increase access to healthcare services for individuals who would not otherwise be able to afford them (i.e., increase access by the mere increase in

extensive margins)(Lagarde and Palmer 2011; Watson et al. 2016). This can improve overall health outcomes and prevent conditions from worsening due to delayed treatment. This will impact health equity because PHC health insurance ensures that all individuals have access to the same level of care, regardless of their income or socio-economic status. This assumes, though, that health insurance will trigger supply-side reforms or adjustments even in poor areas. However, this might only sometimes be the case. Reducing the price to zero (or near zero) can protect against the high costs of outpatient services (including drugs and diagnostics), which can help individuals avoid financial hardship or bankruptcy due to medical expenses. PHC health insurance expansion can increase healthcare utilization by encouraging individuals to seek preventive care and early treatment, improving health outcomes and reducing healthcare costs in the long run.

Expanding PHC health insurance could directly improve the quality of care. However, economic theory suggests that the direction could vary. Moral hazard theory suggests that individuals with outpatient health insurance may consume more healthcare services than those without insurance because they are shielded from the total cost of care. This increase in utilization can lead to lower quality of care if the increased demand for healthcare services overwhelms the capacity of healthcare providers to deliver high-quality care (Pauly 1968). Hence, designing the appropriate provider payment mechanism (e.g., capitation) and supply-side reforms are critical in designing PhilHealth's Konsulta.

Figure 1. Demand-side framework

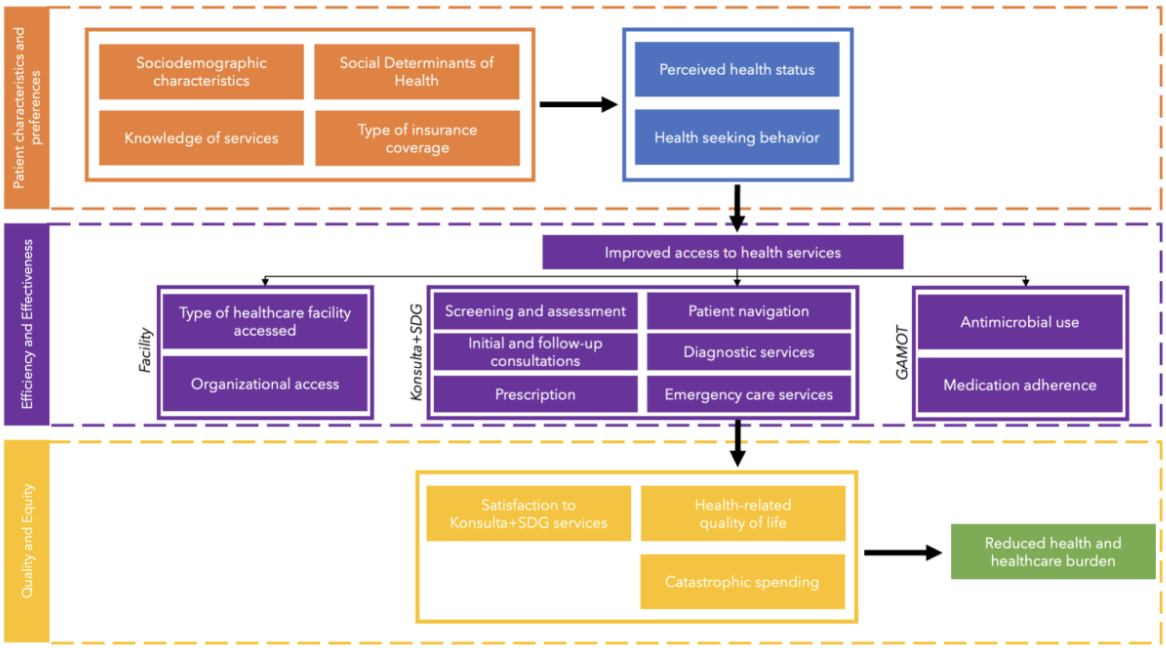
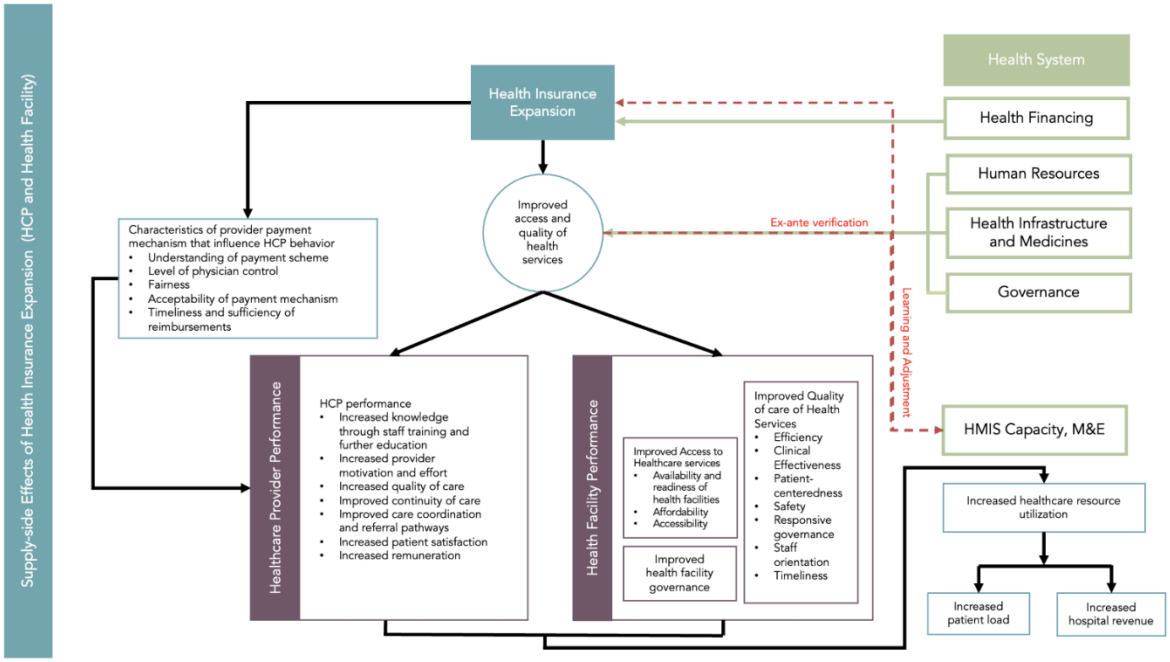


Figure 2 shows our supply-side framework that describes the anticipated changes within the healthcare system resulting from implementing the reform while considering certain assumptions regarding the provider payment mechanism. Characteristics of the provider payment mechanism that influence provider behavior include a comprehensive understanding of the payment scheme's rules, health providers' confidence in their ability to control actions, perceptions of fairness, culturally accepted payment mechanisms, and timely and sufficient reimbursements. The reform affects various health system components, such as healthcare

staffing, skills training, infrastructure, and procurement and supply chain systems. These input modifications will lead to enhanced access and quality of health services.

Figure 2. Supply-side framework



This framework shows a structured approach to analyzing how health insurance expansion can strengthen healthcare delivery by influencing healthcare provider behavior (HCP) and facility performance. Anchored in the pursuit of UHC coverage, it emphasizes that expanding financial protection and pooling risk through insurance schemes can lead to more equitable, efficient, and higher-quality health services (Mathauer et al. 2020).

Health insurance expansion refers to policies that increase population coverage, such as broadening eligibility, reducing enrollment costs, streamlining administration, and enhancing insurance governance. While expanding coverage is a necessary first step, its success depends on translating that coverage into measurable improvements in access, service quality, and health system outcomes.

Central to this framework is the role of provider payment mechanisms in shaping HCP performance. To be effective, payment schemes—whether fee-for-service, capitation, case-based, or performance-based—must be clearly understood, consistently applied, and perceived as fair. Providers are more likely to respond to incentives when they believe they have control over the outcomes tied to payment (Yordanov et al. 2024), particularly when linked to metrics such as infection control or clinical quality (Brosig-Koch et al. 2024; Cohen et al. 2020; Fairbrother et al. 1999). Cultural alignment also matters; for example, team-based incentives may work better in collectivist contexts (Henderson and Tulloch 2008). Inadequate or delayed reimbursements, meanwhile, can erode trust, disrupt service delivery, and disincentivize performance (Kazungu et al. 2018).

A supply-side lens allows policymakers to connect payment design with critical dimensions of provider performance: clinical competence, motivation, continuity of care, coordination, patient satisfaction, and appropriate remuneration (Alona et al. 2021; Ferreira et al. 2023; Graefe and Markette 2021; Haggenjos and Yun 2022). When these factors are supported, HCPs become key drivers of UHC goals.

Health facility performance is equally essential. Defined as a facility's ability to achieve clinical and managerial objectives, it encompasses readiness, affordability, accessibility, governance, and clinical quality (Carini et al. 2020; Markazi-Moghaddam et al. 2016; Mutale et al. 2013). Health insurance expansion increases and more reliably predicts funding, which allows facilities to invest in infrastructure, human resources, and service delivery reforms. Improved governance, when paired with adequate financing, further enhances accountability and responsiveness.

At the system level, improved access and quality drive greater service utilization. When care is timely, affordable, and trusted, individuals are more likely to seek treatment—including for preventive and chronic conditions (National Academies of Sciences et al. 2018). This increase in demand boosts the provider's workload, defined as the number of patients managed daily (Kovacs and Lagarde 2022). As barriers to access to care fall and quality rises, patient volumes increase. Without corresponding investments in staffing and facility capacity, this can strain providers, risking burnout and reduced care quality (Deussom et al. 2022).

Increased utilization also translates into greater facility revenue—particularly when financing is performance-based or tied to accurate claims processing. High-performing facilities that attract more patients and meet quality benchmarks generate more stable income, which can be reinvested into services, staff development, and system innovation (Beauvais et al. 2023). This creates a feedback loop where expanded insurance, aligned incentives, and strengthened facility and provider performance reinforce each other—ultimately accelerating progress toward UHC.

3.2 Research design

This baseline assessment is a cross-sectional design, which will be used to support a quasi-experiment study. Per DOH, reform intervention will be carried out on four (4) provincial pilot sites. At the same time, four (4) comparators were selected with the current status quo implementation of social health insurance benefits. The criteria and process used in selecting the intervention and comparator sites are described below. We conducted baseline data collection in eight (8) sites, which captured supply-side (i.e., hospital and primary care survey and health worker survey) and demand-side (i.e., population/household survey) data/indicators. The data obtained from the baseline will be compared with the end-line study, which will be conducted once the reforms have been implemented. Using the end-line and baseline assessment data, we would be able to conduct econometric analysis such as Difference-in-Difference models to evaluate the interventions. **Table 1** shows the Patient or Problem, Intervention, Comparison, and Outcome (PICO) format of this study's research question.

The DOH established implementation arrangements of the intervention in Department Order No. 2024-0476[1], published in November 2024.

Table 1. PICO format of research question

Population	Intervention	Comparator	Outcome
Households	• Expanded Primary Care Benefit (KONSULTA+SDG) • Outpatient Drug Benefit (GAMOT)	Status quo (existing benefits of PhilHealth)	• Health literacy • Healthcare demand and use (e.g., outpatient and hospitalization) • Patient satisfaction • Health status (e.g., health-related quality of life) • Catastrophic spending (e.g., out-of-pocket)
Facilities	• Expanded Primary Care Benefit (KONSULTA+SDG) • Outpatient Drug Benefit (GAMOT) • Inpatient Global Budget (ACR-GB) • Prospective Payment Mechanisms • HCPN-based Contracting	Status quo (existing benefits of PhilHealth)	• Supply-side readiness • Access to healthcare services (e.g., availability and affordability of services • Governance and management practices • Quality of care
Healthcare providers	• Expanded Primary Care Benefit (KONSULTA+SDG) • Outpatient Drug Benefit (GAMOT) • Inpatient Global Budget (ACR-GB) • Prospective Payment Mechanisms • HCPN-based Contracting	Status quo (existing benefits of PhilHealth)	• Quality of care • Technical and cost efficiency (e.g., referral practices; continuity of care) • Provider satisfaction

Source: Authors' illustration

The methodology matrix is seen in **Table 2**.

Table 2. Methodology Matrix

Specific Objectives	Data Items	Data Analyses
To develop a comprehensive framework as the lamppost for evaluating province-wide health sector reform under the UHC Act.	Existing local and international literature on Universal Health Care	Desk review/review of literature

[1] Universal Health Care Act Implementation Report as of August 2024

To conduct baseline assessment of the four (4) pilot sites and four (4) control sites of the CATCH program, capturing broad health indicators	Sociodemographic data from the 8 provinces, data on health status of population in the 8 provinces, health infrastructure data, data on health human resources, hospital financial statements, data on access to health services	Descriptive statistics, quasi-experimental models

Source: Authors' illustration

3.2.1 Study Sites

The study sites were split between intervention sites and comparator sites. The HCPN Demonstration Sites Program is an endeavor of DOH and PhilHealth to demonstrate the reforms mandated by the UHC Act. The HCPN Demonstration Sites aim to live-test new policy approaches and interventions under controlled and supervised environments and exhibit the interaction of interconnected policies (PhilHealth 2023). The intervention sites were chosen by the DOH using their own shortlisting criteria seen below in **Table 3.** The criteria prioritized provincial readiness to implement the UHC reforms, picking from the best performing provinces in each major island group.

Table 3. Shortlisting criteria of HCPN demonstration sites

Criteria	Rationale
UHC Integration Site	Willingness to participate in UHC integration
Local Health System Maturity • 100% Preparatory Level • At least 50% Organizational Level	Manage the initial number of sites (rolling implementation); Readiness for managerial and technical integration.
With development partner	Provide technical implementation support.
No existing PhilHealth sandbox	Progress of other initiatives will continue.
Top site per geographic cluster following the priority Local Health System Maturity Level (LHSML) Key Result Areas (KRAs)	Readiness for managerial, technical, and financial integration

Source: Authors' illustration of the DOH Department Circular 2024 – 0237: List of Universal Health Care Integration Sites Qualified for Health Care Provider Network (HCPN) Contracting (DOH 2024).

We chose comparator sites using the same shortlisting criteria used by the DOH and PhilHealth. In this way, we selected comparator sites by choosing the best performing non-intervention sites in the DOH shortlist. On top of this, we added criteria that would help determine the sites' capacities to participate in the other reforms (see **Table 4**):

Table 4. Additional criteria and rationale used for the selection of the intervention and control provinces

Criteria	Rationale
At least 80% of hospitals currently accredited	Capacity to participate in ACR-GB
At least 40% of facilities Konsulta-accredited	Capacity to participate in Konsulta+SDG
At least 15% of the population Konsulta-registered	1/2 of 30% target of K+SDG

At least one accessible provider for TB, HIV, and animal bite (in province or in nearby province)	Service capacity for integrated SDG

Source: Authors' illustration of the PIDS COBP-CATCH additional criteria and rationale (Conda et al. forthcoming)

The following provinces in each major island group were selected as comparator sites and their corresponding intervention site pairs (see **Table 5**):

Table 5. List of intervention (HCPN) sites and comparator sites

Island Group	Comparator	Intervention
North and Central Luzon	La Union	Benguet
South Luzon	Batangas	Laguna
Visayas	Iloilo	Aklan
Mindanao	Davao de Oro	Sarangani

Source: Authors' illustration of the DOH Department Circular 2024 – 0237: List of Universal Health Care Integration Sites Qualified for Health Care Provider Network (HCPN) Contracting (DOH 2024).

3.3 Sampling Design

We developed survey sampling designs to assess the baseline similarities or differences between pilot intervention and comparator sites. Specifically, we utilized stratified random sampling for the facility survey, while we implemented a two-stage stratified cluster sampling approach for the population survey. Meanwhile, we attempted to employ a two-stage stratified sampling design for the health provider survey to ensure national representation, but we had to adjust during implementation since most facilities assigned healthcare providers to be part of the survey. We also attached sampling weights to the population and healthcare facility surveys. Detailed computation and explanation are seen in Annex 1.

The identified intervention and control provinces are as follows (**Table 6**):

Table 6. Identified intervention and control provinces

Island Groups	Intervention		Control	
	Province	Attributes	Province	Attributes
North and Central Luzon	Benguet	Infirmaries & Hospitals: 100%	La Union	Infirmaries & Hospitals: 87.5%
		Konsulta Providers: 100%		Konsulta Providers: 100%
		Konsulta Registration: 34.8%		Konsulta Registration: 38.1%
		With SDG providers		With SDG providers

South Luzon	**Laguna**	Infirmaries & Hospitals: 94.4%	**Batangas**	Infirmaries & Hospitals: 100%
		Konsulta Providers: 87.8%		Konsulta Providers: 37.3%
		Konsulta Registration: 19%		Konsulta Registration: 2.5%
		With SDG providers		With SDG providers
Visayas	**Aklan**	Infirmaries & Hospitals: 100%	**Iloilo**	Infirmaries & Hospitals: 100%
		Konsulta Providers: 85.7%		Konsulta Providers: 80%
		Konsulta Registration: 24.6%		Konsulta Registration: 20.7%
		With SDG providers		With SDG providers
Mindanao	**Sarangani**	Infirmaries & Hospitals: 85.7%	**Davao de Oro**	Infirmaries & Hospitals: 100%
		Konsulta Providers: 71.4%		Konsulta Providers: 100%
		Konsulta Registration: 17%		Konsulta Registration: 19.6%
		With SDG providers		With SDG providers

Source: Authors' illustration of the PhilHealth Circular 2024 – 0063: Guiding Principles for Integrated UHC Benefits and Provider Payment Reforms Sandbox Sites (PhilHealth 2023).

3.4 Determination of Sample Sizes for the Different Surveys

3.4.1 Healthcare Facility Survey

For the survey of health facilities, we targeted a minimum sample size of 166 to estimate the proportion of health facilities with electronic management systems (EMS). We computed this sample size using the formula for estimating the population proportion given in Formula 1 below. We used the following information in this computation: 1) the expected proportion of health facilities with EMS was 38%; 2) the confidence level was set at 95%; 3) the precision

or margin of error was set at 5%; and 4) the sampling design effect[2] was set at 1.0. We adjusted the computed sample size using the finite population correction factor to account for the number of health facilities in the eight (8) study sites totaling 305.

$$n = \frac{\frac{DEFF(Np(1-p))}{d^2}}{\frac{Z^2_{1-\frac{\alpha}{2}}(N-1)}{} + p(1-p)} \qquad \textit{(Formula 1)}$$

Where: n = sample size; DEFF = sampling design effect; N = population size

p = expected proportion; d = margin of error or precision;

Z = z-score based on confidence level

We distributed the target sample size of 166 health facilities proportionately among the eight (8) study sites. We chose a representative sample of health facilities, stratified by type of health facility, from each of the eight (8) study pre-selected provinces or study sites. We used rural health units, level 1 government hospitals, level 2 government hospitals, and level 3 government hospitals as the strata or types of health facilities for this study. We distributed the sample size for each site proportionally across the different facility types, ensuring a representation from each type of facility. The target sample size per type of health facility per province is presented in **Table 7.**

Table 7. Sample size distribution for facility survey per study site by type of health facility

Province and Type of Health Facility	Total Number of Health Facilities (N)	Sample Health Facilities (n)
La Union		
Rural Health Unit	18	10
Level 1 Hospital (Public)	6	3
Level 2 Hospital (Public)	0	0
Level 3 Hospital (Public)	1	1
Benguet		
Rural Health Unit	24	13
Level 1 Hospital (Public)	2	1
Level 2 Hospital (Public)	1	1
Level 3 Hospital (Public)	0	0
Batangas		
Rural Health Unit	63	34
Level 1 Hospital (Public)	14	8
Level 2 Hospital (Public)	0	0
Level 3 Hospital (Public)	1	1

[2] The design effect is defined as the ratio of the variance of an estimator under a sampling plan to the variance of the same estimator from a simple random sample with the same number of observation units. A stratified sample is generally thought of to provide a more precise (that is, have a smaller sampling variance) estimator for the sample mean / sample proportion than a simple random sample of the same sample size. Using a design effect of 1 is conservative in the sense that it will give a sample size that is more than what will be required under stratified random sampling.

Laguna		
Rural Health Unit	41	22
Level 1 Hospital (Public)	14	8
Level 2 Hospital (Public)	2	1
Level 3 Hospital (Public)	0	0
Iloilo		
Rural Health Unit	52	28
Level 1 Hospital (Public)	14	8
Level 2 Hospital (Public)	0	0
Level 3 Hospital (Public)	2	1
Aklan		
Rural Health Unit	21	11
Level 1 Hospital (Public)	0	0
Level 2 Hospital (Public)	1	1
Level 3 Hospital (Public)	0	0
Davao de Oro		
Rural Health Unit	11	6
Level 1 Hospital (Public)	4	2
Level 2 Hospital (Public)	0	0
Level 3 Hospital (Public)	0	0
Sarangani		
Rural Health Unit	7	4
Level 1 Hospital (Public)	4	2
Level 2 Hospital (Public)	0	0
Level 3 Hospital (Public)	0	0
Total	**303**	**166**

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)

3.4.2 Healthcare Provider Survey

For the survey of healthcare providers, we needed a minimum sample size of 1,276 (i.e., physicians, nurses, and midwives) to estimate the proportion of healthcare providers who refer patients to other facilities and providers. We computed this sample size using the formula for estimating the population proportion given in Formula 1 in the previous section. We used the following information for this calculation: 1) the assumed proportion of healthcare providers who refer to other facilities and providers was 50% (i.e., the largest possible variance of the proportion estimator is assumed); 2) the confidence level was set at 95%; 3) the precision or margin of error was set at 3%; and 4) the sampling design effect was set at 1.5. We adjusted the computed sample size using the finite population correction factor to account for the number of healthcare providers from select health facilities (i.e., rural health unit, level 1 government hospital, level 2 government hospital, level 3 government hospital) in the eight (8) study sites, which equaled 3,568.

To ensure national representation across study sites, we attempted to employ a two-stage stratified random sampling (with proportional allocation) for the healthcare provider survey. We selected a representative sample of healthcare providers from each of the eight (8) study sites. We considered health facilities (grouped according to type) as the primary sampling units. Meanwhile, the secondary sampling units comprised the healthcare providers from the selected health facilities. We stratified these healthcare providers according to type (i.e., physicians, nurses, midwives). **Table 8** shows the number of healthcare providers selected according to the stratifying variables, reflecting the diversity of occupational categories and facilities.

Table 8. Sample size distribution for healthcare provider survey by study site and type of healthcare provider

Province / Type of Health Facility	Total Number of Health Facilities	Sample of Health Facilities (PSU)	Physicians		Nurses		Midwives		ALL HEALTHCARE PROVIDERS (SSU)	
			Total	Sample	Total	Sample	Total	Sample	TOTAL	SAMPLE
La Union	25	14	251	119	91	43	46	22	388	184
Rural Health Unit	18	10	10	5	10	5	10	5	30	15
Level 1 Hospital (Public)	6	3	12	6	27	13	2	1	41	20
Level 2 Hospital (Public)	0	0	0	0	0	0	0	0	0	0
Level 3 Hospital (Public)	1	1	229	108	54	25	34	16	317	149
Benguet	27	15	58	27	41	19	13	6	112	52
Rural Health Unit	24	13	13	6	13	6	13	6	39	18
Level 1 Hospital (Public)	2	1	8	4	13	6	0	0	21	10
Level 2 Hospital (Public)	1	1	37	17	15	7	0	0	52	24
Level 3 Hospital (Public)	0	0	0	0	0	0	0	0	0	0
Batangas	78	43	440	206	278	130	116	55	834	391
Rural Health Unit	63	34	34	16	34	16	34	16	102	48
Level 1 Hospital (Public)	14	8	56	26	94	44	31	15	181	85
Level 2 Hospital (Public)	0	0	0	0	0	0	0	0	0	0
Level 3 Hospital (Public)	1	1	350	164	150	70	51	24	551	258
Laguna	57	31	235	110	176	82	69	32	480	224
Rural Health Unit	41	22	22	10	22	10	22	10	66	30
Level 1 Hospital (Public)	14	8	192	90	113	53	45	21	350	164
Level 2 Hospital (Public)	2	1	21	10	41	19	2	1	64	30

Level 3 Hospital (Public)	0	0	0	0	0	0	0	0	0	0
Iloilo	68	37	222	104	274	128	65	30	561	262
Rural Health Unit	52	28	28	13	28	13	28	13	84	39
Level 1 Hospital (Public)	14	8	88	41	167	78	15	7	270	126
Level 2 Hospital (Public)	0	0	0	0	0	0	0	0	0	0
Level 3 Hospital (Public)	2	1	106	50	79	37	22	10	207	97
Aklan	22	12	55	26	29	13	14	6	98	45
Rural Health Unit	21	11	11	5	11	5	11	5	33	15
Level 1 Hospital (Public)	0	0	0	0	0	0	0	0	0	0
Level 2 Hospital (Public)	1	1	44	21	18	8	3	1	65	30
Level 3 Hospital (Public)	0	0	0	0	0	0	0	0	0	0
Davao de Oro	15	8	78	37	76	36	8	4	162	77
Rural Health Unit	11	6	6	3	6	3	6	3	18	9
Level 1 Hospital (Public)	4	2	72	34	70	33	2	1	144	68
Level 2 Hospital (Public)	0	0	0	0	0	0	0	0	0	0
Level 3 Hospital (Public)	0	0	0	0	0	0	0	0	0	0
Sarangani	11	6	34	16	32	15	20	10	86	41
Rural Health Unit	7	4	4	2	4	2	4	2	12	6
Level 1 Hospital (Public)	4	2	30	14	28	13	16	8	74	35
Level 2 Hospital (Public)	0	0	0	0	0	0	0	0	0	0
Level 3 Hospital (Public)	0	0	0	0	0	0	0	0	0	0
TOTAL	**303**	**166**	**1373**	**645**	**997**	**466**	**351**	**165**	**2721**	**1276**

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey Sample Size Distribution (Conda et al. forthcoming)

3.4.3 Healthcare Provider Clinical Vignettes

For the clinical vignettes, we needed a minimum sample size of 262 select healthcare providers (i.e., physicians, nurses, and midwives) to estimate the proportion of healthcare providers who provide appropriate care to PHC cases. We computed this sample size using the same sample size formula for estimating a population proportion (refer to Formula 1). We used this information for this calculation as follows: 1) the proportion of healthcare providers who

provide appropriate care to PHC cases was 31%[3]; 2) the confidence level was set at 95%; 3) the precision or margin of error was set at 5%; and 4) the sampling design effect was set at 1.0. We adjusted the computed sample size using the finite population correction factor to account for the number of healthcare providers chosen for the larger healthcare provider survey, which totaled 1,277.

We used one-stage stratified random sampling (with proportional allocation) for the healthcare provider survey (clinical vignettes). Using the selected sample of healthcare providers for the larger healthcare provider survey, we selected a representative sample of healthcare providers to represent the eight (8) study sites. **Table 9** details the number of healthcare providers chosen for the smaller healthcare provider survey.

Table 9. Sample size distribution for healthcare provider survey (Vignette) by study site and type of healthcare provider

Province	Physicians		Nurses		Midwives		ALL HEALTHCARE PROVIDERS	
	Total	Sample	Total	Sample	Total	Sample	Total	Sample
La Union	119	24	43	9	22	5	184	38
Benguet	27	6	19	4	6	1	52	11
Batangas	206	42	130	27	55	11	391	80
Laguna	110	23	82	17	32	7	224	47
Iloilo	104	21	128	26	30	6	262	53
Aklan	26	5	13	3	6	1	45	9
Davao de Oro	37	8	36	7	4	1	77	16
Sarangani	16	3	15	3	10	2	41	8
Total	645	132	466	96	165	34	1276	262

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey and Clinical Vignettes Sample Size Distribution (Conda et al. forthcoming)

3.4.4 Population Survey

For the population survey, we needed a minimum sample size of 5,178 individuals to estimate the proportion of individuals who experienced in-patient stay in the last 12 months. We computed this sample size using the sample size formula for estimating the population proportion (refer to Formula 1). We used the information in the computation as follows: 1) the expected proportion of individuals who experienced in-patient stay was 2.5% (Philippine Statistics Authority 2022); 2) the confidence level was set at 95%; 3) the precision or margin of error was set at 5%; and 4) the sampling design effect set at 1.5. We adjusted the sample size for the finite population correction factor to account for the total population in the eight study sites of 12,391,573.

[3] https://academic.oup.com/intqhc/article-abstract/23/4/445/1803761?redirectedFrom=fulltext#27492138 reported that based on clinical provider vignettes (CPVs), doctors gave both insufficient and unnecessary treatment to under-five children in 69% of cases

In the population survey, we employed a two-stage stratified cluster sampling design. We selected a target sample size of 1,307 households, distributed proportionally, across the eight study sites. In each province or study site, we first classified the barangays based on urbanicity, and we took sample households from each type following proportional allocation. From the selected barangays, we took a systematic random sample of households. We administered the household level questionnaire to the primary decision maker for the health of the households, while we included all individuals from the selected households in the survey. In particular, we interviewed the primary decision maker for health of the family regarding the household members' history of hospitalization. **Table 10** details the number of individuals targeted for each study site:

Table 10. Sample size distribution for the household survey according to study site and urbanicity of barangay

Provinces	Barangays (PSU)						Households (SSU)						Mean Household Size	Individuals (Elementary Unit)	
	Rural		Urban		ALL BARANGAYS		Rural		Urban		ALL HOUSEHOLDS			Total*	Sample
	Total	Sample	Total	Sample	TOTAL	SAMPLE	Total*	Sample	Total*	Sample	TOTAL*	SAMPLE			
La Union	557	42	19	2	576	44	59,963	83	2,855	4	62,818	87	4	3,289,408	347
Benguet	173	13	96	8	269	21	39,969	54	24,596	33	64,565	87	3.8	3,142,756	331
Batangas	792	59	286	22	1,078	81	159,185	224	59,357	83	218,542	307	4.1	11,924,825	1257
Laguna	437	33	244	18	681	51	163,895	230	89,397	126	253,292	356	3.7	12,514,114	1319
Iloilo	1,676	124	234	18	1,901	142	163,693	231	23,762	34	187,455	265	4.1	10,289,053	1085
Aklan	305	23	22	2	327	25	43,290	60	3,764	5	47,054	65	4	2,461,900	260
Davao de Oro	179	14	58	5	237	19	45,340	60	16,193	21	61,533	81	4.1	3,146,943	332
Sarangani	102	8	40	3	142	11	31,490	43	11,809	16	43,299	59	4.2	2,347,573	247
Total	4,221	316	999	78	5,211	394	706,825	985	231,733	322	938,558	1,307		49,116,572	5,178

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Note: *Estimated total of households/individuals in the selected barangays

3.5 Data Collection Tools

In this study, we utilized three (3) survey questionnaires to collect the data from the supply-side (e.g., healthcare providers, facilities) drivers and demand-side (e.g., population). **Table 11** shows the ideal respondent and duration for each type of data collection tool.

Table 11. Respondent and duration for each data collection tool

Data Collection Tools	Ideal Respondent		Duration
	RHU	Hospital	
Healthcare Facility Survey	Municipal Health Officer	Medical Director or Chief of Hospital	2-3 Hours
	Municipal Health Officer or Nurse	Medical Records Officer, Pharmacist, Supply Officer, Finance Officer, Medical Technologist, Head of Surgery Department	1.5-2.5 Hours
Healthcare Provider Survey and Clinical Provider Vignettes	Nurse, Physician, Midwife	Medical Resident, Nurse	1.5-2 Hours
Population Survey	Primary decision maker for health		1.5-2 Hours

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility, Healthcare Provider and Clinical Vignettes, and Population Surveys (Conda et al. forthcoming)

We digitized the population and healthcare provider surveys using SurveyCTO's Computer-Assisted Personal Interviewing (CAPI) platform, while for the healthcare facility survey, we distributed these to the facilities as paper-based and later encoded the responses using KoboToolbox. We also engaged a local survey firm to deploy enumerators equipped with tablets to administer the surveys across eight sites.

3.5.1 Healthcare Facility Survey

We conducted the healthcare facility survey in rural health units and hospitals, with each facility type receiving a different set of questionnaires designed to align with its specific context and setting. We gathered data on various aspects of healthcare facilities, including their functional requirements, health workforce, bed capacity and isolation units, governance and management practices, service availability, accessibility, affordability, health financing, health information systems, and the quality of healthcare services provided.

3.5.2 Healthcare Provider Survey

Similar to the healthcare facility survey, we conducted the healthcare provider survey in rural health units and hospitals, utilizing separate questionnaires tailored to each facility type. We included physicians, nurses, and midwives, who are directly involved in patient care, as the respondents. We assessed providers on competency, compensation, motivation, quality and continuity of care, and care coordination. We evaluated competency based on training and skills, while for compensation, we considered salary, bonuses, and incentives. We measured motivation through work quality, recognition, and autonomy within the service delivery network. We then assessed quality and continuity of care through direct patient care, provider-patient communication, and clinical vignettes. On the other hand, we examined care coordination through teamwork and follow-up practices for patient visits.

3.5.3 Healthcare Provider Clinical Vignettes

To assess healthcare providers' quality of care, we utilized clinical vignettes which are case-based questionnaires that simulate patient visits. We designed eight clinical vignettes, two for each four (4) specialties: general medicine, surgery, pediatrics, and obstetrics-gynecology (OB-GYN), which represent common cases seen in primary care and aligned with available clinical practice guidelines (see **Table 12**). Vignettes typically follow a standardized format that mirrors the sequence of an actual patient visit: triage, history, physical examination, work-up, diagnosis, initial treatment, and continuing (preventive) care. We asked each healthcare provider to take two clinical vignettes, one from a different specialty.

Table 12. Summary of clinical vignettes with necessary workup and treatment

Specialty	Necessary Workup	Diagnosis	Necessary Treatment
General Medicine	● Chest X-ray ● Sputum direct microscopy ● Gene Xpert	Pulmonary Tuberculosis, No rifampicin resistance	● Outpatient management ● Referral to TB-DOTS ● Start anti-TB meds (HRZE) + Vitamin B supplementation ● Education on medication adherence, medication adverse effects, household screening, infection prevention ● Repeat sputum microscopy at 2 months
	● 12L ECG ● Cardiac enzymes (troponin, CK) ● Serum creatinine (crea), K, Ca, Mg	● Acute coronary syndrome (ST elevation myocardial infarction ● Hypertension ● Dyslipidemia	● Coordinate transfer to PCI-capable hospital ● Aspirin 150-325mg + Clopidogrel 300-600mg chewed and swallowed ● Unfractionated heparin or LWMH ● High-dose statin ● ACEi or ARB ● Beta blocker
Pediatrics	● Complete blood count (CBC) ● Dengue NS1 OR Dengue IgG/IgM	Dengue fever No warning signs and signs of dehydration	● May send the patient home for supportive management ● Increased hydration: oral rehydration salts (ORS), water, juices, soups ● Fever management: paracetamol and/or tepid sponge bath ● Daily CBC until with signs of recovery

	• CBC • Serum BUN, crea, Na, K, ALT, AST	• Dengue fever with warning signs Mild dehydration	• Admit to hospital Give isotonic solutions (e.g. Lactated Ringer's, 0.9 NaCl/plain saline)
Surgery	• CBC • Abdominal/pelvic CT scan (if not available, ultrasound)	Acute appendicitis	• Admit to hospital • Refer to surgery • Discuss appendectomy vs nonsurgical (antibiotic) management • Pain control while awaiting surgery • Regular abdominal exam for signs of peritonitis perforation
	• CBC • Abdominal ultrasound	Acute calculous cholecystitis	• Admit to hospital • Refer to surgery • Recommend cholecystectomy • Pain control while awaiting surgery • Frequent monitoring for signs of cholangitis
Obstetrics	• CBC • Urinalysis (urine dipstick for protein) • Serum crea	Pregnancy uterine (PU), 9 1/7 weeks AOG	• Appropriate prenatal care
		• PU 35 weeks AOG Preeclampsia with severe features • Intrauterine Growth Restriction	• Admit to hospital • Hydralazine • Magnesium sulfate • Steroid (betamethasone) • Maternal and fetal assessment • Monitoring for magnesium toxicity
	Transvaginal ultrasound	PU 7 4/7 weeks AOG	• Appropriate prenatal care
		• PU 37 1/7 weeks AOG Transverse lie • Placenta previa totalis • Advanced maternal age	• Admit to hospital • Intravenous fluids • Cesarean section • Antibiotic prophylaxis • Maternal and fetal assessment

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey and Clinical Vignettes (Conda et al. forthcoming)

Vignette questions were open-ended to allow providers to demonstrate their knowledge and decision-making without cueing from multiple choice options. Trained scorers evaluated the providers' free-text responses against standard practices based on local and international clinical practice guidelines and widely accepted protocols. During data analysis, we categorized these responses as Necessary *(standard, evidenced-based practices for optimal management of case)*, Appropriate *(reasonable to do but unnecessarily add to cost of care or*

should not be prioritized at that point), or Unnecessary *(incorrect tests or treatments).* Scorers encoded the participant responses in the scoring sheets with the said categories. To improve inter-scorer reliability, two scorers double encoded 10% of the vignettes which were then checked for scoring discrepancies. Scoring rules were developed based on the identified discrepancies. Overall and domain scores were calculated by getting the number of necessary items mentioned by the provider divided by the total number of necessary items in the case and domain respectively. We then calculated the mean and median scores to benchmark providers, enabling comparisons across different facilities and provider groups. We also counted the number of unnecessary tests and treatments ordered by providers that reflect poor quality care.

3.5.4 Population Survey

We administered the population survey to households, with the primary health decision-maker as the respondent. To ensure clarity, we conducted the survey in the respondent's preferred language, with translations available in Ilocano, Bisaya, Hiligaynon, Tagalog, and Aklanon.

In this survey, we covered three main areas: (1) patient characteristics and preferences, (2) efficiency and effectiveness, and (3) quality and equity. For patient characteristics, we included sociodemographic data, health literacy, and health-seeking behavior. We measured efficiency and effectiveness by healthcare access, facility type utilization, Konsulta+SDG usage, and medication adherence. For quality and equity, we focused on patient satisfaction, health-related quality of life, and catastrophic healthcare spending.

3.6 Pretesting

We conducted the pretesting of data collection tools in the province of Guimaras to ensure their reliability, validity, clarity and accuracy before the full implementation. We administered target respondents, including healthcare providers, facility heads and households in select hospitals, rural health units and barangays. The results of the pretest provided inputs for necessary adjustments to enhance the robustness of the tools.

3.7 Training of Field Staff

We conducted a five-day training to prepare data collectors for survey implementation. The training covered familiarization with all data collection tools, research ethics, and courtesy calls, along with a demonstration and return demonstration. It concluded with a pilot data collection in San Pedro City and Cabuyao City in Laguna to assess the collectors' skills, identify areas for improvement, and detect potential data collection errors early, allowing for corrections prior to the full survey implementation.

3.8 Fieldwork

We hired a survey firm to oversee and implement the survey at the study sites. The firm monitored data collection progress and resolved technical and administrative issues. We set up automated systems to track data collection progress and assess data quality. Members of our study team were deployed to the field to observe the data collectors during the first two weeks

of implementation to promptly address technical errors and ensure the quality of the data collected.

3.9 Data Encoding and Processing

We cleaned the data for the healthcare provider and population surveys, which were collected using SurveyCTO. The survey firm hired encoders to input the healthcare facility tool data into KoboToolbox. We handled the clinical vignette data separately, requiring both data cleaners and scorers. The scorers evaluated the clinical vignette data, which was subsequently used for analysis. All cleaned data were prepared as Stata files, ready for further analysis.

3.10 Data Analysis

We used descriptive statistics to summarize the characteristics of survey respondents. We presented normally distributed quantitative variables as means with standard deviations, while we described skewed variables using medians with interquartile ranges. We reported categorical variables such as frequencies and percentages. We used tables and graphs to illustrate key findings. When appropriate, we computed survey-weighted estimates to establish baseline values at the study sites. We conducted all analyses using Stata SE Version 18.

3.11 PSA Clearance and Ethics

We acquired ethical clearance from the DOH Single Joint Ethics Review (SJREB) board last May 2, 2024, with protocol number SJREB-2024-31 and statistical survey clearance from the Philippine Statistics Authority last July 15, 2024, with approval number PIDS-DOH-2424-01. For all surveys, we obtained written informed consent, which provided details on the research's purpose, duration, activities, potential discomforts, risks, benefits, confidentiality assurances, and voluntary participation, before any research activity involving all participants. We strictly observed anonymity and confidentiality of gathered data by ensuring no identification in transcriptions or study reports. We also complied with the provisions of the Republic Act 10173 or the Data Privacy Act of 2012. We stored the documents in a password-protected drive with limited access to the members of the study team, which is only accessible for five years post-study. To reduce potential disruptions to the service delivery of healthcare facilities and healthcare providers, we planned and executed the surveys in close coordination with the selected facilities, making sure that the conduct of the surveys is scheduled.

Key Findings

4.1 Characteristics of Sites

In this section, we briefly describe the key geographic and socioeconomic indicators of the eight (8) provinces surveyed.

Table 13 below summarizes the key geographic and socioeconomic indicators of the comparator and intervention provinces. Since the primary metrics used in determining study

sites were the criteria used by DOH and PhilHealth, geographic and socioeconomic similarities were not prioritized. This leads to some pronounced differences that should be considered when analyzing the results of this survey.

For example, while Benguet may have higher public spending per capita and lower poverty incidence compared to La Union, it faces geographic disadvantages. Benguet has a significantly higher share of GIDA barangays (62.14%) due to its mountainous and landlocked province. This affects indicators at both the population and facility levels, such as types of household toilets and the presence of running water in health facilities.

Table 13. Key geographic and sociodemographic characteristics of selected sites by province

	North & Central Luzon		South Luzon		Visayas		Mindanao	
	La Union	Benguet	Batangas	Laguna	Iloilo	Aklan	Davao de Oro	Sarangani
VARIABLES	*Comparator*	*Intervention*	*Comparator*	*Intervention*	*Comparator*	*Intervention*	*Comparator*	*Intervention*
Geographic indicators								
Population Size	822,352	460,683	2,908,494	3,382,193	2,051,899	615,475	767,547	558,946
Population density, population per sq. km	548	166	934	1,754	411	350	168	153
Number of under 5 children	67,901	44,600	275,880	312,077	186,638	56,731	78,742	64,989
Number of elderly population	94,566	37,569	256,663	263,248	232,854	66,039	61,627	35,555
Number of reproductive age women	208,691	118,843	775,217	932,014	499,430	151,785	185,553	136,932
% Urban (municipalities)	10.2	22.9	26.5	35.8	5.7	6.7	24.5	28.4
% GIDA (Barangay)	9.38%	62.14%	3.25%	0.44%	14.64%	20.18%	34.60%	80.95%
Number of barangays	576	140	1,078	681	1,721	327	237	142
Socioeconomic indicators								
Infant mortality rate (per 1,000 live births)	260	130	736	565	449	119	50	17
Stunting prevalence, %	22.7	22.7	16.5	24	38.3	29.8	25.5	34
Poverty incidence, %	6.3	2.5	4.9	5.4	11.1	3.1	7.1	23.1
Public spending on health per capita (in PHP)								
Public spending on health per capita (province level)	162.45	472.43	322	489.8	201.89	222.54	65.21	808.52
Public spending on health per capita	232.44	365.76	226.37	202.65	160.34	188.15	118.21	177.42

(average, municipal level)								
Total income per capita (in PHP)								
Annual Regular Income (ARI) per capita (province level)	3,982.27	5,109.57	2,017.61	1,789.95	2,452.89	3,905.23	3,976.20	3,796.42
Annual Regular Income (ARI) per capita (average, municipal level)	8,778.94	8,334.34	5,679.96	5,824.56	5,262.37	6,218.28	5,807.35	5,341.52
Total current operating income per capita (province level)	4,121.15	5,211.73	2,283.02	2,173.65	2,601.79	4,075.68	4,029.01	3,881.26
Total current operating income per capita (average, municipal level)	8,835.15	8,463.99	6,456.57	6,162.40	5,526.11	6,365.71	5,929.41	5,426.63
Total expenditure per capita (in PHP)								
Total current operating expenditure per capita (province level)	2,343.14	2,964.72	1,295.05	1,262.81	1,496.34	2,033.40	2,797.59	2,325.10
Total current operating expenditure per capita (average, municipal level)	4,078.85	4,933.20	4,045.97	4,299.00	3,417.06	3,773.29	3,728.24	3,801.16
Total non-operating exp per capita (province leve	609.97	695.47	88.58	452.12	123.48	1,035.70	817.71	446.79
Total non-operating expenditure per capita (average, municipal level)	2,665.46	1,261.26	1,163.94	1,146.16	936.89	723.37	1,349.41	838.97

Source: Authors' illustration of the 2020 Census of Population, 2020 Philippine Standard Geographic Code, 2022 Philippine National Demographic and Health Survey, 2023 GIDA list, 2018-2021 Expanded National Nutrition Survey, 2023 Official Poverty Statistics, 2022 Statement of Receipts and Expenditures (DOF 2024; DOH 2023; DOST-FNRI 2024; Philippine Statistics Authority 2022; PSA 2024a, 2024b, 2024c).

4.2 Population Survey

A total of 2,617 households were surveyed in the study, which included 10,792 individuals. They were asked about their household characteristics, access to healthcare, healthcare utilization, knowledge about diseases, and patient behavior and attitudes. Household characteristics that were assessed were on their sociodemographic characteristics, social determinants of health, and access to social protection. Healthcare access was measured by the type of healthcare facility that they accessed and how they access these facilities. We also collected data on healthcare utilization, specifically on preventive, acute outpatient, and inpatient care. We also measured their knowledge about common disorders such as non-communicable and infectious diseases, and what they do when they are their family members are diagnosed with these illnesses. Lastly, we measured patient behavior and attitude specifically on health literacy, their health-related quality of life, and medication adherence.

All results tables for this section can be found in **Annex B-1.**

Key Findings
Household Level • **Household size**: The mean household size across all surveyed provinces was 4.12. • **Household total monthly expenditure**: The mean total monthly expenditure was estimated to be ₱24,422.30. • **Tenure status of housing unit**: Four-fifths (81.8%) of the respondent households own or amortize their house. • **Main water facility**: Majority of households have an improved source of water (86.3%), with a little more than half of the households using piped water into their house. • **Most improved toilet facility**: Almost all households (99.3%) have an improved toilet facility, with 87.5% using a flush or pour method directly to a septic tank. *Individual Level* • **Age**: The average age of individual respondents was at 32.69 ± 20.10. • **Sex at birth**: There was almost equal representation between males (49.5%) and females (50.5%). • **Educational attainment**: Most respondents finished secondary education (36.1%), while around one-fifth finished primary education (21.5%). • **Employment status**: Most respondents were either still studying (31.5%) or are currently employed (31.4%), while there was a considerable number of respondents who did not have work (15.9%).

4.2.1 Demographic and Socioeconomic Characteristics of Respondents

Table 17 highlights household characteristics by location, this information contextualizes the interpretation of demographic and health indicators based on the living conditions of households in selected provinces. The survey collected data on the size of the household, monthly household expenditures, tenure of the housing unit, water source, and available toilet facility. A household has an average of 4.12 members across all provinces. In average, a household's monthly expenditure is at PhP 24,422.30 where Davao de Oro reporting the lowest monthly expenditure (PhP 13,231.70), while La Union (PhP 33,213.59) and Batangas (PhP

38,042.17), both provinces in Luzon, exceeding PhP 30,000.00 in monthly household expenditure.

Eighty-two percent of housing units is owned or amortized by the household. Housing ownership is lowest in Iloilo (71.3%) and highest in Sarangani (90.9%) and La Union (91.5%). Most households who are living in their housing unit rent-free with consent of the owner are those in Visayas with 24.5% of households in Iloilo and 18.0% households in Aklan.

Most households have access to an improved water source (86.3%), where 51.3% have water piping inside the house. The main improved water source of households in La Union is through a tube well or borehole (39.8%), while water in households in Benguet (48.1%), Batangas (83.8%), and Laguna (59.9%) are mainly sourced through pipes into their dwelling.

Thirteen percent of the total households interviewed mentioned that they have an unimproved water source where 27.5% and 32.9% of the province-specific reports come from Davao de Oro and Sarangani, respectively. Only 0.8% of the total population use surface water, but it should be noted that 13.5% of the surveyed respondents in Aklan make use of this as their water source.

The primary decision maker for health of the household were then asked on the type of toilet facility that they had with 99.3% reporting an improved sanitation facility where most (88%) have a flush or pour toilet to a septic tank. While 0.3% reported having an unimproved water facility and 0.4% reported that they don't have a toilet facility in their house.

Individual respondents were aged 32.69 (SD=20.10), with the youngest respondents in Sarangani with ages 27.90 (SD=19.42) years old, while the oldest average age of respondents was from La Union at 36.50 (SD=21.68). There was almost equal distribution between male (49.5%) and female (50.5%) respondents where Benguet accounts for the highest difference with 46.5% male respondents and 53.5% females.

One out of twelve respondents (8.3%) did not go to school, this rate was higher in Sarangani (8.9%), Batangas (9.6%), Laguna (10.2%), and highest in Aklan (13.9%). Majority of the respondents finished secondary education (36.1%), with the highest proportion recorded in Iloilo (40.5%) and next in Batangas (37.9%), both non-HCPN demonstration sites. About one out of four respondents (21.5%) reported that they finished primary education, most of which are in Mindanao, with Sarangani accounting for 33.7% of its total respondents, and Davao de Oro accounting for 26.0% of province's respondents. Only 13.4% of the respondents reported that they finished bachelor's degree education, most of which are from Iloilo (19.0%), while in general, those in North and Central Luzon recorded bachelor's degree educational attainment, with respondents from La Union and Benguet recording 16.4% and 15.9% respondents, respectively. Six out of ten respondents are either studying (31.5%) or employed (31.4%), while 15.9% are unemployed.

Table 18 shows the sociodemographic characteristics of the respondents disaggregated by location.

4.2.2 Access to Types of Social Protection

Social Protection
Social protection is the enrollment to programs that seek to reduce poverty and vulnerability and to enhance the social status and rights of the marginalized. In this study, it constitutes PhilHealth, Social Security System, Government Service Insurance System, and private health insurance.

Key Findings

- **Health insurance coverage**: Forty-five percent of respondents are informed of their PhilHealth member status, while 7.2% have some other form of private health insurance.
- **Other social protection program**: One-third (33.5%) of the respondents are enrolled in the Social Security System while a small proportion (3.3%) is enrolled in the Government Service Insurance System.

Table 19 presents data on social protection program membership, highlighting that only 45% of respondents are aware of their enrollment in PhilHealth, with the highest rates in La Union (63.2%) and Davao de Oro (51.5%), and the lowest in Sarangani (33.2%). SSS membership was reported by 33.5%, where most respondents from Luzon report that they are members in La Union (52.0%), Batangas (42.5%), Laguna (38.7%), and Benguet (30.5%). Meanwhile, only 7.2% of respondents have private health insurance, with the highest rates in Laguna (10.2%), Batangas (9.9%), and Davao de Oro (10.9%), and the lowest in Sarangani (0.8%). These results show limited awareness and access to essential social protection, particularly in poorer regions.

4.2.3 Perceived Health Literacy and Health-related Quality of Life

Perceived Health Literacy
Health literacy was measured using the Malaysian Health Literacy Survey Questionnaire (HLS-M-Q18) consisting of 18 questions with six questions each for the following domains: Healthcare, Health Promotion, and Disease Prevention. A respondent is categorized with limited health literacy (0-33), sufficient health literacy (33-42), or excellent health literacy (42-72) depending on their score. Their health literacy weights are compared based on domain identify which domain contributes to their health literacy score.

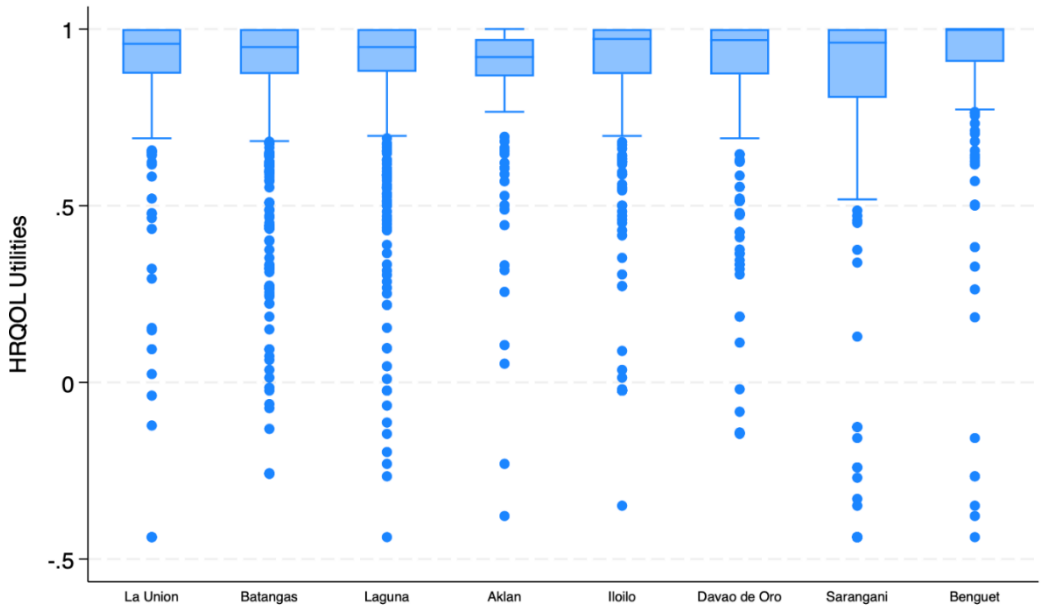
Health-related Quality of Life
HRQOL is an individual's perceived state of health at a given time. This is presented as utility scores.

We further define the characteristics of the primary decision maker of the household for health through their health literacy.

Table 20 presents data on the health literacy of the household's primary health decision-maker, **revealing excellent health literacy across all surveyed provinces, with an average score of 54.5 (SD=10.5).** The lowest average health literacy score, along with the highest variation, was observed in Benguet (Mean=52.6, SD=11.2), while the highest average was recorded in Davao de Oro (Mean=59.4, SD=9.3) revealing excellent health literacy. Among the health literacy domains, health promotion had the greatest influence on overall scores (Mean=0.805, SD=0.155), reflecting respondents' ability to understand health information and advice to maintain wellness. Disease prevention followed with a score of (Mean=0.742, SD=0.174, indicating their awareness and behavior related to preventive care. The healthcare domain contributed the least (Mean=0.723, SD=0.160), measuring respondents' ability to comprehend medication instructions, professional advice, and make informed decisions during medical emergencies.
Individual respondents were then asked about their health-related quality-of-life (HRQOL) which measures their perceived overall physical and mental wellbeing during the day of the survey. These values were transformed into utility scores of individual respondents which are important indicators of healthcare service delivery with high utility scores of 1.0 or near one means that they are in perfect health, and therefore, are able to access healthcare when needed, while utility scores of 0.0 or below zero have a self-perception of death or with a physical and/or mental perception of worse than death.

The results show high utility scores in Aklan (x = 0.9179), Benguet (x = 0.9173) and Laguna (x = 0.9057), while scores are consistently low in Mindanao in both Davao de Oro (x = 0.8872) and Sarangani (x = 0.7160). Sarangani also shows wide variance compared to other provinces. **Figure 3** shows a box and whisker plot of the utility scores to show its distribution, while **Table 21** shows utility scores as averages and medians per province.

Figure 3. Health-related quality of life of individual respondents by province



4.2.4 Awareness of PhilHealth Benefits

Key Findings
Awareness of PhilHealth benefits: Awareness of PhilHealth packages for hospital confinement was relatively higher at 87.8%, where all respondents in all provinces reporting high awareness. Most respondents lacked awareness of PhilHealth primary care benefits where only 43.5% were aware that they can receive physician consultation through the social insurance

To understand the baseline awareness of respondents on the PhilHealth Konsulta package, they were asked on the basic services that can be received from the primary care benefits, specifically on consultation, laboratory tests, and outpatient drugs. They were also asked if they knew that they could be covered by PhilHealth packages if they were confined in the hospital.

Most respondents lacked awareness of PhilHealth's primary care benefits, with only 43.5% knowing they could receive physician consultations through the social health insurance program. Awareness was particularly low in Batangas (34.2%), Aklan (33.9%), and lowest in Sarangani (24.2%), while higher levels were reported in Benguet (65.6%) and Davao de Oro (60.6%). Awareness of access to primary care laboratory tests was even lower at 41.0%, and knowledge about the availability of medicines in primary care facilities was lowest at 29.8%. Iloilo had the highest awareness of outpatient drug availability (44.8%), whereas Aklan had the lowest (15.0%), despite both being in the Visayas. In contrast, awareness of PhilHealth's hospital confinement benefits was high across all provinces, averaging 87.8%. Notably, Aklan reported full awareness (100%), while Sarangani had the lowest at 85.2%. Detailed results are presented in **Table 22**.

4.2.5 Management of Disease and Access to Health Services

Key Findings
• **Diagnosis of noncommunicable disease**: Most of the respondents were diagnosed with hypertension (32.5%), next with hypercholesterolemia (18.2%), and lastly with diabetes (11.6%). • **Medication adherence**: Only 1.5% of the interviewed participants were adherent to their maintenance medications. • **Organizational access to health facilities**: Only 53.4% of the participants had a primary care provider and it takes about 15.7 (SD=18.8) minutes to go to the nearest primary care facility. • **Mode of communication**: Most respondents find face-to-face consultation (99.3%) as their preferred mode of communication for their consultations. • **Access to medicines**: Almost half of the respondents (46.0%) abstain from purchasing medicines due to the cost of purchasing them.

4.2.5.1 Management of Disease and Measurement of Medication Adherence

The household survey assessed the prevalence and management of common noncommunicable diseases (NCDs) – hypertension, hypercholesterolemia, and diabetes. Among primary

decision-maker for health respondents, 32.5% were diagnosed with hypertension, 18.2% with hypercholesterolemia, and 11.6% with diabetes. Hypertension was highest in La Union (41.5%), hypercholesterolemia in Batangas (22.6%), and diabetes in La Union (15.9%) and Laguna (15.6%). Among those diagnosed, not all received appropriate care; individuals with hypertension were least likely to receive interventions, with only 11.0% given nonpharmacologic advice and 11.0% prescribed medication. Despite being prescribed treatment, only 1.5% of respondents adhered to their maintenance medications, with the highest adherence observed in Batangas (3.0%) and Laguna (1.7%). The results on the management of NCDs are found in **Table 23**.

4.2.5.2 Organizational Access to Health Facilities

Table 24 shows the organizational access of the individual respondents to health facilities. Organizational access is defined as the ability to access the services of a primary care and tertiary care facility (e.g., hospital) and this was measured based on travel time and convenience in setting an appointment with their healthcare provider.

We first asked the participants if they had a primary care provider. This establishes the fact that there are individuals who access primary care services before getting referred to specialty care based on the level of service delivery. **It was found that only 53.4% of the participants had a primary care provider, with the highest number in Davao de Oro (71.1%) and Laguna (68.2%).** The respondents were asked how many minutes they need to travel to go to the nearest primary care facility and hospital**. It takes about 15.7 (SD=18.8) minutes to go to the nearest primary care facility.** This is two times higher in Sarangani which logged 29.1 (SD=35.6) minutes, which also explains why they find it inconvenient to go to the health facility. This is in contrast to Davao de Oro which only takes 9.5 (SD=9.7) minutes to go to the nearest primary care facility. In general, it is also easier to access these facilities in South Luzon, where Batangas (mean=14.5, SD=14.9 minutes) and Laguna (mean=11.3, SD=19.5 minutes) logged a lower time compared to the average. This was also true when accessing the nearest hospital which, on average, took 33.4 (SD=31.3) minutes. Respondents from South Luzon provinces of Batangas (Mean=33.7, SD=28.6 min) and Laguna (Mean=27.1, SD=25.5 min) found it relatively faster to access these facilities. **It is important to note that for all provinces, it is faster to travel to a primary care facility than to a hospital, with an average difference of 17.8 (SD=12.5) minutes between the two facilities.**

Majority of the respondents find their healthcare provider's operating hours to be convenient (91.8%) which is consistent across all provinces, except in Sarangani which notes that 72.8% find the operating hours of their healthcare provider convenient for them. We also asked the respondents if it was convenient to set an appointment with their healthcare provider with the majority (87.6%) also reporting that it is easy for them, where only 66.6% find it easy to set an appointment in Sarangani.

Most respondents still find face-to-face consultation (99.3%) as their preferred mode of communication for their consultations, while a very small portion prefer mobile consultation (1.0%) where most come from South Luzon provinces, Batangas (1.8%) and Laguna (0.8%). In Mindanao, their only preferred mode of communication is face-to-face, Davao de Oro (100.0%) and Sarangani (100.0%).

4.2.5.3 Selected Domains of Access to Medicines

Access to medicines across the different provinces reveals regional disparities in frequency, cost, and perceptions of pharmaceutical care. Most individuals across all regions purchase medicines rarely, with 82.1% indicating infrequent buying patterns, and financial limitations appear to be a key barrier, especially in Sarangani (82.2%) and Aklan (58.0%). Monthly expenditures vary, with Davao de Oro reporting the highest percentage of low-cost purchases (under PHP 500) at 84.0%, while respondents in Batangas are able to purchase medicines costing more than PHP 3,000 (26.6%). Despite these challenges, confidence in the quality of generic medicines is high nationwide (86.1%), and preference for generics is strongest in Sarangani (63.4%) and Iloilo (50.2%). However, access is still constrained by geography, as over 40% of Sarangani respondents live more than 10 kilometers from a pharmacy and report the lowest ease of access rating (Mean=2.858, SD=1.354). Quality ratings of medicines are generally favorable, with 67.8% rating them as "good" and 28.6% as "very good," indicating overall satisfaction. **Table 25** reports the overall data on access to medicines of the respondents.

4.2.6 Health Care Utilization

Key Findings
• **Preventive care**: Only 7.4% of the interviewed respondents reported that they accessed a health facility for preventive care in the past 12 months. • **Outpatient care**: 8.61% of individual respondents needed outpatient care with the majority (27.0%) due to cuts and wounds. • **Inpatient care**: 3.51% needed to be confined in the past year preceding the survey. Of these, 75.5% was due to sickness or injury while 16.4% was due to giving birth. • **Client satisfaction**: Respondents had relatively better satisfaction for outpatient services (mean=3.23; SD=0.82) than inpatient care (mean=3.17, SD=0.79).

4.2.6.1 Preventive Care

Respondents were asked if they accessed any health facility for preventive care in the past 12 months. Preventive care includes routine physician consultations, screening tests and other services with the intention to prevent any health problems from occurring. **Only 7.4% (796 of 10,792) of the interviewed respondents reported that they accessed a health facility for preventive care in the past 12 months.** The data presented in **Table 26** has a sample size of 796.

From the respondents that reported accessing preventive care, 93.0% were able to have a consultation with a physician. Areas with high utilization of physician consultations are Benguet (96.2%), Iloilo (96.2%), and La Union (94.9%). Meanwhile, 80.0% of patients accessing preventive care in Sarangani were able to utilize the same service.

Laboratory diagnostic tests included in the PhilHealth Konsulta Package were assessed for utilization. The most commonly used tests were CBC and platelet count (31.9%) and urinalysis (31.1%), both essential for diagnosing infectious diseases. Utilization was highest in Davao de Oro (47.8%) and Sarangani (40.0%) for CBC, while urinalysis was most used in Davao de Oro

(39.1%) and Batangas (36.4%). The lowest use for both tests was observed in Aklan (11.1% for CBC, 18.5% for urinalysis) and Benguet (19.2% for urinalysis), highlighting disparities across regions. Chest x-ray, used primarily for tuberculosis screening, was the third most utilized test (17.1%) and was more common in South Luzon, especially Batangas (19.7%) and Laguna (21.7%). However, fecalysis, which screens for gastrointestinal diseases and colon cancer, was used by only 4.6% of respondents.

Preventive screening for cancer was extremely limited. **Pap smear, the standard for cervical cancer screening, was used by only 0.4% of all respondents.** Usage was reported in La Union (1.7%), Batangas (0.3%), and Iloilo (1.9%). Similarly, **fecal occult blood test (FOBT) for colorectal cancer was rarely used, with only 0.5% of respondents screened**, and was only observed in Batangas (0.9%) and Iloilo (1.9%). These low utilization rates underscore a significant gap in cancer screening services in primary care.

For noncommunicable diseases, fasting blood sugar (FBS) was used by 8.0% of respondents, while HbA1c was rarely used (0.8%). Only 0.5% were screened with an oral glucose tolerance test (OGTT). Lipid panel testing was also low at 3.6%, with Batangas again leading (6.8%). Serum creatinine was used more frequently (4.4%) despite it being a late-stage test for kidney function. Other tests like liver enzyme screening (1.0%) and electrocardiogram (ECG) testing (2.8%) were also underutilized, with ECG use more common in Batangas (4.5%) and Laguna (3.4%). These findings reflect limited access and utilization of key tests for early detection and management of both infectious and noncommunicable diseases.

Table 27 provides the total out-of-pocket costs of laboratory tests for preventive care. In total, the median cost of physician consultation is PhP 500.00, while laboratory tests cost PhP 675.00. Iloilo accounts for the highest median cost of physician consultation at PhP 900.00, while Aklan reported the highest median cost for laboratory tests at PhP 2,400.00.

We asked the respondents who accessed preventive care if they utilize traditional, complementary, and alternative medicine (TCAM) where about three out of ten (31.4%) of the subgroup of participants reported that they make use of some kind of TCAM for preventive healthcare. Here is a clearer and more concise revision of your paragraph: Access to TCAM is highest in Mindanao, with 68.0% of respondents in Davao de Oro and 85.0% in Sarangani reporting use of preventive care services. Among those who accessed TCAM, the majority received services from hilot practitioners or herbalists (78.8%), followed by faith healers (14.8%) and therapeutic massage centers (8.8%). **Table 28** summarizes the results on the respondents' use of TCAM.

4.2.6.2 Outpatient Care

We asked the primary household decision-maker for health about outpatient care needs in the past 12 months. Approximately 8.61% of individual respondents reported needing outpatient care.

Table 29 presents the diagnosed conditions of the respondents, grouped according to the triple burden of disease: noncommunicable diseases (NCDs), infectious diseases, and injuries.

Among those diagnosed with NCDs, the most commonly reported condition was hypertension, affecting 4.7% of outpatient respondents, with the highest incidence in Batangas (8.0%). No

cases of hypertension were reported in Iloilo, Aklan, or Davao de Oro. The second most prevalent NCD was diabetes, reported by 2.6% of respondents, and most commonly found in Batangas (5.1%). Cases of cancer (1.0%) were mainly observed in South Luzon, particularly in Batangas (1.1%) and Laguna (1.9%).

For infectious diseases, the most frequently reported condition was the common cold, affecting 24.5% of those who accessed outpatient care. This was most common in Benguet (54.8%), followed by La Union (34.0%), Iloilo (27.6%), Batangas (21.9%), and Laguna (13.5%). Fewer respondents reported acute respiratory infection (2.4%), with the highest share in Batangas (4.0%). Acute gastroenteritis (1.2%) and tuberculosis (0.6%) were rarely reported. Notably, injuries were also a major reason for outpatient visits, particularly cuts and wounds, which accounted for 27.0% of all cases. The highest proportions were observed in Davao de Oro (63.3%), Aklan (39.4%), Laguna (35.1%), and La Union (29.8%), while Iloilo (10.3%) and Benguet (5.9%) had the lowest. Other injury-related outpatient cases included surgery (1.8%), burns (1.2%), fractures (1.1%), and dislocated or slipped discs (0.1%).

Table 30 shows the number of respondents who sought consultation for their outpatient care needs. It was found that 89.0% of the people who needed outpatient care visited a facility. Utilization was low in Iloilo (82.8%), Benguet (81.5%), and Davao de Oro (80.0%) while Sarangani accounted for 100.0% of its respondents to have sought consultation.

Outpatient care was most sought in public health facilities, with 61.6% of respondents utilizing these services. Among them, the highest proportions visited district hospitals (16.6%) and provincial hospitals (12.5%), while smaller shares went to municipal/city hospitals (5.9%) and regional hospitals (2.4%). Primary care facilities also played a significant role, as 16.1% of respondents visited rural health units or city health centers, most notably in Iloilo (33.3%) and Aklan (26.2%). However, only 12.5% of outpatients in Sarangani accessed such facilities, despite long travel times to larger hospitals. Meanwhile, about 25.0% of respondents sought care from private hospitals, especially in La Union (27.3%), Benguet (31.8%), Batangas (34.0%), and Laguna (22.0%). Visits to private clinics were less frequent (10.9% overall), with the highest in Iloilo (25.0%) and Batangas (16.2%); notably, there were no private clinic visits reported in Davao de Oro and Sarangani. A small number (0.4%) of respondents sought care from faith healers, all of whom were from Batangas (1.0%).

Among those who did not seek outpatient care, the most common reason was self-medication, cited by 75.7% of respondents. Other reasons included the perception that the condition was not serious (9.7%), lack of money (6.8%), and the absence of nearby healthcare providers (1.0%). When disaggregated by province, 100.0% of non-consulters in Iloilo and Aklan opted to self-medicate, followed by 88.0% in Benguet, 73.8% in Batangas, and 72.2% in Laguna. These findings are summarized in **Table 31**, which outlines the various barriers to seeking outpatient care.

Table 32 also presents data on confinement recommendations following outpatient consultations. Among those who received outpatient care, 17.4% were advised to be confined. The remaining 82.6% were asked about their reasons for not being confined, with respondents allowed to select multiple reasons. The vast majority (86.5%) said confinement was unnecessary as their visit was for a routine check-up, while 23.0% had a home remedy available. Very few cited financial barriers: only 0.6% reported having no money, and 0.0% expressed concern about treatment costs. Facility-related issues like distance (0.6%) and lack

of PhilHealth accreditation (0.3%) were also infrequently mentioned, suggesting that clinical necessity, rather than access or cost, is the main determinant of whether patients are confined following outpatient care.

We then asked the respondents of their financial sources for outpatient care, they were allowed to select more than one answer indicating that they have multiple sources to finance their outpatient care. More than half of the respondents (56.1%) relied on their salary to pay for their outpatient care needs, while the next financial source was their savings (21.5%). PhilHealth only ranked third (16.7%) as a financial source for outpatient care, with the highest utilization in Benguet (36.0%), Aklan (30.8%), Davao de Oro (21.4%), and Sarangani (18.8%). Furthermore, the fourth ranked financial source was taking out a loan or mortgage (12.7%) to pay for their outpatient expenses. There are some who make use of assistance from government organizations (7.5%), such as national or local government assistance through guarantee letters. This is most commonly observed in Davao de Oro (14.3%), Iloilo (12.0%) and Batangas (11.4%). While there is a smaller portion than utilize the Malasakit Center (4.6%) and the DOH Medical Assistance to Indigents Program (MAIP) (2.3%). The financial sources of the respondents are summarized in Table 33.

Respondents were further asked how much they paid for outpatient consultation which averaged at PhP 2,187.09 (p50 = PhP 600.00). The consultation fee is highest in Iloilo with a mean of PhP 3,295.83 (p50 = PhP 1200.00), and cheapest in La Union at PhP1,540.76 (p50 = 350.00).

4.2.6.3 Inpatient Care

Lastly, respondents were asked if they required inpatient care in the past 12 months since the day of their interview. **It was found that 379 out of the total 10,792 (3.51%) needed confinement in the past year.** They were then asked for the reason of their confinement where majority answered that it was due to their sickness or injury (75.5%), about 16.4% gave birth with most of these respondents coming from North and Central Luzon in La Union (14.3%) and Benguet (22.2%), and in South Luzon in Batangas (19.4%) and Laguna (14.5%). A small portion (2.6%) had to be confined for a medical check-up, these respondents were concentrated Batangas (3.1%) and Laguna (3.6%) in South Luzon.

Table 34 shows the summary of the reason for confinement of respondents who required inpatient care in the past 12 months.

There may be times during a respondent's low health state and confinement that they need to procure medicines or perform laboratory tests outside the inpatient facility.

Table 35 summarizes the prevalence of respondents who had to access other facilities, e.g., community pharmacies, diagnostic laboratories, for their medicines and laboratory tests. **We found that around 7 out of 10 respondents (71.8%) who were confined had to get their medicines outside.** Most of them came from Visayas where 84.6% of respondents who required inpatient care in Iloilo and 82.6% in Aklan had to get their medicines outside their inpatient facility. From those who mentioned that they need to get medicines outside, 83.5% had to pay for the drugs out-of-pocket, while 6.2% were able to get their medicines for free, and only 4.8% were able to have it charged to PhilHealth. **None from Aklan, Davao de Oro,**

and Sarangani were able to charge their purchase of medicines to PhilHealth. Some respondents reported that they paid medicines in kind (3.7%) as well.

Respondents were also asked if they had to utilize services outside of their facility of confinement to run laboratory tests. About 24.0% of those who needed to be confined affirmed that they had laboratory tests done outside the facility where most were respondents from Laguna (37.3%), Iloilo (35.9%), and Batangas (25.6%). Majority of these patients had to pay out-of-pocket (73.6%), while some of the tests were covered by PhilHealth (14.3%) and some were done free of charge (11.0%).

Respondents were then asked on their financial sources for their hospital bill, the result of which is summarized in **Table 36**. Respondents were allowed to choose multiple financing sources to reflect actual multiple financing sources to pay for hospital bill. **Most respondents reported that they utilized PhilHealth (82.1%) to finance their inpatient hospital stay, this is compared with using PhilHealth for outpatient care where it was only the third financing source of respondents.** This was utilized by all inpatient respondents in La Union (100.0%), Aklan (100.0%), and Sarangani (100.0%), while only a little more than half (53.0%) used PhilHealth in Laguna.

The next highest source of financing was their salary (44.3%), where most patients from Iloilo (69.2%) made use of their salary as their main source of out-of-pocket spending. While the next source of funding was through loans or mortgages (25.6%). It is worth noting that 20.9% of the inpatient respondents used the assistance of government organizations (e.g., guarantee letters), while 17.9% used Malasakit Centers, while only 5.3% were able to use the DOH Medical Assistance to Indigent Patients (MAIP). The DOH MAIP was mostly utilized in Visayas, 10.3% in Iloilo and 23.1% in Aklan.

Table 37 provides the data on the cost of inpatient care by province. We first analyzed the length of hospital stay of respondents needing inpatient care to understand the spread of LOS during confinement. This will be used to estimate the cost of care incurred per day for both costs incurred inside and outside the facility of confinement of the respondents. The average LOS for all respondents who needed inpatient care was at 5.18 (SD=6.19), with the highest LOS observed in Aklan (mean=7.27, SD=4.93) and the least number of days reported in Davao de Oro (mean=3.96, SD=2.67). While La Union logged the widest variation in LOS (mean=6.89, SD=11.25) and Sarangani with the least variation (mean=4.80, SD=1.03).

Respondents have incurred costs on both medicines and laboratory tests done outside the health facility they are confined in where medicine cost average at PhP 7,116.56 (p50=PhP 3,000.00), this amount is doubled in Aklan where the average cost of medicines is PhP 14,810.95 (p50=PhP 5,000.00), while the lowest cost of medicines was reported in Sarangani at PhP 1,846.67 (p50=PhP 1,350.00). When medicines cost was estimated per day, the average total cost of medicines was at PhP 1,406.65 (p50=PhP 666.67). The cost per day of medicines was reported in Benguet at PhP 4,033.21 (p50=PhP 937.50) and lowest in Sarangani at PhP 398.50 (p50=PhP 350.00).

Cost of laboratory tests done outside the facility of confinement averaged at PhP 6,848.25 (p50=PhP 3,000.00) with the most expensive cost of laboratory test done in La Union PhP 21,000.00 (p50=PhP 21,000.00) and the cheapest in Davao de Oro PhP 883.33 (p50=PhP 600.00).

Respondents were asked for the cost of inpatient care represented by their total hospital bill. The average hospital bill costs PhP 68,370.46 (p50=PhP 35,000.00) with the highest total hospital bill logged in the provinces of South Luzon, PhP 73,372.95 (p50=PhP 40,500.00) in Batangas and PhP 99,473.50 (PhP 32,000.00) in Laguna. The total hospital bill estimated per day averaged at PhP 16,729.13 (p50=PhP 10,000.00) with Laguna consistently having the highest cost of care at PhP 27,251.72 (p50=PhP 17,500.00).

Respondents were also asked of the PhilHealth share in the total hospital bill, this was then divided to the total hospital bill to get the support value of PhilHealth in inpatient care. Support value is the ratio of the cost covered by PhilHealth through its benefit package during the patient's confinement period. The average support value of PhilHealth to inpatient care was at 0.4202 (p50=0.3846). This means that patients still shoulder more than half of their medical expenses out-of-pocket or in means of financing other than PhilHealth. Support value was highest in Davao de Oro at 0.5903 (p50=0.5833) and lowest in Laguna at 0.3626 (p50=0.2857).

Respondents who did not avail themselves of PhilHealth benefits for inpatient care, comprising of 68 out of the 379 (23.48%) respondents requiring inpatient hospitalization, were asked for their reasons for not availing the social health insurance (see Table 38**).** Respondents were allowed to have multiple answers for not availing PhilHealth benefits. About one-third (33.8%) of the respondents reasoned that they were not PhilHealth members, and, thus, not eligible for PhilHealth benefits. Most of these respondents came from Batangas (42.1%) and Laguna (33.3%). While some mentioned that they were members but were not eligible for benefits (20.6%), some also said that PhilHealth had limited hospitalization benefits (17.6%).

Further, there were respondents who mentioned that they may not have remembered the amount but possibly used PhilHealth during their hospitalization (11.8%), and the same number of respondents also pointed that PhilHealth had too many requirements to comply with (11.8%) which prompted them not to use its benefits anymore. While a small portion mentioned that the claims processing was too long (10.3%).

4.2.6.4 Client Satisfaction with Health Services

Lastly, respondents were asked about their satisfaction with the outpatient and inpatient services provided to them by the respective healthcare facility that they accessed. Respondents had relatively better satisfaction of outpatient services (Mean=3.23, SD=0.82) provided to them, this client satisfaction is highest in La Union (Mean=3.38, SD=0.81) and lowest in Sarangani (Mean=2.81, SD=0.91) (see Table 39). Inpatient care was neutral in average (Mean=3.17, SD=0.79) with the highest client satisfaction recorded in Aklan (Mean=3.46, SD=0.90), while the lowest satisfaction was recorded in Benguet (Mean=2.81, SD=0.79), it is also worth noting that facilities providing inpatient care in Sarangani received neutral satisfaction (Mean=3.00, SD=0.77), only slightly higher from the score provided by respondents for outpatient care.

4.2.7 Discussion on Population Survey

Most households consist of 4.12 (SD=1.91) members and spend at average PhP 24,422.30 per month, though spending levels vary significantly by province. Some areas report notably lower expenditures, while others, particularly in Luzon, tend to have higher average spending. In

terms of housing, the majority of households either own their homes or are in the process of paying for them. However, there are regional differences, with some provinces having lower rates of ownership and a greater proportion of households living rent-free with the owner's permission, especially in the Visayas.

The average age of respondents varied by location, with Sarangani having the youngest group and La Union the oldest. Overall, the gender distribution was nearly equal, though some provinces, like Benguet, had a more noticeable difference between the number of male and female respondents. Most respondents completed secondary education, particularly in provinces like Iloilo and Batangas. A small portion of respondents had no formal education, with higher rates seen in provinces such as Sarangani, Batangas, Laguna, and Aklan. Nearly half of the respondents are aware of their PhilHealth membership status, while a small number have private health insurance coverage. About one in three are enrolled in the Social Security System, and only a few are members of the Government Service Insurance System.

It must be noted that there is excellent health literacy across all surveyed provinces, while health-related quality of life of individuals varied greatly with the widest variation observed in Sarangani. While just over half of respondents reported having a primary care provider, limited awareness of PhilHealth's primary care benefits, such as consultations, lab tests, and medicine, suggests that even those accessing primary care may not fully utilize available services. Travel time to primary care facilities also varied widely, with longer travel times, such as in Sarangani, contributing to reduced access and convenience, especially when compared to more accessible areas like Davao de Oro and South Luzon provinces.

Only 7.4% of the respondents accessed preventive care and commonly utilized laboratory tests for infectious diseases. One-third of those who access preventive care make use of traditional, complementary and alternative medicine, with the majority visiting a *hilot* or herbalist for their ailment.

Among those who sought outpatient care, most did so for minor conditions like cuts, wounds, and common colds, primarily accessing services at public hospitals and primary care facilities. While outpatient services generally received higher satisfaction ratings, many inpatients faced additional burdens like having to purchase medicines and undergo laboratory tests outside their facility often at their own expense.

4.3 Healthcare Facility Survey

The Health Facility Survey is a cross-sectional assessment of hospitals and rural health units across eight provinces in the Philippines that focus on how service availability and readiness supports Universal Health Care implementation.

It covers key domains including health financing (**Table 41 and Table 42**), human resources **Table 43 and Table 44**), governance and management **(Table 45 and Table 46**), and health facility accreditation and financial protection (**Table 47 and Table 48**). Additionally, the survey evaluates service readiness through assessment of functional requirements **(Table 49 and Table 50),** equipment (**Table 51 and Table 52**), laboratory services and cost of services (**Table 53 to Table 56),** and essential clinical services **(Table 57 and Table 58).**

To assess service delivery and patient experience, it includes indicators on patient records **(Table 59 and Table 60**), patient pathways and service efficiency (**Table 61 and Table 62**), and referral mechanisms (**Table 63 and Table 64**) across health facilities.

All results tables in this section can be found in **Annex B-1.** Population Results Tables

4.3.1 Baseline Facility Characteristics

Key Findings
• **Type of Facility:** Majority of health facilities were Rural Health Units (78.3%), with fewer classified as Level 1 hospitals (19.4%), and only a small fraction as Level 2 (2%) or Level 3 hospitals (0.3%). • **Type of Accreditation:** ISO accreditation is the most widely adopted standard across all provinces (31.8%), while PCAHO accreditation is less common, and no facility included in the study held international accreditation. • **Hospital Government Sub-ownership:** Local Government Units are the primary health facility owners, accounting for 91.7% of facilities across provinces, while the Department of Health operates 6.5% and university hospitals represent only 1.8% of the total. • **Local Economic Enterprise and Income Retention:** Among hospitals, 39.9% are designated as Local Economic Enterprises (LEEs); 22.3% reported implementation of income retention mechanisms, and income retention rates average at 70% though this figure varies considerably across provinces.

We have included 299 health facilities across eight provinces in the Philippines based on weighted estimates. **Table 40** presents the baseline characteristics of the facilities, including type of health facility, accreditation type, hospital government sub-ownership, and for hospitals, the local economic enterprise status and income retention.

The distribution of health facilities by type show that Rural Health Units (RHUs) constitute the majority at 78.3% (n=234), followed by Level 1 hospitals at 19.4% (n=58), with Level 2 and Level 3 hospitals comprising only 2.3% (n=6) of facilities. RHUs are dominant in provinces such as Aklan (n=21, 95.5%) and Benguet (n=24, 89%), whereas higher-level hospitals are more prevalent in urbanized provinces, including La Union, Batangas, and Laguna.

Analysis of facilities by type of accreditation revealed that 31.8% hold ISO certification, though substantial provincial variation exists—ranging from full coverage in La Union (100%) to none in Aklan and Davao de Oro (0%). Philippine Council on Accreditation of Healthcare Organizations (PCAHO) accreditation was fewer, observed in only 18.8% of facilities, with concentrations primarily in Laguna, Iloilo, and Sarangani. No facilities had international accreditations such as Joint Commission International, which are generally uncommon among Rural Health Units and lower-level hospitals in the Philippines.

By type of hospital government sub-ownership, the majority of hospitals (91.7%) are operated by Local Government Units (LGUs), while only 6.5% fall under Department of Health (DOH) administration and 1.8% are classified as university-affiliated hospitals.

With respect to Local Economic Enterprise (LEE) status, approximately 40% of health facilities are classified as LEEs. Formal income retention mechanisms are in place in 22.3% of facilities; however, full income retention is implemented in only a subset of provinces, with partial retention observed in areas such as Iloilo and Sarangani.

4.3.2 Financial Health and Resource Allocation

Key Findings
• **Hospital Total Revenue:** Total hospital revenue varies considerably, with Sarangani having the highest at PHP 642.3 million and Batangas the lowest at PHP 110.3 million, compared to the national median of PHP 245 million. • **LGU Budget:** LGU budget allocations also differ, with Laguna allocating the most (PHP 296.5 million) and Sarangani the least (PHP 166 million), compared to the national median of PHP 173.3 million. • **Hospital Total Expense:** Total expense varies by facility type and province, with hospital expenses ranging from PHP 108.5 million in Batangas to PHP 412.3 million in Davao de Oro, compared to the national median of PHP 268 million. • **RHU Total Expense:** RHU expenses range from PHP 114.0 million in Davao de Oro to PHP 235.0 million in Laguna, against a overall median of PHP 177.0 million. • **Share of Expense:** Hospitals spend the bulk of their budgets on operating costs and personnel, while capital investments are minimal. RHU budgets are predominantly used for personnel expense.

Table 41 and Table 42 summarize hospital and rural health unit finances including key differences in revenue, expenses, and spending composition.

In terms of total hospital revenue, Sarangani reports the highest median value at PHP 642.3 million (SD = 199.8), whereas Batangas records the lowest at PHP 110.3 million (SD = 450.4). With respect to total hospital expenses, Davao de Oro leads with PHP 412.3 million, but Batangas ranks lowest (PHP 108.5 million, SD=179.0). Hospital total revenue exceeded total expenses in five of the eight provinces analyzed—specifically, La Union, Benguet, Batangas, Aklan, and Sarangani. However, across all provinces, the revenue-to-expense ratio indicates fiscal strain, with median total expenses PHP 268 million (SD=105.6) exceeding median total revenue of PHP 245.0 million (SD=270.0).
Spending composition across hospitals revealed substantial variation: personnel expenditures range from 7.7% (SD = 3.0) in Sarangani to 23.2% (SD = 4.3) in La Union; maintenance and other operating expenses (MOOE) span from 3.8% in Aklan to 32.7% (SD = 8.1) in Sarangani; while share of capital outlay remains consistently low, peaking at only 3.9% in Benguet. These disparities show uneven resource allocation (reference on expense share standards) and suggest the need for targeted policy interventions to strengthen hospital financing.

LGU budget allocations vary substantially, from PHP 126.2 million (SD=996.2) in Sarangani to PHP 296.5 million (SD=175.7) in Laguna, with an overall median total revenue of PHP 173.3 million. RHU spending shows similar variation, ranging from PHP 114.0 million (SD=862.0) in Davao de Oro to PHP 235.0 million (SD=187.2) in Laguna, and a national median of PHP 177.0 million. The total LGU budget exceeded RHU total expenses in half of

the provinces analyzed—specifically, Benguet, Batangas, Laguna, and Davao de Oro. However, across all provinces, the revenue-to-expense ratio indicates fiscal strain, with median total expenses PHP 177 million (SD=804.7) exceeding median total revenue of PHP 173.3 million (SD=822.1).

Spending composition in RHUs exhibits notable variation across provinces. Personnel expenses consistently represent the largest share of total expenses, with median values ranging from 56.6% (SD = 19.2) in Benguet to 78% (SD = 39.0) in Davao de Oro. Maintenance and other operating expenses (MOOE) also vary widely, from 9.0% (SD = 13.4) in Sarangani to 39.8% (SD = 17.9) in La Union. Capital outlay remains minimal across all provinces, with shares ranging from 0% to 3.4%, and with an overall median share of 0.6% (SD=19.2).

4.3.3 Human Resources and Staffing

4.3.3.1 Hospital Staff

Key Findings
• **Nursing Services:** There is wide disparity in nursing staff deployment in hospitals, ranging from 7 nurses in Davao de Oro and 706 in Aklan. • **Physician Staffing:** In several provinces, hospitals face significant physician staffing shortages, with an average of only 0.3 (SD = 1.0) to 3.7 (SD = 5.2) general medicine physicians and 0.3 (SD = 1.3) to 1.0 (SD = 2.2) general surgeons per hospital. • **Allied Health Professionals:** Staffing levels for health associate professionals vary substantially across provinces, ranging from 21.5 in Batangas to 104.0 in Aklan, and an overall mean of 33.4 (SD = 34.2).

Table 43 presents average staffing levels in hospitals across provinces including both clinical and administrative roles. We found that nursing services have the highest average staffing at 128.0, largely influenced by Aklan's outlier count of 706.0. Administrative staff average 47.4 (SD = 80.0), with the highest numbers observed in Aklan (215.0) and Benguet (131.3, SD = 234.7), and the lowest in Batangas (8.4, SD = 5.4). Health associate professionals average 33.4 (SD = 34.2), ranging from 21.5 (SD = 5.9) in Batangas to 104.0 in Aklan.

General medicine average 3.7 per hospital. General surgery staffing is even more limited, with all physician roles averaging between 0.3 and 1.0 per hospital. Davao de Oro and Sarangani reported no general surgery residents, and Batangas, Davao de Oro, and Sarangani had no general surgery fellows or consultants.

4.3.3.2 Rural Health Unit Staff

Key Findings
• Rural Health Units are highly staffed by mid-level cadres, especially midwives, while physician presence is extremely limited. Midwives are the largest clinical group in RHUs (mean = 7.9), followed by nurses (mean = 2.9), with significantly fewer primary care physicians (0.5) and City/Municipal Health Officers (mean = 0.9) per unit. • Barangay Health Workers/Nutrition Scholars average 31.5 per unit (SD = 81.8), while professional allied and oral health staff remain limited—medical technologists average 1.2 (SD = 1.3) and dentists only 0.7 (SD = 0.8) per RHU. • Non-clinical support and information management roles are minimally staffed, with averages of 0.8 administrative assistants (SD = 1.9), 0.3 medical records officers (SD = 1.0), 1.1 utility workers (SD = 7.3), and 0.4 trained medical coders (SD = 0.6) per RHU.

Table 44 presents average staffing levels across rural health units. Most RHUs are staffed with one City or Municipal Health Officer; however, Batangas (0.6, SD = 0.5), Laguna, and Aklan (0.9) report slightly lower averages. Primary care physicians are limited, averaging 0.5 (SD = 1.0) per RHU, with the lowest in Benguet (0.2, SD = 0.4) and the highest in Laguna (1.1, SD = 1.9). Nurses average 2.9 (SD = 3.1) per RHU, ranging from 1.8 (SD = 1.5) in La Union to 5.2 (SD = 5.8) in Laguna.

Midwives are the second most common staff type, averaging 7.9 (SD = 9.1), with Davao de Oro reporting the highest average at 20.0 (SD = 30.5). Barangay Health Workers and Nutrition Scholars show significant variation, averaging 31.5 (SD = 81.8), from 3.5 (SD = 12.5) in Aklan to 77.6 (SD = 130.8) in La Union. Dentists and medical technologists average 0.7 (SD = 0.8) and 1.2 (SD = 1.3) per RHU, respectively. Support staff which include administrative assistants, records officers, utility workers, and trained medical coders range from 0.3 to 1.1 per RHU.

4.3.4 Governance and Management

Key Findings
Presence of Organizational Structures • Formal governance structures are nearly universal across public hospitals with a 97.7% adoption and only a small gap in La Union. • In RHUs, formal organizational structures are almost, but not fully universal (94.5% overall), with small pockets still lacking them (e.g., Batangas at 90.0%, Iloilo at 90.3%). **Monitoring and Evaluation Activities** • All hospitals in the eight provinces conduct formal monitoring and evaluation activities to assess its own performance. • Majority of RHUs report conducting M&E on their own performance (88.8% overall), but there is notable variation—with Mindanao provinces lagging (Davao de Oro at 71.4%, Sarangani at 75.0%) compared to Luzon and Visayas (>89%). **Lead for Facility Improvement** • Every hospital already has a designated person or group formally tasked with driving facility-level improvements • Majority of facilities (87.5% overall) have a formally designated improvement lead, there is meaningful provincial variation—from 100% in La Union, Aklan, and Davao de Oro, down to only 66.7% in Sarangani and 81.5%in Iloilo. **Staff Training and Education** • Overall coverage of staff training and education stands at only 82.8%, with Davao de Oro reporting 0% participation. • Most RHUs (85.5%) conduct formal training or educational sessions; however, coverage varies, dropping to 50% in Sarangani and below 75% in Laguna and Davao de Oro.

Table 45 summarizes governance and management practices in hospitals across provinces. Nearly all hospitals (97.7%) have formal organizational structures, with full compliance in all provinces except La Union (81.2%). Monitoring and evaluation systems are universally implemented, and all hospitals designated personnel for operational improvement. However, staff training and development show greater variability—while four provinces report full coverage, others fall short with Benguet (66.7%), Iloilo (73.3%), and Laguna (86.5%), and Davao de Oro reporting no training provision.

Table 46 summarizes governance and management practices among RHUs in eight provinces. Most RHUs (94.5%) have an established organizational structure, with full coverage in five provinces. Monitoring and evaluation activities are reported in 88.8% of RHUs, though implementation is lower in Batangas (89.7%), Aklan (84.6%), Sarangani (75.0%), and Davao de Oro (71.4%). Designated personnel for facility improvement are present in 87.5% of RHUs, with seven provinces above 80%, but Sarangani lags at 66.7%. Staff training is offered in 85.5% of RHUs, with the highest coverage (≥90%) in La Union, Benguet, Iloilo, and Aklan; moderate levels (75–90%) in Batangas, Laguna, and Sarangani; and the lowest in Davao de Oro (50%) and Laguna (72.7%).

4.3.5 Accreditations and Financial Aid

Key Findings
• **PhilHealth Accreditation:** All hospitals across the eight provinces are fully PhilHealth-accredited (100%), whereas only 78% of RHUs hold PhilHealth accreditation. • **Availability of PhilHealth Benefit Package** - In hospitals, there is a clear mismatch between high-volume, quick-turnaround, benefit packages—such as the primary care benefit (79.2%), animal bite treatment (64.4%), maternity care package (60%) versus low-coverage, high-public-health-value packages like TB-DOTS (18.5%), OHAT (20.4%), and Z-benefits (1.5%). - In RHUs, primary care benefit package (90.8%), TB-DOTS (68.8%), and maternity care package (55.9%) are common, while animal bite package (24.4%) has low coverage. • **Fee Exemption and Discounted Services** - PhilHealth's no-balance-billing policy for indigent patients is implemented in nearly all hospitals (97.3%), while direct exemptions (34.6%) and discounted schemes (55.7%) are less commonly applied. - Malasakit Center services (35.5%) remain relatively scarce. • **Konsulta Registration:** Both hospitals and RHUs show a similar pattern in Konsulta enrollment, with patient registration ranging from zero to several thousand per facility.

Table 47 and Table 48 present data on PhilHealth accreditation and financial support mechanisms in hospitals and rural health units (RHUs) across selected provinces. All hospitals are PhilHealth-accredited, reflecting successful integration into the national health insurance system. However, access to specific benefit packages remains uneven. While 79.2% of hospitals provide Primary Care Benefit (PCB), fewer offer the Animal Bite package (64.4%) or the Maternity Care Package (60%). Coverage for services with high public health value remains limited—only 18.5% of hospitals offer TB-DOTS, 20.4% provide OHAT (limited to accredited facilities), and 1.5% offer Z-benefits, mostly limited to Level 2 or 3 hospitals.

Financial protection mechanisms also show variability. Only 34.6% of hospitals provide full fee exemptions, while 55.7% offer discounts and 58.1% have patient subsidy funds. Malasakit Centers are available in 35.5% of hospitals. Although 97.3% implement the No Balance Billing (NBB) policy for indigent patients, only 56.6% accept guarantee letters from government agencies in lieu of payment; others still require upfront cash or collateral, potentially restricting access for low-income patients.

Among RHUs, 78% are PhilHealth-accredited, though provincial coverage varies significantly—from 51.6% in Batangas to full accreditation in parts of North and Central Luzon and Mindanao. The PCB package is the most widely available (90.8%), followed by TB-DOTS (68.8%) and the Maternity Care Package (55.9%). In contrast, Animal Bite package coverage is low (24.4%)—lowest in Davao de Oro and many Luzon provinces, and highest in Sarangani (75%). PCB coverage is incomplete in Batangas (62.5%), Sarangani (75.0%), and Iloilo (91.3%). Maternity care and TB-DOTS coverage also vary widely by province.

Utilization of PhilHealth benefits differs substantially across RHUs. Sarangani reports the highest average usage (13,614 patients per RHU), while Batangas reports the lowest (119

patients per RHU). Konsulta enrollment mirrors this trend, with figures ranging from just over 1,000 in Batangas to more than 27,000 in Sarangani.

4.3.6 Health Facility Functional Requirements

Key Findings
• **Access through Public Transportation:** Nearly all hospitals (98.3%) and RHUs (96.2%) are accessible via public transportation. • **Main Power Connection:** All hospitals have reliable electricity, but only 86.4% have functional backup generators with ATS; in RHUs, 97.6% have main power, but only 71.3% have backup generators. • **WASH standards:** Most hospitals meet basic WASH standards, with 97.3% having functional toilets and running water, and 97.7% providing safe water; RHUs show a similar pattern, though slightly lower for running water (92.6%) and safe water sources (94.8%). • **Communication and referral:** All hospitals are equipped with computers and internet, yet gaps persist in emergency communication and referral readiness. • **Transportation:** Only 0.7 patient transport vehicles available per hospital, and with noted wide provincial disparities.

Table 49 and Table 50 summarize the infrastructure and communication readiness of hospitals and rural health units (RHUs) across eight provinces. All hospitals have primary electricity access, but only 86.4% are equipped with backup generators with automatic transfer switches (ATS), with the lowest availability in Sarangani (50%), Iloilo (73.3%), and Batangas (87.5%). Water, sanitation, and hygiene (WASH) standards are largely met, with over 97% of hospitals having functional toilets and safe water. Internet connectivity is universal but uneven, with download speeds ranging from 20 Mbps in Davao de Oro to 156.9 Mbps in Sarangani (mean = 104.6 Mbps, SD = 120.5).

Communication tools are inconsistently available. Short-wave radios are present in only 68.1% of hospitals—completely absent in Aklan but universally available in Davao de Oro. Mobile phone signal is accessible in 85.4% of hospitals, though notably low in Iloilo (60%). Most hospitals (91%) maintain referral communication systems, with nearly all equipped with dedicated phones. Emergency transport capacity remains weak, averaging only 0.7 vehicles per hospital, with La Union showing the lowest availability (0.4) and Aklan and Davao de Oro the highest (1.0), underscoring critical gaps in emergency response.

In RHUs, 96.2% are accessible via public transport, with slightly lower rates in Laguna (87.0%), Batangas (96.8%), and Iloilo (96.8%). Nearly all (97.6%) have main power connections, though Batangas (96.8%) and Laguna (91.3%) fall just short. Backup generators with ATS are available in 71.3% of RHUs, but coverage is lowest in Batangas (51.6%), Laguna (56.5%), and Aklan (69.2%). Other provinces report coverage above 80%.

WASH standards in RHUs are generally high but uneven. Functional toilets are found in 97.6% of units, though Laguna (91.3%) and Batangas (96.8%) lag slightly. Running water in toilets and sinks is available in 92.6% of RHUs, but Sarangani (75.0%) and Laguna (82.6%) fall below

standard. Access to safe water sources—both for drinking and other uses—is reported in 94.8% of RHUs, with gaps in Laguna (82.6%), La Union, and Benguet (92.3% each).

4.3.7 Medical Equipment Availability

4.3.7.1 Hospital Medical Equipment Availability

Key Findings
• In hospitals, basic resuscitation and oxygenation equipment is nearly universal; however, with only 49.5% of the facilities equipped for mechanical ventilation, there is a limited capacity for advanced respiratory and critical care support. • Basic diagnostic, emergency, and procedural tools are widely available; however, key tests like blood gas analysis are lacking in nearly half of hospitals (53.9% coverage). • While basic diagnostics such as radiography (100%) and ultrasound (88.6%) are widely available, access to advanced imaging remains limited—only 35.1% of hospitals have CT scan, 9.5% have mammography, 1.7% have PET scan, and 1.5% MRI.

Table 51 presents the availability of life-saving equipment, diagnostics, and imaging across 65 hospitals in eight provinces. Basic life support tools—adult and pediatric bag-valve masks (98.3% and 95.3%), defibrillators (100%), and oxygen units (100%)—are nearly universal. However, mechanical ventilators are available in only 49.5% of hospitals, with wide variation from 25% in La Union to full availability in Aklan and Davao de Oro.

Core diagnostic equipment is also widely accessible, including EENT diagnostic sets (95.4%), laryngoscopes (97.3%), ECG machines (100%), glucometers (95.7%), and surgical kits for delivery (96.9%) and suturing (100%). In contrast, arterial blood gas analyzers are available in just 53.9% of hospitals, with stark disparities—from 0% in Davao de Oro to 100% in Aklan.

Access to imaging is highly uneven. While basic imaging such as X-rays (100%) and ultrasound (88.6%) is common, advanced modalities remain scarce: CT scans are available in 35.1% of hospitals, mammograms in 9.5%, PET scans in 1.7%, and MRI in only 1.5%.

4.3.7.2 RHU Equipment Availability

Key Findings
• Rural Health Units are generally equipped with essential primary care tools, including non-mercury thermometers, stethoscopes, blood pressure apparatuses, and weighing scales. • Capacity for maternal health monitoring and diabetes care is strong in RHUs, with high availability of fetal dopplers (96.3%), glucose meters (96.5%), and glucose test strips (91.2%). • Equipment such as nebulizers (98.5%) and dressing/minor surgical sets (93.9%) is widely available, but access to life-saving resuscitators remains limited—available in only 68.1% of units for adults and 67.1% for pediatric patients.

Table 52 summarizes the availability of essential medical equipment across RHUs across provinces.

Basic equipment is nearly universal, with non-mercury thermometers available in 96.4% of RHUs (ranging from 82.6% in Laguna to 100% in several provinces), and stethoscopes, blood pressure apparatuses, and weighing scales present in 99.2% of facilities.

Diagnostic and monitoring tools such as glucometers are widely available (96.5%), though test strip availability is slightly lower at 91.2%, with the lowest coverage in Aklan (76.9%). Fetal Dopplers are also widely accessible, found in 96.3% of RHUs, with five provinces reporting full coverage. However, eyes, ears, nose, throat (EENT) diagnostic sets are available in only 53.5% of facilities, with significant gaps in Laguna (30.4%) and Batangas (35.5%), and higher availability in Davao de Oro (85.7%) and Benguet (92.3%).

While dressing/minor surgical sets (93.9%) and nebulizers (98.5%) are common, life-saving resuscitators for adults and children are available in only about two-thirds of RHUs, which may be a critical gap in emergency response capacity.

4.3.8 Service Availability and Costs

4.3.8.1 Hospital Laboratory Services

Key Findings
• All hospitals across all provinces report 100% compliance with Department of Health laboratory licensure • All hospitals have access to complete blood count and fecalysis (100%), with near-universal availability of urinalysis (96.9%). • Most hospitals are well-equipped for clinical chemistry tests such as fasting blood sugar, HbA1c, serum creatinine, and lipid profile, though availability of the 2-hour oral glucose tolerance test remains limited. • Fecal occult blood testing is widely available (93.0%), but significant gaps persist in sputum microscopy (59.2%) and Pap smear services (39.0%). • In hospitals, Chest X-ray is universally available, but access to electrocardiogram machines remains limited at 50%

Table 53 summarizes the availability of Department of Health (DOH)-licensed laboratories and diagnostic services in hospitals across selected provinces. All hospitals operate licensed laboratories and universally provide complete blood count (CBC) and fecalysis, while urinalysis is nearly universal (96.9%) but significantly lower in Sarangani (50%). Fasting blood sugar (FBS) testing is also widely available (98.3%), with minor gaps in Laguna (93.3%). However, two-hour oral glucose tolerance tests (OGTT) are more limited, available in 69.2% of hospitals, with no coverage in Sarangani and full availability in Aklan and Davao de Oro.

HbA1c testing is accessible in 89.2% of hospitals, with complete coverage in five provinces, but only 75–86.7% availability in Batangas, La Union, and Iloilo. Serum creatinine and lipid profile testing are nearly universal (98.3%), with only a small gap in Laguna (93.3%). Fecal occult blood testing (FOBT) is widely available (93.0%) but less so in Batangas (75.0%). Sputum microscopy is offered in just 59.2% of hospitals, with full coverage in Benguet, Aklan, and Sarangani, and none in Davao de Oro. Other provinces show inconsistent access, from 49.5% in Laguna to 81.2% in La Union.

Pap smear services remain limited, available in only 39.0% of hospitals, with no coverage in Davao de Oro and Sarangani, but full access in Benguet and Aklan. Chest X-ray services are nearly universal (98.3%), while ECG availability is lower, offered in 77.5% of hospitals.

4.3.8.2 RHU Laboratory Services

Key Findings
• Only 31.1% of RHUs nationwide operate with DOH-licensed laboratories. • Basic diagnostic services such as complete blood count, urinalysis, and fecalysis are available in only about 30% of RHUs. • Essential laboratory tests for managing chronic non-communicable diseases are severely underprovided, with 28.1% offering fasting blood sugar testing, 26.7% creatinine testing, and 25.9% lipid profile testing. • Other diagnostic services also show low availability, including fecal occult blood testing (18.3%), sputum microscopy (30.1%), and pap smear (39.1%).

Table 54 presents the availability of DOH-licensed laboratories and key diagnostic services in rural health units (RHUs) across eight provinces. Only 31.1% of RHUs have DOH-licensed laboratories, with the lowest coverage in Benguet (7.7%) and Batangas (9.7%) and the highest in Davao de Oro (100%) and Sarangani (75%). Access to basic diagnostics is similarly limited: Complete blood count with platelet count is available in just 30.2% of RHUs, with wide variation, from full coverage in Davao de Oro to under 10% in Benguet and Batangas. Urinalysis and fecalysis are also available in only 31.5% of facilities, with full access again limited to Davao de Oro.

Availability of clinical chemistry tests are limited. Fasting blood sugar, serum creatinine, and lipid profile testing are each available in only 25–28% of RHUs, with the lowest access in Benguet, Batangas, and Laguna (7.7%) and the highest in Davao de Oro. Mindanao provinces consistently outperform those in South Luzon and the Visayas.

Other diagnostics are even more limited: fecal occult blood testing is available in only 18.3% of RHUs (as low as 3.2% in Batangas); sputum microscopy in 30.1%; and Pap smears in 39.1%, with coverage ranging from 25.0% in Aklan to full access in Benguet. Chest X-rays are available in just 12.1% of RHUs, and ECG machines in 14.7%, with the lowest access in Batangas and Benguet.

4.3.8.3 Cost of Laboratory Services

Key Findings
In both hospitals and RHUs, diagnostic test costs vary significantly across provinces, including basic tests (CBC, urinalysis, fecalysis), clinical chemistry tests (fasting blood sugar, oral glucose tolerance test, HbA1c, creatinine, lipid profile), and screening tests (FOBT, sputum microscopy, pap smear), as well as Chest X-ray and ECG.

Table 55 presents the median costs and standard deviations for 13 common laboratory and diagnostic services in hospitals in across provinces. Results show substantial cost variation by laboratory service and location.

The cost of a complete blood count with platelet count shows significant disparity, with a national median of PHP 220.0 (SD = PHP 114.0), ranging from PHP 100 in Iloilo to PHP 400 in Aklan and PHP 360 in Batangas—a fourfold difference between the lowest and highest prices. Urinalysis and fecalysis also show wide variability. Urinalysis has a median cost of PHP 70.0 (SD = PHP 48.2), ranging from PHP 40 in Iloilo and Sarangani to PHP 120 in La Union, with some provinces like Laguna (PHP 90) exceeding the national median, increasing the financial burden on out-of-pocket payers. Fecalysis mirrors this pattern, with a median of PHP 70.0 (SD = PHP 37.4), from PHP 40 in several provinces to PHP 130 in Davao de Oro.

Clinical chemistry tests also show wide cost disparities. Fasting blood sugar tests range from PHP 100 to PHP 200, while the 2-hour oral glucose tolerance test shows the highest variation, from PHP 0 to PHP 770, with standard deviations exceeding PHP 1600 in some areas. HbA1c testing ranges from PHP 650 to over PHP 1000, with large standard deviations indicating unequal access. Creatinine testing is more consistently priced, typically between PHP 85 and PHP 275. Lipid profile tests, however, are among the most expensive, ranging from PHP 500 to over PHP 1000, posing a significant financial burden.

Screening test costs also vary substantially. Fecal occult blood test prices range from PHP 122.5 to PHP 500, with moderate variation that may still affect affordability. Sputum microscopy is highly inconsistent, with costs ranging from PHP 0 to PHP 1100 and very large standard deviations (e.g., PHP 1555.6 and PHP 543.9), suggesting irregular subsidy or procurement practices. This inconsistency is particularly concerning its role in tuberculosis control. Pap smear services range from PHP 0 to PHP 543, with PHP 0.

Table 56 summarizes the cost of laboratory services in Rural Health Units across provinces. Results show substantial variation in the cost of services. This variation is most pronounced in basic diagnostic tests such as complete blood count with platelet count, urinalysis, and fecalysis. Complete blood count with platelet counts costs range from PHP0 in Laguna to PHP150 in Davao de Oro and PHP125 in Aklan, with an overall median of PHP75.0 (SD = PHP83.4). Urinalysis and fecalysis follow similar patterns, with costs ranging from PHP 7.5 in Laguna to PHP 62.5 in Aklan and national medians of PHP40.0, both with standard deviations nearing PHP 28.00.

The costs of clinical chemistry tests such as FBS, creatinine, and lipid profile also show wide inter-provincial disparities. FBS ranges from PHP0 in Laguna to PHP110 in Aklan, with most provinces reporting PHP90–PHP100. High variability is evident in standard deviations, reaching PHP64.0 in La Union and PHP49.7 in Sarangani. Creatinine tests range from PHP0 in Laguna to PHP130 in La Union and PHP125 in Aklan. Lipid profile testing shows the greatest variation, from PHP0 in Laguna to PHP950 in Benguet and PHP530 in La Union, with standard deviations exceeding PHP400 in several provinces.

Further disparities are evident in screening services critical for early detection of conditions that may potentially lead to catastrophic health spending such as cancer. The cost of fecal occult blood tests (FOBT) ranges from PHP0 in Laguna and Sarangani to PHP200 in Iloilo, where the

standard deviation reaches PHP172.2. Sputum microscopy is free in many provinces but costs up to PHP50 in Benguet and PHP30 in Iloilo. Pap smear services, essential for cervical cancer screening, are also inconsistently priced—offered free in some provinces (e.g., Laguna) and costing up to PHP100 in Benguet, with a standard deviation as high as PHP450 in Iloilo.

4.3.8.4 Availability of Hospital Clinical Services

Key Findings
• Cataract surgery is severely underprovided, available in only 19.7% of hospitals, while appendectomy is more consistently accessible across provinces (79.5%). • Access to critical cardiovascular interventions for acute coronary syndrome is extremely limited: only 1.7% of hospitals offer PCI or CABG, and thrombolysis is available in just 17.5%. • Although chest X-ray services are widely accessible (80.2%), the low availability of culture tests (9.7%) and pneumonia antibiotics (42.2%) signals gaps in respiratory infection diagnosis and treatment. • Fewer than half of hospitals (46.8%) offer antihypertensive treatment • Cancer-related treatment services such as chemotherapy and radiotherapy are virtually unavailable across surveyed provinces, with access nearly nonexistent in rural and regional hospitals

Table 57 outlines the availability of 11 key clinical services in hospitals across provinces, revealing significant disparities in access to both routine and specialized care. Elective surgical procedures, such as cataract surgery, are severely underprovided, with a national availability of only 19.7%. Most provinces—including La Union, Batangas, Laguna, and Iloilo—report minimal access, while Aklan and Davao de Oro offer full coverage but represent a small portion of the sample. In contrast, emergency procedures like appendectomy are more widely available (79.5%), with full access in provinces such as Benguet, Aklan, Davao de Oro, and Sarangani. Access to cardiovascular interventions is notably limited. Thrombolysis is available in just 17.5% of hospitals, with some coverage in La Union, Laguna, and Iloilo, but none in Batangas, Davao de Oro, or Sarangani. Advanced cardiac procedures, such as PCI angioplasty and coronary artery bypass grafting, are virtually unavailable (1.7% nationally), with access limited to a few hospitals in Laguna.

Diagnostic imaging services are more consistent, with chest X-rays available in 80.2% of hospitals. However, key diagnostic tests like culture testing are available in only 9.7%, with most provinces reporting no access. Antibiotic therapy is available in 42.2% of hospitals, with wide provincial variation. Anti-hypertensive treatment, critical for managing cardiovascular risk, is offered in only 46.8% of hospitals, with complete lack of access in Benguet, Davao de Oro, and Iloilo.

Cancer care is severely limited. Chemotherapy is available in just 3.4% of hospitals—only in La Union and Laguna—while radiotherapy is virtually nonexistent, reported only in Iloilo (10%). These findings underscore the urgent need for strategic investment in hospital-based diagnostic, surgical, and chronic disease management services.

4.3.8.5 Availability of RHU Clinical Services

Key Findings
• Reproductive and maternal health services are well-established in RHUs, with high availability for family planning (90.2%) and maternal care (95.6%). • Child health services are strongly integrated into primary care, with child health (90.2%), immunization (94.8%), and nutrition programs (94.7%) widely available. • Services targeting chronic diseases and older populations are embedded in RHUs, with NCD prevention and control available in 92.4% of facilities and elderly health and nutrition services in 91%. • National programs for communicable disease control and preventive child health are generally in place, including TB services (86.4%) and deworming programs (85.7%). • Access to the blood service program remains uneven, with only 68.5% of RHUs offering this service, indicating a gap in emergency preparedness and care continuity.

Table 58 presents the availability of essential clinical services in rural health units (RHUs) across provinces, covering reproductive and maternal care, child health, non-communicable disease (NCD) management, infectious disease control, and emergency blood services. Overall, the data indicate strong implementation of primary healthcare services in many areas, particularly in Aklan, Davao de Oro, and Sarangani, but also highlight persistent service gaps in select provinces, notably Laguna.

Reproductive and maternal health services are widely accessible, with national availability at 90.2% for family planning and 95.6% for maternal care. Full coverage is reported in several provinces, while Laguna records notably lower rates at 78.3% and 87.0%, respectively. Child health services—including immunization and nutrition—also show high availability (90.2%–94.8%), though Benguet and Laguna report the lowest coverage for child health at 69.2% and 78.3%.

Chronic disease management is well integrated, with 92.4% of RHUs offering NCD services and 91.0% providing elderly care and nutrition. Aklan, Davao de Oro, and Sarangani report full access, while Laguna again reports the lowest rates (78.3% for NCDs, 73.9% for elderly care). Deworming and tuberculosis services are available in 85.7% and 86.4% of RHUs nationally, though Laguna lags at 69.6% for both.

Emergency blood service availability remains limited, with a national average of 68.5%. While Davao de Oro (100%), Aklan (92.3%), and La Union (84.6%) demonstrate strong access, provinces like Laguna (39.1%) and Iloilo (58.1%) fall significantly below the national benchmark, underscoring the need for targeted investment and operational improvements.

4.3.9 Patient Records

Key Findings
• In hospitals, paper-based patient records remain the dominant system (90.5%), while electronic logbooks (33.7%) and DOH-developed EMRs like iHOMIS (80.9%) are emerging but unevenly adopted. • RHUs also rely heavily on paper logbooks (93.9%), with electronic systems adopted inconsistently; iClinicSys (81.0%) is more widely used than iHOMIS (1.8%) or private EMRs (25.6%). • Most hospitals (92.2%) use a hybrid system combining paper and electronic records, while exclusive use of paper-only (7.8%) or electronic-only (0%) remains rare. • Similarly, 80.4% of RHUs use both paper and electronic systems, compared to 14.2% using paper-only and 14.2% electronic-only, indicating an ongoing transition to digital health records.

Table 59 and Table 60 provide a comparative overview of patient record systems across hospitals and RHUs by province, highlighting the formats used—paper logbooks, government and private electronic systems—and the mode of health record storage.

In hospitals, paper logbooks remain the primary method of documentation, used by 90.5% of facilities, with full reliance in provinces like La Union, Benguet, Batangas, Aklan, and Davao de Oro. Electronic logbooks are adopted in only 33.7% of hospitals, with the highest uptake in Iloilo (46.7%) and no use reported in Aklan and Davao de Oro. DOH's iClinicSys remains minimally adopted, used by just 1.6% of hospitals, while iHOMIS is the most widely used government EMR, with 80.9% national coverage and full adoption in Benguet, Iloilo, and Sarangani. Private EMRs such as CHITS and BizBox are used in 16.2% of hospitals, with complete use only in Aklan and Davao de Oro. Most hospitals (92.2%) operate hybrid systems, combining both paper and electronic records, indicating a transitional phase. Exclusive use of paper persists in 7.8% of hospitals—most notably in Benguet (66.7%)—while no province has fully transitioned to electronic-only systems.

In RHUs, reliance on paper records is even more pronounced, with 93.9% using paper logbooks and 100% usage in La Union, Benguet, Aklan, and Davao de Oro. Electronic logbooks are used by only 14.7% of RHUs, with the highest adoption in La Union (46.2%) and no use in Sarangani. DOH's iClinicSys is the most commonly used EMR in RHUs, adopted by 81.0% nationally, with full implementation in Iloilo, Aklan, and Davao de Oro, and strong uptake in Benguet and Batangas. However, usage is low in La Union and Laguna, and absent in Sarangani. iHOMIS is largely absent in RHUs, with only marginal presence in Benguet and Iloilo, reflecting its hospital-focused design. Private EMRs show variable adoption, highest in La Union (76.9%), Laguna (69.2%), and Sarangani (66.7%), but absent in many provinces.

In terms of storage, 80.4% of RHUs use both paper-based and electronic systems, mirroring the transitional nature of hospitals. Complete dual-system adoption is seen in Aklan, Davao de Oro, and La Union, with high levels in Iloilo and Benguet. However, paper-only systems persist in 14.2% of RHUs, particularly in Laguna (34.8%), Batangas (19.4%), and Benguet (15.4%),

suggesting gaps in infrastructure or digital capacity. Fully electronic recordkeeping remains extremely rare (1.4%), reported only in Laguna.

4.3.10 Patient Pathways and Service Efficiency

4.3.10.1 Scheduling and Wait Times

Key Findings
• A majority of hospitals (68.5%) and RHUs (75.2%) accept walk-in patients for medical consultations without prior appointments. • In RHUs, 94% of medical consultations are completed within one hour, and 97.7% of medications are dispensed within the same timeframe. • Laboratory tests are scheduled within two weeks in 40.9% of hospitals and 34.9% of RHUs, indicating moderate diagnostic responsiveness. • Most elective surgeries are scheduled within two weeks, and 77% of emergency surgeries are performed within 24 hours. • Hospital navigation times vary widely across provinces, whereas RHUs generally offer shorter walking times, with a few outliers distorting national averages.

Table 61 summarizes hospital scheduling efficiency and navigation times across provinces, highlighting significant variation in patient access and facility layout. Only 35.5% of hospitals schedule medical appointments within two weeks, with no capacity reported in Aklan, Davao de Oro, and Sarangani. In contrast, 68.5% of hospitals allow walk-ins, particularly in Batangas and the Mindanao provinces. Laboratory tests are scheduled within two weeks in 40.9% of hospitals, again with zero performance in Mindanao. Elective surgeries are more efficiently handled, with 74.8% scheduled within two weeks and emergency surgeries scheduled within 24 hours in 77% of hospitals.

Hospital navigation times from the main lobby vary notably by province. The average walk to the emergency room is 32.1 seconds (range: 10–44s), to the laboratory 34.5 seconds (10–54.7s), and to the diagnostic area 37.3 seconds (10–54s). Davao de Oro and Sarangani consistently show the shortest times, while Aklan and Iloilo have the longest.

Table 62 presents data on scheduling efficiency, service waiting time, and navigation within RHUs across provinces. Rural health units perform well in same-day operations—such as fast consultation and drug dispensing. Only 25.1% of RHUs can schedule medical appointments within two weeks, although 75.2% of RHUs reported acceptance of walk-in patients. Similarly, while only 34.9% schedule lab tests within two weeks, a greater share (59.4%) offer walk-in diagnostics. Consultation efficiency is high, with 94.0% of RHUs completing patient registration to consultation in under an hour. However, 97.7% report that drug dispensing takes more than one hour, highlighting a systemic bottleneck in pharmacy services.

Navigation times from the clinic lobby to consultation desks are generally short, averaging 26.8 seconds across provinces, but vary widely (SD = 79.8). Most provinces—such as La Union (6.1 seconds), Benguet (8.1 seconds), and Davao de Oro (9.7 seconds)—report efficient patient flow. However, extreme outliers like Laguna (87.7 seconds) point to likely issues with facility layout, congestion, or workflow management that hinder timely care.

4.3.11 Referral and Coordination

Key Findings
• In hospitals, referral tracking is predominantly paper-based (90.5%), with limited use of electronic systems (33.7%). Similarly, RHUs rely heavily on paper-based tracking (93.9%), while electronic systems are minimally used (14.6%). • Most hospital-referred patients are not returned to the referring facility, with 67.4% followed up at the referral site. In RHUs, 100% of referred patients are followed up at the receiving facility. • While referral endorsement forms and patient transport are nearly universally available in hospitals (98.3%), essential tracking mechanisms such as referral registries and clinical protocols are implemented inconsistently (73.7%). • In RHUs, endorsement forms (93.2%) and transport vehicles (85.4%) are widely available, but critical referral tools such as clinical protocols (65.1%) and follow-up registries (68.7%)—are unevenly adopted across provinces.

Table 63 and Table 64 present data on referral mechanisms in hospitals and RHUs across provinces, describing referral tracking systems, patient follow-up practices, and the availability of essential referral tools. Paper-based tracking remains the predominant method, used by 90.5% of hospitals and 93.9% of RHUs. In contrast, electronic referral systems are rarely adopted, that is, only 33.7% of hospitals and 14.6% of RHUs use them—with several provinces reporting no usage at all. This reflects persistent gaps in digital infrastructure and health information system capacity.

While most facilities have basic tools in place such as endorsement forms (98.3% in hospitals; 93.2% in RHUs) and transport vehicles (98.3% in hospitals; 85.4% in RHUs)—the broader referral system suffers from inconsistent implementation of protocols and registries. Referral guidelines are available in 82.2% of hospitals but in only 65.1% of RHUs, while referral registries are found in just 73.7% of hospitals and 68.7% of RHUs. These figures fall even lower in certain provinces, such as Laguna, Sarangani, and Batangas.

The lack of standardized tracking is evident in follow-up patterns. In hospitals, only 32.6% of referred patients are returned to their originating facility, while the majority (67.4%) are followed up at the referral site. This trend is even more pronounced in RHUs, where just 0.8% of patients return and 99.2% are retained by the receiving facility. Such unidirectional referral patterns underscore weak feedback mechanisms and poor continuity of care.

Overall, the findings suggest that although many referral tools are in place, the referral system remains fragmented and underdeveloped—particularly in terms of digitalization and

bidirectional communication. These shortcomings hinder coordination between primary and secondary care levels and limit the capacity of frontline facilities to monitor patient outcomes after referral.

4.3.12 Discussion on Healthcare Facility Survey

The Health Facility Survey provides baseline data on infrastructure, financing, service readiness, and governance in hospitals and RHUs. This discussion presents key findings from the survey and their relevance to the supply-side Theory of Change (ToC), as well as policy implications and recommendations to guide equitable and effective UHC implementation.

The survey sample was dominated by LGU-owned RHUs, with few Level 1 to 3 hospitals represented. This diverges from national data, which shows more hospitals than primary care facilities. Financial autonomy mechanisms such as Local Economic Enterprises (LEEs) and income retention exist in some hospitals but are inconsistently applied. Evidence shows that while LEEs offer potential for flexible spending, they often suffer from weak governance, limited financial oversight, and poor technical capacity (Ulep, Uy, and Casas 2020). Accreditation rates among hospitals remain low. This gap limits access to benefits linked to quality assurance, such as improved safety culture, performance tracking, and efficiency gains (Hussein et al. 2021). Without robust accreditation, insurance reforms may fail to raise standards or drive meaningful improvements in care.

The financial landscape of hospitals and RHUs reveals persistent disparities across provinces, which reflect uneven revenue generation, LGU budget allocations, and facility-level spending. Most resources are directed toward operating and personnel costs (median 14.6% and 16.7% for hospitals; 32.9% and 61.3% for RHUs, respectively) while capital investments remain negligible, with medians of just 0% for hospitals and 0.6% for RHUs.

These disparities mirror broader issues documented in the literature. The variability in revenue, expenses, and expense shares may be explained by the different practices in local health spending. Spending is shaped by the constraints of fiscal decentralization, heavy reliance on internal revenue allotments, and the variability of political priorities at the LGU level (Abrigo and Ortiz 2018; Diokno 2012). While PhilHealth reimbursements help sustain operational costs, they seldom support infrastructure upgrades, which require separate funding streams—many of which remain underutilized (Picazo et al. 2015).

These financing patterns expose gaps in local fiscal capacity and facility-level autonomy. We hypothesize in the ToC that health insurance expansion will increase revenues and that these will be invested into service delivery, infrastructure, and workforce development. To address the financial disparities in hospitals and RHUs, financing reforms must strengthen capital financing mechanisms and align spending with service delivery goals. Strengthening facility-level financial management and providing technical support to LGUs will be critical in translating increased health financing into tangible improvements in readiness and equity.

Health workforce distribution remains a critical bottleneck in service delivery, with significant imbalances across provinces. Many hospitals and RHUs report low numbers of physicians and nurses, while RHUs are predominantly staffed by midwives and community health workers. The limited presence of allied health professionals and administrative staff further constrains facility performance and care quality.

This pattern of maldistribution is well-documented in the literature. Studies have shown that workforce deployment is often influenced by political dynamics rather than epidemiological or service need (Pepito et al. 2025). Additional barriers such as delayed rural incentives, contract-based employment, and poor infrastructure undermine recruitment and retention, particularly in underserved areas (Flores et al. 2021; Tan-Lim et al. 2024).

Addressing these gaps requires revisiting the national and local staffing strategy to ensure alignment with population health needs. Key priorities include expanding incentives for rural deployment, improving working conditions, and standardizing staffing ratios by facility type. Strengthening local HRH management capacity and linking workforce indicators to financing reforms will be essential to achieving more equitable service coverage under UHC.

Governance structures and performance monitoring systems are widely present in hospitals and RHUs but show uneven implementation across provinces. Variability in leadership roles, monitoring and evaluation (M&E), and staff training points to disparities in institutional capacity for driving quality improvement. Evidence suggests that while formal governance systems exist, their functionality often hinges on the strength of local leadership and the availability of resources (Dodd et al. 2021). In decentralized settings, effective facility-level management is essential for translating financing reforms—especially those linked to insurance reimbursements—into better service delivery (de Claro et al. 2024). Regular M&E, strong leadership, and continuous staff development are consistently associated with better-performing health systems (WHO 2021).

Within the ToC, health financing reforms are expected to enhance governance and institutional performance. To fully realize these benefits, targeted efforts must strengthen management capacity at the facility level, with specific support for M&E systems, leadership training, and performance-based accountability mechanisms.

PhilHealth accreditation is universal among hospitals but remains inconsistent in RHUs, with both types of facilities showing uneven uptake of benefit packages. While basic services such as primary care and maternity care are widely adopted, more complex and high-impact public health packages including TB-DOTS, Outpatient HIV/AIDS Treatment (OHAT), and Z-benefits had low utilization rates. Similarly, financial protection mechanisms like fee exemptions and Malasakit Center access vary significantly across facilities, limiting consistent support for vulnerable patients.

These patterns align with earlier evaluations highlighting administrative complexity, limited facility capacity, and low awareness as barriers to the adoption of more comprehensive benefit packages (Obermann, Jowett, and Kwon 2018; Ricamata and Tandang 2017). Misaligned provider incentives also steer service delivery toward quick, high-volume interventions rather than long-term or preventive care, weakening the strategic intent of insurance reforms (Institute of Medicine (U.S.) 2010). The inconsistent use of financial aid programs further impairs efforts to reduce out-of-pocket spending and ensure equitable access (Darrudi, Ketabchi Khoonsari, and Tajvar 2022; Jamal et al. 2022; Lim et al. 2023).

Health insurance expansion should drive improvements in access and financial protection. Reforms must focus on aligning provider incentives with priority health outcomes, monitoring No Balance Billing compliance, and scaling standardized financial aid mechanisms. Universal

PhilHealth accreditation of RHUs and proactive support for Konsulta enrollment are essential steps toward strengthening primary care under UHC.

Basic infrastructure such as electricity, water, and transport access is largely in place across hospitals and RHUs but critical gaps remain. Many RHUs lack reliable backup power and full water, sanitation, and hygiene (WASH) compliance (i.e., functional toilets, safe source of water for drinking and nondrinking purposes). Referral systems and emergency transport capacity are also limited, especially in hospitals, which affects service continuity and emergency responsiveness despite widespread digital connectivity.

These gaps are consistent with facility assessments that have flagged persistent deficiencies in functional requirements and emergency preparedness, especially in RHUs and remote areas (Chawla et al. 2018; Collado 2019; Leyso and Umezaki 2024). Referral and transport readiness are also often excluded from financing priorities, despite their essential role in ensuring continuity of care (Padlan and Mesa-Gaerlan 2018).

To address these gaps in infrastructure, targeted funding should prioritize universal availability of functional requirements such as power and backup generators, water source, toilets, communication devices, and patient transport vehicles, especially in disaster-prone and geographically isolated areas. Readiness indicators for these items should be built into accreditation criteria and performance-based financing. These measures are critical for maintaining daily service delivery and ensuring system resilience during health emergencies.

Hospitals across surveyed provinces are generally equipped to provide basic diagnostic and emergency services but fall short in delivering advanced imaging and critical care. Access to ventilators, blood gas analyzers, and high-end diagnostic equipment remains limited. Rural Health Units, while relatively capable in managing routine primary care and chronic disease, face deficiencies in resuscitation equipment essential for emergency response. These findings are consistent with literature where both primary and secondary care facilities in the Philippines, especially those outside urban centers struggle with diagnostic service delivery due to inadequate infrastructure, shortages in specialized personnel, and logistical challenges. Advanced imaging tools such as x-ray machines are disproportionately concentrated in Luzon, leaving Visayas and Mindanao underserved. Moreover, the high out-of-pocket cost of diagnostics continues to deter access, particularly for poor and remote populations (Alberto et al. 2022).

Health insurance expansion is expected to enhance service delivery by equipping facilities to meet clinical demands more effectively. To achieve this, national and regional planning should prioritize capital investments in advanced diagnostic and critical care equipment for hospitals, particularly referral centers and high-volume facilities. At the primary care level, RHUs must be equipped with a full set of essential diagnostic and emergency tools to ensure they can deliver routine services and respond to basic medical emergencies.

Diagnostic capacity in health facilities remains uneven, with direct consequences for care quality and continuity. While most hospitals meet DOH licensing standards, access to key tests—like Pap smears, sputum microscopy, and ECG is inconsistent. Rural health units meanwhile often lack licensed laboratories and struggle to deliver basic screening for tests. These gaps may be explained by chronic underinvestment especially in primary care. Patients bypass local facilities due to weak infrastructure and staffing, especially in rural areas (Padlan

and Mesa-Gaerlan 2018). Despite increased health spending, ambulatory care has remained stagnant at just 4% of CHE from 2014–2022 (DOH 2023). HFEP funds have focused on infrastructure but failed to address diagnostic and supply chain gaps, particularly outside Luzon (Alberto et al. 2022).

Diagnostics are essential for enabling quality service delivery and guiding clinical care, hence the need to strengthen diagnostic readiness. This requires targeted investments in equipment, trained staff, and reliable health information systems in both hospitals and RHUs.

Laboratory service costs vary widely across provinces and facility types, with hospitals and RHUs often applying inconsistent and unregulated pricing. This cost variation—especially for essential screening and chronic disease diagnostics—creates inequitable access and increases financial strain on patients, particularly in underserved areas.

Several factors contribute to these disparities (1) district hospitals typically offer more comprehensive services than RHUs and Barangay Health Stations; (2) municipal RHUs provide only basic diagnostics, while provincial hospitals serve larger populations with more complex needs; (3) geographic gaps in regions such as BARMM, Bicol, and MIMAROPA push patients toward higher-level, often costlier, facilities; (4) private providers charge higher fees than public ones, with little pricing coordination; and (5) patients frequently cover costs out-of-pocket, often through savings or loans (Ulep et al. 2020).

Although health insurance expansion aims to reduce financial barriers, inconsistent laboratory pricing discourages timely care for chronic and preventable conditions. To address this, the DOH and PhilHealth should enforce reference pricing, require transparent posting of fees within facilities, and use performance-based grants and subsidies to promote affordability—particularly in high-need areas. These reforms are critical to ensuring equitable diagnostic access under UHC.

Clinical service availability across the eight provinces remains uneven. Hospitals face significant gaps in critical care, cardiovascular interventions, and cancer treatment, while RHUs maintain stronger performance in core public health services such as immunization and maternal care but still fall short in areas like blood service programs.

These disparities stem from systemic challenges: fragmented service delivery under decentralization, uneven infrastructure, workforce shortages, and the high cost of medicines and specialized care (Institute of Medicine (U.S.) 2010; Ulep et al. 2020). Limited coordination between RHUs and higher-level hospitals further weakens care continuity, particularly for complex conditions. To close these gaps, capital investment should be prioritized for hospitals that can serve as referral hubs, with phased development of surgical, cardiovascular, and oncology services based on local need and patient volume. In primary care, RHUs must continue to receive support to deliver preventive services while improving referral systems for advanced care.

Service responsiveness across health facilities varies significantly by service type and facility level. Most hospitals and RHUs accept walk-in consultations. Rural health units demonstrate notably efficient patient flow—often completing consultations and dispensing medications within an hour. However, delays in laboratory testing and surgical scheduling remain persistent

issues, particularly in hospitals. Navigation times in health facilities also vary in hospitals and in RHUs across facilities.

Studies confirm that primary care offers efficient first-contact services, but infrastructure gaps in diagnostics and procedures remain major bottlenecks (Collado 2019; Ulep et al. 2020). Laboratory and surgical wait times as critical bottlenecks in public sector service delivery (McConnell and Writtenberry-Loy 1983; Quercioli, Cevenini, and Messina 2022; Zhou et al. 2021). Navigation inefficiencies—exacerbated by suboptimal facility design—also impede service flow. Only 75% of hospitals have optimized layouts, and the lack of clear wayfinding systems has been linked to crowding, misdirected patient flow, and adverse outcomes (Ulep et al. 2021).To improve service efficiency under health insurance expansion, investments must target diagnostic backlogs, surgical delays, and facility navigation. RHU efficiency should be preserved and scaled, while metrics like lab turnaround and surgery scheduling must be integrated into routine monitoring. Enhanced layouts and digital tools can further streamline patient flow and improve care delivery.

Referral systems across hospitals and RHUs across provinces remain predominantly paper-based, with limited use of electronic tracking, referral registries, or standardized clinical protocols. This contributes to fragmented care continuity which hinder efficient coordination and follow-up.

As noted by (Ulep et al. 2021), communication tools exist across facilities, but only a fraction have dedicated referral lines. National and LGU-owned hospitals lag behind private facilities in referral readiness. Additionally, fewer than 25% of hospitals use electronic medical records, further weakening data sharing and referral tracking. The absence of ambulances and emergency vehicles, further obstruct timely patient transfers—especially between rural RHUs and higher-level hospitals (Ulep et al. 2021).

To address gaps causing delays, inefficiencies and care discontinuity, an increased and strengthened adoption of referral tracking and communication is essential. Interoperable referral registries, e-tracking tools, and clinical protocols should be required in accreditation and linked to performance-based financing. Clear follow-up procedures and return-to-care protocols are especially critical for chronic and high-risk conditions. Introducing coordination incentives—such as bundled payments or shared performance targets between RHUs and hospitals—can further drive integration.

Referral systems in both hospitals and RHUs remain largely paper-based, with limited adoption of electronic tracking and inconsistent implementation of referral registries and clinical protocols. These gaps contribute to fragmented patient follow-up, particularly in hospitals, weakening care continuity and system coordination.

Fragmentation in the referral system has been documented as a significant issue in Philippine hospitals, which affects the efficiency and quality of healthcare delivery (Ulep et al. 2021). Consistent with our findings from the survey, Ulep noted that while all hospitals have some form of communication (e.g., landlines, radios, cellphones), not all have dedicated phones for patient referrals. Only 85% of national hospitals and 91% of LGU-owned hospitals have dedicated referral lines, compared to 98% of private hospitals. The lack of reliable communication systems can create bottlenecks in the referral process, delaying patient transfers and care coordination. Fragmentation is also exacerbated by infrastructural challenges such as

lack of ambulances or emergency vehicles in some hospitals and RHUs which are fundamental for patient movement across health facilities. Additionally, less than a quarter (21%) of hospitals use electronic medical records, which are essential for seamless referral and information sharing across facilities (Ulep et al. 2021). These gaps in communication, transportation, and health information systems contribute to referral system fragmentation, hindering the timely and efficient transfer of patients between facilities. Addressing these issues is crucial for improving care coordination and outcomes.

To strengthen referral efficiency and patient care continuity, digital referral systems must be prioritized and scaled nationally, especially through integration with existing health information systems and PhilHealth's claims platforms. Investment in interoperable referral registries, electronic tracking tools, and standardized clinical protocols should be embedded in facility accreditation and performance-based financing schemes. Moreover, clearer protocols for follow-up and patient return-to-care mechanisms—particularly for chronic conditions and high-risk cases—should be enforced. Coordination incentives between RHUs and hospitals, including bundled payments or shared outcome targets, could further promote integrated service delivery. Without such systemic alignment, referrals will continue to be a point of breakdown in the health service delivery chain under UHC.

This analysis of eight provinces highlights persistent gaps in financing, diagnostics, referral systems, and clinical capacity, especially in hospitals and RHUs. These weaknesses undermine the potential of health insurance reforms to deliver equitable, high-quality care. To close these gaps, health financing must be strategically aligned with facility needs, and performance-based incentives must reward integration, readiness, and service equity. Sustained investments in diagnostic infrastructure, referral coordination, and workforce deployment—especially at the LGU level—are essential to translate expanded coverage into improved health outcomes and system resilience.

4.4. Healthcare Provider Survey

In this section, we discuss the results for the healthcare providers' survey, which includes clinical vignettes administered across the major clinical disciplines: Internal Medicine, Surgery, OB-GYNE, and Pediatrics. We surveyed a total of **1031 providers** with **355 physicians**, **472 nurses**, and **204 midwives**. We assessed providers on competency, compensation, motivation, quality and continuity of care, and care coordination.

All results tables in this section can be found in **Annex B-3**.

4.4.1. Provider Characteristics

Key Findings
• **General Profile:** The healthcare workforce has an ageing population and women makes up the largest portion of the workforce across all cadres. • **Provider Distribution:** La Union has relatively high number of providers in contrast to other provinces, reflecting the trend of workforce concentration in Luzon and undersupply in Mindanao. • **Facility Tenure Patterns:** Midwives (18.21 years, SD=11.29) and nurses (10.96 years, SD=8.62) stay the longest in facilities. On the other hand, doctors (General medical doctors: 7.09 years, SD=8.99, Specialist medical doctors: 7.94 years, SD=6.51) have shorter tenures pointing to higher turnover rates. • **Provider Mobility and Career Progression:** The years of working in the facility and years working in current positions (General medical doctors: 6.43 years, SD=8.92, Specialist medical doctors: 5.48 years, SD=5.57, Nurses: 7.69 years, SD=7.78, Midwives: 13.06 years, SD=11.26) are nearly identical, pointing to slow career progression.

In the Philippines, the mean ages of healthcare workers are increasing, and women make up the largest portion of the workforce (Abrigo and Ortiz 2018). **Table 65** shows the baseline characteristics, such as age, sex, and years working in the facility, across all occupational categories. The healthcare providers in the selected provinces have a mean age of 41.93 (SD=11.33) years old. Majority of the healthcare workers are women (n=869/1134, 76.7%). Most have worked at their respective facilities for more than 10 years (SD=9.7) on average.

In terms of distribution, nurses (n=489/1134, 43.2%) represent the largest group (see **Table 66**), which aligns with the findings of the share of occupational categories within the Philippine health workforce (WHO 2023b). Focusing on doctors, there are more generalist medical doctors across the selected sites except in North and Central Luzon, wherein specialist medical doctors in La Union and Benguet comprise 26.4% (n=78/295) and 29.2% (n=45/154) of the surveyed healthcare providers in their respective areas. Notably, La Union has a high number of healthcare providers compared to other provinces (see **Table 66**). This is reflective of the country's situation wherein Mindanao has a disproportionately small share of healthcare

providers, especially doctors (Ducanes and Daway-Ducanes 2020). **Table 69 to Table 72** shows the baseline characteristics of healthcare providers. Across cadres, midwives (18.21 years, SD=11.29) and nurses (10.96 years, SD=8.62) tend to have longer tenure at each facility, pointing to higher turnover rates for physicians (General medical doctors: 7.09 years, SD=8.99, Specialist medical doctors: 7.94 years, SD=6.51). In addition, the years of working in the facility and years working in current positions (General medical doctors: 6.43 years, SD=8.92, Specialist medical doctors: 5.48 years, SD=5.57, Nurses: 7.69 years, SD=7.78, Midwives: 13.06 years, SD=11.26) are nearly identical, pointing to slow career progression.

4.4.1.1 Medical Doctors

As seen in **Table 69**, the average age of general physicians across all provinces is 40.81(SD=12.42) years old, with the oldest doctors located in Laguna (46.82 years old, SD=10.68) and the youngest in La Union (35.40 years old, SD=10.45). The majority of the generalist medical doctors are also women (n=149/255, 58.4%). On average, these physicians have 13.73 (SD=11.30) years since graduation, with doctors in Benguet having the shortest time (8.57 years, SD=9.16) compared to other areas. Overall, general physicians have spent an average of 7.09 (SD=8.99) years in their facilities and 6.43 (SD=8.92) years in their current roles. Notably, those from the Mindanao sites have lesser years of tenure in their facilities (Davao de Oro: 3.29 years, SD=6.45; Sarangani: 4.55 years, SD=5.80) and roles (Davao de Oro: 3.14 years, SD=6.50; Sarangani: 2.82 years, SD=3.25).

For specialist medical doctors (see
Table 70), the average age is 42.79 (SD=9.66) years old. The oldest are from Batangas (48.25 years old, SD=7.37) and the youngest are in Sarangani (35 years old, SD=1.41). There are also more females (n=137/186, 73.7%) than males (n=49/186, 26.3%). There is an average of 15.39 (SD=9.20) years from graduation with those in Sarangani (7 years, SD=1.41) having the least time among all the provinces. Specialists have spent an average of 7.94 (SD=6.51) years in their current healthcare facilities and 5.48 (SD=5.57) years in their positions. Specialists in Laguna (8.5 years, SD=7.62) have worked in their positions the longest while those in Sarangani (1.5 years, SD=2.12) have the least time in their roles.

4.4.1.2 Nurses and Midwives

Nurses (see **Table 71**) have an average age of 39.68 (SD=8.72) years old, with the oldest average from Batangas (42.79 years old, SD=8.5) and the youngest average from La Union (35.96 years old, SD=8.16). Like all other occupational categories, there are more females (n=384/489, 78.5%) than males (n=105/489, 21.5%). There is an average of 17.89 (SD=8.61) years from graduation. Across the provinces, nurses have an average tenure of 10.96 (SD=8.62) years in their facilities and 7.69 (SD=7.78) years in their roles. Nurses in Aklan (6.19 years, SD=7.16) have the shortest tenure in their positions, while those in Laguna (12.97 years, SD=9.34) have the longest.

On the other hand, midwives (see **Table 72**) are aged 48.63 (SD=9.97) years old, indicating that across all cadres they are the oldest. Batangas (50.52 years old, SD=8.01) have the oldest midwives while Sarangani (40.25 years old, SD=7.01) has the youngest. Midwives are also mostly composed of females (n=199/203, 98%). Across cadres, they also have the most years from graduation with an average of 26.83 (SD=11.53). Most have been working in their

facilities and positions for many years with an average of 18.21 (SD=11.29) and 12.06 (SD=11.26) years, respectively. Midwives in Benguet (7.50 years, SD=8.25) have the shortest time in their roles and those in Aklan (19.64 years, SD=15.19) have the longest.

4.4.2 Certifications, Clinical, and Non-Clinical Trainings

Key Findings

• **Certification:**
  o Midwives have higher certification counts (6.44, SD=2.38) likely because they have more requirements set by implementing agencies.
  o Specialist medical doctors (4.18, SD=0.99) have more certifications than general medical doctors (2.65, SD=0.94) since having a specialization would need more training and credentials.
• **Clinical and Non-clinical Training:** Only a few healthcare providers have completed training on clinical (n=249/1134, 22%) and non-clinical (n=158/1134, 13.9%) skills and even fewer have completed refresher training courses over the past 24 months.

Healthcare providers in the Philippines are required to obtain various certifications to ensure competency in delivering essential health services. Most of these are obtained from recognized institutions such as the Department of Health (DOH).
For this study, these **certifications** include the following:

1) Basic life support (BLS)
2) Advanced cardiovascular life support (ACLS)
3) Good standing from PMA / local component society *(for physicians only)*
4) Residency training completion *(for physicians only)*
5) Specialty board certificate *(for physicians only)*
6) Basic Emergency Obstetric and Newborn Care (BEmONC) for nurses from a DOH-recognized training center for BEmONC skills (for nurses only)
7) Training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of the Professional Regulation Commission (PRC) *(for midwives only)*
8) Training Certificate from a DOH-recognized training program *(for midwives only)*
9) Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologists or an accredited midwife done in an accredited facility *(for midwives only)*
10) Family Planning Competency Based Training (FPCBT) Level 2 / Comprehensive Family Planning Course (for midwives only)
11) Post-Partum Training Course *(for midwives only)*
12) Post-Partum IUD Training Course *(for midwives only)*
13) Subdermal Implant Insertion and Removal *(for midwives only)*

Source: PhilHealth Circular 2023-0024 Accreditation of Health Care Professionals (HCProfs)

Obtaining complete certifications are critical to ensuring that healthcare providers will be able to administer safe, quality, and effective care to their patients. It also allows for standardizing provider competencies throughout the country.

The number of certifications accessed varied by profession and province (see **Table 69 to Table 72**). Across the providers, midwives reported higher certification counts (6.44, SD=2.38) likely due to the fact that they have more requirements set by implementing agencies. The highest certification count was observed in La Union (6.44, SD=2.38), while the lowest was in Batangas (4.82, SD=2.23). On the other hand, nurses have the least amount of certifications on average (2.22, SD=1.26), with Batangas (1.89, SD=1.21) reported to have the lowest and Aklan (2.94, SD=1.43) the highest.

Specialist medical doctors (4.18, SD=0.99) **are shown to have more certifications than general medical doctors** (2.65, SD=0.94), which is consistent with expectations that having a specialization would entail more training and credentials. General physicians in Aklan (2.21, SD=0.97) have the lowest certification counts, while those in Davao de Oro (3.43, SD=1.09) had the highest. On the other hand, specialists in Iloilo (4.53, SD=0,64) recorded the highest average of certifications, while Batangas (3.94, SD=0.68) had the lowest.

Clinical training refers to structured learning topics that are important in enhancing a provider's skills in direct patient care. These include the following:

1) Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick, and sharp injury prevention
2) Any specific training related to injection safety practices or safe injection practices
3) Health Management Information Systems (HMIS) or reporting requirements for any service
4) How to care and/or refer victims of gender-based violence (GBV)
5) Use of personal protective equipment (PPE) to prevent infection at work
6) Triage and isolation of patients with suspected or confirmed infectious diseases
7) Health education and promotion; Nutritional promotion
8) Clinical Practice Guidelines (for physicians only)
9) World Health Organization (WHO) Cardiovascular disease risk-based assessment and management
10) Evaluation and management of hypertension (for physicians only)
11) Evaluation and management of diabetes (for physicians only)
12) Evaluation and management of asthma and exacerbation (for physicians only)
13) Evaluation and management of Chronic Obstructive Pulmonary Disease (COPD) and exacerbation (for physicians only); Screening and early diagnosis of cervical cancer (for physicians only)
14) Screening and early diagnosis of breast cancer (for physicians only)
15) Counseling on tobacco cessation (for physicians and nurses only)
16) Planning and implementation of palliative care services (for physicians and nurses only)
17) Proper referral

Non-Clinical training refers to learning topics that enhance capacity-building in areas that support delivery of health services and enhancement of coordination across the health systems. This includes the following:

a) Electronic Medical Record Usage (including International Classification of Diseases (ICD) Coding)
b) Team management
c) Project management
d) Financial / Budget management

Source: The DHS Program, 2024

Few healthcare providers have completed training on clinical (n=249/1134, 22%) and non-clinical (n=158/1134, 13.9%) skills and even fewer have completed refresher training courses over the past 24 months (see **Table 67**). Benguet has the highest percentage of providers who have completed clinical training (n=42, 27.3%) while La Union has the largest share of providers who underwent non-clinical training (n=66, 22.4%). On the other hand, Laguna and Sarangani had the least proportion of healthcare providers who completed clinical (n=18, 12%) and non-clinical (n=1, 3.1%) training, respectively. Specific training on the screening, evaluation, and management of non-communicable diseases (NCDs), more than half of physicians (n=276, 62.6%) have received training (see
Table 68). La Union has the most doctors trained (n=92, 69.2%) while Laguna has the least (n=15, 50.0%). However, these trainings are often outdated, further highlighting the need to institutionalize continuous professional development through capacity-building programs targeted to healthcare providers.

4.4.3 Compensation and Benefits

Key Findings

- **Monetary Salary Supplements:**
  - **General medical doctors**
    - Most received 13th month pay (n=209/255, 82%) and clothing allowance (n=209/255, 82%)
    - Fewer received per diem (n=94/255, 36.9%) and duty allowance (n=26/255, 10.2%), with large variation in amounts. For example, duty allowances can range from PhP 36,000 in La Union to PhP 147,600 in Benguet
  - **Specialist medical doctors**
    - Hazard pay (n=141/186, 75.8%) and PhilHealth sharing (n=166/186, 89.2%) had the highest coverage across benefits
    - Similar to general physicians, per diem (n=58/186, 31.2%) and duty allowance (n=21/186, 11.3%) were received less.
    - Cash gifts were mostly standardized (n=107/186, 57.5%) except in some provinces like Sarangani
  - **Nurses**

        - Most received 13th month pay (n=375/489, 76.7%) and clothing allowance (n=372/489, 76.1%)
        - A small number of nurses received per diem (n=197/489, 40.3%) and duty allowance (n=49/489, 10%), with amounts ranging from PhP18,000 to PhP120,000.
    - **Midwives**
        - There is high receipt of hazard pay (n=178/203, 87.7%), 13th month pay (n=190/203, 93.6%), and clothing allowance (n=187, 92.1%)
        - Per diem (n=93/203, 45.8%) and duty allowance (n=23, 11.3%) were the least accessible to midwives

- **Non-monetary Salary Supplements:**
    - **General medical doctors**
        - Vacation leave (n=201/255, 78.8%) and training (n=198/255, 77.6%) were common
        - Clothing sets (n=68/255, 26.7%) and food rations (n=47/255, 18.4%) had low coverage
    - **Specialist medical doctors**
        - Most had access to vacation leaves (n=153/186, 82.3%) and training opportunities (n=140/186, 75.3%)
        - Few received clothing sets (n=44/186, 23.7%) and food rations (n=43/186, 23.2%)
    - **Nurses**
        - Vacation leave (n=384/489, 78.5%), training (n=422/489, 86.3%) and receipt of awards (n=362/489, 74%) were common
        - Clothing sets (n=151/489, 30.9%) and food rations (n=34, 7%) were rare
    - **Midwives**
        - Similar to nurses, the most commonly received benefits were vacation leaves (n=171/203, 84.2%), training (n=166/203, 81.8%), and awards (n=141/203, 69.5%)
        - Only 41.9% (n=85/203) received clothing sets and only 10 midwives (4.9%) received food rations

- **Salary Increases:**
    - 939 out of 1134 workers (83.5%) reported a salary increase in the past 5 years
    - Most of the providers experienced salary increases in Batangas (93.7%), Aklan (89.6%), and Laguna (89.3%)

- **Salary Delays:**
  - 471 providers (41.9%) experienced salary delays
  - More than half of the providers in Sarangani (58.1%), Iloilo (57.7%), Laguna (56.7%), and Davao de Oro (55.8%) experienced delays in salary disbursement

Direct compensation refers to cash items, which include salaries, cash allowances, and fringe benefits.

Indirect compensation refers to items received in-kind or non-cash, such as leave entitlements, training programs, and insurance benefits

Source: Department of Budget and Management 2007

For government personnel, the compensation plan is a scheme that determines the compensation of government employees. This is further divided into direct and indirect compensation as described above. In this study, we included the following monetary salary supplements: per diem for attending training, hazard pay, PhilHealth contributions, clothing allowance, duty allowance, cash gifts, and 13th month pay. Non-monetary salary supplements are composed of vacation days, clothing sets, training opportunities, certificates/awards/recognitions, food rations, and subsidized housing.

The overall findings and distribution of salary supplements across healthcare providers are summarized in **Table 14 and** Table 15**).** Detailed breakdowns are presented in **Table 73 to Table 92.**

Table 14. Summary of overall findings for monetary compensation and benefits by occupational category

Monetary Supplement	Healthcare Provider Type			
	General Medical Doctor	Specialist Medical Doctor	Nurses	Midwives
Salary	● Most common salary range: more than 66,640 - 114,240 PHP (n=132/255, 52.2%) ● Distribution: ○ Laguna (n=17/22, 77.3%): more than 66,640 - 114,240 PHP ○ La Union (n=39/55, 73.6%): more than 38,080 - 66,640 PHP	● Most common salary range: more than 66,640 - 114,240 PHP (n=116/186, 63%) ● 2nd most common salary range: more than 38,080 - 66,640 PHP (n=65/186, 35.3%)	● Most common salary range: more than 19,040 and 38,080 PHP (n=236/489, 48.8%) ● 2nd most common salary more than 38,080 and 66,640 PHP (n=220/489, 45.5%) ● Distribution: ○ Benguet (n=26/39, 66.7%), Batangas (n=58/99, 59.8%), Aklan (n=11/16, 68.8%), and Sarangani (n=6/11, 54.5%): more than 38,080 - 66,640 PHP ○ A few nurses earn salaries within the lower ranges	● Most common salary range: 19,040 - 38,080 PHP (n=166/203, 82.6%) ● Distribution: ○ Sarangani (n=4/8, 57.1%): 9,520 and 19,040 PHP ○ Midwives represent the lowest income group/percentile
Per Diem for Training	● Received by 36.9% (n=94/255) ● Distribution: ○ Iloilo (n=29/49, 59.2%): highest coverage ○ Benguet (n=13/56, 23.2%): lowest coverage ● Overall Median Amount: PhP15,600 ● IQR:PhP 22,596 ● Range: PhP 7,404 in Davao de Oro to PhP 36,000 in Sarangani	● Received by 31.2% (n=58/186) ● Distribution: ○ Iloilo (n=11/15, 73.3%): highest coverage ○ Benguet (n=2/45, 4.4%): lowest coverage ● Overall Median Amount: PhP 17,400 ● IQR: PhP 27,000 ● Range: PhP 1,194 in Laguna to PhP 18,000 in La Union	● Received by 40.3% (n=197/489) ● Distribution: ○ Sarangani (n=10/11, 90.9%): highest coverage ○ Benguet (n=10/39, 25.65%): lowest coverage ● Overall Median Amount: PhP 9,120 ● IQR: PhP 13,680 ● Range: PhP 3,960 in Benguet to PhP 18,000 in Sarangani	● Received by 45.8% (n=93/203) ● Distribution: ○ Benguet (n=11/14, 78.6%): highest coverage ○ Laguna (n=7/30, 23.3%) : lowest coverage ● Overall Median Amount: PhP 4,860 ● IQR: PhP 10,800 ● Range: PhP 2,880 in Aklan to PhP 14,400 in Sarangani

Hazard Pay	• Received by 79.2% (n=202/255) • Overall Median Amount: PhP 72,000 • IQR:PhP 48,000 • Range: PhP 60,000 in La Union to PhP 108,600 in Laguna	• Received by 75.8% (n=141/186) • Overall Median Amount: PhP 72,000 • IQR: PhP 48,000 • Range: PhP 42,000 in Laguna to PhP 244,686 in Davao de Oro	• Received by 72.4% (n=354/489) • Overall Median Amount: PhP 84,000 • IQR: PhP 69,600 • Range: PhP 38,000 in La Union to PhP 102,000 in Sarangani	• Received by 87.7% (n=178/203) • Overall Median Amount: PhP 67,200 • IQR: PhP 36,000 • Range: PhP 60,000 in Laguna and Aklan to PhP 72,000 in Sarangani
PhilHealth Sharing	• Received by 63.1% (n=161/255) • Overall Median Amount: PhP 120,000 • IQR: PhP 141,000 • Range: PhP 120,000 in La Union and Batangas to PhP 600,000 in Aklan	• Received by 89.2% (n=166/186) • Overall Median Amount: PhP 180,000 • IQR: PhP 240,000 • Range: PhP 114,000 in Sarangani to PhP 480,000 in Aklan	• Received by 75.3% (n=368/489) • Overall Median Amount: PhP 48,000 • IQR: PhP 48,000 • Range: PhP 32,196 in Sarangani and PhP 108,000 in Aklan	• Received by 52.2% (n=106/203) • Overall Median Amount: PhP 60,000 • IQR: PhP 64,800 • Range: hP 24,000 in Benguet and Sarangani to PhP 120,000 in La Union and Aklan
Clothing Allowance	• Received by 82% (n=209/255) • Overall Median Amount: PhP 6,000 • IQR: PhP 1,000 • Range: PhP 5,000 to PhP 6,000	• Received by 82.8% (n=154/186) • Overall Median Amount: PhP 6,000 • IQR: PhP 1,004 • Range: PhP 5,000 to PhP 6,000	• Received by 76.1% (n=372/489) • Overall Median Amount: PhP 6,000 • IQR: 0 • Range: N/A	• Received by 92.1% (n=187/203) • Overall Median Amount: PhP 6,000 • IQR: PhP 1,000 • Range: PhP 6,000 to PhP 7,000
Duty Allowance	• Received by 10.2% (n=26/255) • Overall Median Amount: PhP 60,000 • IQR: PhP 87,600 • Range: PhP 36,000 in La Union to PhP 147,600 in Benguet	• Received by 11.3% (n=21/186) • Overall Median Amount: PhP 24,000 • IQR: PhP 24,000 • Range: PhP 12,000 in Iloilo to PhP 96,000 in Batangas • Five out of the eight sites reported no recipients	• Received by 10% (n=49/489) • Overall Median Amount: PhP 24,000 • IQR: PhP 42,000 • Range: PhP 18,000 in La Union to PhP 120,000 in Iloilo • Benguet and Sarangani noted no receipients.	• Received by 11.3% (n=23/489) • Overall Median Amount: PhP 24,000 • IQR: PhP 18,576 • Range: PhP 19,200 to PhP 36,000 • Benguet and Sarangani noted no receipients.
Cash Gift	• Received by 62.7% (n=160/255) • Overall Median Amount: PhP 5,000 • IQR: PhP 5,000	• Received by 57.5% (n=107/186) • Overall Median Amount: PhP 5,000 • IQR: 0	• Received by 67.5% (n=330/489) • Overall Median Amount: PhP 5,000 • IQR: 0 • Range: PhP 5,000 to PhP 38,500 • Deviations:	• Received by 85.7% (n=174/489) • Overall Median Amount: PhP 5,000 • IQR: PhP 5,000 • Range: PhP 5,000 to PhP 15,000 • Deviations:

	● Range: PhP 5,000 to PhP 12,500 ● Deviations: ○ La Union: PhP 7,500 ○ Sarangani: PhP12,500	● Range: PhP 5,000 to PhP 90,000 ● Deviations: ○ Sarangani: PhP 90,000 ○ Davao de Oro: PhP 10,000	○ Sarangani: PhP 38,500	○ Davao de Oro: PhP 15,000 ○ Sarangani: PhP 12,500
13th Month Pay	● Received by 82% (n=209/255) ● Overall Median Amount: PhP 70,000 ● IQR: PhP 30,000 ● Range: PhP 60,000 in Benguet to PhP 90,000 in Laguna and Aklan	● Received by 86% (n=160/186) ● Overall Median Amount: PhP 80,000 ● IQR: PhP 21,000 ● Range: PhP 75,000 in Laguna to PhP 86,000 in Davao de Oro	● Received by 76.7% (n=375/489) ● Overall Median Amount: PhP 38,000 ● IQR: PhP 4,000 ● Range: PhP 36,000 in Davao de Oro to PhP 39,000 in Aklan	● Received by 93.6% (n=190/203) ● Overall Median Amount: PhP 27,000 ● IQR: PhP 8,000 ● Range: PhP 21,211 in Davao de Oro to PhP 28,000 in Batangas.

Table 15. Summary of overall findings for non-monetary compensation and benefits by occupational category

Non-monetary Supplement	Healthcare Provider Type			
	General Medical Doctor	**Specialist Medical Doctor**	**Nurses**	**Midwives**
Time-off / Vacation Leave	● Received by 78.8% (n=201/255) ● Overall median: 8 days ● IQR: 10 days ● Range: 5 days (IQR=8) in Iloilo to 15 days (IQR=3) in Sarangani	● Received by 82.3% (n=153/186) ● Overall median: 10 days ● IQR: 9 days ● Range: 5 days in Davao de Oro and 15 days in Laguna.	● Received by 78.5% (n=385/489) ● Overall median: 12 days ● IQR: 7 days ● Range: 8-15 days	● Received by 84.2% (n=171/203) ● Overall median: 11 days ● IQR: 8 days ● Range: 8-15 days
Clothing (in sets)	● Received by 26.7% (n=68/255) ● Distribution: ○ Aklan 26.7% (n=68/255) : highest coverage ○ Batangas (n=3/34, 8.8%): lowest coverage ● Overall Median: 2 sets ● IQR: 2 sets	● Received by 23.7% (n=44/186) ● Distribution: ○ Batangas (n=7/16, 43.8%): highest coverage ○ Davao de Oro (0/8, 0%) and Sarangani (n=0/2, 0%): no coverage ● Overall Median: 2 sets ● IQR: 1 set	● Received by 30.9% (n=151/489) ● Distribution: ○ Sarangani (n=16/21, 76.2%): highest coverage ○ Laguna (n=17/90, 18.9%): lowest coverage ● Overall Median: 2 sets ● IQR: 3 sets ● Range: 1-4 sets	● Received by 41.9% (n=85/203) ● Distribution: ○ La Union (n=20/27, 74.1%): highest coverage ○ Sarangani (n=1/8, 12.5%): lowest coverage ● Overall Median: 2 sets ● IQR: 3 sets ● Range: 1-4 sets

	● Range: 1-3 sets	● Range: 1-3 sets		
Training (in number)	● Received by 77.6% (n=198/255) ● Distribution: ○ La Union (n=48/55, 87.3%): highest coverage ○ Davao de Oro (n=9/14, 64.3%): lowest coverage ● Overall Median: 5 trainings ● IQR: 6 trainings ● Range: 3-8 trainings	● Received by 75.3% (n=140/186) ● Distribution: ○ La Union (n=71/78, 91%): highest coverage ○ Davao de Oro (n=3/8, 37.5%): lowest coverage ● Overall Median: 3 trainings ● IQR: 3 trainings ● Range: 2-4 trainings	● Received by 86.3% (n=422/489) ● Distribution: ○ Sarangani (n=10/11, 90.9%): highest coverage ○ Benguet (n=31/39, 79.5%): lowest coverage ● Overall Median: 3 trainings ● IQR: 6 trainings ● Range: 2-5 trainings	● Received by 81.8% (n=166/203) ● Distribution: ○ La Union (n=27/27, 100%) and Davao de Oro (n=9/9, 100%): highest coverage ○ Sarangani (n=5/8, 62.5%): lowest coverage ● Overall Median: 3 trainings ● IQR: 3 trainings ● Range: 2-5 trainings
Certificates/ Awards/Recognition (in number)	● Received by 71.4% (n=182/255) ● Distribution: ○ La Union (n=45/55, 81.8%): highest coverage ○ Davao de Oro (n=7/14, 50%): lowest coverage ● Overall Median: 3 awards ● IQR: 4 awards ● Range: 3-5 awards	● Received by 68.9% (n=130/186) ● Distribution: ○ Batangas (n=14/16, 87.5%): highest coverage ○ Davao de Oro (n=3/8, 37.5%): lowest coverage ● Overall Median: 3 awards ● IQR: 3 awards ● Range: 2-4 awards	● Received by 74% (n=362/489) ● Distribution: ○ Aklan (n=15/16, 93.8%): highest coverage ○ Sarangani (n=6/11, 54.5%): lowest coverage ● Overall Median: 3 awards ● IQR: 4 awards ● Range: 2-5 awards	● Received by 69.5% (n=141/186) ● Distribution: ○ Davao de Oro (n=8/9, 88.9%): highest coverage ○ Sarangani (n=4/8, 50%): lowest coverage ● Overall Median: 2 awards ● IQR: 3 awards ● Range: 1-8 awards

Food Ration/Meals (in number)	● Received by 18% (n=46/255) ● Distribution: ○ Laguna (median=180): highest number of meals ○ Aklan (median=2): lowest number of meals ● Overall Median: 24 meals ● IQR: 24 meals ● Range: 2-180 meals	● Received by 23.1% (n=43/186) ● Distribution: ○ Laguna (median=110): highest number of meals ○ Aklan and Davao de Oro (median=12): lowest number of meals ● Overall Median: 16 meals ● IQR: 14 meals ● Range: 12-110 meals	● Received by 7% (n=34/489) ● Distribution: ○ Laguna (median=16): highest number of meals ○ Benguet and Davao de Oro (median=0): no meals ● Overall Median: 4 meals ● IQR: 10 meals ● Range: 0-16 meals	● Received by 4.9% (n=10/203) ● Distribution: ○ Laguna (median=20): highest number of meals ○ Davao de Oro and Sarangani (median=0): no meals ● Overall Median: 2 meals ● IQR: 4 meals ● Range: 0-20 meals

4.4.3.1 Salary Increases and Delays

Table 93 presents data on the number of healthcare workers who have had salary increases and salary delays. A great number (n=939/1134, 83.5%) of healthcare providers have received salary increases in the past five years. The highest number was seen in Batangas (n=193/206, 93.7%), Aklan (n=163/183, 89.6%), and Laguna (n=134/15, 89.3%). On the other hand, lower counts were observed in Benguet (n=107/154, 69.5%) and La Union (n=221/295, 75.7%), suggesting delayed or inconsistent implementation of salary adjustments in the region.

Less than half (n=471,1134, 41.9%) of the providers have experienced delays in their salaries. These delays were mostly seen in Sarangani (n=18/31, 58.1%), Laguna (n=85/150, 56.7%), Iloilo (n=105/183, 57.7%), and Davao de Oro (n=29/52, 55/8%). In contrast, Aklan reported the lowest incidence of delay at only 13.8% (n=8/58), which reflects disparities in local fiscal management capacity and payroll systems.

4.4.4 Workload and Staffing Estimates

Key Findings

- **Workload and Overtime:** The average number of hours of work per week is 42.8 (SD=12.9) hours with 8.6 (SD=12.8) hours of overtime.
- **Distribution of Workload:**
  - **By geographic location:** North and Central Luzon exhibits the highest working hours (La Union: 48.8 hours, SD=19.4, Benguet: 43.5 hours, SD=15.7) and overtime (La Union: 11.8 hours, SD=16.2 Benguet: 12.6 hours, SD=14.6).
  - **By occupational category:** Physicians manage the highest number of patients and spend the most time on direct patient care.
  - **By facility type:**

- Healthcare workers at RHUs (33.9 patients in a day, SD=27.8) generally cater to more patients on average than hospital workers (31.9 patients in a day, SD=30.3).
- Providers spend more time on direct patient care in hospitals (35.6 hours, SD=22.7) than in RHUs (26 hours, SD=13.4).

Staffing is defined as the process (or strategy) for identifying the number of healthcare providers needed to satisfy patient demands while simultaneously guaranteeing the delivery of high-quality care.

Workload refers to the number of tasks allocated to healthcare professionals within a specified timeframe .

Source: World Health Organization 2023

Proper management of both staffing and workload are essential for good healthcare delivery. Working and overtime hours are varied by province (see **Table 94**). Across all cadres, the average number of hours of work per week is 42.8 (SD=12.9) hours with 8.6 (SD=12.8) hours of overtime. North and Central Luzon exhibits the highest working hours (La Union: 48.8 hours, SD=19.4, Benguet: 43.5 hours, SD=15.7) and overtime (La Union: 11.8 hours, SD=16.2 Benguet: 12.6 hours, SD=14.6). These areas also have a higher number of healthcare providers (La Union: n=295; Benguet: n=154) compared to other sites with more healthcare facilities covered (see **Table 43**), giving a stark contrast with provinces that have more facilities but fewer providers.

On the other hand, **Table 95** presents the number of patients and time spent on direct patient care on a normal working day of healthcare providers per location and facility type. There is great variation in workload among the different sites and occupational categories in terms of patient load and time spent on direct patient care. **Across all sites, despite having fewer providers in RHUs** (n=411)**, healthcare workers at RHUs** (33.9 patients in a day, SD=27.8) **generally cater to more patients on average than hospital workers** (31.9 patients in a day, SD=30.3)**.** Providers in RHUs in Davao de Oro (52.9 patients in a day, SD=33.6) see the highest number of patients among all sites, while RHUs in Benguet (25.4 patients in a day, SD=17.1) accommodate the fewest. As for hospitals, those in Aklan (52.9 patients in a day, SD=44.3) see the most patients while those in Benguet (29 patients in a day, SD=24.5) have the least. Physicians are also found to see more patients than nurses and midwives in both facilities.

Providers spend more time on direct patient care in hospitals (35.6 hours, SD=22.7) **than in RHUs** (26 hours, SD=13.4). It is also observed that physicians only do direct patient care in hospitals, while nurses and midwives in RHUs also do patient consultations. Physicians in Sarangani hospitals spend the most time (56.4 hours, SD=73.7) on direct patient care, which is higher than the overall average (35.6 hours, SD=22.7).

Physicians manage the highest number of patients and spend the most time on direct patient care. In Laguna, doctors see about 61.1 patients (SD=42.7) per day, which is significantly higher than other areas. Midwives cater to a smaller patient load among providers, but they still spend a substantial amount of time on patient care. In Sarangani, midwives in

RHUs spend about 34.2 (SD=23.5) hours a day on direct patient care, which is greater than nurses and physicians in some locations.

Table 96 shows the duration spent on clinical activities at RHUs and hospitals, respectively. **Doctors, nurses, and midwives face varying workloads in RHUs and hospitals.** Generally, doctors in the RHUs spend 14.4 (SD=8.1) minutes per patient, with the highest in Sarangani (17.8 minutes, SD=19.6) and the lowest in Aklan (12.2 minutes, SD=8.6). On the other hand, nurses have an average of 8.5 (SD=4.3) minutes per patient. Sarangani has the highest duration of clinical activities (9.8 minutes, SD=5) and La Union the least (7.2 minutes. SD=3.6). Midwives in RHUs spend the most time on clinical activities with an average of 22.1 (SD=26.3) minutes per patient. Midwives in Sarangani spend almost triple the average minutes (50 minutes, SD=75.1) on clinical activities. **The variation in the duration of midwives' clinical activities exhibits that the activities done by midwives take longer than other occupational cadres.**

The duration of clinical activities in hospitals is the highest for doctors (see Table 97). Doctors spend 26.7 (SD=20.2) minutes per patient in hospitals, which is significantly higher when compared to RHUs. The longest time is observed in Benguet (32.4 minutes, SD=24.1) and the shortest in Aklan (17.7 minutes, SD=9.9). Meanwhile, nurses spend an average of 10.3 (SD=6.4) minutes per patient, with Sarangani (13.8 minutes, SD=8.2) and Davao de Oro (6.5 minutes, SD=2.7) marking both extremes. Midwives spend more time per patient (25.2 minutes, SD=26.9) when compared to RHU counterparts. **The stark difference in the duration per patient between RHUs and hospitals exhibits the nature of clinical activities in hospitals and RHUs.**

4.4.5 Quality of Care and Reduction of Financial Obstacles

Key Findings

• **Perception of providers:**
  ○ 92.1% (n=1044/1134) of the healthcare providers perceive that there is a safe and supportive environment for both patients and providers;
  ○ 82.2% (n=931/1134) agree that they have enough time in their schedules and workloads to provide comprehensive care to their patients;
  ○ 61.9% (n=701/1134) of healthcare providers said that they have the necessary equipment and facilities to provide care for their patients;
  ○ 60.5% (n=685/1134) reported sufficient availability of medicines; and
  ○ 64.7% (n=733/1134) of the respondents felt that their patients can easily access medical care without significant financial barriers.
• **Reduction of financial obstacles by physicians:**
  ○ Prescribing affordable medicines (n=421/441, 95.5%);
  ○ Not charging the patient (n=412/441 93.4%);
  ○ Offering free samples (n=312/441, 70.7%); and
  ○ Providing financial support from their own pockets (n=171/441, 38.80%).

Providers were asked to score statements regarding perception on factors affecting quality of care using a 4-point Likert Scale (1 - strongly disagree, 2 - disagree, 3 - agree, 4 - strongly agree). The factors identified are as follows:

- Equipment and facilities
- Medicines
- Time and communication
- Safety
- Access / Availability / Convenience

Frequencies reflect the number of respondents who strongly agreed and agreed to the statements pertaining to the different factors affecting quality of care.

In Table 98, the perception of healthcare providers with regard to the factors influencing the quality of care they deliver to patients. Overall, the Likert scale scores show a pattern of agreement across all items, with safety (mean of 3.2, SD=0.6) and time and communication (mean of 3.0, SD=0.7) being positively viewed the most. **92.1%** (n=1044/1134) **of the healthcare providers perceive that there is a safe and supportive environment** for both patients and providers. On the other hand, **82.2%** (n=931/1134) **agree that they have enough time in their schedules and workloads** to provide comprehensive care to their patients.

In contrast, there appears to be room for improvement in areas such as equipment and facilities (mean of 2.9, SD=0.6), medication adequacy (mean of 2.6, SD=0.7), and healthcare accessibility (mean of 2.9, SD=0.6). Specifically, **only 61.9%** (n=701/1134) o**f healthcare providers feel that they have the necessary equipment and facilities** to provide good quality care that meets patients' needs. Moreover, just **60.5%** (n=685/1134) **of the respondents report having sufficient medications** in their facility to administer appropriate treatment and manage patients' conditions effectively. Furthermore, about **64.7%** (n=733/1134) **of the respondents are confident that their patients can easily access the medical care that they need without significant financial barriers.** Providers in Sarangani do not think they have adequate equipment and facilities (n=14/32, 43.8%), enough availability of medicines (n=8/32, 25%), and easy access to care (n=15/32, 46.9%).

Table 99 shows the number of physicians who help reduce financial constraints of patients by giving out free medication samples, prescribing the cheapest medicine, not charging the patient, and even offering financial support through personal money. **We find that many physicians take a proactive role in reducing out-of-pocket expenses for patients.** Many prescribe affordable medicines (n=421/441, 95.5%), do not charge the patient (n=412/441 93.4%), offer free samples (n=312/441, 70.7%), and even provide financial support from their own pockets (n=171/441, 38.80%).

4.4.6 Continuity of Care

Key Findings

- **Completion of Patient Managements Steps**: Only 25.5% (n=82/322) of physicians provide the entire process upon admission, 19.9% (n=64/322) for after discharge, and 21.8% (n=26/119) during consultation.
- **Upon admission / before discharge:**
  - Provision of explanations (n=278/322, 86.3%), primary impressions (n=273/322, 84.8%), and medication information (n=276/322, 85.7%) are mostly provided.
  - Physicians are also least likely to provide information about prognosis (n=208/322, 64.5%) and symptoms to watch out for (n=167/322, 51.9%).
- **After discharge:**
  - Follow-up instructions (n=296/322, 91.9%) and medication information (n=294/322, 91.3%) are the most consistently delivered.
  - Referrals remain a significant gap, with only 45.7% (n=147/322) for upon admission and 30.1% (n=97/322) after discharge.
- **During consultation:**
  - Physicians are able to provide information on explanations (n=107/119, 89.9%), primary impressions (n=92/119, 77.3%), and medication information (n=97/119, 81.5%).
  - Similar to hospitals, referrals during consultations remain low (n=63/119, 52.9%).

Continuity of care refers to the process by which a patient and his or her healthcare team collaborate on the patient's health management in a coherent, logical, and timely manner

Source: (Ljungholm et al. 2022)

Patient management steps per scenario are as follows:

- **Upon admission / Before discharge**
  - Provision of explanation
  - Listing of symptoms
  - Discussion on primary impression
  - Discussion on prognosis
  - Explanation on labs and diagnostics
  - Provision of information on medication
  - Provision of information on treatment
  - Arrangement of proper referrals
- **After Discharge**
  - Discussion of final diagnosis

- Discussion of prognosis
- Explanation on labs and diagnostics
- Provision of information on medication
- Provision of information on treatment
- Explanation of symptoms
- Provision of instructions and follow-ups
- Arrangement of proper referrals

- During Consultation
  - Provision of explanation
  - Listing of symptoms
  - Discussion on primary impression
  - Discussion on prognosis
  - Explanation on labs and diagnostics
  - Provision of information on medication
  - Provision of information on treatment
  - Provision of instructions and follow-ups
  - Arrangement of proper referrals

We explore the continuity of care by covering all possible dimensions of care by provision of important information that is essential to the patient's care upon admission, discharge, and during consultation.

While many providers relay critical information like follow-up and medication instructions, comprehensive communication remains low. There is variety in the continuity of care delivered by physicians between hospitals and RHUs (see Table 100 and Table 101). Doctors in the hospitals and RHUs have simulated scenarios upon admission and post-discharge, and during consultations, respectively. **Only 25.5%** (n=82/322) **of physicians provide the entire process upon admission, 19.9%** (n=64//322) **for after discharge, and 21.8%** (n=26/119) **during consultation.**

In hospitals, provision of explanations (n=278/322, 86.3%), primary impressions (n=273/322, 84.8%), and medication information (n=276/322, 85.7%) are mostly provided before discharge. On the other hand, follow-up instructions (n=296/322, 91.9%) and medication information (n=294/322, 91.3%) are the most consistently delivered after discharge. However, referrals remain a significant gap, with only 45.7% (n=147/322) for upon admission and 30.1% (n=97/322) after discharge. Regional disparities are apparent. Sarangani reports that no physician was able to complete all steps for pre- and post-discharge (n=0/9, 0% and n=0/9, 0%, respectively). At the same time, Davao de Oro show better performance before (n=9/14, 64.3%) and after discharge (n=8/14, 57.1%). Physicians are also least likely to provide information about prognosis (n=208/322, 64.5%) and symptoms to watch out for (n=167/322, 51.9%).

In RHUs, physicians can provide information on explanations (n=107/119, 89.9%)**, primary impressions** (n=92/119, 77.3%)**, and medication information** (n=97/119, 81.5%)**.** Similar to hospitals, referrals during consultations remain low (n=63/119, 52.9%). Disparities among sites are also present. Davao de Oro (n=4/8, 50%) demonstrates the highest percentage across all other sites. On the other hand, no provider in La Union, Laguna, and Sarangani were able to completely give all patient management steps needed during consultation.

4.4.7 Clinical Vignettes

Key Findings

• **Provider scores:**
  o Physicians scored an average of 78.9 out of 211 points.
  o Nurses scored an average of 15.9 out of 47 points.
  o Midwives scored an average of 13.8 out of 47 points.
• **Domain differences:**
  o History-taking emerged as the strongest domain, while physical examination consistently scored lower due to scorers not giving credit to providers not specifying what physical exam (PE) techniques and findings they will perform.
  o Treatment and continuing care scores varied by region, likely influenced by differences in resources and clinical practices.
  o Diagnosis and treatment, which have the greatest impact on patient outcomes and costs, showed variability in performance.
• **Unnecessary care:**
  o In General Medicine, 36 unnecessary tests and 51 unnecessary interventions were identified, particularly in La Union.
  o Surgical cases showed 35 unnecessary tests and 41 unnecessary interventions.
  o Midwives ordered no unnecessary interventions but often omitted needed preventive care and lifestyle counseling.

Clinical vignettes refers to structured, hypothetical patient scenarios that are designed to assess healthcare providers' ability to give quality of care to their patients. These simulate real-life medical cases.

Source: (Peabody et al. 2000)

Clinical vignettes offer an easy to administer and less expensive method of measuring clinical competence and care quality. It is a validated method which is as accurate as chart review and standardized patients (patient actors), and controls for case-mix which is usually cited as a limitation for comparing provider performance in actual practice (Peabody et al. 2000). This tool should be considered in assessing facility-, regional-, and national clinical performance and clinical practice guideline uptake and can complement current measures on structural inputs, process and outcome measures for quality of care. Previous experience with clinical vignettes in the Philippines as a serial measurement tool also shows its impact, along with financial incentives, on improving care quality (Peabody et al. 2011).

We used clinical vignettes to assess provider competency and quality of care across four specialties, including General Medicine, Surgery, Pediatrics, and Obstetrics. We used different sets of domains for different provider types, simulating their roles in healthcare facilities. For physicians, we used the following key domains such as history-taking, physical examination,

workup, diagnosis, initial treatment, and continuing care, while nurses and midwives perform triage and continuing care.

The findings below provide baseline data for understanding clinical competency variations across sites, highlighting areas for targeted improvement and support.

Table 102, Table 103, and Table 104 show the varying levels of quality of care among providers in the vignettes. **Physicians scored between 63.0 to 95.4 out of 211 points, with an average of 78.9.** Nurses and midwives had lower overall scores that also varied. **Nurses scored an average of 15.9 out of 47 points, ranging from 13.3 in La Union to 18.9 in Sarangani while midwives scored an average of 13.8 out of 47 points, with scores from 9.5 in Aklan to 15.6 in Iloilo.**

We observed significant regional differences in clinical competency of physicians (see Table 102**). North and Central Luzon sites, particularly Benguet, demonstrated stronger performance.** Mindanao showed mixed results. Sarangani received relatively high scores (88.8) while Davao de Oro performed moderately well (75.5). The Visayas sites maintained consistent performance near the mean, while South Luzon showed the widest performance variation.

Across all providers and regions**, history-taking emerged as the strongest domain**, while **physical examination consistently scored lower.** The latter observation is due to scorers not giving credit to providers not specifying what physical exam (PE) techniques and findings they will perform. This is because proficiency and skills in PE have been correlated with diagnostic accuracy and clinical judgement (Clark et al. 2022). Treatment, and continuing care scores varied by region, likely due to differences in resource availability and practice patterns. While good history-taking and PE are essential skills in managing patients, diagnosis and treatment scores represent the actions of healthcare providers that have the most impact on patient outcomes and healthcare costs.

Results reveal patterns of unnecessary care across specialties (see **Table 105 and Table 106**). In General Medicine, we identified 36 unnecessary tests and 51 unnecessary interventions, with La Union showing the highest frequency. Surgical cases showed 35 unnecessary tests and 41 unnecessary interventions. These unneeded items represent not only potentially harmful and inappropriate interventions but also unnecessarily increase the cost of care. For example, in a General Medicine case of pulmonary tuberculosis (PTB) taken by 174 physicians, unnecessary tests ordered include SARS COV2 PCR, neck ultrasound, lymph node biopsy (presumably for cervical lymphadenopathy that is common among those with PTB), urinalysis, hepatitis B testing, blood cultures, and pulmonary referral. Notably, midwives demonstrated no unnecessary continuing care actress specialties, suggesting more conservative practice patterns, however this may be offset by severely lacking recommendations for needed interventions such as preventive care and lifestyle advice.

4.4.8 Referral and Coordination Systems

Key Findings
• **Availability of Clinical Information:** In both hospitals and RHUs, most providers reported that clinical information is available (Hospitals: n=553/723, 88.6%, RHUs: n=358/411, 87.1%) and sufficient for referral (Hospitals: (n=460/723, 83.2%, RHUs: n=328/411, 91.6%) • **Referrals:** Largely manual through the use of letters and phone calls, while there is little to no use of electronic medical records (EMR). • **Rejected and Inappropriate Referrals:** Frequent rejected (Hospitals: n=178/723, 29.9%; RHUs: n=79/723, 19.2%) and inappropriate referrals (Hospitals: n=161/411, 27.1%; RHUs: n=48/411, 11.7%) were lower in RHUs when compared to hospitals.

Referral refers to the dynamic process wherein a health professional at one level of the health system, lacking in sufficient resources, seeks the help of another facility at the same or higher level to assist in the care pathway.

Source: (WHO 2023a)

We asked about referral and coordination information among healthcare providers in hospitals and RHUs.

In hospitals (see **Table 107**), most providers said that there is available clinical information accessible to them (n=553/723, 88.6%) and these are sufficient enough once a referral is made (n=460/723, 83.2%). Most referrals are made through letters (n=582/723, 97.8%) and telephone conversations (n=557/723, 3.6%). There is little use of EMR systems (n=106/723, 17.8%) across provinces. Providers in Batangas, Laguna, and Benguet, rarely use EMR for referrals. 29.9% (n=178/723) encounter frequent referral rejections, which are the highest in Laguna (n= 59/96, 61.5%) and Sarangani (n=11/18, 61.1%). Meanwhile, 27.1% (n=161/723) encounter frequent inappropriate referrals, with Laguna still having the highest percentage at 63.2% (n=60/96). Aklan and Davao de Oro have the lowest percentages of rejected (n=3/20, 15%) and inappropriate referrals (n=3/31, 9.7%), respectively.

In RHUs (see **Table 108**), once a referral is made, clinical information is widely available (n=358/411, 87.1%), and sufficient referral information is also available (n=328/411, 91.6%). Similar to hospitals, manual processes are still the norm, relying heavily on letters (n=409/411, 99.5%) and telephone calls (n=334/411, 81.3%). The use of the EMR system is still limited at 9.7% (n=40/411). However, in La Union, the majority of providers (n=24/34, 70.6%) are able to use EMR for referrals. Providers in Laguna, Aklan, or Sarangani do not use EMR when making referrals. Challenges such as frequent referral rejection and inappropriate referrals are also evident in RHUs. Laguna (n=19, 35.2%) and Iloilo (n=20, 22.2%) frequently rejected referrals. Compared to hospitals, inappropriate referrals are less frequent, with the highest rates in Laguna (n=13, 24.1%). On the other hand, Sarangani demonstrates the least rejected referrals (n=1, 7.1%).

4.4.9 Motivation and Provider Satisfaction

Key Findings

• **Motivations:**
  o 74.4% (n=843/1134) are committed to long-term work;
  o 76.4% (n=866/1134) are content with their salary and view external incentives as crucial for job success.
  o 92.3% (n=1046/1134) are dedicated towards their work;
  ▪ 55.7% (n=631/1134) believe that their work is not adversely affected by their relationships with local authorities; and
  o 89.1% (n=1009/1134) are comfortable offering suggestions and voicing disputes with superiors without worrying about the consequences.
• **Trends:**
  o In Mindanao, healthcare providers face lower job security and limited employment opportunities.
  o Working conditions are not seen as favorable across sites while most providers have put intrinsic motivation in high regard.
  o job satisfaction and a sense of purpose weigh more than income and job security as reasons for providers staying in their roles.

Provider motivation encompasses intrinsic and extrinsic characteristics that influence the behavior and performance of providers within a health system

Source: (Tegegne et al. 2024)

Providers were asked to score statements regarding their different sources of motivations using a 4-point Likert Scale (1 - strongly disagree, 2 - disagree, 3 - agree, 4 - strongly agree). The factors identified are as follows:

- Equipment and facilities
- Medicines
- Time and communication
- Safety
- Access / Availability / Convenience

Frequencies reflect the number of respondents who strongly agreed and agreed to the statements pertaining to the different domains of provider motivation.

Healthcare worker's effort and motivation are important contributors to the quality of care that patients receive (Veenstra et al. 2022). In this study, we grouped effort and motivation into

seven domains: income, job security, intrinsic motivation, working conditions, supervision quality, recognition, and autonomy.

Table 109 shows the average effort and motivation scores for all providers across all cadres. **The majority** (n=843/1134, 74.4%) **show a commitment to long-term work,** acknowledging opportunities for promotion and professional improvement through ongoing training and also (n=866/1134, 76.4%) **indicate contentment with their salary and view external incentives as crucial for job success.** In relation to intrinsic motivation, **most workers** (n=1046/1134, 92.3%) **show dedication towards their work**, finding a profound purpose in providing medical care all while concurrently making space for self-care. In addition, **more than fifty percent** (n=631/1134, 55.7%) **believe that their work is not adversely affected by their relationships with local authorities**, they believe they benefit from obtaining adequate rest in between shifts, and that workers do not face serious risks of burnout. **89.1% of providers** (n=1009/1134) **are comfortable offering suggestions and voicing disputes** with superiors without worrying about the consequences.

We observe a few key findings across provinces. **In Mindanao, healthcare providers face lower job security and limited employment opportunities** (Davao de Oro: n=36/53, 69.2%; Sarangani: n=18/32, 56.2%) compared to other regions. **Working conditions are not seen as favorable across sites while most providers have put intrinsic motivation in high regard.** Findings show that **job satisfaction and a sense of purpose weigh more than income and job security as reasons for providers staying in their roles.**

4.4.10 Discussion on Healthcare Provider Survey

This discussion links the baseline findings from the provider survey to the supply-side framework (**Figure 2**), offering a structured lens to assess health worker performance and service quality. Anchored in the Theory of Change, these baseline results serve as a starting point for measuring changes in health provider behavior and performance over time.

The aging profile of the healthcare workforce suggests a degree of employment stability, yet it may also indicate limited entry for younger professionals. Across all cadres, the workforce is predominantly female. Therefore, age and gender dynamics should be considered in workforce planning to design structures that would ensure career progression and long-term health system resilience.

Furthermore, regional inequities in access are evident; Mindanao still has a disproportionately small number of healthcare providers compared to other island groups. These findings align with prior DOH reports on workforce maldistribution (Department of Health 2020), pointing to the urgent need for better population-based deployment models and expanded implementation of the National Health Workforce Support System.

Based on the findings, nurses and midwives stayed longer in their positions compared to physicians. This points to the possibility that physicians often consider migration, are subject to contractual engagements, and experience weak career progression. Promotion in the facilities is also considered to be slow as evidenced by the almost identical number of years providers have worked in the same facility and their respective roles. There are challenges in

retaining physicians and establishing proper succession planning within health facilities in the country.

Access to opportunities for continuous professional development (CPD) remains uneven across healthcare provider types and geographic locations. Only a minority of healthcare workers have undergone complete training on clinical (22%) and non-clinical (13.9%) competencies, with even fewer participating in refresher courses in the past two years. These results are concerning since studies show that continued training is directly linked to provider competence and patient outcomes (Alsaqer et al. 2025; Samuel et al. 2021). This underscores the need to institutionalize subsidized CPD and expand regional training centers outside of Metro Manila.

Unequal allocation of per diem and duty allowances are observed in most areas, while other financial benefits (e.g. 13th month pay and clothing allowance) remain standardized and well-regulated across the sites. There are also apparent salary delays seen in Sarangani, Laguna, and Iloilo. These observations are consistent with studies that show fragmented and overlapping sources of financing streams, contributing to inconsistent disbursement of salaries and benefits (Ulep et al. 2020).

Healthcare staff in both RHUs and hospitals have different workloads. RHUs cater to more patients per day than hospitals yet they have less staff and allocate less time on direct clinical care, which is partly due to administrative and outreach responsibilities that are more prominent in primary care settings. On the other hand, providers in hospitals spend more hours in direct patient care since they handle more complex medical cases. The observed overtime, particularly in La Union and Benguet, points to possible understaffing or poor task allocation. These findings highlight the need to re-evaluate staffing models and workload standards across facility types.

Most providers perceived their work environments as safe and felt that they had sufficient time for patients. However, resource constraints remain as an issue in delivery of quality care. Only 61.9% of providers reported access to the essential equipment and just 60.5% confirmed sufficient availability of medicines. If unaddressed, service delivery and provider morale may be compromised.

Existing referral systems in the country are mostly manual and fragmented, especially with the underutilization of EMRs for referrals. There is an evident gap in both digital infrastructure and provider capacity. Systemic weaknesses of the existing referral systems are further highlighted by the persistence of inappropriate and rejected referrals across facilities.

On patient communication, only 25% of physicians reported providing complete discharge or consultation instructions. This shows the absence of a standardized communication protocol that is an essential component to ensuring continuity of care, which is a critical feature of healthcare provider networks under the UHC system.

Conclusion and Recommendations

6.1 Conclusion

This report presents the descriptive results of the baseline survey conducted in eight provinces across Luzon, Visayas, and Mindanao. The PIDS developed survey tools to capture population, facility, and provider-level indicators. The goal was to obtain comprehensive demand and supply-side data before implementing key health system reforms in selected provinces. DOH initially envisioned implementing critical provisions of the UHC in selected LGUs. The premise is that such reforms will significantly impact households, providers, and health facilities, which can be better understood by capturing baseline indicators before any reforms are rolled out. This baseline assessment is one of the most comprehensive, providing robust data that can serve as a foundation for impact evaluation.

Our findings reveal interesting input, output, and outcome health indicators patterns across eight provinces in the Philippines. We measured the population's health status, health-seeking behavior, healthcare utilization, and financial risk protection. In general, we observed challenges in financial protection when accessing preventive and curative care, whether at public hospitals or primary care facilities with varying levels across LGUs. The study highlights persistent challenges related to quality of care, an area that remains largely unmeasured in the country. On the supply side, the results show the difficulties faced by healthcare workers and financial and non-financial factors that affect HRH outcomes. We measured workload levels that may compromise the quality of care delivered. At the facility level, we examined the readiness of health facilities and found that they were limited in the availability of essential health services, especially in primary healthcare.

6.2 What were the successes of this endeavor?

This study, encompassing eight provinces, four tools, and hundreds of indicators, produced a unique and comprehensive baseline dataset. Due to the scale and complexity of the implementation, collaborative engagement from multiple levels of implementation was a key component in carrying out this study, ensuring data collection access and contextual relevance of the collected survey dataset. To ensure adherence to the protocols and minimal data errors, employing skilled data quality managers and experienced field supervisors was crucial for the study's success. Despite the logistical complexity, the internal workflow structures and proactive communication allowed smoother execution. Hence, the responsiveness and coordination within the study team proved vital. We worked efficiently with DOH stakeholders, the various survey enumerators, and local leadership to ensure a smooth survey rollout. This was evident in the constructive discussions during the Data Validation Workshop, where national and local stakeholders agreed on and discussed the ways this dataset may be used in their various functions.

6.3 How about challenges?

A major challenge stemmed from our limited institutional experience in managing and conducting a study of this scope and magnitude. Given the extensive set of indicators, the tool development process alone required several iterations. These early bottlenecks affected the later phases of implementation and caused significant delays. In addition, the operational details of the intervention that the DOH and PhilHealth were attempting to pilot continued to evolve throughout the data collection, which affected the project timeline as well.

6.4 Recommendations

As this is the baseline evaluation, an endline evaluation is necessary after implementing the reforms to properly assess impact and behavioral changes. As mentioned above, the study team has identified various areas of improvement in the conduct of this survey:

1) **Planning and project management should be strengthened.** Future evaluations should allocate more lead time for survey design, piloting, and refinement. Early coordination with implementing agencies will help solidify the coordination protocols to prevent and manage implementation timelines and program details changes.
2) **Communication across all implementation levels should be enhanced.** Regular coordination meetings between the study team and implementers should be done to clarify evolving roles, tackle field implementation issues, and align expectations throughout the project.
3) **More layers of data quality controls should be introduced** to minimize data inconsistencies and reduce the burden of data cleaning.
4) **The endline survey could consider reducing the variables collected to improve efficiency and optimize resources.** We have identified key variables that cannot be reliably captured due to the lack of systems in hospitals and primary healthcare facilities.

This report does not provide specific policy or programmatic recommendations. While survey is cross-sectional and based on a single time point, researchers can further analyze the data to generate meaningful policy insights. These include identifying systematic differences in health outcomes, healthcare utilization, and financial protection across socio-economic groups and geographic areas. Such analyses could inform the operational design of the health financing reforms, particularly the depth and breadth of services covered by PhilHealth. The results identify challenges related to facility readiness and the availability and quality of healthcare workers. These insights can support the DOH in strengthening regulatory and other supply-side reforms.

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Annex

Annex A-1. Sampling Weights

In this section, we provide the computation of the sampling weights based on the actual conduct of the surveys and the actual sample sizes, as well as any adjustments made in the population size (in particular, of health facilities) observed while on the field.

a. Sampling Weights for Health Facilities

We used a stratified single-stage simple random sampling within each stratum (with proportional allocation) in the facility survey for each of the eight (8) study sites. For the strata, we used the types of health facilities, i.e., rural health unit, level 1 government hospital, level 2 government hospital, level 3 government hospital, whenever the specific type is present in the area. We targeted the total sample size of at least 166 health facilities, and we also distributed this sample size across the study sites proportionately. The actual sample size was 142.

We present the number of health facilities sampled by type of facility for each study site in Table 16. The table also shows the sampling weights used for each facility for a given type in a given area.

Assuming all types of facilities are present in each study site, let $h = 1, 2, 3, 4$ denote the index for the type of health facility, N_h denote the total number of facilities in the hth stratum or type, and n_h denote the total number of facilities sampled from the hth stratum or type. Then we computed the base weight for all sample facilities from the hth type in a given study site as

$$w_{hi} = \frac{N_h}{n_h}, i = 1, 2, \dots, n_h.$$

For example, La Union has all 4 types of facilities present, hence, the sampling weights were computed for each facility under each type. All 8 RHUs sampled will be assigned a weight of 2.25, the single level 1 hospital sampled will be assigned a weight of 1.5, and each of the sampled level 2 and level 3 hospitals is assigned a weight of 1.

Not all study sites have all four (4) types of health facilities present. The total number of strata will then be less than four and we adjusted according to the number of types present in the area. We similarly calculated the weights within the strata present in the area.

Aklan is an example of a study site with only 2 of the 4 types present – RHU and level 2 hospital. In this case, we calculated the weights only for the 2 types.

Table 16. Total Number of Facilities by Type, Number of Sample Facilities and Sampling Weights

Province /Type of Health Facility	Sample of Health Facilities n_h	Total Number of Health Facilities N_h	Sampling Weights N_h/n_h
LA UNION			
Rural Health Unit	8	18	2.2500
Level 1 Hospital	4	6	1.5000
Level 2	1	1	1.0000
Level 3	1	1	1.0000
BENGUET			
Rural Health Unit	10	24	2.4000
Level 1 Hospital	1	2	2.0000
Level 2	1	1	1.0000
Level 3		1	
BATANGAS			
Rural Health Unit	29	63	2.1724
Level 1 Hospital	5	14	2.8000
Level 3	0	1	
LAGUNA			
Rural Health Unit	21	41	1.9524
Level 1 Hospital	6	14	2.3333
Level 2	1	2	2.0000
ILOILO			
Rural Health Unit	28	52	1.8571
Level 1 Hospital	6	14	2.3333
Level 3	0	1	
AKLAN			
Rural Health Unit	13	21	1.6154
Level 2	1	1	1.0000
DAVAO DE ORO			
Rural Health Unit	3	11	3.6667
Level 1 Hospital	1	4	4.0000
SARANGANI			
Rural Health Unit	1	7	7.0000
Level 1 Hospital	1	4	4.0000
Total	**142**	**304**	

b. Sampling Weights for Households in Population Survey

We used a stratified two-stage sampling with simple random sampling at each stage in the population survey for each of the eight (8) study sites. In each study site, we classified the barangays according to the type of locality - either urban or rural, and we took a simple random sample of barangays proportional to the number of barangays in each type. Then for the second stage, we took a simple random sampling of households from each sample barangay. We targeted a minimum sample size of 1,307 households, approximately corresponding to about 5,178 individuals who experienced an in-patient stay in the last 6 months.

In each study site, let h = 1, 2 denote the index for the type of locality, N_h denote the total number of barangays in the hth stratum or type of locality, and n_h denote the total number of barangays sampled from the hth type of locality. Then we computed the weight for a sample barangay from the hth stratum in a given study site as

$$w_{hi} = \frac{N_h}{n_h}, i = 1, 2, \dots, n_h.$$

For each sample barangay, say the ith barangay, let M_{hi} be the total number of households in barangay i in the hth type of locality and m_{hi} be the total number of households sampled from barangay i in the hth type of locality. Then we computed the base weight for all sample households from a sample barangay from the hth type of locality in a given study site as

$$w_{hij} = \left(\frac{N_h}{n_h}\right)\left(\frac{M_{hi}}{m_{hi}}\right), i = 1, 2, \dots, n_h, j = 1,2, \dots, m_{hi}.$$

As an example, in Aklan, we classified 305 barangays as rural, while 22 are classified as urban. We took a sample of 22 barangays from the rural stratum, and 2 barangays from the urban stratum. Using the formula for w_{hi}:

For urban barangays: 22/2 = 11
For rural barangays: 305/22 = 13.86364

Illustrating the weights for specific barangays sampled,

We classified Quinasay-an, Altavas as rural with 4 households sampled out of 130 households in the population (PSA 2020), hence we assigned the weight to the 4 households in the sample for this barangay to be

(305/22)*(130/4) = 450.5682

We classified Yapak, Malay as urban with 4 households sampled out of 1,606 households in the population (PSA 2020), hence we assigned the weight to the 4 households in the sample for this barangay to be

(22/2)*(1606/4) = 4,416.5000

Annex B. Tables of Results

Annex B-1. Population Results Tables

Table 17. Household characteristics disaggregated by province (n=2,617)

HOUSEHOLD CHARACTERISTIC	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=2,617 (100%)
	La Union N=176 (6.7%)	Benguet N=235 (9.0%)	Batangas N=668 (25.5%)	Laguna N=633 (24.2%)	Iloilo N=502 (19.2%)	Aklan N=111 (4.2%)	Davao de Oro N=149 (5.7%)	Sarangani N=143 (5.5%)	
Number of household members (mean)	4.01	3.71	4.61	3.97	3.72	4.73	4.02	4.34	4.12
Household total monthly expenditure (mean)	₱33,213.59	₱17,192.15	₱38,042.17	₱21,589.75	₱17,835.72	₱17,714.78	₱13,230.70	₱14,389.46	₱24,422.30
Tenure status of housing unit									
Owned / Being amortized	161 (91.48%)	197 (83.83%)	569 (85.18%)	510 (80.57%)	358 (71.31%)	91 (81.98%)	125 (83.89)	130 (90.91%)	2141 (81.81%)
Rented	0 (0%)	12 (5.11%)	19 (2.84)	58 (9.16%)	12 (2.39%)	0 (0%)	3 (2.01%)	1 (0.7%)	105 (4.01%)
Rent-free with consent of owner	15 (8.52%)	26 (11.06%)	80 (11.98)	63 (9.95%)	123 (24.50%)	20 (18.02%)	21 (14.09%)	12 (8.39)	360 (13.76%)
Rent-free without consent of owner	0 (0%)	0 (0%)	0 (0%)	2 (0.32%)	9 (1.79%)	0 (0%)	0 (0%)	0 (0%)	11 (0.42%)
Type of main water facility in the household									
Improved source	162 (92.1%)	178 (75.8%)	665 (99.6%)	529 (83.6%)	441 (87.9%)	83 (74.8%)	105 (70.5%)	95 (66.4%)	2258 (86.3%)
Piped water into dwelling	63 (35.8%)	113 (48.1%)	560 (83.8%)	379 (59.9%)	141 (28.1%)	37 (33.3%)	22 (14.8%)	28 (19.6%)	1343 (51.3%)
Piped water to yard/plot	6 (3.4%)	58 (24.7%)	51 (7.6%)	29 (4.6%)	51 (10.2%)	0 (0.0%)	4 (2.7%)	21 (14.7%)	220 (8.4%)
Piped water into public taps/standpipe	12 (6.8%)	2 (0.9%)	3 (0.5%)	23 (3.6%)	29 (5.8%)	0 (0.0%)	31 (20.8%)	9 (6.3%)	109 (4.2%)
Tube well or borehole	70 (39.8%)	1 (0.4%)	48 (7.2%)	77 (12.2%)	136 (27.1%)	38 (34.2%)	19 (12.8%)	21 (14.7%)	410 (15.7%)
Protected dug well	10 (5.7%)	0 (0.0%)	1 (0.2%)	18 (2.8%)	82 (16.3%)	8 (7.2%)	23 (15.4%)	15 (10.5%)	157 (6.0%)
Rainwater	1 (0.6%)	4 (1.7%)	1 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	6 (0.2%)
Tanker truck	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.2%)	1 (0.2%)	15 (13.5%)	3 (2.0%)	1 (0.7%)	21 (0.8%)
Bottled water/refilling station	0 (0.0%)	0 (0.0%)	1 (0.2%)	2 (0.3%)	1 (0.2%)	0 (0.0%)	0 (0.0%)	1 (0.7%)	5 (0.2%)
Unimproved source	14 (8.0%)	57 (24.3%)	3 (0.5%)	103 (16.3%)	60 (12.0%)	13 (11.7%)	41 (27.5%)	47 (32.9%)	338 (12.9%)
Semi-protected dug well	0 (0.0%)	0 (0.0%)	1 (0.2%)	1 (0.2%)	7 (1.4%)	1 (0.9%)	0 (0.0%)	4 (2.8%)	14 (0.5%)
Unprotected well	3 (1.7%)	0 (0.0%)	1 (0.2%)	1 (0.2%)	2 (0.4%)	2 (1.8%)	1 (0.7%)	1 (0.7%)	11 (0.4%)

Water from protected spring	11 (6.3%)	55 (23.4%)	1 (0.2%)	94 (14.9%)	45 (9.0%)	8 (7.2%)	37 (24.8%)	37 (25.9%)	288 (11.0%)
Water from unprotected spring	0 (0.0%)	2 (0.9%)	0 (0.0%)	7 (1.1%)	6 (1.2%)	2 (1.8%)	3 (2.0%)	5 (3.5%)	25 (1.0%)
Surface water	0 (0.0%)	0 (0.0%)	1 (0.2%)	15 (13.5%)	1 (0.2%)	15 (13.5%)	3 (2.0%)	1 (0.7%)	21 (0.8%)
Type of most improved toilet facility in the household									
Improved sanitation facility	176 (100.0%)	233 (99.1%)	664 (99.4%)	632 (99.8%)	498 (99.2%)	107 (96.4%)	149 (100.0%)	140 (97.9%)	2599 (99.3%)
Flush or pour to piped sewer system	13 (7.4%)	0 (0.0%)	21 (3.1%)	49 (7.7%)	39 (7.8%)	4 (3.6%)	6 (4.0%)	3 (2.1%)	135 (5.2%)
Flush or pour to septic tank	163 (92.6%)	225 (95.7%)	635 (95.1%)	519 (82.0%)	445 (88.7%)	86 (77.5%)	138 (92.6%)	80 (55.9%)	2291 (87.5%)
Flush or pour to pit latrine	0 (0.0%)	8 (3.4%)	3 (0.5%)	2 (0.3%)	12 (2.4%)	5 (4.5%)	4 (2.7%)	11 (7.7%)	45 (1.7%)
Flush or pour to somewhere else	0 (0.0%)	0 (0.0%)	4 (0.6%)	3 (0.5%)	1 (0.2%)	0 (0.0%)	0 (0.0%)	9 (6.3%)	17 (0.7%)
Flush or pour, don't know where	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (2.8%)	4 (0.2%)
Pit latrine, ventilated improved pit latrine	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10 (9.0%)	0 (0.0%)	9 (6.3%)	19 (0.7%)
Pit latrine, with slab	0 (0.0%)	0 (0.0%)	0 (0.0%)	57 (9.0%)	1 (0.2%)	1 (0.9%)	1 (0.7%)	18 (12.6%)	78 (3.0%)
Composting toilet	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (2.1%)	3 (0.1%)
Public Toilet	0 (0.0%)	0 (0.0%)	1 (0.2%)	2 (0.3%)	0 (0.0%)	1 (0.9%)	0 (0.0%)	3 (2.1%)	7 (0.3%)
Unimproved sanitation facility	0 (0.0%)	2 (0.9%)	3 (0.5%)	1 (0.2%)	0 (0.0%)	1 (0.9%)	0 (0.0%)	1 (0.7%)	8 (0.3%)
Pit latrine, without slab/open pit	0 (0.0%)	0 (0.0%)	3 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.7%)	4 (0.2%)
Bucket toilet	0 (0.0%)	1 (0.4%)	0 (0.0%)	1 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.1%)
Drop type/Overhang type	0 (0.0%)	1 (0.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.9%)	0 (0.0%)	0 (0.0%)	2 (0.1%)
No facility/Bush/Field	0 (0.0%)	0 (0.0%)	1 (0.2%)	0 (0.0%)	4 (0.8%)	3 (2.7%)	0 (0.0%)	2 (1.4%)	10 (0.4%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 18. Sociodemographic characteristics disaggregated by province (n=10,792)

SOCIODEMOGRAPHIC CHARACTERISTIC	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=10,792 (100%)
	La Union N=706 (6.5%)	Benguet N=875 (8.1%)	Batangas N=3,084 (28.6%)	Laguna N=2,510 (23.3%)	Iloilo N=1,873 (17.4%)	Aklan N=525 (4.9%)	Davao de Oro N=599 (5.6%)	Sarangani N=620 (5.7%)	
Age	36.50 ± 21.68	32.54 ± 21.23	32.09 ± 20.82	33.73 ± 21.96	33.30 ± 19.71	31.22 ± 21.18	31.48 ± 20.87	27.90 ± 19.42	32.69 ± 20.10
Sex at birth									
Male	356 (50.4%)	407 (46.5%)	1,530 (49.6%)	1,262 (50.3%)	931 (49.7%)	262 (49.9%)	294 (49.1%)	298 (48.1%)	5,340 (49.5%)
Female	350 (49.6%)	468 (53.5%)	1,554 (50.4%)	1,248 (49.7%)	942 (50.3%)	263 (50.1%)	305 (50.9%)	322 (51.9%)	5,452 (50.5%)
Educational attainment total									
Did not go to school	37 (5.2%)	68 (7.8%)	295 (9.6%)	257 (10.2%)	62 (3.3%)	73 (13.9%)	46 (7.7%)	55 (8.9%)	893 (8.3%)
Early childhood education	90 (12.7%)	102 (11.7%)	421 (13.7%)	342 (13.6%)	164 (8.8%)	79 (15.0%)	149 (24.9%)	110 (17.7%)	1,457 (13.5%)
Primary education	125 (17.7%)	177 (20.2%)	617 (20.0%)	596 (23.7%)	337 (18.0%)	99 (18.9%)	156 (26.0%)	209 (33.7%)	2,316 (21.5%)
Secondary education	272 (38.5%)	313 (35.8%)	1,170 (37.9%)	867 (34.5%)	758 (40.5%)	191 (36.4%)	163 (27.2%)	160 (25.8%)	3,894 (36.1%)
Vocational education courses	60 (8.5%)	70 (8.0%)	228 (7.4%)	92 (3.7%)	186 (9.9%)	18 (3.4%)	44 (7.3%)	13 (2.1%)	711 (6.6%)
Bachelor level education	116 (16.4%)	139 (15.9%)	336 (10.9%)	350 (13.9%)	356 (19.0%)	60 (11.4%)	40 (6.7%)	48 (7.7%)	1,445 (13.4%)
Master level education	6 (0.8%)	6 (0.7%)	4 (0.1%)	5 (0.2%)	8 (0.4%)	1 (0.2%)	1 (0.2%)	1 (0.2%)	32 (0.3%)
Doctoral level education	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)
Other	0 (0.0%)	0 (0.0%)	13 (0.4%)	0 (0.0%)	2 (0.1%)	4 (0.8%)	0 (0.0%)	24 (3.9%)	43 (0.4%)
Livelihood / Employment status									
Studying	184 (26.1%)	286 (32.7%)	950 (30.8%)	770 (30.7%)	585 (31.2%)	182 (34.7%)	209 (34.9%)	236 (38.1%)	3,402 (31.5%)
Employed	208 (29.5%)	199 (22.7%)	1,012 (32.8%)	762 (30.4%)	728 (38.9%)	171 (32.6%)	120 (20.0%)	185 (29.8%)	3,385 (31.4%)
Self-employed	101 (14.3%)	240 (27.4%)	328 (10.6%)	292 (11.6%)	114 (6.1%)	29 (5.5%)	117 (19.5%)	43 (6.9%)	1,264 (11.7%)
Household or family duties	90 (12.7%)	32 (3.7%)	266 (8.6%)	231 (9.2%)	191 (10.2%)	55 (10.5%)	73 (12.2%)	87 (14.0%)	1,025 (9.5%)
No work	123 (17.4%)	118 (13.5%)	528 (17.1%)	455 (18.1%)	255 (13.6%)	88 (16.8%)	80 (13.4%)	69 (11.1%)	1,716 (15.9%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 19. Access to social protection programs disaggregated by province (n=10,792)

TYPE OF INSURANCE COVERAGE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=10,792 (100%)
	La Union N=706 (6.5%)	Benguet N=875 (8.1%)	Batangas N=3,084 (28.6%)	Laguna N=2,510 (23.3%)	Iloilo N=1,873 (17.4%)	Aklan N=525 (4.9%)	Davao de Oro N=599 (5.6%)	Sarangani N=620 (5.7%)	
PhilHealth	446 (63.2%)	373 (42.6%)	1,310 (42.5%)	1,079 (43.0%)	900 (48.1%)	239 (45.5%)	306 (51.1%)	206 (33.2%)	4,859 (45.0%)
Government Service Insurance System	29 (4.1%)	44 (5.0%)	89 (2.9%)	86 (3.4%)	63 (3.4%)	7 (1.3%)	17 (2.8%)	20 (3.2%)	355 (3.3%)
Social Security System	367 (52.0%)	267 (30.5%)	1,310 (42.5%)	971 (38.7%)	395 (21.1%)	134 (25.5%)	142 (23.7%)	32 (5.2%)	3,618 (33.5%)
Private health insurance covered	24 (3.4%)	13 (1.5%)	304 (9.9%)	256 (10.2%)	106 (5.7%)	9 (1.7%)	65 (10.9%)	5 (0.8%)	782 (7.2%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 20. Health Literacy of primary decision makers for health disaggregated by province (n=2,617)

HEALTH LITERACY DOMAINS	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=2,617 (100%)
	La Union N=176 (6.7%)	Benguet N=235 (9.0%)	Batangas N=668 (25.5%)	Laguna N=633 (24.2%)	Iloilo N=502 (19.2%)	Aklan N=111 (4.2%0	Davao de Oro N=149 (5.7%)	Sarangani N=143 (5.5%)	
Health literacy score	55.455 (8.821)	52.626 (11.240)	52.731 (10.743)	53.213 (10.467)	57.444 (9.860)	56.622 (10.355)	59.443 (9.302)	53.210 (9.389)	54.499 (10.494)
Health literacy weight	0.770 (0.123)	0.731 (0.156)	0.732 (0.149)	0.739 (0.145)	0.798 (0.137)	0.786 (0.144)	0.826 (0.129)	0.739 (0.130)	0.757 (0.146)
Healthcare score	17.898 (3.297)	17.647 (3.496)	16.454 (3.880)	16.646 (3.904)	18.633 (3.499)	17.739 (4.272)	19.094 (3.382)	17.105 (3.671)	17.363 (3.832)
Healthcare weight	0.746 (0.137)	0.735 (0.146)	0.686 (0.162)	0.694 (0.163)	0.776 (0.146)	0.739 (0.178)	0.796 (0.141)	0.713 (0.153)	0.723 (0.160)
Health promotion score	19.244 (3.150)	17.983 (4.263)	19.183 (3.773)	19.256 (3.821)	19.777 (3.526)	20.532 (3.440)	20.597 (3.464)	18.615 (2.974)	19.318 (3.725)
Health promotion weight	0.802 (0.131)	0.749 (0.178)	0.799 (0.157)	0.802 (0.159)	0.824 (0.147)	0.855 (0.143)	0.858 (0.144)	0.776 (0.124)	0.805 (0.155)

Disease prevention score	18.312 (3.500)	16.996 (4.253)	17.094 (4.524)	17.311 (4.279)	19.034 (3.583)	18.351 (4.166)	19.752 (3.779)	17.490 (3.514)	17.818 (4.187)
Disease prevention weight	0.763 (0.146)	0.708 (0.177)	0.712 (0.188)	0.721 (0.178)	0.793 (0.149)	0.765 (0.174)	0.823 (0.157)	0.729 (0.146)	0.742 (0.174)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 21. Health-related quality of life of individual respondents by mean and median

UTILITY SCORES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL
	La Union	Benguet	Batangas	Laguna	Iloilo	Aklan	Davao de Oro	Sarangani	
Mean (x)	0.8937	0.9173	0.8974	0.9057	0.8827	0.9179	0.8872	0.7160	0.8933
Median (p50)	0.9580	1.0000	0.9489	0.9489	0.9207	0.9718	0.9687	0.9613	0.9570

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 22. Awareness of PhilHealth Benefits disaggregated by province (n=10,792)

PHILHEALTH PACKAGE SERVICE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=10,792 (100%)
	La Union N=706 (6.5%)	Benguet N=875 (8.1%)	Batangas N=3,084 (28.6%)	Laguna N=2,510 (23.3%)	Iloilo N=1,873 (17.4%)	Aklan N=525 (4.9%)	Davao de Oro N=599 (5.6%)	Sarangani N=620 (5.7%)	
Physician check-up	282 (39.9%)	574 (65.6%)	1,054 (34.2%)	1,155 (46.0%)	934 (49.9%)	178 (33.9%)	363 (60.6%)	150 (24.2%)	4,690 (43.5%)
Diagnostic tests	294 (41.6%)	408 (46.6%)	1,124 (36.4%)	989 (39.4%)	988 (52.7%)	159 (30.3%)	336 (56.1%)	123 (19.8%)	4,421 (41.0%)
Outpatient drugs	194 (27.5%)	255 (29.1%)	798 (25.9%)	659 (26.3%)	839 (44.8%)	79 (15.0%)	275 (45.9%)	118 (19.0%)	3,217 (29.8%)
Hospital confinement	609 (86.3%)	789 (90.2%)	2,661 (86.3%)	2,296 (91.5%)	1,503 (80.2%)	525 (100%)	569 (95%)	528 (85.2%)	9,480 (87.8%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 23. Management of noncommunicable diseases disaggregated by province (n=2,617)

MANAGEMENT OF NONCOMMUNICABLE DISEASES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=2,617 (100%)
	La Union N=176 (6.7%)	Benguet N=235 (9.0%)	Batangas N=668 (25.5%)	Laguna N=633 (24.2%)	Iloilo N=502 (19.2%)	Aklan N=111 (4.2%0	Davao de Oro N=149 (5.7%)	Sarangani N=143 (5.5%)	
Diabetes	28 (15.9%)	15 (638.5%)	94 (14.1%)	99 (15.6%)	37 (7.4%)	8 (7.2%)	14 (9.4%)	9 (6.3%)	304 (11.6%)
Nonpharmacologic advice	27 (15.3%)	14 (6.0%)	90 (13.5%)	93 (14.7%)	32 (6.4%)	8 (7.2%)	14 (9.4%)	9 (6.3%)	287 (11.0%)
Pharmacologic intervention	28 (15.9%)	15 (6.4%)	89 (13.3%)	93 (14.7%)	33 (6.6%)	8 (7.2%)	14 (9.4%)	8 (5.6%)	288 (11.0%)
Hypertension	73 (41.5%)	80 (34.0%)	247 (37.0%)	214 (33.8%)	136 (27.1%)	27 (24.3%)	51 (34.2%)	22 (1538.0%)	850 (32.5%)
Nonpharmacologic advice	71 (40.3%)	71 (30.2%)	229 (34.3%)	189 (29.9%)	130 (25.9%)	26 (23.4%)	20 (14.0%)	71 (30.2%)	785 (30.0%)
Pharmacologic intervention	71 (40.3%)	75 (31.9%)	238 (35.6%)	190 (30.0%)	127 (25.3%)	26 (23.4%)	46 (30.9%)	17 (11.9%)	790 (30.2%)
Hypercholesterolemia	34 (19.3%)	24 (10.2%)	151 (22.6%)	119 (18.8%)	94 (18.7%)	15 (13.5%)	20 (13.4%)	18 (12.6%)	475 (18.2%)
Nonpharmacologic advice	26 (14.8%)	23 (9.8%)	143 (21.4%)	95 (15.0%)	25 (5.0%)	12 (10.8%)	9 (6.0%)	7 (49.0%)	340 (13.0%)
Pharmacologic intervention	24 (13.6%)	20 (8.5%)	136 (20.4%)	88 (13.9%)	24 (4.8%)	12 (10.8%)	7 (4.7%)	7 (4.9%)	318 (12.2%)
Medication adherence	1 (0.6%)	1 (0.4%)	20 (3.0%)	11 (1.7%)	3 (0.6%)	1 (0.9%)	1 (0.7%)	0 (0.0%)	38 (1.5%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 24. Organizational access to primary care and specialty care facilities disaggregated by province (n=10,792)

ORGANIZATIONAL ACCESS	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=10,792 (100%)
	La Union N=706 (6.5%)	Benguet N=875 (8.1%)	Batangas N=3,084 (28.6%)	Laguna N=2,510 (23.3%)	Iloilo N=1,873 (17.4%)	Aklan N=525 (4.9%)	Davao de Oro N=599 (5.6%)	Sarangani N=620 (5.7%)	
Primary care provider	362 (51.3%)	332 (38.0%)	1,499 (48.6%)	1,711 (68.2%)	1,043 (55.8%)	264 (50.3%)	426 (71.1%)	119 (19.2%)	5,756 (53.4%)
Convenience of provider's location	514 (91.3%)	262 (56.8%)	1,475 (85.5%)	1,670 (92.7%)	1,006 (88.0%)	242 (74.2%)	469 (84.4%)	117 (37.4%)	5,755 (83.5%)

Minutes of travel going to nearest primary healthcare facility, mean ± SD	16.24 ± 12.47	18.69 ± 16.71	14.51 ± 14.76	11.30 ± 19.41	18.94 ± 18.08	18.52 ± 17.06	9.53 ± 9.74	29.15 ± 35.61	15.75 ± 18.76
Minutes of travel going to nearest hospital, mean ± SD	30.12 ± 31.89	54.02 ± 47.25	33.79 ± 28.47	27.13 ± 25.42	27.61 ± 23.32	34.56 ± 32.61	38.93 ± 36.78	44.52 ± 33.91	33.46 ± 31.18
Difference in travel time between tertiary care and primary care facility, mean ± SD	13.88 ± 32.13	36.31 ± 46.34	18.86 ± 27.59	15.07 ± 27.79	8.68 ± 18.17	16.00 ± 26.84	29.56 ± 38.74	15.40 ± 41.52	17.52 ± 31.03
Convenience of provider's operating hours	568 (97.4%)	453 (91.1%)	1,648 (90.5%)	1,711 (92.0%)	1,085 (93.2%)	321 (97.0%)	537 (95.7%)	244 (72.8%)	6,567 (91.8%)
Convenience of setting appointment	528 (90.6%)	390 (78.5%)	1,548 (85.1%)	1,667 (89.7%)	1,049 (90.1%)	316 (95.5%)	539 (96.1%)	223 (66.6%)	6,260 (87.6%)
Modes of communication for consultation									
Face to face	704 (99.7%)	872 (99.8%)	3,036 (98.4%)	2,498 (99.5%)	1,862 (99.6%)	522 (99.4%)	599 (100.0%)	619 (100.0%)	10,712 (99.3%)
Video Conference	1 (0.1%)	0 (0.0%)	2 (0.1%)	9 (0.4%)	0 (0.0%)	1 (0.2%)	0 (0.0%)	0 (0.0%)	13 (0.1%)
Mobile	3 (0.4%)	4 (0.5%)	57 (1.8%)	19 (0.8%)	20 (1.1%)	3 (0.6%)	0 (0.0%)	1 (0.2%)	107 (1.0%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 25. Selected domains on access to medicines disaggregated by province (n=10,792)

ACCESS TO MEDICINES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=10,792 (100%)
	La Union N=706 (6.5%)	Benguet N=875 (8.1%)	Batangas N=3,084 (28.6%)	Laguna N=2,510 (23.3%)	Iloilo N=1,873 (17.4%)	Aklan N=525 (4.9%)	Davao de Oro N=599 (5.6%)	Sarangani N=620 (5.7%)	
Frequency of medicine purchase									
Two weeks or less	54 (7.6%)	6 (0.7%)	234 (7.5%)	167 (6.6%)	121 (6.4%)	30 (5.7%)	36 (6%)	26 (4.2%)	674 (6.2%)
Monthly	99 (14.0%)	124 (14.2%)	343 (11.1%)	299 (11.9%)	222 (11.9%)	54 (10.3%)	71 (11.9%)	30 (4.8%)	1,242 (11.5%)
Rarely	553 (78.3%)	744 (85.1%)	2,508 (81.3%)	2,044 (81.4%)	1,527 (81.6%)	429 (81.7%)	492 (82.1%)	564 (91.0%)	8,861 (82.1%)
Monthly cost of medicines									
Less than PhP 500	100 (28.2%)	160 (52.8%)	528 (35.6%)	456 (42.5%)	251 (42.2%)	58 (36.9%)	194 (84.0%)	31 (30.7%)	1,778 (41.4%)
PhP 500 – PhP 1,000	97 (27.3%)	57 (18.8%)	258 (17.4%)	198 (18.4%)	186 (31.3%)	26 (16.6%)	16 (6.9%)	43 (42.6%)	881 (20.5%)

PhP 1,001 – PhP 2,000	64 (18.0%)	30 (9.9%)	160 (10.8%)	126 (11.7%)	71 (11.9%)	32 (20.4%)	21 (9.1%)	17 (16.8%)	521 (12.1%)
PhP 2,001 – PhP 3,000	24 (6.8%)	34 (11.2%)	143 (9.6%)	93 (8.7%)	41 (6.9%)	3 (1.9%)	0 (0.0%)	0 (0.0%)	338 (7.9%)
More than PhP 3,000	70 (19.7%)	22 (7.3%)	394 (26.6%)	201 (18.7%)	46 (7.7%)	38 (24.2%)	0 (0.0%)	10 (9.9%)	781 (18.2%)
Abstention from purchasing medicines due to financial cost	185 (52.1%)	100 (33.0%)	737 (49.7%)	475 (44.2%)	212 (35.6%)	91 (58.0%)	96 (41.6%)	83 (82.2%)	1,979 (46.0%)
Quality rating of medicines purchased									
Very poor	0 (0.0%)	0 (0.0%)	28 (1.9%)	1 (0.1%)	3 (0.5%)	0 (0.0%)	0 (0.0%)	3 (3.0%)	35 (0.8%)
Poor	1 (0.3%)	11 (3.6%)	32 (2.2%)	21 (2.0%)	9 (1.5%)	33 (21.0%)	9 (3.9%)	3 (3.0%)	119 (2.8%)
Good	214 (60.3%)	252 (83.2%)	1,019 (68.7%)	659 (61.4%)	465 (78.0%)	64 (40.8%)	174 (75.3%)	70 (69.3%)	2,917 (67.8%)
Very good	140 (39.4%)	40 (13.2%)	405 (27.3%)	393 (36.6%)	119 (20.0%)	60 (38.2%)	48 (20.8%)	25 (24.8%)	1,230 (28.6%)
Distance to pharmacy or drugstore									
Less than 1KM	105 (14.9%)	240 (27.5%)	701 (22.7%)	1,065 (42.4%)	529 (28.3%)	104 (19.8%)	110 (18.4%)	32 (5.2%)	2,886 (26.7%)
1-5 KM	343 (48.6%)	380 (43.5%)	1,371 (44.4%)	1,133 (45.1%)	947 (50.6%)	269 (51.2%)	204 (34.1%)	179 (28.9%)	4,826 (44.7%)
6-10 KM	94 (13.3%)	110 (12.6%)	599 (19.4%)	257 (10.2%)	314 (16.8%)	87 (16.6%)	192 (32.1%)	158 (25.5%)	1,811 (16.8%)
More than 10 KM	164 (23.2%)	144 (16.5%)	414 (13.4%)	55 (2.2%)	81 (4.3%)	65 (12.4%)	93 (15.5%)	251 (40.5%)	1,267 (11.7%)
Ease of accessing pharmacy	4.050 (0.930)	3.331 (1.119)	3.480 (1.079)	3.933 (0.833)	3.851 (0.886)	3.448 (1.162)	3.955 (0.758)	2.858 (1.354)	3.664 (1.042)
Generic Medicines									
Preference for generic medicines	127 (35.8%)	64 (21.1%)	580 (39.1%)	432 (40.2%)	299 (50.2%)	74 (47.1%)	94 (40.7%)	64 (63.4%)	1,734 (40.3%)
No preference	126 (35.5%)	144 (47.5%)	412 (27.8%)	107 (10.0%)	194 (32.6%)	13 (8.3%)	25 (10.8%)	18 (17.8%)	1,039 (24.2%)
Confidence on quality of generics	317 (89.3%)	247 (81.5%)	1,277 (86.1%)	922 (85.8%)	534 (89.6%)	126 (80.3%)	187 (81.0%)	94 (93.1%)	3,704 (86.1%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 26. Preventive care utilization disaggregated by province (n=796)

PREVENTIVE CARE SERVICES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=796 (100%)
	La Union N=59 (7.4%)	Benguet N=105 (13.2%)	Batangas N=327 (41.1%)	Laguna N=149 (18.7%)	Iloilo N=66 (7.1%)	Aklan N=33 (4.1%)	Davao de Oro N=30 (3.2%)	Sarangani N=20 (2.5%)	
Consultation	56 (94.9%)	100 (96.2%)	296 (92.8%)	127 (92.0%)	51 (96.2%)	24 (88.9%)	42 (91.3%)	16 (80.0%)	712 (93.0%)
Routine Tests									
CBC with platelet count	20 (33.9%)	24 (23.1%)	102 (32.0%)	50 (36.2%)	15 (28.3%)	3 (11.1%)	22 (47.8%)	8 (40.0%)	244 (31.9%)
Urinalysis	16 (27.1%)	20 (19.2%)	116 (36.4%)	44 (31.9%)	13 (24.5%)	5 (18.5%)	18 (39.1%)	6 (30.0%)	238 (31.1%)
Chest X-ray	10 (16.9%)	17 (16.3%)	63 (19.7%)	30 (21.7%)	4 (7.5%)	1 (3.7%)	5 (10.9%)	1 (5.0%)	131 (17.1%)
Fecalysis	2 (3.4%)	2 (1.9%)	17 (5.3%)	9 (6.5%)	3 (5.7%)	0 (0.0%)	1 (2.2%)	1 (5.0%)	35 (4.6%)
Pap smear	1 (1.7%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	1 (1.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (0.4%)
Fecal occult blood test	0 (0.0%)	0 (0.0%)	3 (0.9%)	0 (0.0%)	1 (1.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (0.5%)
Tests for Screening of Noncommunicable Disease									
Fasting Blood Sugar	3 (3.5%)	3 (2.9%)	42 (14.4%)	9 (5.0%)	4 (6.6%)	0 (0.0%)	1 (4.8%)	0 (0.0%)	62 (8.0%)
HbA1C	0 (0.0%)	0 (0.0%)	6 (2.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	6 (0.8%)
Oral Glucose Tolerance Test	0 (0.0%)	0 (0.0%)	2 (0.7%)	1 (0.6%)	1 (1.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (0.5%)
Lipid Panel	3 (3.5%)	0 (0.0%)	20 (6.8%)	4 (2.2%)	0 (0.0%)	0 (0.0%)	1 (4.8%)	0 (0.0%)	28 (3.6%)
Serum Creatinine	2 (2.4%)	1 (1.0%)	27 (9.2%)	4 (2.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	34 (4.4%)
Liver enzymes (ALT, SLT)	1 (1.2%)	0 (0.0%)	5 (1.7%)	1 (0.6%)	0 (0.0%)	0 (0.0%)	1 (4.8%)	0 (0.0%)	8 (1.0%)
Electrocardiogram (ECG)	0 (0.0%)	2 (2.0%)	13 (4.5%)	6 (3.4%)	0 (0.0%)	0 (0.0%)	1 (4.8%)	0 (0.0%)	22 (2.8%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 27. Mean and median cost of preventive care disaggregated by province

PREVENTIVE CARE SERVICES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=796 (100%)
	La Union N=59 (7.4%)	Benguet N=105 (13.2%)	Batangas N=327 (41.1%)	Laguna N=149 (18.7%)	Iloilo N=66 (7.1%)	Aklan N=33 (4.1%)	Davao de Oro N=30 (3.2%)	Sarangani N=20 (2.5%)	
Consultation	489.94 (350.00)	1,008.62 (350.00)	1,101.28 (600.00)	1,228.43 (600.00)	1,769.58 (900.00)	1,555.56 (600.00)	1,575.00 (875.00)	1,078.57 (600.00)	1,007.48 (500.00)
Laboratory Tests	16,762.60 (1,140.00)	772.86 (650.00)	1,202.57 (600.00)	13,116.40 (1,000.00)	624.96 (400.00)	31,380.00 (2,400.00)	1,900.00 (1,000.00)	3,783.33 (450.00)	6,740.67 (675.00)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 28. Utilization of traditional, complementary, and alternative medicine disaggregated by province (n=796)

TRADITIONAL, COMPLEMENTARY, AND ALTERNATIVE MEDICINE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=796 (100%)
	La Union N=59 (7.4%)	Benguet N=105 (13.2%)	Batangas N=327 (41.1%)	Laguna N=149 (18.7%)	Iloilo N=66 (7.1%)	Aklan N=33 (4.1%)	Davao de Oro N=30 (3.2%)	Sarangani N=20 (2.5%)	
Access traditional, complementary and alternative medicine (TCAM)	13 (22.0%)	29 (27.6%)	85 (26.0%)	41 (27.5%)	22 (41.5%)	9 (27.3%)	34 (68.0%)	17 (85.0%)	250 (31.4%)
Hilot or herbalists	10 (76.9%)	18 (62.1%)	69 (81.2%)	30 (73.2%)	17 (77.3%)	3 (33.3%)	34 (100%)	16 (94.1%)	197 (78.8%)
Faith healer	0 (0.0%)	0 (0.0%)	21 (24.7%)	4 (9.8%)	6 (27.3%)	3 (33.3%)	0 (0.0%)	3 (17.6%)	37 (14.8%)
Therapeutic massage center	2 (15.4%)	0 (0.0%)	2 (2.4%)	10 (24.4%)	2 (9.1%)	0 (0.0%)	0 (0.0%)	6 (35.3%)	22 (8.8%)
Other alternative healing services	2 (15.4%)	1 (3.4%)	1 (1.2%)	0 (0.0%)	2 (9.1%)	4 (44.4%)	0 (0.0%)	1 (5.9%)	11 (4.4%)
Shop selling drugs / medicines	1 (7.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (9.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (1.2%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 29. Diagnosed conditions of respondents requiring outpatient care disaggregated by province (n=929)

COMMON DIAGNOSED CONDITIONS	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=929 (100%)
	La Union N=94 (10.1%)	Benguet N=135 (14.5%)	Batangas N=351 (37.8%)	Laguna N=208 (22.4%)	Iloilo N=29 (3.1%)	Aklan N=66 (7.1%)	Davao de Oro N=30 (3.2%)	Sarangani N=16 (1.7%)	
Noncommunicable Diseases									
Hypertension	2 (2.1%)	7 (5.2%)	28 (8.0%)	6 (2.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (6.2%)	44 (4.7%)
Diabetes	0 (0.0%)	0 (0.0%)	18 (5.1%)	5 (2.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (6.2%)	24 (2.6%)
Cancer	1 (1.1%)	0 (0.0%)	4 (1.1%)	4 (1.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	9 (1.0%)
Dyslipidemia	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (3.3%)	0 (0.0%)	1 (0.1%)
Infectious Diseases									
Common Colds	32 (34.0%)	74 (54.8%)	77 (21.9%)	28 (13.5%)	8 (27.6%)	7 (10.6%)	0 (0.0%)	2 (12.5%)	228 (24.5%)
Acute Respiratory Infection	1 (1.1%)	0 (0.0%)	14 (4.0%)	2 (1.0%)	1 (3.4%)	4 (6.1%)	0 (0.0%)	0 (0.0%)	22 (2.4%)
Acute Gastroenteritis	1 (1.1%)	1 (0.7%)	5 (1.4%)	2 (1.0%)	0 (0.0%)	0 (0.0%)	2 (6.7%)	0 (0.0%)	11 (1.2%)
Tuberculosis	0 (0.0%)	1 (0.7%)	2 (0.6%)	3 (1.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	6 (0.6%)
Injuries									
Cut/Wound	28 (29.8%)	8 (5.9%)	92 (26.2%)	73 (35.1%)	3 (10.3%)	26 (39.4%)	19 (63.3%)	2 (12.5%)	251 (27.0%)
Outpatient Surgery	5 (5.3%)	0 (0.0%)	6 (1.7%)	4 (1.9%)	0 (0.0%)	1 (1.5%)	1 (3.3%)	0 (0.0%)	17 (1.8%)
Burns	0 (0.0%)	0 (0.0%)	3 (0.9%)	4 (1.9%)	2 (6.9%)	1 (1.5%)	1 (3.3%)	0 (0.0%)	11 (1.2%)
Fracture/Broken Bone	0 (0.0%)	0 (0.0%)	4 (1.1%)	3 (1.4%)	0 (0.0%)	2 (3.0%)	1 (3.3%)	0 (0.0%)	10 (1.1%)
Dislocated/Slipped Disc	0 (0.0%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.1%)
Others	22 (23.4%)	44 (32.6%)	122 (34.8%)	71 (34.1%)	11 (37.9%)	21 (31.8%)	6 (20.0%)	10 (62.5%)	307 (33.0%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 30. Facility consulted by respondents seeking outpatient care disaggregated by province (n=929)

CONSULT FOR OUTPATIENT CARE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=929 (100%)
	La Union N=94 (10.1%)	Benguet N=135 (14.5%)	Batangas N=351 (37.8%)	Laguna N=208 (22.4%)	Iloilo N=29 (3.1%)	Aklan N=66 (7.1%)	Davao de Oro N=30 (3.2%)	Sarangani N=16 (1.7%)	
Sought consult in an outpatient facility	88 (93.6%)	110 (81.5%)	309 (88.0%)	191 (91.8%)	24 (82.8%)	65 (98.5%)	24 (80.0%)	16 (100.0%)	827 (89.0%)
Public Facilities	53 (59.4%)	69 (62.6%)	147 (52.9)	133 (69.7%)	15 (62.5%)	59 (90.8%)	19 (79.3%)	14 (87.4%)	509 (61.6%)
Public Regional hospital	4 (4.5%)	4 (3.6%)	4 (1.3%)	1 (0.5%)	0 (0.0%)	4 (6.2%)	3 (12.5%)	0 (0.0%)	20 (2.4%)
Public Provincial Hospital	1 (1.1%)	16 (14.5%)	19 (6.1%)	43 (22.5%)	3 (12.5%)	9 (13.8%)	7 (29.2%)	5 (31.2%)	103 (12.5%)
Public District Hospital	33 (37.5%)	14 (12.7%)	32 (10.4%)	26 (13.6%)	1 (4.2%)	28 (43.1%)	1 (4.2%)	2 (12.5%)	137 (16.6%)
Public Municipal/City Hospital	1 (1.1%)	1 (0.9%)	26 (8.4%)	15 (7.9%)	0 (0.0%)	1 (1.5%)	0 (0.0%)	5 (31.2%)	49 (5.9%)
Public RHU/urban health center/lying-in	9 (10.2%)	20 (18.2%)	41 (13.3%)	32 (16.8%)	8 (33.3%)	17 (26.2%)	4 (16.7%)	2 (12.5%)	133 (16.1%)
Public barangay health station	3 (3.4%)	14 (12.7%)	23 (7.4%)	16 (8.4%)	3 (12.5%)	0 (0.0%)	4 (16.7%)	0 (0.0%)	63 (7.6%)
Other public	2 (2.3%)	0 (0.0%)	2 (0.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (0.5%)
Private Facilities	35 (39.8%)	40 (36.3%)	160 (51.8%)	58 (30.4%)	9 (37.5%)	6 (9.2%)	5 (20.8%)	2 (12.5%)	315 (38.0%)
Private hospital	24 (27.3%)	35 (31.8%)	105 (34.0%)	42 (22.0%)	3 (12.5%)	3 (4.6%)	5 (20.8%)	2 (12.5%)	219 (26.5%)
Private clinic	11 (12.5%)	5 (4.5%)	50 (16.2%)	15 (7.9%)	6 (25.0%)	3 (4.6%)	0 (0.0%)	0 (0.0%)	90 (10.9%)
Private pharmacy	0 (0.0%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.1%)
Other private	0 (0.0%)	0 (0.0%)	1 (0.3%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.2%)
Faith healer	0 (0.0%)	0 (0.0%)	3 (1.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (0.4%)
Others	0 (0.0%)	1 (0.9%)	2 (0.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (0.4%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 31. Reason for not seeking outpatient care disaggregated by province (n=103)

REASON FOR NOT SEEKING OUTPATIENT CARE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=103 (100%)
	La Union N=6 (5.8%)	Benguet N=25 (24.3%)	Batangas N=42 (40.8%)	Laguna N=18 (17.5%)	Iloilo N=1 (1.0%)	Aklan N=5 (4.9%)	Davao de Oro N=6 (5.8%)	Sarangani N=0 (0.0%)	
Self-medicated	4 (66.7%)	22 (88.0%)	31 (73.8%)	13 (72.2%)	1 (100.0%)	5 (100.0%)	2 (33.3%)	0 (0.0%)	78 (75.7%)
Condition is not serious	2 (33.3%)	1 (4.0%)	2 (4.8%)	1 (5.5%)	0 (0.0%)	0 (0.0%)	4 (66.7%)	0 (0.0%)	10 (9.7%)
No money for services	0 (0.0%)	0 (0.0%)	6 (14.3%)	1 (5.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7 (6.8%)
No healthcare provider nearby	0 (0.0%)	1 (4.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.0%)
Other (specify)	0 (0.0%)	1 (4.0%)	3 (7.1%)	3 (16.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7 (6.8%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 32. Advise for confinement following outpatient care and reasons for no confinement disaggregated by province

CONFINEMENT AFTER OUTPATIENT CARE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=929 (100%)
	La Union N=94 (10.1%)	Benguet N=135 (14.5%)	Batangas N=351 (37.8%)	Laguna N=208 (22.4%)	Iloilo N=29 (3.1%)	Aklan N=66 (7.1%)	Davao de Oro N=30 (3.2%)	Sarangani N=16 (1.7%)	
Patient advised for confinement	12 (13.6%)	28 (25.5%)	57 (18.4%)	27 (14.1%)	2 (8.3%)	13 (20.0%)	1 (4.2%)	4 (25.0%)	144 (17.4%)
Reason for no confinement									
No need / regular check-up only	75 (98.7%)	69 (84.1%)	223 (88.5%)	144 (87.8%)	18 (81.8%)	42 (80.8%)	17 (73.9%)	3 (25.0%)	591 (86.5%)
Home remedy is available	2 (2.6%)	52 (63.4%)	41 (16.3%)	43 (26.2%)	1 (4.5%)	9 (17.3%)	4 (17.4%)	5 (41.7%)	157 (23.0%)
No money	0 (0.0%)	0 (0.0%)	1 (0.4%)	1 (0.6%)	1 (4.5%)	0 (0.0%)	0 (0.0%)	2 (16.7%)	5 (0.7%)
Facility is far	0 (0.0%)	2 (2.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.9%)	0 (0.0%)	1 (8.3%)	4 (0.6%)
Health facility is not PhilHealth accredited	0 (0.0%)	1 (1.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (4.3%)	0 (0.0%)	2 (0.3%)
Worried about treatment cost	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 33. Financial sources of respondents for outpatient care (n=929)

FINANCIAL SOURCES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=929 (100%)
	La Union N=94 (10.1%)	Benguet N=135 (14.5%)	Batangas N=351 (37.8%)	Laguna N=208 (22.4%)	Iloilo N=29 (3.1%)	Aklan N=66 (7.1%)	Davao de Oro N=30 (3.2%)	Sarangani N=16 (1.7%)	
Salary	55 (61.1%)	37 (33.3%)	200 (63.3%)	96 (50.0%)	15 (60.0%)	41 (63.1%)	14 (50.0%)	15 (93.8%)	473 (56.1%)
Savings	16 (17.8%)	31 (27.9%)	74 (23.4%)	31 (16.1%)	4 (16.0%)	19 (29.2%)	2 (7.1%)	4 (25.0%)	181 (21.5%)
Loan or Mortgage	10 (11.1%)	7 (6.3%)	59 (18.7%)	7 (3.6%)	7 (28.0%)	12 (18.5%)	2 (7.1%)	3 (18.8%)	107 (12.7%)
PhilHealth	13 (14.4%)	40 (36.0%)	38 (12.0%)	17 (8.9%)	4 (16.0%)	20 (30.8%)	6 (21.4%)	3 (18.8%)	141 (16.7%)
SSS or GSIS	1 (1.1%)	1 (0.9%)	4 (1.3%)	2 (1.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8 (0.9%)
HMO or Private Insurance	1 (1.1%)	0 (0.0%)	20 (6.3%)	12 (6.2%)	0 (0.0%)	1 (1.5%)	1 (3.6%)	0 (0.0%)	35 (4.2%)
Assistance from Private Organizations	0 (0.0%)	0 (0.0%)	8 (2.5%)	3 (1.6%)	0 (0.0%)	4 (6.2%)	0 (0.0%)	1 (6.2%)	16 (1.9%)
Assistance from Government Organizations	1 (1.1%)	0 (0.0%)	36 (11.4%)	12 (6.2%)	3 (12.0%)	7 (10.8%)	4 (14.3%)	0 (0.0%)	63 (7.5%)
Malasakit Center	2 (2.2%)	2 (1.8%)	8 (2.5%)	12 (6.2%)	1 (4.0%)	10 (15.4%)	4 (14.3%)	0 (0.0%)	39 (4.6%)
DOH Medical Assistance to Indigent Patients (MAIP)	0 (0.0%)	0 (0.0%)	5 (1.6%)	5 (2.6%)	2 (8.0%)	7 (10.8%)	0 (0.0%)	0 (0.0%)	19 (2.3%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 34. Reason for confinement of respondents requiring inpatient care disaggregated by province (n=379)

REASON FOR CONFINEMENT	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=379 (100%)
	La Union N=28 (7.4%)	Benguet N=36 (9.5%)	Batangas N=129 (34.0%)	Laguna N=83 (21.9%)	Iloilo N=39 (10.4%)	Aklan N=26 (6.9%)	Davao de Oro N=27 (7.1%)	Sarangani N=11 (2.9%)	
Sick/Injured	24 (85.7%)	25 (69.4%)	85 (65.9%)	67 (80.7%)	31 (79.5%)	21 (80.8%)	24 (88.9%)	9 (81.8%)	286 (75.5%)
Gave birth	4 (14.3%)	8 (22.2%)	25 (19.4%)	12 (14.5%)	6 (15.4%)	5 (19.2%)	1 (3.7%)	1 (9.1%)	62 (16.4%)
Medical check-up	0 (0.0%)	1 (2.8%)	4 (3.1%)	3 (3.6%)	1 (2.56%)	0 (0.0%)	0 (0.0%)	1 (9.1%)	10 (2.6%)
Medical requirement	0 (0.0%)	1 (2.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.3%)
Other	0 (0.0%)	1 (2.8%)	15 (11.6%)	1 (1.2%)	1 (2.56%)	0 (0.0%)	2 (7.4%)	0 (0.0%)	20 (5.3%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 35. Financial sources for medicines and laboratory tests done outside the facility disaggregated by province (n=379)

FINANCIAL SOURCES FOR MEDICINES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=379 (100%)
	La Union N=28 (7.4%)	Benguet N=36 (9.5%)	Batangas N=129 (34.0%)	Laguna N=83 (21.9%)	Iloilo N=39 (10.4%)	Aklan N=26 (6.9%)	Davao de Oro N=27 (7.1%)	Sarangani N=11 (2.9%)	
Medicines bought outside facility of confinement	17 (60.7%)	13 (36.1%)	93 (72.1%)	63 (75.9%)	33 (84.6%)	23 (88.5%)	22 (81.5%)	8 (72.7%)	272 (71.8%)
Out-of-pocket	16 (94.1%)	10 (76.9%)	82 (88.2%)	48 (76.2%)	26 (78.8%)	19 (82.6%)	20 (90.9%)	6 (75.0%)	227 (83.5%)
Free or no cost	0 (0.0%)	2 (15.4%)	3 (3.2%)	9 (14.3%)	1 (3.0%)	0 (0.0%)	1 (4.6%)	1 (12.5%)	17 (6.2%)
Charge to PhilHealth	1 (5.9%)	1 (7.7%)	3 (3.2%)	2 (3.2%)	6 (18.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	13 (4.8%)
Charge to private insurance	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (6.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (1.5%)
In kind	0 (0.0%)	0 (0.0%)	4 (4.3%)	0 (0.0%)	0 (0.0%)	4 (17.4%)	1 (4.5%)	1 (12.5%)	10 (3.7%)
Do not know	0 (0.0%)	0 (0.0%)	1 (1.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.4%)

Laboratory tests outside facility of confinement	2 (7.1%)	4 (11.1%)	33 (25.6%)	31 (37.3%)	14 (35.9%)	1 (3.8%)	5 (18.5%)	1 (9.1%)	91 (24.0%)
Out-of-pocket	2 (100.0%)	3 (75.0%)	27 (81.8%)	22 (71.0%)	8 (57.1%)	1 (100.00%)	3 (60.0%)	1 (100.0%)	67 (73.6%)
Free or no cost	0 (0.0%)	0 (0.0%)	3 (9.1%)	5 (16.1%)	2 (14.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10 (11.0%)
Charge to PhilHealth	0 (0.0%)	2 (50.0%)	2 (6.1%)	3 (9.7%)	5 (35.7%)	0 (0.0%)	1 (20.0%)	0 (0.0%)	13 (14.3%)
Charge to private insurance	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (9.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (3.3%)
In kind	0 (0.0%)	0 (0.0%)	1 (3.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.1%)
Do not know	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (20.0%)	0 (0.0%)	1 (1.1%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 36. Financial sources inpatient hospital bill disaggregated by province (n=379)

FINANCIAL SOURCES FOR HOSPITAL BILL	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=379 (100%)
	La Union N=28 (7.4%)	Benguet N=36 (9.5%)	Batangas N=129 (34%)	Laguna N=83 (21.9%)	Iloilo N=39 (10.4%)	Aklan N=26 (6.9%)	Davao de Oro N=27 (7.1%)	Sarangani N=11 (2.9%)	
Salary	10 (35.7%)	13 (36.1%)	57 (44.2%)	38 (45.8%)	27 (69.2%)	11 (42.3%)	9 (33.3%)	3 (27.3%)	168 (44.3%)
Loan or mortgage	2 (7.1%)	3 (8.3%)	55 (42.6%)	14 (16.9%)	6 (15.4%)	9 (34.6%)	5 (18.5%)	3 (27.3%)	97 (25.6%)
Savings	6 (21.4%)	16 (44.4%)	36 (27.9%)	15 (18.1%)	9 (23.1%)	5 (19.2%)	3 (11.1%)	0 (0.0%)	90 (23.7%)
PhilHealth	28 (100.0%)	33 (91.7%)	110 (85.3%)	44 (53.0%)	36 (92.3%)	26 (100.0%)	23 (85.2%)	11 (100.0%)	311 (82.1%)
SSS or GSIS	0 (0.0%)	0 (0.0%)	3 (2.3%)	1 (1.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (1.1%)
HMO or Private Insurance	0 (0.0%)	1 (2.8%)	7 (5.4%)	10 (12.0%)	0 (0.0%)	0 (0.0%)	1 (3.7%)	0 (0.0%)	19 (5.0%)
Assistance from Private Organizations	0 (0.0%)	2 (5.6%)	10 (7.7%)	2 (2.4%)	8 (20.5%)	1 (3.8%)	1 (3.7%)	2 (18.2%)	26 (6.9%)
Assistance from Government Organizations	4 (14.3%)	2 (5.6%)	34 (26.4%)	12 (14.5%)	8 (20.5%)	11 (42.3%)	5 (18.5%)	3 (27.3%)	79 (20.9%)
Malasakit Center	3 (10.7%)	12 (33.3%)	14 (10.8%)	10 (12.0%)	7 (17.9%)	10 (38.5%)	12 (44.4%)	0 (0.0%)	68 (17.9%)
DOH Medical Assistance to Indigent Patients (MAIP)	0 (0.0)	0 (0.0)	7 (5.4%)	0 (0.0)	4 (10.3%)	6 (23.1%)	2 (7.4%)	1 (9.1%)	20 (5.3%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 37. Mean and median cost of inpatient care disaggregated by province (n=379)

COST OF INPATIENT CARE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=379 (100%)
	La Union N=28 (7.4%)	Benguet N=36 (9.5%)	Batangas N=129 (34.0%)	Laguna N=83 (21.9%)	Iloilo N=39 (10.4%)	Aklan N=26 (6.9%)	Davao de Oro N=27 (7.1%)	Sarangani N=11 (2.9%)	
Length of Stay	6.89 (11.25)	4.17 (3.48)	5.41 (7.50)	4.34 (4.86)	5.54 (2.81)	7.27 (4.93)	3.96 (2.67)	4.80 (1.03)	5.18 (6.19)
COST INCURRED OUTSIDE THE FACILITY OF CONFINEMENT									
Medicines Cost, outside facility	2,213.12 (1,000.00)	9,710.00 (4,000.00)	5,166.78 (3,000.00)	10,185.00 (2,000.00)	9,065.38 (3,250.00)	14,810.95 (5,000.00)	2,110.25 (1,207.50)	1,846.67 (1,350.00)	7,116.56 (3,000.00)
Medicines Cost, outside facility by LOS	540.27 (291.67)	4,033.21 (937.50)	1,337.63 (793.67)	1,398.58 (750.00)	1,975.72 (773.81)	1,380.56 (800.00)	733.19 (562.50)	398.50 (350.00)	1,406.65 (666.67)
Laboratory Cost, outside facility	21,000.00 (21,000.00)	1,750.00 (2,000.00)	10,350.37 (6,000.00)	3,355.36 (2,100.00)	6,375.00 (5,000.00)	1,655.00 (1,655.00)	883.33 (600.00)	3,000.00 (3,000.00)	6,848.25 (3,000.00)
Laboratory Cost, outside facility by LOS	1,928.57 (1,928.57)	311.11 (166.67)	2,054.80 (1,300.00)	1,042.53 (350.00)	1,546.35 (1547.62)	110.33 (110.33)	241.67 (275.00)	600.00 (600.00)	1,447.94 (700.00)
COST INCURRED INSIDE THE FACILITY OF CONFINEMENT									
Total Hospital Bill (THB)	66,690.30 (40,000.00)	43,930.00 (30,000.00)	73,372.95 (40,500.00)	99,473.50 (32,000.00)	60,776.00 (36,500.00)	63,188.26 (24,000.00)	21,091.40 (20,000.00)	18,750.00 (19,500.00)	68,370.46 (35,000.00)
Total Hospital Bill by LOS	24,789.83 (15,023.50)	9,997.50 (10,000.00)	17,021.27 (12,566.67)	27,251.72 (17,500.00)	15,281.22 (7,142.86)	6,939.28 (5,000.00)	5,825.87 (6,480.00)	3,828.57 (4,300.00)	16,729.13 (10,000.00)
PhilHealth Share of THB	23,206.23 (17,000.00)	18,134.38 (15,000.00)	21,888.68 (15,000.00)	17,737.40 (9,500.00)	15,162.36 (12,500.00)	17,507.32 (10,000.00)	13,162.36 (12,500.00)	10,083.20 (10,000.00)	18,816.11 (14,000.00)
Support Value	0.4760 (0.4638)	0.5370 (0.5000)	0.4039 (0.3824)	0.3626 (0.2857)	0.4081 (0.3923)	0.3385 (0.3182)	0.5903 (0.5833)	0.3964 (0.3553)	0.4202 (0.3846)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 38. Reasons for not availing PhilHealth benefits disaggregated by province (n=68)

REASONS FOR NOT AVAILING PHILHEALTH	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=68 (100%)
	La Union N=0 (0.0%)	Benguet N=3 (4.4%)	Batangas N=19 (27.9%)	Laguna N=39 (57.3%)	Iloilo N=3 (4.4%)	Aklan N=0 (0.0%)	Davao de Oro N=4 (5.9%)	Sarangani N=0 (0.0%)	
Not a PhilHealth member	0 (0.0%)	0 (0.0%)	8 (42.1%)	13 (33.3%)	1 (33.3%)	0 (0.0%)	1 (25.0%)	0 (0.0%)	23 (33.8%)
Member but not eligible for benefits	0 (0.0%)	1 (33.3%)	0 (0.0%)	10 (25.6%)	2 (66.7%)	0 (0.0%)	1 (25.0%)	0 (0.0%)	14 (20.6%)
Probably used PhilHealth but cannot remember amount	0 (0.0%)	0 (0.0%)	2 (10.5%)	5 (12.8%)	0 (0.0%)	0 (0.0%)	1 (25.0%)	0 (0.0%)	8 (11.8%)
Too many requirements to comply with	0 (0.0%)	0 (0.0%)	1 (5.3%)	7 (17.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8 (11.8%)
Limited hospitalization benefits	0 (0.0%)	2 (66.7%)	5 (26.3%)	4 (10.3%)	0 (0.0%)	0 (0.0%)	1 (25.0%)	0 (0.0%)	12 (17.6%)
Claims processing too long	0 (0.0%)	1 (33.3%)	4 (21.0%)	2 (5.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7 (10.3%)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Table 39. Client satisfaction for outpatient and inpatient care disaggregated by province

CLIENT SATISFACTION	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL
	La Union	Benguet	Batangas	Laguna	Iloilo	Aklan	Davao de Oro	Sarangani	
Acute Outpatient Care (n=929)	3.38 (0.81)	3.19 (0.77)	3.20 (0.85)	3.25 (0.81)	3.15 (0.85)	3.36 (0.64)	3.33 (0.78)	2.81 (0.91)	3.23 (0.82)
Inpatient Care (n=379)	3.36 (0.78)	2.81 (0.79)	3.13 (0.91)	3.12 (0.89)	3.28 (0.79)	3.46 (0.90)	3.37 (0.79)	3.00 (0.77)	3.17 (0.79)

Source: Authors' illustration of the PIDS COBP-CATCH Population Survey (Conda et al. forthcoming)

Annex B-2. Healthcare Facility Results Tables

Table 40. Baseline characteristics of health facilities by province

CHARACTERISTICS OF HEALTH FACILITIES	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=299 (100%)
	La Union N= 26 (8.7%)	Benguet N= 27 (9.0%)	Batangas N= 75 (25.1%)	Laguna N=57 (19.1%)	Iloilo N=66 (22.1%)	Aklan N=22 (7.4 %)	Davao de Oro N=15 (5.0%)	Sarangani N=11 (3.7%)	
Type of facility									
Level 1 hospital	(23.1%)	(7.4%)	(18.7%)	(24.6%)	(21.2%)	(0%)	(26.7%)	(36.4%)	(19.4%)
Level 2 hospital	(3.8%)	(3.7%)	(0%)	2 (3.5%)	(1.5%)	(4.5%)	(0%)	(0%)	(2%)
Level 3 hospital	(3.8%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0.3%)
Rural health unit	(69.2%)	(89%)	(81.35)	(71.95)	(77.3%)	(95.5%)	(73.35)	(63.3%)	(78.3%)
Types of accreditations									
ISO Accreditation	(100%)	(33.3%)	(25.0%)	(13.5%)	(26.7%)	(0%)	(0%)	(50%)	(31.8%)
PCAHO	(0%)	(0%)	(0%)	(20.2%)	(46.7%)	(0%)	(0%)	(50%)	(18.8%)
International accreditation (e.g., JCI)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)
Hospital Government Sub-ownership									
Department of Health	(12.5%)	(0%)	(0%)	(0%)	(20%)	0 (0%)	0 (0%)	0 (0%)	(6.5%)
University Hospital	(0%)	(0%)	(0%)	(6.7%)	(0%)	0 (0%)	0 (0%)	0 (0%)	(1.8%)
Local Government Unit	(87.5%)	(100%)	(100%)	(93.3%)	(80%)	(100%)	(100%)	(100%)	(91.7%)
Local Economic Enterprise (Hospitals)	(68.8%)	(33.3%)	(42.9%)	(7.2%)	(46.7%)	(100%)	(100%)	0 (0%)	(39.9%)
Hospitals with income retention	(25.0%)	(33.3%)	(0%)	(0%)	(33.3%)	0 (0%)	(100%)	(50%)	(22.3%)
Percent income retained	(100%)	(100%)	-	-	(40%)	-	(100%)	(40%)	(70%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)

Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines; Abbreviations: ISO = International Organization for Standardization, PCAHO = Philippine Council on Accreditation for Healthcare Organization, JCI = Joint Commission International

Table 41. Breakdown of finances of hospitals by province

HOSPITAL FINANCES	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=65 (100%)
	La Union N= 8 (12.3%)	Benguet N= 3 (4.6%)	Batangas N= 14 (21.5%)	Laguna N=16 (24.6%)	Iloilo N=15 (23.1%)	Aklan N=1 (1.5%)	Davao de Oro N=4 (6.2%)	Sarangani N=4 (6.2%)	
Revenue and expenses, Median (SD)									
Hospital Total Revenue, PHP in millions	376.3 (785.2)	594.3 (156.4)	110.3 (450.4)	164.0 (378.2)	156.6 (560.0)	291.0 (.)	282.0 (.)	642.3 (199.8)	245.0 (270.0)
Hospital Total Expense, PHP in millions	146.6 (284.4)	123.8 (741.9)	108.5 (179.0)	237.2 (615.0)	285.4 (169.6)	179.7 (.)	412.3 (.)	213.8 (110.3)	268.0 (105.6)
% share of PS, MOOE, and CO over total expenses, Median (SD)									
Share of PS, %	23.2 (4.3)	18.6 (0.2)	13.9 (15.7)	16.7 (7.2)	11.3 (6.3)	14.3 (.)	17.9 (.)	7.7 (3.0)	16.7 (9.2)
Share of MOOE, %	10.1 (2.7)	11.8 (3.5)	16.3 (13.2)	14.9 (4.9)	20.7 (9.4)	3.8 (.)	14.6 (.)	32.7 (8.1)	14.6 (9.7)
Share of CO, %	0.0 (1.7)	3.9 (2.6)	0.0 (1.4)	1.5 (2.5)	0.0 (0.0)	1.7 (.)	0.0 (.)	1.0 (.)	0.0 (1.7)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)

Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines; Acronyms: PS = Personnel Expense, MOOE= Maintenance and Operating Expense, CO= Capital Outlay

Table 42. Breakdown of finances of rural health units by province

RHU FINANCES	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=234 (100%)
	La Union N= 18 (7.7%)	Benguet N= 24 (10.3%)	Batangas N= 61 (26.1%)	Laguna N= 41 (17.5%)	Iloilo N=51 (21.8%)	Aklan N=21 (9%)	Davao de Oro N=11 (4.7%)	Sarangani N=7 (3%)	
Budget and expenses, Median (SD)									
LGU Budget, PHP in millions	126.2 (966.2)	171.4 (126.6)	162.0 (691.2)	296.5 (175.7)	183.3 (133.9)	134.1 (120.0)	236.6 (165.5)	166.0 (273.1)	173.3 (822.1)
RHU Total Expense, PHP in millions	159.5 (885.6)	170.0 (138.5)	140.0 (476.6)	235.0 (187.2)	198.7 (387.6)	136.7 (119.6)	114.0 (862.0)	200.5 (122.3)	177.0 (804.7)
% share of PS, MOOE, and CO over total expenses, Median (SD)									
Share of PS, %	58.7 (18.7)	56.6 (19.2)	70.9 (29.5)	60.8 (23.1)	56.4 (24.0)	69.4 (16.9)	78.0 (39.0)	77.4 (24.0)	61.3 (24.0)
Share of MOOE, %	39.8 (17.9)	38.0 (13.5)	21.1 (28.6)	36.5 (19.5)	32.9 (21.3)	28.4 (15.3)	22.0 (22.5)	9.0 (13.4)	32.9 (20.5)
Share of CO, %	0.6 (2.4)	3.4 (30.0)	0.0 (15.6)	0.0 (14.8)	1.4 (23.2)	0.0 (3.4)	0.7 (19.4)	0.2 (25.0)	0.6 (19.2)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)

Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines; Acronyms: PS = Personnel Expense, MOOE= Maintenance and Operating Expense, CO= Capital Outlay

Table 43. Average staffing counts of hospitals per provider type

HOSPITAL STAFFING COUNTS	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=65 (100%)
	La Union N= 8 (12.3%)	Benguet N= 3 (4.6%)	Batangas N= 14 (21.5%)	Laguna N=16 (24.6%)	Iloilo N=15 (23.1%)	Aklan N=1 (1.5%)	Davao de Oro N=4 (6.2%)	Sarangani N=4 (6.2%)	
Total Administrative Services, Mean (SD)	74.9 (133.3)	131.3 (234.7)	8.4 (5.4)	64.7 (78.1)	38.2 (43.0)	215.0 (.)	13.0 (.)	24.0 (8.5)	47.4 (80.0)
Total Nursing Services, Mean (SD)	197.9 (384.8)	116.7 (143.3)	52.0 (29.9)	145.9 (139.6)	154.9 (71.7)	706.0 (.)	7.0 (.)	66.0 (4.2)	128.0 (174.4)
Total Health Associate Professionals, Mean (SD)	47.3 (87.5)	37.7 (39.3)	21.5 (5.9)	36.5 (23.1)	28.5 (15.5)	104.0 (.)	32.0 (.)	33.0 (1.4)	33.4 (34.2)
General Medicine Resident, Mean (SD)	5.0 (6.0)	4.3 (6.7)	1.7 (2.9)	6.7 (7.6)	2.9 (2.5)	3.0 (.)	0.0 (.)	1.0 (1.4)	3.7 (5.2)
General Medicine Fellow, Mean (SD)	1.0 (2.2)	1.7 (1.3)	0.0 (0.0)	0.4 (0.7)	0.3 (0.7)	0.0 (.)	0.0 (.)	0.0 (0.0)	0.4 (1.0)
General Medicine Consultant, Mean (SD)	0.8 (2.2)	0.7 (1.3)	0.0 (0.0)	0.1 (0.3)	0.3 (0.7)	3.0 (.)	0.0 (.)	0.0 (.)	0.3 (1.0)
General Surgery Resident, Mean (SD)	1.7 (4.3)	1.0 (0.0)	1.2 (2.9)	1.4 (2.0)	0.4 (0.5)	2.0 (.)	0.0 (.)	0.0 (0.0)	1.0 (2.2)
General Surgery Fellow, Mean (SD)	1.1 (3.3)	1.0 (2.0)	0.0 (0.0)	0.5 (0.8)	0.4 (0.8)	3.0 (.)	0.0 (.)	0.0 (0.0)	0.5 (1.4)
General Surgery Consultant, Mean (SD)	1.1 (3.3)	0.7 (1.3)	0.0 (0.0)	0.4 (0.8)	0.1 (0.4)	1.0 (.)	0.0 (.)	0.0 (0.0)	0.3 (1.3)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 44. Average staffing counts of rural health units per provider type

RHU STAFFING COUNTS	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=234 (100%)
	La Union N= 18 (7.7%)	Benguet N= 24 (10.3%)	Batangas N= 61 (26.1%)	Laguna N=41 (17.5%)	Iloilo N=51 (21.8%)	Aklan N=21 (9.0%)	Davao de Oro N=11 (4.7%)	Sarangani N=7 (3.0%)	
City/Municipal Health Officer, Mean (SD)	1.0 (0.0)	1.0 (0.0)	0.6 (0.5)	0.9 (0.4)	1.0 (0.0)	0.9 (0.3)	1.0 (0.0)	1.0 (0.0)	0.9 (0.4)
Primary Care Physician, Mean (SD)	0.3 (0.5)	0.2 (0.4)	0.5 (0.7)	1.1 (1.9)	0.4 (0.8)	0.3 (0.6)	0.6 (0.8)	0.5 (0.6)	0.5 (1.0)
Nurse, Mean (SD)	1.8 (1.5)	2.4 (1.8)	2.7 (2.8)	5.2 (5.8)	2.6 (1.4)	2.5 (1.5)	2.3 (1.0)	2.5 (1.3)	2.9 (3.1)
Midwife, Mean (SD)	5.5 (2.4)	10.8 (2.3)	4.4 (4.5)	9.0 (11.1)	8.9 (4.4)	5.2 (2.3)	20.0 (30.5)	10.0 (5.2)	7.9 (9.1)
Administrative Assistant, Mean (SD)	0.9 (1.3)	0.7 (1.9)	0.7 (1.6)	1.4 (3.7)	0.6 (0.8)	0.9 (1.0)	0.3 (0.5)	0.2 (0.5)	0.8 (1.9)
Dentist, Mean (SD)	0.2 (0.4)	0.6 (0.7)	0.7 (0.7)	0.8 (1.2)	0.9 (0.7)	0.2 (0.4)	0.7 (0.5)	0.8 (0.5)	0.7 (0.8)
Medical Technologist, Mean (SD)	0.8 (0.7)	1.1 (0.5)	1.0 (1.3)	1.5 (2.5)	1.4 (0.7)	1.1 (0.6)	1.3 (0.5)	0.8 (0.5)	1.2 (1.3)

Barangay Health Worker or Nutrition Scholar, Mean (SD)	77.6 (130.8)	31.1 (52.1)	6.5 (31.2)	50.8 (90.1)	43.1 (114.3)	3.5 (12.5)	12.6 (33.3)	49.5 (99.0)	31.5 (81.8)
Medical Records Officer, Mean (SD)	0.0 (0.0)	0.2 (0.4)	0.1 (0.4)	0.5 (2.3)	0.4 (0.5)	0.3 (0.5)	0.3 (0.5)	0.0 (0.0)	0.3 (1.0)
Utility Worker, Mean (SD)	0.4 (0.7)	0.2 (0.4)	0.4 (0.6)	1.1 (1.3)	0.4 (0.6)	0.4 (0.5)	12.9 (33.1)	0.0 (0.0)	1.1 (7.3)
Trained medical coders (e.g. ICD 10), Mean (SD)	0.4 (0.7)	0.7 (0.8)	0.1 (0.3)	0.4 (0.8)	0.5 (0.6)	0.7 (0.6)	0.4 (0.5)	0.0 (0.0)	0.4 (0.6)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 45. Governance and management of hospitals by province

HOSPITAL'S GOVERNANCE AND MANAGEMENT	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=65 (100%)
	La Union N=8 (12.3%)	Benguet N=3 (4.6%)	Batangas N=14 (21.5%)	Laguna N=16 (24.6%)	Iloilo N=15 (23.1%)	Aklan N=1 (1.5%)	Davao de Oro N=4 (6.2%)	Sarangani N=4 (6.2%)	
Presence of organizational structure	(81.2%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(97.7%)
Monitoring and evaluation activities to assess hospital performance	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)
Designated person or group responsible for improving facility operations	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)
Hospital provides training or educational sessions to staff	(100%)	(66.7%)	(100%)	(86.5%)	(73.3%)	(100%)	(0%)	(100%)	(82.8%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 46. Governance and management of rural health units by province

RHU'S GOVERNANCE AND MANAGEMENT	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=234 (100%)
	La Union N=18 (7.7%)	Benguet N=24 (10.3%)	Batangas N=61 (26.1%)	Laguna N=41 (17.4%)	Iloilo N=51 (21.8%)	Aklan N=21 (9.0%)	Davao de Oro N=11 (4.7%)	Sarangani N=7 (3.0%)	
Presence of organizational structure	(100%)	(100%)	(90%)	(95.7%)	(90.3%)	(100%)	(100%)	(100%)	(94.5%)
Monitoring and evaluation activities to assess hospital performance	(92.3%)	(92.3%)	(89.7%)	(91.3%)	(90.3%)	(84.6%)	(71.4%)	(75.0%)	(88.8%)
Designated person or group responsible for improving facility operations	(100%)	(90.9%)	(85.2%)	(85.0%)	(81.5%)	(100%)	(100%)	(66.7%)	(87.5%)
RHU provides training or educational sessions to staff	(92.3%)	(92.3%)	(83.9%)	(72.7%)	(96.8%)	(92.3%)	(71.4%)	(50%)	(85.5%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 47. PhilHealth accreditations and financial aid for patients in hospitals by province

PHILHEALTH ACCREDITATIONS FOR PATIENTS IN HOSPITALS	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=65 (100%)
	La Union N= 8 (12.3%)	Benguet N= 3 (4.6%)	Batangas N= 14 (21.5%)	Laguna N=16 (24.6%)	Iloilo N=15 (23.1%)	Aklan N=1 (1.5%)	Davao de Oro N=4 (6.2%)	Sarangani N=4 (6.2%)	
PhilHealth Accreditation	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)
Animal Bite Package	(100%)	(100%)	(25.0%)	(46.2%)	(86.7%)	(100%)	(100%)	(50%)	(64.4%)
PCB Package	(100%)	(33.3%)	(75.0%)	(100%)	(46.7%)	(100%)	(100%)	(100%)	(79.2%)
MCP	(68.8%)	(66.7%)	(62.5%)	(79.8%)	(60%)	(100%)	(0%)	(0%)	(60%)
TB-DOTS	(81.2%)	(33.3%)	(25.0%)	(0%)	(0%)	(100%)	(0%)	(0%)	(18.5%)
OHAT Package	(12.5%)	(33.3%)	(0%)	(32.7%)	(33.3%)	(100%)	(0%)	(0%)	(20.4%)
Any Z-benefits package	(12.5%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(1.5%)
Exemption from charges / free	(68.8%)	(0%)	(25.0%)	(40.4%)	(33.3%)	(0%)	(0%)	(50%)	(34.6%)
Discounted charges	(87.5%)	(100%)	(25.0%)	(73.1%)	(60%)	(0%)	(0%)	(50%)	(55.7%)
Fund for patient subsidies	(68.8%)	(100%)	(25.0%)	(79.8%)	(53.3%)	(100%)	(0%)	(100%)	(58.1%)
PhilHealth no balance billing for	(100%)	(100%)	(87.5%)	(100%)	(100%)	(100%)	(100%)	(100%)	(97.3%)

Malasakit Center	(31.2%)	(33.3%)	(25.0%)	(19.2%)	(40%)	(100%)	(100%)	(50%)	(35.5%)
Accepting guarantee letters from govt offices	(50%)	(33.3%)	(50%)	(79.8%)	(60%)	(100%)	(0%)	(50%)	(56.6%)
Number of Konsulta patients registered in this facility for Jan to Dec, Mean (SD)	1894.1 (3177.6)	0.0 (0.0)	366.6 (590.7)	8800.6 (11855.3)	195.8 (235.2)	12424.0 (.)	. (.)	312.5 (441.9)	2156.4 (5841.3)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 48. PhilHealth accreditations and financial aid for patients in rural health units by province

PHILHEALTH ACCREDITATIONS FOR PATIENTS IN RHUS	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=234 (100%)
	La Union N= 18 (7.7%)	Benguet N= 24 (10.3%)	Batangas N= 61 (26.1%)	Laguna N=41 (17.5%)	Iloilo N=51 (21.8%)	Aklan N=21 (9.0%)	Davao de Oro N=11 (4.7%)	Sarangani N=7 (3.0%)	
PhilHealth Accreditation	(100%)	(100%)	(51.6%)	(82.6%)	(74.2%)	(92.3%)	(100%)	(100%)	(78.0%)
Animal Bite Package	(15.4%)	(15.4%)	(18.8%)	(31.6%)	(30.4%)	(16.7%)	(14.3%)	(75.0%)	(24.4%)
PCB Package	(100%)	(100%)	(62.5%)	(100%)	(91.3%)	(100%)	(100%)	(75.0%)	(90.8%)
MCP	(84.6%)	(38.5%)	(56.2%)	(36.8%)	(65.2%)	(58.3%)	(71.4%)	(50.0%)	(55.9%)
TB-DOTS	(84.6%)	(84.6%)	(68.8%)	(47.4%)	(69.6%)	(75.0%)	(57.1%)	(75.0%)	(68.8%)
Number of patients who utilized PhilHealth from Jan to Dec 2023, Mean (SD)	8046.0 (7431.2)	951.5 (2964.9)	119.7 (271.6)	1037.4 (1037.7)	884.8 (2526.2)	5208.2 (7831.1)	1543.4 (1620.7)	13614.0 (19124.4)	2481.6 (5454.6)
Number of Konsulta patients registered in the facility for Jan to Dec 2023, Mean (SD)	10134.2 (6106.7)	3612.2 (7339.1)	1010.1 (3517.9)	11066.5 (15806.0)	4167.6 (7877.6)	6753.2 (7995.5)	5293.7 (8947.6)	27137.0 (.)	5878.3 (9422.0)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 49. Functional requirements of hospitals by province

FUNCTIONAL REQUIREMENTS OF HOSPITALS	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=65 (100%)
	La Union N= 8 (12.3%)	Benguet N=3 (4.6%)	Batangas N=14 (21.5%)	Laguna N=16 (24.6%)	Iloilo N=15 (23.1%)	Aklan N=1 (1.5%)	Davao de Oro N=4 (6.2%)	Sarangani N=4 (6.2%)	
Access through public transportation	(100.0%)	(100.0%)	(100.0%)	(93.3%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(98.3%)
Main power connection	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)
Functional Generator set with ATS	(100.0%)	(100.0%)	(87.5%)	(93.3%)	(73.3%)	(100.0%)	(100.0%)	(50.0%)	(86.4%)
Functional toilets	(100.0%)	(100.0%)	(87.5%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(97.3%)
Running water in all toilets and sinks	(100.0%)	(100.0%)	(87.5%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(97.3%)
Safe source of drinking and non-drinking water	(81.2%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(97.7%)
Computer with Reliable internet	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)
Download speed (mbps), Mean (SD)	119.4 (153.1)	66.7 (33.3)	93.9 (32.6)	82.5 (39.5)	137.2 (212.6)	100.0 (.)	20.0 (.)	156.9 (61.0)	104.6 (120.5)
Short-wave radio	(62.5%)	(33.3%)	(75.0%)	(79.8%)	(60.0%)	(0.0%)	(100.0%)	(50.0%)	(68.1%)
Reliable Cellphone signal (can hold a phone call for at least 5 minutes)	(100.0%)	(100.0%)	(75.0%)	(100.0%)	(60.0%)	(100.0%)	(100.0%)	(100.0%)	(85.4%)
Dedicated phone or cellphone for referrals	(100.0%)	(100.0%)	(87.5%)	(93.3%)	(80.0%)	(100.0%)	(100.0%)	(100.0%)	(91.0%)
Number of Emergency Transport Vehicles Mean (SD)	0.4 (0.5)	1.0 (0.0)	0.5 (0.5)	0.9 (0.3)	0.7 (0.5)	1.0 (.)	1.0 (.)	0.5 (0.7)	0.7 (0.5)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 50. Functional requirements of rural health units by province

FUNCTIONAL REQUIREMENTS OF RHUs	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=234 (100%)
	La Union N= 18 (7.7%)	Benguet N= 24 (10.3%)	Batangas N= 61 (26.1%)	Laguna N=41 (17.5%)	Iloilo N=51 (21.8%)	Aklan N=21 (9.0%)	Davao de Oro N=11 (4.7%)	Sarangani N=7 (3.0%)	
Access through public transportation	(100%)	(100%)	(96.8%)	(87.0%)	(96.8%)	(100%)	(100%)	(100%)	(96.2%)
Main power connection	(100%)	(100%)	(96.8%)	(91.3%)	(100%)	(100%)	(100%)	(100%)	(97.6%)

Functional toilets	(100%)	(100%)	(96.8%)	(91.3%)	(100%)	(100%)	(100%)	(100%)	(97.6%)
Running water in all toilets and sinks	(92.3%)	(92.3%)	(96.8%)	(82.6%)	(96.8%)	(92.3%)	(100%)	(75.0%)	(92.6%)
Safe source of drinking and non-drinking water	(92.3%)	(100%)	(96.8%)	(82.6%)	(96.8%)	(100%)	(100%)	(100%)	(94.8%)
Functional Generator set with ATS	(92.3%)	(84.6%)	(51.6%)	(56.5%)	(83.9%)	(69.2%)	(100%)	(100%)	(71.3%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 51. Availability of equipment in hospitals by province

AVAILABLE EQUIPMENT IN HOSPITALS	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=65 (100%)
	La Union N= 8 (12.3%)	Benguet N= 3 (4.6%)	Batangas N= 14 (21.5%)	Laguna N=16 (24.6%)	Iloilo N=15 (23.1%)	Aklan N=1 (1.5%)	Davao de Oro N=4 (6.2%)	Sarangani N=4 (6.2%)	
Bag-valve-mask unit (adult)	(100%)	(100%)	(100%)	(93.3%)	(100%)	(100%)	(100%)	(100%)	(98.3%)
Bag-valve-mask Unit (pediatric)	(100%)	(100%)	(100%)	(93.3%)	(86.7%)	(100%)	(100%)	(100%)	(95.3%)
Defibrillator	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)
Oxygen Unit	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)
Mechanical Ventilator / Respirator	(25.0%)	(33.3%)	(37.5%)	(49.5%)	(60%)	(100%)	(100%)	(50%)	(49.5%)
EENT Diagnostic Set with Ophthalmoscope and Otoscope	(100%)	(100%)	(100%)	(100%)	(80%)	(100%)	(100%)	(100%)	(95.4%)
Laryngoscope with different blade sizes	(100%)	(100%)	(87.5%)	(100%)	(100%)	(100%)	(100%)	(100%)	(97.3%)
Glucometer	(100%)	(100%)	(87.5%)	(93.3%)	(100%)	(100%)	(100%)	(100%)	(95.7%)
ABG Machine	(62.5%)	(33.3%)	(25.0%)	(59.6%)	(86.7%)	(100%)	(0%)	(50%)	(53.9%)
ECG Machine	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)
Delivery set	(100%)	(100%)	(100%)	(100%)	(86.7%)	(100%)	(100%)	(100%)	(96.9%)
Suturing set	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)
Minor instrument set	(100%)	(100%)	(87.5%)	(100%)	(100%)	(100%)	(100%)	(100%)	(97.3%)
X-ray machine	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)
CT-scan	(25.0%)	(33.3%)	(25.0%)	(39.4%)	(33.3%)	(100%)	(100%)	(0%)	(35.1%)
Ultrasound	(81.2%)	(100%)	(87.5%)	(86.5%)	(100%)	(100%)	(100%)	(50%)	(88.6%)
PET scan	(0%)	(0%)	(0%)	(6.7%)	(0%)	(0%)	(0%)	(0%)	(1.7%)
MRI	(12.5%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(1.5%)
Mammogram	(0%)	(33.3%)	(0%)	(26.0%)	(0%)	(100%)	(0%)	(0%)	(9.5%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 52. Availability of equipment in rural health units by province

AVAILABLE EQUIPMENT IN RHUs	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=234 (100%)
	La Union N= 18 (7.7%)	Benguet N= 24 (10.3%)	Batangas N= 61 (26.1%)	Laguna N=41 (17.5%)	Iloilo N=51 (21.8%)	Aklan N=21 (9%)	Davao de Oro N=11 (4.7%)	Sarangani N=7 (3%)	
Non-mercury thermometer	(100%)	(100%)	(93.5%)	(82.6%)	(96.8%)	(100%)	(100%)	(100%)	(94.6%)
Stethoscope	(100%)	(100%)	(100%)	(95.7%)	(100%)	(100%)	(100%)	(100%)	(99.2%)
Blood Pressure apparatus	(100%)	(100%)	(100%)	(95.7%)	(100%)	(100%)	(100%)	(100%)	(99.2%)
Weighing scale	(100%)	(100%)	(100%)	(95.7%)	(100%)	(100%)	(100%)	(100%)	(99.2%)
EENT diagnostic set	(92.3%)	(92.3%)	(35.5%)	(30.4%)	(58.1%)	(46.2%)	(85.7%)	(50%)	(53.5%)
Glucometer	(100%)	(100%)	(100%)	(95.7%)	(96.8%)	(84.6%)	(85.7%)	(100%)	(96.5%)
Glucometer Test strips	(100%)	(92.3%)	(93.5%)	(91.3%)	(90.3%)	(76.9%)	(85.7%)	(100%)	(91.2%)
Fetal doppler	(100%)	(100%)	(100%)	(87.0%)	(96.8%)	(92.3%)	(100%)	(100%)	(96.3%)
Resuscitator for adult	(100%)	(100%)	(61.3%)	(56.5%)	(56.7%)	(53.8%)	(85.7%)	(100%)	(68.1%)
Resuscitator for pediatric	(92.3%)	(84.6%)	(67.7%)	(52.2%)	(58.1%)	(53.8%)	(85.7%)	(100%)	(67.1%)
Dressing set/ minor set	(100%)	(100%)	(93.5%)	(87.0%)	(96.8%)	(92.3%)	(100%)	(75.0%)	(93.9%)
Nebulizer	(100%)	(100%)	(100%)	(91.3%)	(100%)	(100%)	(100%)	(100%)	(98.5%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 53. Availability of laboratory services in hospitals by province

AVAILABLE LABORATORY SERVICES IN HOSPITALS	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=65 (100%)
	La Union N= 8 (12.3%)	Benguet N= 3 (4.6%)	Batangas N= 14 (21.5%)	Laguna N=16 (24.6%)	Iloilo N=15 (23.1%)	Aklan N=1 (1.5%)	Davao de Oro N=4 (6.2%)	Sarangani N=4 (6.2%)	
Presence of DOH-licensed laboratory	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)
Availability of Basic Laboratory Services, %									
Complete blood count	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)
Urinalysis	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(50%)	(96.9%)
Fecalysis	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)
FBS	(100%)	(100%)	(100%)	(93.3%)	(100%)	(100%)	(100%)	(100%)	(98.3%)
2-hour OGTT	(68.8%)	(33.3%)	(85.7%)	(79.8%)	(60%)	(100%)	(100%)	(0%)	(69.2%)

HbA1c	(81.2%)	(100%)	(75.0%)	(100%)	(86.7%)	(100%)	(100%)	(100%)	(89.2%)
Creatinine	(100%)	(100%)	(100%)	(93.3%)	(100%)	(100%)	(100%)	(100%)	(98.3%)
Lipid Profile	(100%)	(100%)	(100%)	(93.3%)	(100%)	(100%)	(100%)	(100%)	(98.3%)
FOBT	(100%)	(100%)	(75.0%)	(93.3%)	(100%)	(100%)	(100%)	(100%)	(93.0%)
Sputum microscopy	(81.2%)	(100%)	(62.5%)	(49.5%)	(53.3%)	(100%)	(0%)	(100%)	(59.2%)
Pap smear	(25.0%)	(100%)	(25.0%)	(56.7%)	(46.7%)	(100%)	(0%)	(0%)	(39.0%)
Chest X-ray	(100%)	(100%)	(100%)	(92.8%)	(100%)	(100%)	(100%)	(100%)	(98.3%)
ECG	(100%)	(100%)	(100%)	(50.5%)	(66.7%)	(100%)	(100%)	(50%)	(77.5%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)

Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines; Acronyms: CBC= Complete Blood Count; FBS=Fasting Blood Sugar; OGTT= Oral Glucose Tolerance Test; HbA1c= glycated hemoglobin; FOBT= Fecal Occult Blood Test; ECG= Electrocardiogram

Table 54. Availability of laboratory services in rural health units by province

AVAILABLE LABORATORY SERVICES IN RHUs	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=234 (100%)
	La Union N= 18 (7.7%)	Benguet N= 24 (10.3%)	Batangas N= 61 (26.1%)	Laguna N=41 (17.5%)	Iloilo N=51 (21.8%)	Aklan N=21 (9%)	Davao de Oro N=11 (4.7%)	Sarangani N=7 (3%)	
Presence of DOH-licensed laboratory	(53.8%)	(7.7%)	(9.7%)	(27.3%)	(41.9%)	(30.8%)	(100%)	(75.0%)	(31.1%)
Availability of Basic Laboratory Services, %									
CBC with PC	(53.8%)	(7.7%)	(9.7%)	(26.1%)	(38.7%)	(30.8%)	(100%)	(75.0%)	(30.2%)
Urinalysis	(61.5%)	(7.7%)	(9.7%)	(26.1%)	(41.9%)	(30.8%)	(100%)	(75.0%)	(31.5%)
Fecalysis	(61.5%)	(7.7%)	(9.7%)	(26.1%)	(41.9%)	(30.8%)	(100%)	(75.0%)	(31.5%)
FBS	(46.2%)	(7.7%)	(9.7%)	(21.7%)	(35.5%)	(30.8%)	(100%)	(75.0%)	(28.1%)
Creatinine	(38.5%)	(7.7%)	(6.5%)	(21.7%)	(35.5%)	(30.8%)	(100%)	(75.0%)	(26.7%)
Lipid Profile	(38.5%)	(7.7%)	(6.5%)	(21.7%)	(35.5%)	(30.8%)	(100%)	(50%)	(25.9%)
FOBT	(23.1%)	(7.7%)	(3.2%)	(21.7%)	(22.6%)	(23.1%)	(71.4%)	(25.0%)	(18.3%)
Sputum microscopy	(61.5%)	(7.7%)	(9.7%)	(26.1%)	(38.7%)	(23.1%)	(100%)	(75.0%)	(30.1%)
Pap smear	(33.3%)	(100%)	(33.3%)	(83.3%)	(28.6%)	(25.0%)	(28.6%)	(33.3%)	(39.1%)
Chest X-ray	(15.4%)	(0%)	(3.2%)	(17.4%)	(9.7%)	(15.4%)	(42.9%)	(50%)	(12.1%)
ECG	(38.5%)	(7.7%)	(3.2%)	(21.7%)	(16.1%)	(7.7%)	(28.6%)	(25.0%)	(14.7%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)

Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines; Acronyms: CBC= Complete Blood Count; FBS=Fasting Blood Sugar; FOBT= Fecal Occult Blood Test; ECG= Electrocardiogram

Table 55. Cost of laboratory services in hospitals by province

COST OF LABORATORY SERVICES IN HOSPITALS	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=65 (100%)
	La Union N= 8 (12.3%)	Benguet N= 3 (4.6%)	Batangas N= 14 (21.5%)	Laguna N=16 (24.6%)	Iloilo N=15 (23.1%)	Aklan N=1 (1.5%)	Davao de Oro N=4 (6.2%)	Sarangani N=4 (6.2%)	
Cost of Basic Diagnostic Services in pesos, Median (SD)									
CBC with PC	195.0 (103.8)	250.0 (20.0)	360.0 (151.0)	250.0 (69.1)	100.0 (47.3)	400.0 (.)	285.0 (.)	180.0 (0.0)	220.0 (114.0)
Urinalysis	120.0 (25.7)	100.0 (26.7)	70.0 (44.5)	90.0 (62.3)	40.0 (30.4)	70.0 (.)	75.0 (.)	40.0 (.)	70.0 (48.2)
Fecalysis	100.0 (29.3)	85.0 (40.0)	70.0 (32.4)	80.0 (31.7)	40.0 (18.7)	70.0 (.)	130.0 (.)	40.0 (0.0)	70.0 (37.4)
FBS	200 (22.4)	200.0 (33.3)	125.0 (86.6)	180.0 (36.1)	100.0 (39.9)	110.0 (.)	150.0 (.)	115.0 (0.0)	125.0 (63.2)
2-hour OGTT	600.0 (132.9)	770.0 (.)	412.5 (1658.7)	600.0 (340.3)	0.0 (279.4)	700.0 (.)	0.0 (.)	(.)	600.0 (762.6)
HbA1c	1000.0 (138.5)	650.0 (313.3)	700.0 (834.5)	700.0 (110.2)	900.0 (35.3)	980.0 (.)	800.0 (.)	660.0 (84.9)	800.0 (366.0)
Creatinine	250.0 (41.1)	200.0 (26.7)	275.0 (50.9)	200.0 (46.5)	100.0 (41.2)	150.0 (.)	175.0 (.)	85.0 (0.0)	200.0 (78.6)
Lipid Profile	850.0 (116.5)	850.0 (203.3)	780.0 (3.8)	600.0 (140.9)	600.0 (232.8)	500.0 (.)	1040.0 (.)	630.0 (0.0)	684.0 (209.1)
FOBT	175.0 (82.1)	150.0 (53.3)	130.0 (130.0)	180.0 (77.3)	150.0 (89.9)	500.0 (.)	205.0 (.)	122.5 (24.7)	150.0 (94.3)
Sputum microscopy	75.0 (68.3)	0.0 (0.0)	1100.0 (1555.6)	0.0 (358.4)	0.0 (51.2)	200.0 (.)	(.)	25.0 (35.4)	0.0 (543.9)
Pap smear	170.0 (86.6)	280.0 (0.0)	543.0 (.)	0.0 (147.3)	0.0 (101.2)	350.0 (.)	(.)	(.)	120.0 (183.3)
Chest X-ray	200.0 (49.6)	250.0 (33.3)	210.0 (124.8)	200.0 (37.9)	150.0 (88.8)	200.0 (.)	275.0 (.)	235.0 (77.8)	200.0 (80.9)
ECG	300.0 (91.3)	200.0 (33.3)	200.0 (133.5)	120.0 (108.3)	180.0 (92.8)	500.0 (.)	130.0 (.)	320.0 (.)	200.0 (129.8)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)

Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines; Acronyms: CBC with PC= Complete Blood Count with Platelet Count; FBS=Fasting Blood Sugar; OGTT= Oral Glucose Tolerance Test; HbA1c= glycated hemoglobin;
FOBT= Fecal Occult Blood Test; ECG= Electrocardiogram

Table 56. Cost of laboratory services in rural health units by province

COST OF LABORATORY SERVICES IN RHUs	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=234 (100%)
	La Union N= 18 (7.7%)	Benguet N= 24 (10.3%)	Batangas N= 61 (26.1%)	Laguna N=41 (17.5%)	Iloilo N=51 (21.8%)	Aklan N=21 (9%)	Davao de Oro N=11 (4.7%)	Sarangani N=7 (3%)	
Cost of Basic Diagnostic Services in pesos, Median (SD)									
CBC with PC	105.0 (101.0)	50.0 (.)	100.0 (.)	0.0 (30.1)	70.0 (74.4)	125.0 (55.4)	150.0 (96.3)	90.0 (90.0)	75.0 (83.4)
Urinalysis	40.0 (28.5)	50.0 (.)	55.0 (7.1)	7.5 (13.9)	40.0 (26.7)	62.5 (14.4)	30.0 (33.0)	35.0 (21.8)	40.0 (27.7)
Fecalysis	50.0 (33.2)	58.0 (.)	55.0 (7.1)	7.5 (13.9)	40.0 (22.9)	62.5 (14.4)	30.0 (40.9)	30.0 (17.3)	40.0 (28.8)
FBS	100.0 (64.0)	100.0 (.)	100.0 (0.0)	0.0 (40.2)	70.0 (38.3)	110.0 (26.5)	100.0 (49.0)	90.0 (62.4)	90.0 (49.7)
Creatinine	130.0 (90.9)	100.0 (.)	100.0 (.)	0.0 (45.0)	87.5 (49.2)	125.0 (25.0)	94.0 (51.1)	90.0 (58.6)	100.0 (58.1)
Lipid Profile	530.0 (426.5)	950.0 (.)	400.0 (.)	0.0 (220.0)	400.0 (226.0)	475.0 (78.9)	160.0 (224.4)	240.0 (339.4)	400.0 (283.5)
FOBT	25.0 (70.7)	100.0 (.)	(.)	0.0 (0.0)	200.0 (172.2)	120.0 (125.0)	88.0 (49.0)	0.0 (.)	88.0 (115.8)
Sputum microscopy	0.0 (56.2)	50.0 (.)	0.0 (0.0)	0.0 (0.0)	30.0 (56.7)	0.0 (28.9)	0.0 (39.3)	0.0 (0.0)	0.0 (43.9)
Pap smear	0.0 (0.0)	100.0 (.)	(.)	0.0 (0.0)	0.0 (450.0)	0.0 (.)	0.0 (0.0)	0.0 (.)	0.0 (218.3)
Chest X-ray	150.0 (140.1)	(.)	(.)	100.0 (150.0)	0.0 (0.0)	100.0 (141.4)	180.0 (129.0)	0.0 (0.0)	0.0 (118.1)
ECG	75.0 (114.0)	100.0 (.)	(.)	0.0 (13.4)	0.0 (0.0)	350.0 (.)	105.0 (77.8)	0.0 (.)	0.0 (100.1)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)

Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines; Acronyms: CBC= Complete Blood Count; FBS=Fasting Blood Sugar; FOBT= Fecal Occult Blood Test; ECG= Electrocardiogram

Table 57. Availability of clinical services in hospitals by province

AVAILABILITY OF CLINICAL SERVICES IN HOSPITALS	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=65 (100%)
	La Union N= 8 (12.3%)	Benguet N= 3 (4.6%)	Batangas N= 14 (21.5%)	Laguna N=16 (24.6%)	Iloilo N=15 (23.1%)	Aklan N=1 (1.5%)	Davao de Oro N=4 (6.2%)	Sarangani N=4 (6.2%)	
Cataract surgery	(12.5%)	(33.3%)	(12.5%)	(19.2%)	(6.7%)	(100%)	(100%)	(0%)	(19.7%)
Appendectomy	(81.2%)	(100%)	(75.0%)	(73.1%)	(73.3%)	(100%)	(100%)	(100%)	(79.5%)
Thrombolysis	(31.2%)	(0%)	(12.5%)	(13.5%)	(33.3%)	(0%)	(0%)	(0%)	(17.5%)
PCI angioplasty	(0%)	(0%)	(0%)	(7.2%)	(0%)	(0%)	(0%)	(0%)	(1.7%)
CABG	(0%)	(0%)	(0%)	(7.2%)	(0%)	(0%)	(0%)	(0%)	(1.7%)
Chest X-ray	(100%)	(100%)	(87.5%)	(63.6%)	(60%)	(100%)	(100%)	(100%)	(80.2%)
Culture	(12.5%)	(66.7%)	(0%)	(0%)	(13.3%)	(100%)	(0%)	(0%)	(9.7%)
Antibiotic treatment for pneumonia	(50%)	(66.7%)	(28.6%)	(54.5%)	(26.7%)	(100%)	(0%)	(100%)	(42.2%)
Antihypertensive treatment	(100%)	(0%)	(50%)	(38.9%)	(26.7%)	(100%)	(0%)	(100%)	(46.8%)
Chemotherapy	(12.5%)	(0%)	(0%)	(7.2%)	(0%)	(0%)	(0%)	(0%)	(3.4%)
Radiotherapy	(0%)	(0%)	(0%)	(10%)	(0%)	(10%)	(0%)	(0%)	0%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)

Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines; Acronyms: PCI= Percutaneous Coronary Intervention; CABG= Coronary Artery Bypass Grafting

Table 58. Availability of clinical services in rural health units by province

AVAILABILITY OF CLINICAL SERVICES IN RHUs	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=234 (100%)
	La Union N= 18 (7.7%)	Benguet N= 24 (10.3%)	Batangas N= 61 (26.1%)	Laguna N=41 (17.5%)	Iloilo N=51 (21.8%)	Aklan N=21 (9%)	Davao de Oro N=11 (4.7%)	Sarangani N=7 (3%)	
Family planning	(92.3%)	(92.3%)	(90.3%)	(78.3%)	(90.3%)	(100%)	(100%)	(100%)	(90.2%)
Maternal health services	(92.3%)	(92.3%)	(100%)	(87.0%)	(100%)	(92.3%)	(100%)	(100%)	(95.6%)
Child health services	(92.3%)	(69.2%)	(96.8%)	(78.3%)	(93.5%)	(100%)	(100%)	(100%)	(90.2%)
Immunization services	(92.3%)	(92.3%)	(100%)	(78.3%)	(100%)	(100%)	(100%)	(100%)	(94.8%)
Nutrition services	(92.3%)	(92.3%)	(96.8%)	(82.6%)	(100%)	(100%)	(100%)	(100%)	(94.7%)
Non-communicable Disease Prevention and Control Services	(92.3%)	(92.3%)	(93.5%)	(78.3%)	(96.8%)	(100%)	(100%)	(100%)	(92.4%)
Elderly Health and Nutrition services	(92.3%)	(92.3%)	(93.5%)	(73.9%)	(93.5%)	(100%)	(100%)	(100%)	(91.0%)

Community-based deworming services	(92.3%)	(92.3%)	(87.1%)	(69.6%)	(83.9%)	(100%)	(100%)	(75.0%)	(85.7%)
TB treatment	(92.3%)	(76.9%)	(90.3%)	(69.6%)	(87.1%)	(100%)	(100%)	(100%)	(86.4%)
Blood service program	(84.6%)	(69.2%)	(77.4%)	(39.1%)	(58.1%)	(92.3%)	(100%)	(75.0%)	(68.5%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 59. Availability of patient records in hospitals by province

AVAILABLE PATIENT RECORDS IN HOSPITALS	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=65 (100%)
	La Union N= 8 (12.3%)	Benguet N= 3 (4.6%)	Batangas N= 14 (21.5%)	Laguna N=16 (24.6%)	Iloilo N=15 (23.1%)	Aklan N=1 (1.5%)	Davao de Oro N=4 (6.2%)	Sarangani N=4 (6.2%)	
Type of patient record, %									
Paper logbook	(100%)	(100%)	(100%)	(86.5%)	(86.7%)	(100%)	(100%)	(50%)	(90.5%)
Electronic logbook	(100%)	(33.3%)	(12.5%)	(13.5%)	(46.7%)	(0%)	(0%)	(50%)	(33.7%)
DOH - iClinicSys	(0%)	(0%)	(0%)	(0%)	(7.7%)	(0%)	(0%)	(0%)	(1.6%)
DOH-iHOMIS	(87.5%)	(100%)	(75.0%)	(86.5%)	(100%)	(0%)	(0%)	(100%)	(80.9%)
Private EMR (eg CHITS, BizBox)	(12.5%)	(0%)	(12.5%)	(13.5%)	(0%)	(100%)	(100%)	(0%)	(16.2%)
Type of health record storage, %									
Paper-based only	(0%)	(66.7%)	(0%)	(6.7%)	(13.3%)	(0%)	(0%)	(0%)	(7.8%)
Electronic medical records only	(0%)	(0%)	(0%)	(0%)	(0%%)	(0%)	(0%)	(0%)	(0%)
Both paper-based and electronic	(100%)	(33.3%)	(100%)	(93.3%)	(86.7%)	(100%)	(100%)	(100%)	(92.2%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 60. Availability of patient records in rural health units by province

AVAILABLE PATIENT RECORDS IN RHUs	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=234 (100%)
	La Union N= 18 (7.7%)	Benguet N= 24 (10.3%)	Batangas N= 61 (26.1%)	Laguna N=41 (17.5%)	Iloilo N=51 (21.8%)	Aklan N=21 (9%)	Davao de Oro N=11 (4.7%)	Sarangani N=7 (3%)	
Type of patient record, %									
Paper logbook	(100.0%)	(100.0%)	(96.8%)	(81.8%)	(93.5%)	(100.0%)	(100.0%)	(66.7%)	(93.9%)
Electronic logbook	(46.2%)	(7.7%)	(6.5%)	(9.1%)	(19.4%)	(23.1%)	(14.3%)	(0.0%)	(14.7%)
DOH - iClinicSys	(69.2%)	(90.9%)	(86.4%)	(23.1%)	(100%)	(100%)	(100%)	(0%)	(81.0%)
DOH-iHOMIS	(0%)	(9.1%)	(0%)	(0%)	(3.3%)	(0%)	(0%)	(0%)	(1.8%)

Private EMR (eg CHITS, BizBox)	(76.9%)	(9.1%)	(13.6%)	(69.2%)	(0%)	(15.4%)	(42.9%)	(66.7%)	(25.6%)
Type of health record storage, %									
Paper-based only	(0%)	(15.4%)	(19.4%)	(34.8%)	(3.2%)	(0%)	(0%)	(25.0%)	(14.2%)
Electronic medical records only	(0%)	(0%)	(0%)	(0%)	(6.5%)	(0%)	(0%)	(0%)	(1.4%)
Both paper-based and electronic	(100%)	(84.6%)	(71.0%)	(56.5%)	(90.3%)	(100%)	(100%)	(75.0%)	(80.4%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 61. Scheduling process and service wait times in hospitals by province

SCHEDULING PROCESS IN HOSPITALS	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=65 (100%)
	La Union N= 8 (12.3%)	Benguet N= 3 (4.6%)	Batangas N= 14 (21.5%)	Laguna N=16 (24.6%)	Iloilo N=15 (23.1%)	Aklan N=1 (1.5%)	Davao de Oro N=4 (6.2%)	Sarangani N=4 (6.2%)	
Hospital scheduling process times, %									
Medical appointment can be scheduled in less than 2 weeks time	(43.8%)	(33.3%)	(37.5%)	(26.9%)	(60%)	(0%)	(0%)	(0%)	(35.5%)
No prior medical appointment scheduling is needed	(37.5%)	(66.7%)	(87.5%)	(63.9%)	(53.3%)	(100%)	(100%)	(100%)	(68.5%)
Laboratory tests are scheduled in less than 2 weeks time	(43.8%)	(33.3%)	(62.5%)	(26.9%)	(60%)	(0%)	(0%)	(0%)	(40.9%)
Elective surgeries scheduled in less than 2 weeks time	(81.2%)	(100%)	(71.4%)	(46.7%)	(80%)	(100%)	(100%)	(100%)	(74.8%)
Emergency surgeries scheduled within 24 hours	(62.5%)	(100%)	(75.0%)	(64.9%)	(80%)	(100%)	(100%)	(100%)	(77.0%)
Hospital navigation time in seconds, Mean (SD)									
Time for a patient to walk from the main lobby to the Emergency Room, Mean (SD)	10 (8.8)	21.7 (23.3)	28.6 (20.0)	40.8 (47.5)	44.0 (63.5)	30.0 (.)	20.0 (.)	34.0 (36.8)	32.1 (40.1)
Time for patient to walk from the main lobby to the Laboratory, Mean (SD)	16.2 (9.6)	16.7 (13.3)	34.7 (12.8)	40.2 (48.1)	54.7 (81.2)	10.0 (.)	10.0 (.)	18.5 (16.3)	34.5 (46.7)
Time for a patient to walk from the main lobby to the Diagnostic, Mean (SD)	15.4 (19.2)	15.0 (10.0)	37.8 (14.3)	50.0 (52.3)	54.0 (81.6)	30.0 (.)	10.0 (.)	18.5 (16.3)	37.3 (48.5)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 62. Scheduling process and service wait times in rural health units by province

SCHEDULING PROCESS IN RHUs	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=234 (100%)
	La Union N= 18 (7.7%)	Benguet N= 24 (10.3%)	Batangas N= 61 (26.1%)	Laguna N=41 (17.5%)	Iloilo N=51 (21.8%)	Aklan N=21 (9%)	Davao de Oro N=11 (4.7%)	Sarangani N=7 (3%)	
RHU scheduling process times, %									
Medical appointment is scheduled in less than 2 weeks time	(46.2%)	(7.7%)	(22.6%)	(13.0%)	(38.7%)	(23.1%)	(28.6%)	(25.0%)	(25.1%)
No prior medical appointment scheduling is needed	(53.8%)	(92.3%)	(86.2%)	(81.0%)	(61.3%)	(69.2%)	(71.4%)	(75.0%)	(75.2%)
Laboratory tests are scheduled in less than 2 weeks time	(53.8%)	(23.1%)	(32.3%)	(21.7%)	(38.7%)	(38.5%)	(42.9%)	(75.0%)	(34.9%)
No prior laboratory test appointment is needed	(30.8%)	(76.9%)	(51.6%)	(72.7%)	(61.3%)	(53.8%)	(71.4%)	(50%)	(59.4%)
Time from registration to consultation is less than 1 hour	(100%)	(92.3%)	(96.8%)	(87.0%)	(93.5%)	(92.3%)	(100%)	(100%)	(94.0%)
Time from end of medical consult to drug dispensing is less than 1 hour	(100%)	(100%)	(100%)	(87.0%)	(100%)	(100%)	(100%)	(100%)	(97.7%)
RHU navigation time in seconds, Mean (SD)									
Time for patient to walk from main clinic lobby to medical consultation desk, Mean (SD)	6.1 (3.8)	8.1 (7.3)	14.8 (18.1)	87.7 (180.0)	21.7 (24.7)	7.5 (4.1)	9.7 (4.5)	25.0 (30.4)	26.8 (79.8)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 63. Referral mechanisms in hospitals by province

REFERRAL MECHANISMS IN HOSPITALS	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=65 (100%)
	La Union N= 8 (12.3%)	Benguet N= 3 (4.6%)	Batangas N= 14 (21.5%)	Laguna N=16 (24.6%)	Iloilo N=15 (23.1%)	Aklan N=1 (1.5%)	Davao de Oro N=4 (6.2%)	Sarangani N=4 (6.2%)	
Referral tracker									
Paper logbook	(100%)	(100%)	(100%)	(86.5%)	(86.7%)	(100%)	(100%)	(50%)	(90.5%)
Electronic logbook	(100%)	(33.3%)	(12.5%)	(13.5%)	(46.7%)	(0%)	(0%)	(50%)	(33.7%)
After referral to another facility, patients will usually be:									
Referred back to your facility	(18.8%)	(66.7%)	(37.5%)	(14.4%)	(23.1%)	(100%)	(.%)	(100%)	(32.6%)
Followed-up at the referral facility instead	(81.2%)	(33.3%)	(62.5%)	(85.6%)	(76.9%)	(0%)	(.%)	(0%)	(67.4%)
Availability of other referral mechanisms									
Protocol and flow charts for referrals with criteria	(81.2%)	(100%)	(87.5%)	(72.2%)	(86.7%)	(100%)	(100%)	(50%)	(82.2%)
Any form for endorsing patients to referral facility	(100%)	(100%)	(100%)	(92.8%)	(100%)	(100%)	(100%)	(100%)	(98.3%)
Registry or database to monitor referrals of follow-up after referral	(62.5%)	(100%)	(75.0%)	(57.7%)	(86.7%)	(100%)	(100%)	(50%)	(73.7%)
Vehicle to transport patient to referral facility	(100%)	(100%)	(100%)	(92.8%)	(100%)	(100%)	(100%)	(100%)	(98.3%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Table 64. Referral mechanisms in rural health units by province

REFERRAL MECHANISMS IN RHUs	NORTH AND CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=234 (100%)
	La Union N= 18 (7.7%)	Benguet N= 24 (10.3%)	Batangas N= 61 (26.1%)	Laguna N=41 (17.5%)	Iloilo N=51 (21.8%)	Aklan N=21 (9%)	Davao de Oro N=11 (4.7%)	Sarangani N=7 (3%)	
Referral tracker									
Paper logbook	(100%)	(100%)	(96.8%)	(81.8%)	(93.5%)	(100%)	(100%)	(75.0%)	(93.9%)
Electronic logbook	(46.2%)	(7.7%)	(6.5%)	(9.1%)	(19.4%)	(23.1%)	(14.3%)	(0%)	(14.6%)
After referral to another facility, patients will usually be:									
Referred back to your facility	(0.0%)	(0.0%)	(0.0%)	(5.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.8%)
Followed-up at the referral facility instead	(100.0%)	(100.0%)	(100.0%)	(95.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(99.2%)
Availability of other referral mechanisms									
Protocol and flow charts for referrals with criteria	(92.3%)	(76.9%)	(61.3%)	(43.5%)	(71.0%)	(69.2%)	(71.4%)	(50%)	(65.1%)
Any form for endorsing patients to referral facility	(100%)	(100%)	(100%)	(65.2%)	(96.8%)	(100%)	(100%)	(100%)	(93.2%)
Registry or database to monitor referrals of follow-up after referral	(92.3%)	(69.2%)	(64.5%)	(47.8%)	(71.0%)	(92.3%)	(85.7%)	(50%)	(68.7%)
Vehicle to transport patient to referral facility	(100%)	(100%)	(80.6%)	(65.2%)	(93.5%)	(76.9%)	(100%)	(100%)	(85.4%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Facility Survey (Conda et al. forthcoming)
Note: Survey weights are applied to produce representative estimates of health facility types within the eight pre-selected provinces in the Philippines

Annex B-3. Healthcare Provider Results Tables

Table 65. Baseline characteristics of all cadres (all occupational categories) by province

VARIABLES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 1,134 (100%)
	La Union N = 295 (26.0%)	Benguet N = 154 (13.6%)	Batangas N = 209 (18.4%)	Laguna N = 150 (13.2%)	Iloilo N = 183 (16.1%)	Aklan N = 58 (5.1%)	Davao de Oro N = 53 (4.7%)	Sarangani N = 32 (2.8%)	
Age in years, mean (SD)	38.26 (9.64)	39.96 (12.68)	45.65 (9.24)	43.45 (10.22)	44.64 (10.06)	45.16 (10.73)	37.75 (20.87)	39.22 (7.50)	41.93 (11.33)
Sex Male, n (%)	90 (30.5%)	38 (24.7%)	31 (14.8%)	35 (23.3%)	39 (21.3%)	10 (17.2%)	13 (25.0%)	8 (25.0%)	264 (23.3%)

Female, n (%)	205 (69.5%)	116 (75.3%)	178 (85.2%)	115 (76.7%)	144 (78.7%)	48 (82.8%)	39 (75.0%)	24 (75.0%)	869 (76.7%)
Years of working in the facility, mean (SD)	8.67 (8.58)	8.10 (8.76)	11.56 (10.23)	13.50 (9.72)	13.40 (9.97)	15.09 (11.75)	8.79 (7.82)	9.31 (7.96)	10.89 (9.70)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Table 66. Number of healthcare providers per occupational category by province

VARIABLES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 1,134 (100%)
	La Union N = 295 (26.0%)	Benguet N = 154 (13.6%)	Batangas N = 209 (18.4%)	Laguna N = 150 (13.2%)	Iloilo N = 183 (16.1%)	Aklan N = 58 (5.1%)	Davao de Oro N = 53 (4.7%)	Sarangani N = 32 (2.8%)	
Generalist Medical Doctor, n (%)	55 (18.6%)	56 (36.4%)	34 (16.3%)	22 (14.7%)	49 (26.8%)	14 (24.1%)	14 (26.9%)	11 (34.4%)	255 (22.5%)
Specialist Medical Doctor, n (%)	78 (26.4%)	45 (29.2%)	16 (7.7%)	8 (5.3%)	15 (8.2%)	14 (24.1%)	8 (15.4%)	2 (6.2%)	186 (16.4%)
Nurse, n (%)	135 (45.8%)	39 (25.3%)	99 (47.4%)	90 (60.0%)	78 (42.6%)	16 (27.6%)	21 (40.4%)	11 (34.4%)	489 (43.2%)
Midwife, n (%)	27 (9.2%)	14 (9.1%)	60 (28.7%)	30 (20.0%)	41 (22.4%)	14 (24.1%)	9 (17.3%)	8 (25.0%)	203 (17.9%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Table 67. Fully trained human resources for health (HRH) across all cadres by province

VARIABLES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 1,134 (100%)
	La Union N = 295 (26.0%)	Benguet N = 154 (13.6%)	Batangas N = 209 (18.4%)	Laguna N = 150 (13.2%)	Iloilo N = 183 (16.1%)	Aklan N = 58 (5.1%)	Davao de Oro N = 53 (4.7%)	Sarangani N = 32 (2.8%)	
Clinical completed*, n (%)	76 (25.8%)	42 (27.3%)	35 (16.7%)	18 (12.0%)	51 (27.9%)	13 (22.4%)	9 (17.0%)	5 (15.6%)	249 (22.0%)
Clinical recent, n (%)	18 (6.1%)	12 (7.8%)	7 (3.3%)	3 (2.0%)	8 (4.4%)	5 (8.6%)	4 (7.5%)	1 (3.1%)	58 (5.1%)
Non-Clinical** completed, n (%)	66 (22.4%)	17 (11.0%)	23 (11.0%)	11 (7.3%)	28 (15.3%)	7 (12.1%)	5 (9.4%)	1 (3.1%)	158 (13.9%)
Non-Clinical recent, n (%)	28 (9.5%)	5 (3.2%)	8 (3.8%)	4 (2.7%)	8 (4.4%)	2 (3.4%)	3 (5.7%)	0 (0.0%)	58 (5.1%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Clinical completed includes the following trainings: 1) Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick, and sharp injury prevention; 2) Use of personal protective equipment (PPE) to prevent infection at work; 3) Triage and isolation of patients with suspected or confirmed infectious diseases; 4) Health education and promotion; 5) Nutritional promotion; 6) Clinical Practice Guidelines; and 7) Proper referral. **Non-Clinical includes the following trainings: 1) Electronic Medical Record Usage (including International Classification of Diseases (ICD) Coding); 2) Team management; 3) Project management; 4) Financial / Budget management

Table 68. Fully trained physicians by province

VARIABLES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 441 (100%)
	La Union N = 133 (30.2%)	Benguet N = 101 (22.9%)	Batangas N = 50 (11.3%)	Laguna N = 30 (6.8%)	Iloilo N = 64 (14.5%)	Aklan N = 28 (6.3%)	Davao de Oro N = 22 (5.0%)	Sarangani N = 13 (2.9%)	
Training on screening, evaluation, and management of non-communicable diseases* completed, yes (%)	92 (69.2%)	52 (51.5%)	33 (66.0%)	15 (50.0%)	45 (70.3%)	19 (67.9%)	13 (59.1%)	7 (53.8%)	276 (62.6%)
Training on screening, evaluation, and management of non-communicable diseases completed recently, yes (%)	42 (31.6%)	25 (24.8%)	19 (38.0%)	6 (20.0%)	20 (31.2%)	8 (28.6%)	8 (36.4%)	3 (23.1%)	131 (29.7%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *This includes the following evaluation and management of hypertension, diabetes, and asthma

Table 69. Baseline characteristics of generalist medical doctors by province

VARIABLES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 255 (100%)
	La Union N = 55 (21.6%)	Benguet N = 56 (22.0%)	Batangas N = 34 (13.3%)	Laguna N = 22 (8.6%)	Iloilo N = 49 (19.2%)	Aklan N = 14 (5.5%)	Davao de Oro N = 14 (5.5%)	Sarangani N = 11 (4.3%)	
Age in years, mean (SD)	35.40 (10.45)	38.46 (15.08)	44.18 (10.53)	46.82 (10.68)	44.82 (11.15)	46.50 (14.24)	37.29 (7.94)	36.82 (7.83)	40.81 (12.42)
Sex Male, n (%)	29 (52.7%)	16 (28.6%)	13 (38.2%)	11 (50.0%)	21 (42.9%)	6 (42.9%)	5 (35.7%)	5 (45.5%)	106 (41.6%)
Female, n (%)	26 (47.3%)	40 (71.4%)	21 (61.8%)	11 (50.0%)	28 (57.1%)	8 (57.1%)	9 (64.3%)	6 (54.5%)	149 (58.4%)
Years from graduation, mean/median (SD)	9.60 (10.23)	8.57 (9.16)	17.85 (10.29)	20.05 (10.44)	18.67 (11.46)	20.07 (14.07)	10.14 (8.47)	9.82 (7.43)	13.73 (11.30)
Years of working in the facility, mean/median (SD)	4.98 (7.63)	3.88 (6.11)	8.38 (9.55)	11.86 (9.84)	10.39 (9.85)	11.93 (13.11)	3.29 (6.45)	4.55 (5.80)	7.09 (8.99)
Years of working in current position, mean/median (SD)	4.53 (7.59)	3.77 (6.15)	8.29 (9.66)	11.68 (10.02)	8.24 (10.24)	11.50 (12.41)	3.14 (6.50)	2.82 (3.25)	6.43 (8.92)
Number of certifications*, mean/median (SD)	2.56 (0.86)	2.39 (0.87)	2.68 (0.98)	2.95 (0.65)	2.82 (0.99)	2.21 (0.97)	3.43 (1.09)	2.55 (0.93)	2.65 (0.94)
Number of trainings** completed, mean/median (SD)	16.69 (4.65)	13.04 (6.76)	13.41 (6.02)	12.00 (5.81)	15.71 (5.82)	15.64 (5.31)	14.50 (7.15)	12.73 (6.66)	14.51 (6.08)
Recency of training (Past 24 months), mean/median (SD)	10.31 (5.47)	7.64 (5.75)	7.56 (5.22)	4.82 (3.55)	9.35 (6.43)	8.14 (6.20)	9.07 (7.87)	5.91 (4.18)	8.32 (5.86)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Note: *Certifications pertain to the following basic life support (BLS), advanced cardiovascular life support (ACLS), good standing from PMA / local component society (for physicians only), residency training completion (for physicians only), specialty board certificate (for physicians only), Basic Emergency Obstetric and Newborn Care (BEmONC) for nurses from a DOH-recognized training center for BEmONC skills (for nurses only), Training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of the Professional Regulation Commission (PRC) (for midwives only), Training Certificate from a DOH-recognized training program (for midwives only), Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologists or an accredited midwife done in an accredited facility (for midwives only), Family Planning Competency Based Training (FPCBT) Level 2 / Comprehensive Family Planning Course (for midwives only), Post-Partum Training Course (for midwives only), Post-Partum IUD Training Course (for midwives only), and Subdermal Implant Insertion and Removal (for midwives only). **Trainings pertain to Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick, and sharp injury prevention; any specific training related to injection safety practices or safe injection practices; Health Management Information Systems (HMIS) or reporting requirements for any service; How to care and/or refer victims of gender-based violence (GBV); Use of personal

protective equipment (PPE) to prevent infection at work; Triage and isolation of patients with suspected or confirmed infectious diseases; Health education and promotion; Nutritional promotion; Clinical Practice Guidelines (for physicians only); World Health Organization (WHO) Cardiovascular disease risk-based assessment and management; Evaluation and management of hypertension (for physicians only); Evaluation and management of diabetes (for physicians only); Evaluation and management of asthma and exacerbation (for physicians only); Evaluation and management of Chronic Obstructive Pulmonary Disease (COPD) and exacerbation (for physicians only); Screening and early diagnosis of cervical cancer (for physicians only); Screening and early diagnosis of breast cancer (for physicians only); Counseling on tobacco cessation (for physicians and nurses only); Planning and implementation of palliative care services (for physicians and nurses only); Electronic Medical Record Usage (including International Classification of Diseases (ICD) Coding); Proper referral; Team management; Project management; and Financial / Budget management

Table 70. Baseline characteristics of specialist medical doctors by province

VARIABLE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 186 (100%)
	La Union N = 78 (41.9%)	Benguet N = 45 (24.2%)	Batangas N = 16 (8.6%)	Laguna N = 8 (4.3%)	Iloilo N = 15 (8.1%)	Aklan N = 14 (7.5%)	Davao de Oro N = 8 (4.3%)	Sarangani N = 2 (1.1%)	
Age in years, mean (SD)	41.41 (8.63)	41.20 (11.88)	48.25 (7.37)	48.12 (10.38)	46.73 (10.59)	42.43 (6.82)	44.12 (5.74)	35.00 (1.41)	42.79 (9.66)
Sex Male, n (%)	21 (26.9%)	13 (28.9%)	4 (25.0%)	3 (37.5%)	3 (20.0%)	1 (7.1%)	4 (50.0%)	0 (0.0%)	49 (26.3%)
Female, n (%)	57 (73.1%)	32 (71.1%)	12 (75.0%)	5 (62.5%)	12 (80.0%)	13 (92.9%)	4 (50.0%)	2 (100.0%)	137 (73.7%)
Years from graduation, mean/median (SD)	15.12 (8.80)	11.16 (8.35)	20.75 (7.82)	22.25 (10.86)	19.60 (11.24)	16.21 (7.38)	17.12 (6.81)	7.00 (1.41)	15.39 (9.20)
Years of working in the facility, mean/median (SD)	7.95 (6.80)	6.84 (5.95)	6.69 (4.78)	8.62 (7.65)	11.07 (7.69)	9.29 (6.72)	9.25 (5.31)	1.50 (2.12)	7.94 (6.51)
Years of working in current position, mean/median (SD)	5.45 (5.33)	3.67 (4.68)	5.25 (4.48)	8.50 (7.62)	8.20 (7.18)	6.07 (6.43)	8.38 (4.98)	1.50 (2.12)	5.48 (5.57)
Number of certifications*, mean/median (SD)	4.18 (1.14)	4.20 (0.87)	3.94 (0.68)	4.00 (1.07)	4.53 (0.64)	4.00 (1.11)	4.38 (1.06)	4.50 (0.71)	4.18 (0.99)
Number of trainings** completed, mean/median (SD)	17.79 (4.87)	12.20 (6.71)	14.31 (5.90)	15.38 (7.11)	16.73 (6.39)	13.71 (7.84)	14.62 (6.35)	19.00 (1.41)	15.52 (6.31)
Recency of training (Past 24 months), mean/median (SD)	10.94 (5.61)	6.49 (5.83)	8.38 (6.22)	8.50 (7.25)	9.60 (7.83)	7.21 (6.74)	9.50 (6.63)	6.50 (7.78)	9.04 (6.30)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Note: *Certifications pertain to the following basic life support (BLS), advanced cardiovascular life support (ACLS), good standing from PMA / local component society (for physicians only), residency training completion (for physicians only), specialty board certificate (for physicians only), Basic Emergency Obstetric and Newborn Care (BEmONC) for nurses from a DOH-recognized training center for BEmONC skills (for nurses only), Training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of the Professional Regulation Commission (PRC) (for midwives only), Training Certificate from a DOH-recognized training program (for midwives only), Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologists or an accredited midwife done in an accredited facility (for midwives only), Family Planning Competency Based Training (FPCBT) Level 2 / Comprehensive Family Planning Course (for midwives only), Post-Partum Training Course (for midwives only), Post-Partum IUD Training Course (for midwives only), and Subdermal Implant Insertion and Removal (for midwives only); **Trainings pertain to Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick, and sharp injury prevention; any specific training related to injection safety practices or safe injection practices; Health Management Information Systems (HMIS) or reporting requirements for any service; How to care and/or refer victims of gender-based violence (GBV); Use of personal protective equipment (PPE) to prevent infection at work; Triage and isolation of patients with suspected or confirmed infectious diseases; Health education and promotion; Nutritional promotion; Clinical Practice Guidelines (for physicians only); World Health Organization (WHO) Cardiovascular disease risk-based assessment and management; Evaluation and management of hypertension (for physicians only); Evaluation and management of diabetes (for physicians only); Evaluation and management of asthma and exacerbation (for physicians only); Evaluation and management of Chronic Obstructive Pulmonary Disease (COPD) and exacerbation (for physicians only); Screening and early diagnosis of cervical cancer (for physicians only); Screening and early diagnosis of breast cancer (for physicians only); Counseling on tobacco cessation (for physicians and nurses only); Planning and implementation of palliative care services (for physicians and nurses only); Electronic Medical Record Usage (including International Classification of Diseases (ICD) Coding); Proper referral; Team management; Project management; and Financial / Budget management

Table 71. Baseline characteristics of nurses by province

VARIABLE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 489 (100%)
	La Union N = 135 (27.6%)	Benguet N = 39 (8.0%)	Batangas N = 99 (20.2%)	Laguna N = 90 (18.4%)	Iloilo N = 78 (16.0%)	Aklan N = 16 (3.3%)	Davao de Oro N = 21 (4.3%)	Sarangani N = 11 (2.2%)	
Age in years, mean (SD)	35.96 (8.16)	38.77 (8.79)	42.79 (8.50)	40.98 (9.00)	41.23 (8.43)	41.31 (7.93)	37.05 (5.01)	41.64 (7.83)	39.68 (8.72)
Sex Male, n (%)	39 (28.9%)	9 (23.1%)	14 (14.1%)	19 (21.1%)	15 (19.2%)	3 (18.8%)	4 (19.0%)	2 (18.2%)	105 (21.5%)
Female, n (%)	96 (71.1%)	30 (76.9%)	85 (85.9%)	71 (78.9%)	63 (80.8%)	13 (81.2%)	17 (81.0%)	9 (81.8%)	384 (78.5%)
Years from graduation, mean/median (SD)	13.99 (7.57)	16.72 (8.75)	21.52 (8.64)	19.53 (8.84)	18.73 (8.43)	20.12 (8.33)	15.14 (3.07)	20.00 (7.89)	17.89 (8.61)
Years of working in the facility, mean/median (SD)	8.27 (7.03)	11.82 (8.72)	11.00 (9.79)	13.41 (9.27)	11.77 (8.33)	14.56 (9.45)	9.57 (6.10)	12.18 (6.65)	10.96 (8.62)

Years of working in current position, mean/median (SD)	4.59 (4.54)	7.13 (7.30)	7.05 (7.82)	12.97 (9.34)	7.33 (7.59)	6.19 (7.16)	9.57 (6.10)	11.55 (9.47)	7.69 (7.78)
Number of certifications*, mean/median (SD)	2.16 (1.20)	2.44 (1.21)	1.89 (1.20)	2.07 (1.21)	2.53 (1.34)	2.94 (1.34)	2.57 (1.43)	2.45 (0.93)	2.22 (1.26)
Number of trainings** completed, mean/median (SD)	9.11 (3.49)	8.46 (3.32)	7.35 (4.36)	6.59 (3.93)	8.54 (3.93)	6.94 (3.15)	4.33 (3.20)	7.36 (2.50)	7.83 (3.95)
Recency of training (Past 24 months), mean/median (SD)	6.42 (3.85)	5.36 (3.64)	4.31 (3.90)	4.06 (3.93)	3.76 (3.53)	2.56 (2.48)	2.19 (3.11)	4.64 (2.11)	4.70 (3.89)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Note: *Certifications pertain to the following basic life support (BLS), advanced cardiovascular life support (ACLS), good standing from PMA / local component society (for physicians only), residency training completion (for physicians only), specialty board certificate (for physicians only), Basic Emergency Obstetric and Newborn Care (BEmONC) for nurses from a DOH-recognized training center for BEmONC skills (for nurses only), Training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of the Professional Regulation Commission (PRC) (for midwives only), Training Certificate from a DOH-recognized training program (for midwives only), Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologists or an accredited midwife done in an accredited facility (for midwives only), Family Planning Competency Based Training (FPCBT) Level 2 / Comprehensive Family Planning Course (for midwives only), Post-Partum Training Course (for midwives only), Post-Partum IUD Training Course (for midwives only), and Subdermal Implant Insertion and Removal (for midwives only); **Trainings pertain to Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick, and sharp injury prevention; any specific training related to injection safety practices or safe injection practices; Health Management Information Systems (HMIS) or reporting requirements for any service; How to care and/or refer victims of gender-based violence (GBV); Use of personal protective equipment (PPE) to prevent infection at work; Triage and isolation of patients with suspected or confirmed infectious diseases; Health education and promotion; Nutritional promotion; Clinical Practice Guidelines (for physicians only); World Health Organization (WHO) Cardiovascular disease risk-based assessment and management; Evaluation and management of hypertension (for physicians only); Evaluation and management of diabetes (for physicians only); Evaluation and management of asthma and exacerbation (for physicians only); Evaluation and management of Chronic Obstructive Pulmonary Disease (COPD) and exacerbation (for physicians only); Screening and early diagnosis of cervical cancer (for physicians only); Screening and early diagnosis of breast cancer (for physicians only); Counseling on tobacco cessation (for physicians and nurses only); Planning and implementation of palliative care services (for physicians and nurses only); Electronic Medical Record Usage (including International Classification of Diseases (ICD) Coding); Proper referral; Team management; Project management; and Financial / Budget management

Table 72. Baseline characteristics of midwives by province

	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 203 (100%)
	La Union N = 27 (13.3%)	Benguet N = 14 (6.9%)	Batangas N = 60 (29.6%)	Laguna N = 30 (14.8%)	Iloilo N = 41 (20.2%)	Aklan N = 14 (6.9%)	Davao de Oro N = 9 (4.4%)	Sarangani N = 8 (3.9%)	
Age in years, mean (SD)	46.44 (10.81)	45.29 (13.30)	50.52 (8.01)	47.13 (11.47)	50.17 (8.91)	50.93 (10.88)	49.67 (9.85)	40.25 (7.01)	48.63 (9.97)
Sex Male, n (%)	1 (3.7%)	0 (0.0%)	0 (0.0%)	2 (6.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (12.5%)	4 (2.0%)
Female, n (%)	26 (96.3%)	14 (100.0%)	60 (100.0%)	28 (93.3%)	41 (100.0%)	14 (100.0%)	9 (100.0%)	7 (87.5%)	199 (98.0%)
Years from graduation, mean/median (SD)	24.70 (13.68)	22.36 (13.44)	29.70 (8.41)	24.87 (12.47)	28.44 (10.71)	30.93 (11.35)	25.22 (11.87)	14.00 (11.31)	26.83 (11.53)
Years of working in the facility, mean/median (SD)	20.69 (12.10)	19.00 (12.36)	15.58 (11.11)	16.27 (10.98)	20.98 (10.19)	24.64 (11.80)	15.11 (10.24)	13.88 (8.87)	18.21 (11.29)
Years of working in current position, mean/median (SD)	8.81 (9.71)	7.50 (8.25)	12.00 (10.79)	14.67 (10.78)	16.15 (11.67)	19.64 (15.19)	14.78 (9.81)	9.75 (9.71)	13.06 (11.26)
Number of certifications*, mean/median (SD)	6.44 (2.38)	5.93 (2.13)	4.82 (2.23)	5.27 (2.20)	5.54 (2.03)	5.29 (2.30)	5.00 (3.28)	5.25 (2.66)	5.38 (2.29)
Number of trainings** completed, mean/median (SD)	8.07 (3.29)	8.64 (3.20)	6.47 (4.16)	7.57 (3.41)	7.15 (3.66)	7.29 (3.83)	5.56 (1.67)	6.12 (3.83)	7.13 (3.69)
Recency of training (Past 24 months), mean/median (SD)	4.59 (3.75)	3.86 (3.90)	3.67 (3.71)	3.70 (3.35)	2.54 (2.77)	2.93 (3.32)	1.56 (1.51)	3.50 (3.34)	3.43 (3.42)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Note: *Certifications pertain to the following basic life support (BLS), advanced cardiovascular life support (ACLS), good standing from PMA / local component society (for physicians only), residency training completion (for physicians only), specialty board certificate (for physicians only), Basic Emergency Obstetric and Newborn Care (BEmONC) for nurses from a DOH-recognized training center for BEmONC skills (for nurses only), Training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of the Professional Regulation Commission (PRC) (for midwives only), Training Certificate from a DOH-recognized training program (for midwives only), Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologists or an accredited midwife done in an accredited facility (for midwives only), Family Planning Competency Based Training (FPCBT) Level 2 / Comprehensive Family Planning Course (for midwives only), Post-Partum Training Course (for midwives only), Post-Partum IUD Training Course (for midwives only), and Subdermal Implant Insertion and Removal (for midwives only). **Trainings pertain to Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick, and sharp injury prevention; any specific training related to injection safety practices or safe injection practices; Health Management Information Systems (HMIS) or reporting requirements for any service; How to care and/or refer victims of gender-based violence (GBV); Use of personal

protective equipment (PPE) to prevent infection at work; Triage and isolation of patients with suspected or confirmed infectious diseases; Health education and promotion; Nutritional promotion; Clinical Practice Guidelines (for physicians only); World Health Organization (WHO) Cardiovascular disease risk-based assessment and management; Evaluation and management of hypertension (for physicians only); Evaluation and management of diabetes (for physicians only); Evaluation and management of asthma and exacerbation (for physicians only); Evaluation and management of Chronic Obstructive Pulmonary Disease (COPD) and exacerbation (for physicians only); Screening and early diagnosis of cervical cancer (for physicians only); Screening and early diagnosis of breast cancer (for physicians only); Counseling on tobacco cessation (for physicians and nurses only); Planning and implementation of palliative care services (for physicians and nurses only); Electronic Medical Record Usage (including International Classification of Diseases (ICD) Coding); Proper referral; Team management; Project management; and Financial / Budget management

Table 73. Gross basic monthly salary of generalist medical doctors by province

VARIABLES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 255 (100%)
	La Union N = 55 (21.6%)	Benguet N = 56 (22.0%)	Batangas N = 34 (13.3%)	Laguna N = 22 (8.6%)	Iloilo N = 49 (19.2%)	Aklan N = 14 (5.5%)	Davao de Oro N = 14 (5.5%)	Sarangani N = 11 (4.3%)	
More than 19,040 - 38,080 PHP	1 (1.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (2.0%)	0 (0.0%)	0 (0.0%)	1 (9.1%)	3 (1.2%)
More than 38,080 - 66,640 PHP	39 (73.6%)	38 (67.9%)	8 (23.5%)	5 (22.7%)	17 (34.7%)	1 (7.1%)	6 (42.9%)	3 (27.3%)	117 (46.2%)
More than 66,640 - 114,240 PHP	13 (24.5%)	18 (32.1%)	26 (76.5%)	17 (77.3%)	30 (61.2%)	13 (92.9%)	8 (57.1%)	7 (63.6%)	132 (52.2%)
More than 114,240 - 190,400 PHP	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (2.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.4%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Table 74. Annual monetary salary supplements of generalist medical doctors by province (in PHP) – mean (SD)

Monetary Salary Supplements	NORTH & CENTRAL LUZON				SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 255 (100%)	
	La Union N = 55 (21.6%)		Benguet N = 56 (22.0%)		Batangas N = 34 (13.3%)		Laguna N = 22 (8.6%)		Iloilo N = 49 (19.2%)		Aklan N = 14 (5.5%)		Davao de Oro N = 14 (5.5%)		Sarangani N = 11 (4.3%)			
	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)
Per Diem when	16 (29.1%)	34,743.75 (25,518)	13 (23.2%)	12,203.08 (9,752)	12 (35.3%)	16,653.33 (16,973)	8 (36.4%)	12,068.57 (8,847)	29 (59.2%)	18,329.54 (14,581)	8 (57.1%)	35,828.57 (41,206)	3 (21.4%)	14,028.00 (13,899)	5 (45.5%)	62,160.00 (49,422)	94 (36.9%)	23,594.79 (25,173)

attending training																		
Hazard Pay	37 (67.3%)	74,884.00 (45,588)	48 (85.7%)	69,966.00 (20,218)	25 (73.5%)	71,359.43 (24,914)	19 (86.4%)	100,648.50 (29,782)	41 (83.7%)	79,035.80 (29,667)	12 (85.7%)	83,366.00 (35,465)	11 (78.6%)	91,840.36 (20,745)	9 (81.8%)	114,666.67 (72,588)	202 (79.2%)	79,723.83 (35,389)
PhilHealth Sharing	41 (74.5%)	221,083.33 (243,097)	40 (71.4%)	138,275.68 (96,598)	15 (44.1%)	155,856.86 (128,414)	12 (54.5%)	232,000.00 (128,723)	27 (55.1%)	209,504.18 (106,390)	6 (42.9%)	600,000.00 (0)	9 (64.3%)	277,600.00 (121,779)	11 (100.0%)	151,141.71 (77,853)	161 (63.1%)	196,808.24 (170,375)
Clothing Allowance	37 (67.3%)	7,097.22 (7,661)	54 (96.4%)	4,784.31 (2,585)	27 (79.4%)	5,796.30 (2,229)	18 (81.8%)	5,682.35 (1,544)	40 (81.6%)	5,707.69 (1,331)	14 (100.0%)	5,892.86 (684)	12 (85.7%)	6,083.33 (793)	7 (63.6%)	6,000.00 (1,000)	209 (82.0%)	5,776.85 (3,695)
Duty Allowance	11 (20.0%)	56,727.27 (49,866)	2 (3.6%)	147,600.00 (45,821)	2 (5.9%)	63,000.00 (63,640)	5 (22.7%)	69,600.00 (51,194)	2 (4.1%)	117,600.00 (.)	1 (7.1%)	126,000.00 (.)	2 (14.3%)	104,500.00 (28,991)	1 (9.1%)	108,000.00 (.)	26 (10.2%)	78,152.00 (51,633)
Cash Gift	22 (40.0%)	27,676.27 (32,453)	37 (66.1%)	8,171.43 (12,768)	25 (73.5%)	6,130.43 (2,418)	16 (72.7%)	7,142.86 (6,712)	34 (69.4%)	7,530.30 (5,929)	10 (71.4%)	8,500.00 (6,258)	10 (71.4%)	11,800.00 (12,656)	6 (54.5%)	38,166.67 (48,189)	160 (62.7%)	11,871.75 (18,993)
13th Month Pay	37 (67.3%)	70,923.03 (22,003)	55 (98.2%)	67,695.72 (14,568)	26 (76.5%)	70,794.56 (19,880)	19 (86.4%)	83,787.26 (15,388)	41 (83.7%)	76,133.69 (16,238)	12 (85.7%)	82,131.83 (27,739)	12 (85.7%)	80,959.25 (13,461)	7 (63.6%)	88,366.57 (15,099)	209 (82.0%)	74,111.37 (18,778)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 75. Annual monetary salary supplements of generalist medical doctors by province (in PHP) – median (IQR)

Monetary Salary Supplements	NORTH & CENTRAL LUZON				SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 255 (100%)	
	La Union N = 55 (21.6%)		Benguet N = 56 (22.0%)		Batangas N = 34 (13.3%)		Laguna N = 22 (8.6%)		Iloilo N = 49 (19.2%)		Aklan N = 14 (5.5%)		Davao de Oro N = 14 (5.5%)		Sarangani N = 11 (4.3%)			
	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)
Per Diem when attending training	16 (29.1%)	24,600 (42,000)	13 (23.2%)	10,800 (7,920)	12 (35.3%)	13,800 (8,400)	8 (36.4%)	14,400 (15,600)	29 (59.2%)	14,400 (25,920)	8 (57.1%)	28,800 (49,200)	3 (21.4%)	7,404 (25,320)	5 (45.5%)	36,000 (67,200)	94 (36.9%)	15,600 (22,596)
Hazard Pay	37 (67.3%)	60,000 (74,400)	48 (85.7%)	72,000 (12,000)	25 (73.5%)	72,000 (24,000)	19 (86.4%)	108,600 (24,000)	41 (83.7%)	84,000 (56,202)	12 (85.7%)	90,000 (48,480)	11 (78.6%)	84,000 (36,000)	9 (81.8%)	102,000 (36,000)	202 (79.2%)	72,000 (48,000)
PhilHealth Sharing	41 (74.5%)	120,000 (120,000)	40 (71.4%)	120,000 (84,000)	15 (44.1%)	120,000 (120,000)	12 (54.5%)	186,000 (240,000)	27 (55.1%)	180,000 (96,000)	6 (42.9%)	600,000 (0)	9 (64.3%)	318,000 (36,000)	11 (100.0%)	156,000 (162,000)	161 (63.1%)	120,000 (141,000)
Clothing	37	6,000	54	5,000	27	6,000	18	6,000	40	6,000 (0)	14	6,000 (0)	12	6,000	7 (63.6%)	6,000	209	6,000

Allowance	(67.3%)	(2,000)	(96.4%)	(3,500)	(79.4%)	(1,000)	(81.8%)	(1,000)	(81.6%)		(100.0%)		(85.7%)	(1,500)		(2,000)	(82.0%)	(1,000)
Duty Allowance	11 (20.0%)	36,000 (36,000)	2 (3.6%)	147,600 (64,800)	2 (5.9%)	63,000 (90,000)	5 (22.7%)	60,000 (72,000)	2 (4.1%)	117,600 (0)	1 (7.1%)	126,000 (0)	2 (14.3%)	104,500 (41,000)	1 (9.1%)	108,000 (0)	26 (10.2%)	60,000 (87,600)
Cash Gift	22 (40.0%)	7,500 (35,000)	37 (66.1%)	5,000 (0)	25 (73.5%)	5,000 (5,000)	16 (72.7%)	5,000 (0)	34 (69.4%)	5,000 (0)	10 (71.4%)	5,000 (5,000)	10 (71.4%)	5,000 (5,000)	6 (54.5%)	12,500 (69,000)	160 (62.7%)	5,000 (5,000)
13th Month Pay	37 (67.3%)	63,000 (30,000)	55 (98.2%)	60,000 (10,000)	26 (76.5%)	70,000 (17,000)	19 (86.4%)	90,000 (28,000)	41 (83.7%)	79,000 (22,000)	12 (85.7%)	90,000 (23,781)	12 (85.7%)	82,000 (18,744)	7 (63.6%)	81,000 (25,434)	209 (82.0%)	70,000 (30,000)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 76. Annual non-monetary compensation of generalist medical doctors by province – mean (SD)

Non-monetary Salary Supplements	NORTH & CENTRAL LUZON								SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 255 (100%)	
	La Union N = 55 (21.6%)		Benguet N = 56 (22.0%)		Batangas N = 34 (13.3%)		Laguna N = 22 (8.6%)		Iloilo N = 49 (19.2%)		Aklan N = 14 (5.5%)		Davao de Oro N = 14 (5.5%)		Sarangani N = 11 (4.3%)			
	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)
Time-Off / Vacations (in days)	41 (74.5%)	10.3 (7.3)	50 (89.3%)	11.0 (6.2)	26 (76.5%)	16.8 (12.5)	19 (86.4%)	14.6 (9.0)	36 (73.5%)	8.2 (4.5)	11 (78.6%)	12.5 (9.2)	11 (78.6%)	12.0 (7.6)	7 (63.6%)	13.9 (4.6)	201 (78.8%)	11.6 (8.1)
Clothing (in sets)	12 (21.8%)	2.6 (2.6)	5 (8.9%)	2.0 (1.7)	3 (8.8%)	2.3 (1.5)	8 (36.4%)	2.8 (1.4)	20 (40.8%)	2.5 (1.3)	10 (71.4%)	1.5 (0.7)	8 (57.1%)	1.9 (0.8)	2 (18.2%)	1.5 (0.7)	68 (26.7%)	2.2 (1.6)
Training (in number)	48 (87.3%)	5.3 (5.2)	41 (73.2%)	5.2 (4.4)	27 (79.4%)	4.4 (3.8)	16 (72.7%)	6.9 (3.9)	38 (77.6%)	6.7 (7.4)	11 (78.6%)	8.4 (7.8)	9 (64.3%)	5.6 (5.2)	8 (72.7%)	9.1 (5.4)	198 (77.6%)	5.9 (5.5)
Certificates / Awards/ Recognitions (in number)	45 (81.8%)	4.5 (4.5)	35 (62.5%)	5.1 (4.5)	26 (76.5%)	5.2 (5.0)	16 (72.7%)	4.6 (2.7)	36 (73.5%)	4.7 (4.4)	10 (71.4%)	6.4 (6.3)	7 (50.0%)	6.7 (5.4)	7 (63.6%)	6.1 (4.5)	182 (71.4%)	5.0 (4.5)
Food ration/meals (in number)	9 (16.4%)	12.8 (10.9)	3 (5.4%)	40.3 (45.4)	6 (17.6%)	41.5 (38.5)	3 (13.6%)	126.7 (92.4)	7 (14.3%)	236.3 (557.3)	3 (21.4%)	5.0 (6.1)	7 (50.0%)	16.7 (9.5)	8 (72.7%)	30.9 (31.3)	46 (18.0%)	63.0 (220.3)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 77. Annual non-monetary compensation of generalist medical doctors by province – median (IQR)

Non-monetary Salary Supplements	NORTH & CENTRAL LUZON								SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 255 (100%)	
	La Union N = 55 (21.6%)		Benguet N = 56 (22.0%)		Batangas N = 34 (13.3%)		Laguna N = 22 (8.6%)		Iloilo N = 49 (19.2%)		Aklan N = 14 (5.5%)		Davao de Oro N = 14 (5.5%)		Sarangani N = 11 (4.3%)			
	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)
Time-Off / Vacations (in days)	41 (74.5%)	8 (6)	50 (89.3%)	8 (7)	26 (76.5%)	14 (7)	19 (86.4%)	10 (7)	36 (73.5%)	5 (8)	11 (78.6%)	10 (7)	11 (78.6%)	14 (10)	7 (63.6%)	15 (3)	201 (78.8%)	8 (10)
Clothing (in sets)	12 (21.8%)	2 (2)	5 (8.9%)	1 (1)	3 (8.8%)	2 (3)	8 (36.4%)	3 (2)	20 (40.8%)	2 (2)	10 (71.4%)	1 (1)	8 (57.1%)	2 (2)	2 (18.2%)	2 (1)	68 (26.7%)	2 (2)
Training (in number)	48 (87.3%)	4 (3)	41 (73.2%)	5 (4)	27 (79.4%)	3 (7)	16 (72.7%)	7 (5)	38 (77.6%)	5 (8)	11 (78.6%)	5 (1)	9 (64.3%)	3 (8)	8 (72.7%)	8 (6)	198 (77.6%)	5 (6)
Certificates / Awards/ Recognitions (in number)	45 (81.8%)	3 (3)	35 (62.5%)	5 (3)	26 (76.5%)	3 (9)	16 (72.7%)	5 (4)	36 (73.5%)	3 (4)	10 (71.4%)	5 (3)	7 (50.0%)	4 (8)	7 (63.6%)	5 (8)	182 (71.4%)	3 (4)
Food ration/meals (in number)	9 (16.4%)	12 (17)	3 (5.4%)	30 (89)	6 (17.6%)	23 (68)	3 (13.6%)	180 (160)	7 (14.3%)	28 (16)	3 (21.4%)	2 (11)	7 (50.0%)	24 (18)	8 (72.7%)	24 (23)	46 (18.0%)	24 (24)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 78. Gross basic monthly salary of specialist medical doctors by province

	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		
	La Union N = 78 (41.9%)	Benguet N = 45 (24.2%)	Batangas N = 16 (8.6%)	Laguna N = 8 (4.3%)	Iloilo N = 15 (8.1%)	Aklan N = 14 (7.5%)	Davao de Oro N = 8 (4.3%)	Sarangani N = 2 (1.1%)	TOTAL N = 186 (100%)
More than 19,040 - 38,080 PHP	1 (1.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)
More than 38,080 - 66,640 PHP	25 (32.1%)	16 (35.6%)	4 (26.7%)	3 (37.5%)	6 (40.0%)	6 (42.9%)	5 (71.4%)	0 (0.0%)	65 (35.3%)
More than 66,640 - 114,240 PHP	51 (65.4%)	29 (64.4%)	11 (73.3%)	5 (62.5%)	8 (53.3%)	8 (57.1%)	2 (28.6%)	2 (100.0%)	116 (63.0%)
More than 114,240 - 190,400 PHP	1 (1.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (6.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (1.1%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Table 79. Annual monetary salary supplement of specialist medical doctors by province – mean (SD)

Monetary Salary Supplements	NORTH & CENTRAL LUZON				SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 186 (100%)	
	La Union N = 78 (41.9%)		Benguet N = 45 (24.2%)		Batangas N = 16 (8.6%)		Laguna N = 8 (4.3%)		Iloilo N = 15 (8.1%)		Aklan N = 14 (7.5%)		Davao de Oro N = 8 (4.3%)		Sarangani N = 2 (1.1%)			
	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)
Per Diem when attending training	30 (38.5%)	37,179.31 (45,988)	2 (4.4%)	15,000.00 (12,728)	9 (56.2%)	20,560.00 (31,265)	2 (25.0%)	1,194.00 (110)	11 (73.3%)	22,774.80 (30,708)	3 (21.4%)	11,600.00 (15,980)	0 (0.0%)	. (.)	1 (50.0%)	. (.)	58 (31.2%)	28,778.77 (39,324)
Hazard Pay	62 (79.5%)	67,156.22 (33,640)	36 (80.0%)	74,773.03 (32,610)	14 (87.5%)	87,796.36 (26,456)	5 (62.5%)	42,000.00 (8,485)	10 (66.7%)	63,271.20 (30,522)	10 (71.4%)	70,666.67 (16,371)	2 (25.0%)	244,686.00 (163,079)	2 (100.0%)	105,600.00 (.)	141 (75.8%)	73,846.26 (41,076)
PhilHealth Sharing	74 (94.9%)	228,794.12 (130,320)	43 (95.6%)	166,048.00 (177,084)	8 (50.0%)	379,920.00 (469,540)	7 (87.5%)	317,571.43 (185,971)	14 (93.3%)	279,000.00 (126,389)	10 (71.4%)	460,000.00 (167,033)	8 (100.0%)	339,000.00 (109,372)	2 (100.0%)	114,000.00 (42,426)	166 (89.2%)	242,370.04 (180,256)
Clothing Allowance	63 (80.8%)	5,967.21 (4,089)	42 (93.3%)	5,512.10 (1,568)	15 (93.8%)	5,621.43 (1,756)	6 (75.0%)	6,500.00 (837)	11 (73.3%)	6,000.00 (1,000)	14 (100.0%)	6,000.00 (1,809)	1 (12.5%)	7,000.00 (.)	2 (100.0%)	6,000.00 (.)	154 (82.8%)	5,839.24 (2,863)
Duty Allowance	16 (20.5%)	56,250.00 (84,793)	3 (6.7%)	36,000.00 (31,749)	1 (6.2%)	96,000.00 (.)	0 (0.0%)	. (.)	1 (6.7%)	12,000.00 (.)	0 (0.0%)	. (.)	0 (0.0%)	. (.)	0 (0.0%)	. (.)	21 (11.3%)	53,142.86 (75,640)
Cash Gift	37	9,108.11	28	5,196.75	13	5,038.46	7	6,428.57	10	12,500.00	8	5,714.29	3	8,333.33	1	90,000.00	107	8,235.93

	(47.4%)	(10,011)	(62.2%)	(1,601)	(81.2%)	(1,941)	(87.5%)	(2,440)	(66.7%)	(23,717)	(57.1%)	(1,890)	(37.5%)	(2,887)	(50.0%)	(.)	(57.5%)	(12,426)
13th Month Pay	67 (85.9%)	73,322.87 (13,648)	44 (97.8%)	75,936.36 (13,304)	16 (100.0%)	130,703.20 (207,833)	6 (75.0%)	69,833.33 (17,668)	11 (73.3%)	75,636.36 (20,954)	13 (92.9%)	73,007.09 (18,996)	1 (12.5%)	86,000.00 (.)	2 (100.0%)	85,000.00 (7,071)	160 (86.0%)	79,773.62 (65,923)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 80. Annual monetary salary supplement of specialist medical doctors by province – median (IQR)

Monetary Salary Supplements	NORTH & CENTRAL LUZON				SOUTH LUZON				VISAYAS				MINDANAO				TOTAL	
	La Union N = 78 (41.9%)		Benguet N = 45 (24.2%)		Batangas N = 16 (8.6%)		Laguna N = 8 (4.3%)		Iloilo N = 15 (8.1%)		Aklan N = 14 (7.5%)		Davao de Oro N = 8 (4.3%)		Sarangani N = 2 (1.1%)		N = 186 (100%)	
	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)
Per Diem when attending training	30 (38.5%)	18,000 (21,600)	2 (4.4%)	15,000 (18,000)	9 (56.2%)	8,280 (8,400)	2 (25.0%)	1,194 (156)	11 (73.3%)	10,998 (25,800)	3 (21.4%)	3,600 (28,800)	0 (0.0%)	. (.)	1 (50.0%)	. (.)	58 (31.2%)	17,400 (27,000)
Hazard Pay	62 (79.5%)	60,000 (54,000)	36 (80.0%)	72,000 (24,000)	14 (87.5%)	100,800 (48,000)	5 (62.5%)	42,000 (12,000)	10 (66.7%)	60,000 (57,612)	10 (71.4%)	72,000 (12,000)	2 (25.0%)	244,686 (230,628)	2 (100.0%)	105,600 (0)	141 (75.8%)	72,000 (48,000)
PhilHealth Sharing	74 (94.9%)	228,000 (240,000)	43 (95.6%)	120,000 (84,000)	8 (50.0%)	240,000 (180,000)	7 (87.5%)	360,000 (300,000)	14 (93.3%)	276,000 (168,000)	10 (71.4%)	480,000 (240,000)	8 (100.0%)	360,000 (174,000)	2 (100.0%)	114,000 (60,000)	166 (89.2%)	180,000 (240,000)
Clothing Allowance	63 (80.8%)	5,000 (1,000)	42 (93.3%)	6,000 (1,008)	15 (93.8%)	6,000 (1,000)	6 (75.0%)	6,000 (1,000)	11 (73.3%)	6,000 (2,000)	14 (100.0%)	6,000 (1,000)	1 (12.5%)	7,000 (0)	2 (100.0%)	6,000 (0)	154 (82.8%)	6,000 (1,004)
Duty Allowance	16 (20.5%)	27,000 (18,000)	3 (6.7%)	24,000 (60,000)	1 (6.2%)	96,000 (0)	0 (0.0%)	. (.)	1 (6.7%)	12,000 (0)	0 (0.0%)	. (.)	0 (0.0%)	. (.)	0 (0.0%)	. (.)	21 (11.3%)	24,000 (24,000)
Cash Gift	37 (47.4%)	5,000 (0)	28 (62.2%)	5,000 (0)	13 (81.2%)	5,000 (0)	7 (87.5%)	5,000 (5,000)	10 (66.7%)	5,000 (0)	8 (57.1%)	5,000 (0)	3 (37.5%)	10,000 (5,000)	1 (50.0%)	90,000 (0)	107 (57.5%)	5,000 (0)
13th Month Pay	67 (85.9%)	79,000 (20,000)	44 (97.8%)	80,000 (14,100)	16 (100.0%)	80,000 (25,548)	6 (75.0%)	75,000 (20,000)	11 (73.3%)	80,000 (30,000)	13 (92.9%)	76,000 (35,078)	1 (12.5%)	86,000 (0)	2 (100.0%)	85,000 (10,000)	160 (86.0%)	80,000 (21,000)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 81. Annual non-monetary compensation of specialist medical doctors by province – mean (SD)

Non-monetary Salary Supplements	NORTH & CENTRAL LUZON				SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 186 (100%)	
	La Union N = 78 (41.9%)		Benguet N = 45 (24.2%)		Batangas N = 16 (8.6%)		Laguna N = 8 (4.3%)		Iloilo N = 15 (8.1%)		Aklan N = 14 (7.5%)		Davao de Oro N = 8 (4.3%)		Sarangani N = 2 (1.1%)			
	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)
Time-Off / Vacations (in days)	66 (84.6%)	13.6 (13.9)	43 (95.6%)	11.0 (4.5)	13 (81.2%)	11.2 (9.5)	7 (87.5%)	16.1 (7.8)	11 (73.3%)	11.7 (8.1)	10 (71.4%)	12.5 (6.4)	1 (12.5%)	5.0 (.)	2 (100.0%)	9.5 (6.4)	153 (82.3%)	12.5 (10.3)
Clothing (in sets)	19 (24.4%)	2.7 (2.5)	10 (22.2%)	1.1 (0.3)	7 (43.8%)	2.7 (1.5)	1 (12.5%)	2.0 (.)	5 (33.3%)	1.8 (0.4)	2 (14.3%)	1.0 (0.0)	0 (0.0%)	. (.)	0 (0.0%)	. (.)	44 (23.7%)	2.1 (1.9)
Training (in number)	71 (91.0%)	5.8 (8.2)	27 (60.0%)	2.8 (1.5)	12 (75.0%)	3.8 (3.0)	5 (62.5%)	2.6 (0.9)	13 (86.7%)	6.4 (7.3)	8 (57.1%)	6.0 (6.3)	3 (37.5%)	2.0 (1.7)	1 (50.0%)	2.0 (.)	140 (75.3%)	4.9 (6.6)
Certificates / Awards/ Recognitions (in number)	64 (82.1%)	4.5 (4.7)	26 (57.8%)	2.7 (1.6)	14 (87.5%)	5.6 (5.5)	4 (50.0%)	2.8 (1.0)	11 (73.3%)	5.0 (5.6)	7 (50.0%)	5.9 (6.7)	3 (37.5%)	2.7 (1.5)	1 (50.0%)	3.0 (.)	130 (69.9%)	4.2 (4.5)
Food ration/meals (in number)	16 (20.5%)	19.2 (23.0)	1 (2.2%)	36.0 (.)	1 (6.2%)	20.0 (.)	3 (37.5%)	104.7 (78.1)	6 (40.0%)	18.5 (5.6)	9 (64.3%)	14.0 (6.8)	5 (62.5%)	11.0 (4.1)	2 (100.0%)	24.0 (0.0)	43 (23.1%)	23.7 (31.9)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 82. Annual non-monetary compensation of specialist medical doctors by province – median (IQR)

Non-monetary Salary Supplements	NORTH & CENTRAL LUZON								SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 186 (100%)	
	La Union N = 78 (41.9%)		Benguet N = 45 (24.2%)		Batangas N = 16 (8.6%)		Laguna N = 8 (4.3%)		Iloilo N = 15 (8.1%)		Aklan N = 14 (7.5%)		Davao de Oro N = 8 (4.3%)		Sarangani N = 2 (1.1%)			
	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)
Time-Off / Vacations (in days)	66 (84.6%)	10 (10)	43 (95.6%)	8 (7)	13 (81.2%)	6 (10)	7 (87.5%)	15 (13)	11 (73.3%)	15 (10)	10 (71.4%)	12 (7)	1 (12.5%)	5 (0)	2 (100.0%)	10 (9)	153 (82.3%)	10 (9)
Clothing (in sets)	19 (24.4%)	2 (2)	10 (22.2%)	1 (0)	7 (43.8%)	3 (3)	1 (12.5%)	2 (0)	5 (33.3%)	2 (0)	2 (14.3%)	1 (0)	0 (0.0%)	. (.)	0 (0.0%)	. (.)	44 (23.7%)	2 (1)
Training (in number)	71 (91.0%)	3 (4)	27 (60.0%)	2 (3)	12 (75.0%)	3 (2)	5 (62.5%)	2 (1)	13 (86.7%)	3 (3)	8 (57.1%)	4 (6)	3 (37.5%)	1 (3)	1 (50.0%)	2 (0)	140 (75.3%)	3 (3)
Certificates / Awards/ Recognitions (in number)	64 (82.1%)	2 (3)	26 (57.8%)	2 (3)	14 (87.5%)	4 (4)	4 (50.0%)	2 (2)	11 (73.3%)	2 (3)	7 (50.0%)	4 (7)	3 (37.5%)	3 (3)	1 (50.0%)	3 (0)	130 (69.9%)	3 (3)
Food ration/meals (in number)	16 (20.5%)	14 (22)	1 (2.2%)	36 (0)	1 (6.2%)	20 (0)	3 (37.5%)	110 (156)	6 (40.0%)	18 (8)	9 (64.3%)	12 (11)	5 (62.5%)	12 (0)	2 (100.0%)	24 (0)	43 (23.1%)	16 (14)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 83. Gross basic monthly salary of nurses by province

	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 489 (100%)
	La Union N = 135 (27.6%)	Benguet N = 39 (8.0%)	Batangas N = 99 (20.2%)	Laguna N = 90 (18.4%)	Iloilo N = 78 (16.0%)	Aklan N = 16 (3.3%)	Davao de Oro N = 21 (4.3%)	Sarangani N = 11 (2.2%)	
Less than 9,520 PHP	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
9,520 - 19,040 PHP	14 (10.4%)	0 (0.0%)	4 (4.1%)	3 (3.4%)	1 (1.3%)	0 (0.0%)	1 (4.8%)	0 (0.0%)	23 (4.8%)
More than 19,040 - 38,080 PHP	74 (55.2%)	13 (33.3%)	32 (33.0%)	50 (56.2%)	46 (59.7%)	4 (25.0%)	12 (57.1%)	5 (45.5%)	236 (48.8%)
More than 38,080 - 66,640 PHP	46 (34.3%)	26 (66.7%)	58 (59.8%)	35 (39.3%)	30 (39.0%)	11 (68.8%)	8 (38.1%)	6 (54.5%)	220 (45.5%)
More than 66,640 - 114,240 PHP	0 (0.0%)	0 (0.0%)	2 (2.1%)	0 (0.0%)	0 (0.0%)	1 (6.2%)	0 (0.0%)	0 (0.0%)	3 (0.6%)
More than PHP 190, 400	0 (0.0%)	0 (0.0%)	1 (1.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.2%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Table 84. Annual monetary salary supplements of nurses by province – mean (SD)

Monetary Salary Supplements	NORTH & CENTRAL LUZON				SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 489 (100%)	
	La Union N = 135 (27.6%)		Benguet N = 39 (8.0%)		Batangas N = 99 (20.2%)		Laguna N = 90 (18.4%)		Iloilo N = 78 (16.0%)		Aklan N = 16 (3.3%)		Davao de Oro N = 21 (4.3%)		Sarangani N = 11 (2.2%)			
	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)
Per Diem when attending training	35 (25.9%)	34,701.18 (68,339)	10 (25.6%)	9,955.20 (12,447)	53 (53.5%)	14,112.92 (12,905)	35 (38.9%)	8,943.00 (10,457)	35 (44.9%)	12,100.59 (14,459)	10 (62.5%)	19,546.67 (25,914)	9 (42.9%)	10,804.00 (9,506)	10 (90.9%)	27,200.40 (25,560)	197 (40.3%)	17,313.16 (33,001)
Hazard Pay	82 (60.7%)	55,422.22 (38,723)	25 (64.1%)	71,288.80 (31,699)	77 (77.8%)	84,476.71 (58,940)	69 (76.7%)	75,704.73 (76,720)	60 (76.9%)	96,753.40 (24,319)	14 (87.5%)	76,525.71 (38,331)	19 (90.5%)	86,450.00 (29,884)	8 (72.7%)	104,625.00 (10,070)	354 (72.4%)	77,460.01 (50,691)
PhilHealth Sharing	110 (81.5%)	61,126.02 (42,982)	29 (74.4%)	45,600.00 (24,372)	63 (63.6%)	38,166.40 (25,210)	75 (83.3%)	53,144.68 (38,600)	52 (66.7%)	42,868.09 (55,206)	10 (62.5%)	108,000.00 (12,000)	18 (85.7%)	69,428.57 (13,461)	11 (100.0%)	34,332.00 (18,246)	368 (75.3%)	52,352.81 (40,688)
Clothing Allowance	79 (58.5%)	6,075.95 (1,130)	38 (97.4%)	6,118.42 (1,431)	85 (85.9%)	5,908.33 (1,010)	69 (76.7%)	5,798.51 (1,094)	60 (76.9%)	5,905.00 (1,039)	15 (93.8%)	5,466.67 (990)	18 (85.7%)	6,056.00 (1,392)	8 (72.7%)	6,125.00 (354)	372 (76.1%)	5,939.32 (1,116)

Duty Allowance	27 (20.0%)	25,955.56 (19,093)	0 (0.0%)	. (.)	9 (9.1%)	57,733.33 (32,734)	9 (10.0%)	25,440.00 (14,559)	1 (1.3%)	120,000.00 (.)	1 (6.2%)	84,000.00 (.)	2 (9.5%)	60,000.00 (50,912)	0 (0.0%)	. (.)	49 (10.0%)	37,146.67 (29,953)
Cash Gift	60 (44.4%)	9,933.33 (11,615)	21 (53.8%)	8,619.05 (9,620)	80 (80.8%)	6,415.00 (4,178)	78 (86.7%)	7,767.78 (5,668)	56 (71.8%)	5,348.21 (1,816)	12 (75.0%)	7,083.33 (4,502)	19 (90.5%)	8,578.95 (7,034)	4 (36.4%)	45,500.00 (39,619)	330 (67.5%)	7,956.90 (8,922)
13th Month Pay	79 (58.5%)	35,768.24 (7,812)	37 (94.9%)	37,707.35 (9,691)	88 (88.9%)	40,672.60 (7,596)	71 (78.9%)	38,080.00 (6,300)	58 (74.4%)	37,111.45 (10,684)	15 (93.8%)	38,235.33 (6,028)	18 (85.7%)	35,950.89 (5,268)	9 (81.8%)	35,446.67 (8,474)	375 (76.7%)	37,847.48 (8,213)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 85. Annual monetary salary supplements of nurses by province – median (IQR)

Monetary Salary Supplements	NORTH & CENTRAL LUZON				SOUTH LUZON				VISAYAS				MINDANAO				TOTAL	
	La Union N = 135 (27.6%)		Benguet N = 39 (8.0%)		Batangas N = 99 (20.2%)		Laguna N = 90 (18.4%)		Iloilo N = 78 (16.0%)		Aklan N = 16 (3.3%)		Davao de Oro N = 21 (4.3%)		Sarangani N = 11 (2.2%)		N = 489 (100%)	
	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)
Per Diem when attending training	35 (25.9%)	14,100 (18,600)	10 (25.6%)	3,960 (12,720)	53 (53.5%)	11,280 (12,720)	35 (38.9%)	6,600 (7,860)	35 (44.9%)	5,280 (10,800)	10 (62.5%)	11,520 (18,000)	9 (42.9%)	8,640 (14,400)	10 (90.9%)	18,000 (14,400)	197 (40.3%)	9,120 (13,680)
Hazard Pay	82 (60.7%)	38,400 (67,200)	25 (64.1%)	84,000 (36,000)	77 (77.8%)	84,000 (57,600)	69 (76.7%)	55,800 (78,000)	60 (76.9%)	99,600 (30,984)	14 (87.5%)	80,400 (49,200)	19 (90.5%)	96,000 (12,000)	8 (72.7%)	102,000 (16,500)	354 (72.4%)	84,000 (69,600)
PhilHealth Sharing	110 (81.5%)	48,000 (60,000)	29 (74.4%)	36,000 (36,000)	63 (63.6%)	36,000 (42,000)	75 (83.3%)	42,000 (63,000)	52 (66.7%)	36,000 (54,000)	10 (62.5%)	108,000 (24,000)	18 (85.7%)	66,000 (24,000)	11 (100.0%)	32,196 (30,000)	368 (75.3%)	48,000 (48,000)
Clothing Allowance	79 (58.5%)	6,000 (0)	38 (97.4%)	6,000 (1,000)	85 (85.9%)	6,000 (500)	69 (76.7%)	6,000 (0)	60 (76.9%)	6,000 (0)	15 (93.8%)	6,000 (1,000)	18 (85.7%)	6,000 (1,000)	8 (72.7%)	6,000 (0)	372 (76.1%)	6,000 (0)
Duty Allowance	27 (20.0%)	18,000 (18,000)	0 (0.0%)	. (.)	9 (9.1%)	60,000 (22,800)	9 (10.0%)	24,000 (0)	1 (1.3%)	120,000 (0)	1 (6.2%)	84,000 (0)	2 (9.5%)	60,000 (72,000)	0 (0.0%)	. (.)	49 (10.0%)	24,000 (42,000)
Cash Gift	60 (44.4%)	5,000 (5,000)	21 (53.8%)	5,000 (0)	80 (80.8%)	5,000 (0)	78 (86.7%)	5,000 (5,000)	56 (71.8%)	5,000 (0)	12 (75.0%)	5,000 (2,500)	19 (90.5%)	5,000 (5,000)	4 (36.4%)	38,500 (48,000)	330 (67.5%)	5,000 (0)
13th Month Pay	79 (58.5%)	38,000 (3,800)	37 (94.9%)	38,000 (8,000)	88 (88.9%)	39,000 (6,000)	71 (78.9%)	38,000 (5,000)	58 (74.4%)	38,000 (8,000)	15 (93.8%)	39,000 (2,000)	18 (85.7%)	36,000 (2,000)	9 (81.8%)	38,000 (4,010)	375 (76.7%)	38,000 (4,000)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 86. Non-monetary compensation of nurses by province – mean (SD)

Non-monetary Salary Supplements	NORTH & CENTRAL LUZON								SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 489 (100%)	
	La Union N = 135 (27.6%)		Benguet N = 39 (8.0%)		Batangas N = 99 (20.2%)		Laguna N = 90 (18.4%)		Iloilo N = 78 (16.0%)		Aklan N = 16 (3.3%)		Davao de Oro N = 21 (4.3%)		Sarangani N = 11 (2.2%)			
	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)
Time-Off / Vacations (in days)	92 (68.1%)	11.9 (11.9)	36 (92.3%)	10.6 (5.6)	87 (87.9%)	17.4 (11.4)	75 (83.3%)	21.6 (16.7)	53 (67.9%)	12.1 (12.7)	15 (93.8%)	14.3 (9.7)	18 (85.7%)	18.2 (11.2)	8 (72.7%)	20.4 (7.7)	384 (78.5%)	15.5 (12.9)
Clothing (in sets)	40 (29.6%)	2.1 (1.5)	12 (30.8%)	1.6 (0.9)	30 (30.3%)	3.0 (1.5)	17 (18.9%)	2.6 (0.9)	23 (29.5%)	2.0 (1.1)	10 (62.5%)	2.8 (2.9)	16 (76.2%)	3.4 (1.3)	3 (27.3%)	2.3 (0.6)	151 (30.9%)	2.5 (1.5)
Training (in number)	118 (87.4%)	8.4 (8.7)	31 (79.5%)	7.0 (7.3)	87 (87.9%)	7.0 (8.0)	81 (90.0%)	3.3 (2.7)	64 (82.1%)	3.7 (3.5)	14 (87.5%)	6.9 (5.0)	17 (81.0%)	3.9 (3.9)	10 (90.9%)	4.7 (4.5)	422 (86.3%)	6.0 (6.9)
Certificates / Awards/ Recognitions (in number)	94 (69.6%)	6.8 (7.8)	29 (74.4%)	7.4 (7.4)	77 (77.8%)	5.7 (8.3)	66 (73.3%)	2.7 (2.7)	60 (76.9%)	3.5 (3.1)	15 (93.8%)	5.1 (3.5)	15 (71.4%)	4.3 (4.1)	6 (54.5%)	5.2 (5.9)	362 (74.0%)	5.1 (6.5)
Food ration/meals (in number)	13 (9.6%)	5.6 (6.2)	0 (0.0%)	. (.)	10 (10.1%)	7.8 (7.5)	5 (5.6%)	15.2 (7.8)	1 (1.3%)	3.0 (.)	4 (25.0%)	4.0 (2.7)	0 (0.0%)	. (.)	1 (9.1%)	1.0 (.)	34 (7.0%)	7.3 (7.1)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 87. Non-monetary compensation of nurses by province – median (IQR)

Non-monetary Salary Supplements	NORTH & CENTRAL LUZON						SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 489 (100%)	
	La Union N = 135 (27.6%)		Benguet N = 39 (8.0%)		Batangas N = 99 (20.2%)		Laguna N = 90 (18.4%)		Iloilo N = 78 (16.0%)		Aklan N = 16 (3.3%)		Davao de Oro N = 21 (4.3%)		Sarangani N = 11 (2.2%)			
	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)
Time-Off / Vacations (in days)	92 (68.1%)	8 (10)	36 (92.3%)	8 (7)	87 (87.9%)	15 (16)	75 (83.3%)	15 (22)	53 (67.9%)	9 (8)	15 (93.8%)	15 (13)	18 (85.7%)	15 (20)	8 (72.7%)	15 (12)	384 (78.5%)	12 (7)
Clothing (in sets)	40 (29.6%)	1 (2)	12 (30.8%)	1 (1)	30 (30.3%)	4 (2)	17 (18.9%)	3 (1)	23 (29.5%)	2 (2)	10 (62.5%)	2 (3)	16 (76.2%)	3 (2)	3 (27.3%)	2 (1)	151 (30.9%)	2 (3)
Training (in number)	118 (87.4%)	5 (10)	31 (79.5%)	3 (10)	87 (87.9%)	4 (8)	81 (90.0%)	2 (4)	64 (82.1%)	3 (3)	14 (87.5%)	6 (7)	17 (81.0%)	3 (1)	10 (90.9%)	2 (4)	422 (86.3%)	3 (6)
Certificates / Awards/ Recognitions (in number)	94 (69.6%)	3 (8)	29 (74.4%)	5 (10)	77 (77.8%)	3 (3)	66 (73.3%)	2 (3)	60 (76.9%)	2 (4)	15 (93.8%)	5 (8)	15 (71.4%)	3 (3)	6 (54.5%)	2 (9)	362 (74.0%)	3 (4)
Food ration/meals (in number)	13 (9.6%)	3 (5)	0 (0.0%)	. (.)	10 (10.1%)	4 (8)	5 (5.6%)	16 (4)	1 (1.3%)	3 (0)	4 (25.0%)	3 (3)	0 (0.0%)	. (.)	1 (9.1%)	1 (0)	34 (7.0%)	4 (10)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 88. Gross basic monthly salary of midwives by province

	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 203 (100%)
	La Union N = 27 (13.3%)	Benguet N = 14 (6.9%)	Batangas N = 60 (29.6%)	Laguna N = 30 (14.8%)	Iloilo N = 41 (20.2%)	Aklan N = 14 (6.9%)	Davao de Oro N = 9 (4.4%)	Sarangani N = 8 (3.9%)	
Less than 9,520 PHP	1 (3.8%)	0 (0.0%)	0 (0.0%)	1 (3.3%)	0 (0.0%)	0 (0.0%)	1 (11.1%)	0 (0.0%)	3 (1.5%)
9,520 - 19,040 PHP	2 (7.7%)	1 (7.1%)	4 (6.7%)	4 (13.3%)	11 (26.8%)	2 (14.3%)	2 (22.2%)	4 (57.1%)	30 (14.9%)
More than 19,040 - 38,080 PHP	23 (88.5%)	13 (92.9%)	56 (93.3%)	25 (83.3%)	28 (68.3%)	12 (85.7%)	6 (66.7%)	3 (42.9%)	166 (82.6%)
More than 38,080 - 66,640 PHP	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (4.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (1.0%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Table 89. Annual monetary compensation of midwives by province – mean (SD)

Monetary Salary Supplements	NORTH & CENTRAL LUZON				SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 203 (100%)	
	La Union N = 27 (13.3%)		Benguet N = 14 (6.9%)		Batangas N = 60 (29.6%)		Laguna N = 30 (14.8%)		Iloilo N = 41 (20.2%)		Aklan N = 14 (6.9%)		Davao de Oro N = 9 (4.4%)		Sarangani N = 8 (3.9%)			
	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)	n (%)	amount, mean (SD)
Per Diem when attending training	17 (63.0%)	32,570.25 (48,262)	11 (78.6%)	7,122.55 (7,293)	18 (30.0%)	14,062.29 (16,224)	7 (23.3%)	8,906.00 (6,933)	22 (53.7%)	12,266.18 (22,749)	8 (57.1%)	7,092.00 (9,435)	6 (66.7%)	5,920.00 (4,288)	4 (50.0%)	14,400.00 (8,371)	93 (45.8%)	14,768.33 (26,194)
Hazard Pay	26 (96.3%)	58,632.00 (28,232)	9 (64.3%)	55,050.00 (34,680)	55 (91.7%)	73,243.04 (21,281)	25 (83.3%)	58,062.26 (23,236)	40 (97.6%)	64,574.10 (20,650)	12 (85.7%)	58,773.00 (21,987)	6 (66.7%)	57,172.00 (26,038)	5 (62.5%)	72,000.00 (16,189)	178 (87.7%)	64,255.05 (23,842)
PhilHealth Sharing	22 (81.5%)	179,449.50 (339,678)	5 (35.7%)	24,000.00 (.)	29 (48.3%)	39,484.62 (23,351)	16 (53.3%)	41,400.00 (22,164)	16 (39.0%)	89,400.00 (78,814)	5 (35.7%)	120,000.00 (.)	5 (55.6%)	99,600.00 (9,060)	8 (100.0%)	29,064.00 (11,291)	106 (52.2%)	93,448.80 (192,120)
Clothing Allowance	26 (96.3%)	6,153.85 (732)	14 (100.0%)	5,857.14 (770)	58 (96.7%)	5,922.81 (1,794)	25 (83.3%)	6,972.00 (7,822)	39 (95.1%)	6,102.56 (680)	14 (100.0%)	5,639.29 (1,985)	6 (66.7%)	6,500.00 (837)	5 (62.5%)	5,600.00 (548)	187 (92.1%)	6,117.47 (3,093)
Duty Allowance	13 (48.1%)	20,953.85 (11,348)	0 (0.0%)	. (.)	3 (5.0%)	33,808.00 (15,405)	4 (13.3%)	36,300.00 (14,871)	1 (2.4%)	19,200.00 (.)	1 (7.1%)	22,800.00 (.)	1 (11.1%)	30,000.00 (.)	0 (0.0%)	. (.)	23 (11.3%)	25,696.70 (12,955)
Cash Gift	27 (100.0%)	8,692.31 (7,776)	9 (64.3%)	9,007.44 (7,193)	53 (88.3%)	8,600.00 (7,714)	26 (86.7%)	9,920.00 (11,547)	35 (85.4%)	10,485.71 (10,147)	13 (92.9%)	8,500.00 (5,852)	7 (77.8%)	17,714.29 (16,225)	4 (50.0%)	13,750.00 (10,308)	174 (85.7%)	9,693.99 (9,266)

13th Month Pay	26 (96.3%)	25,471.65 (5,208)	14 (100.0%)	26,841.71 (3,192)	57 (95.0%)	27,780.79 (4,383)	28 (93.3%)	24,239.29 (5,266)	39 (95.1%)	23,201.54 (6,485)	14 (100.0%)	25,293.00 (7,982)	7 (77.8%)	24,676.43 (6,036)	5 (62.5%)	21,960.00 (7,219)	190 (93.6%)	25,482.89 (5,694)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 90. Annual monetary compensation of midwives by province – median (IQR)

Monetary Salary Supplements	NORTH & CENTRAL LUZON				SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 203 (100%)	
	La Union N = 27 (13.3%)		Benguet N = 14 (6.9%)		Batangas N = 60 (29.6%)		Laguna N = 30 (14.8%)		Iloilo N = 41 (20.2%)		Aklan N = 14 (6.9%)		Davao de Oro N = 9 (4.4%)		Sarangani N = 8 (3.9%)			
	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)	n (%)	amount, median (IQR)
Per Diem when attending training	17 (63.0%)	6,996 (54,930)	11 (78.6%)	4,500 (8,400)	18 (30.0%)	4,800 (20,064)	7 (23.3%)	8,640 (10,800)	22 (53.7%)	4,320 (5,640)	8 (57.1%)	2,880 (8,400)	6 (66.7%)	4,362 (2,400)	4 (50.0%)	14,400 (13,200)	93 (45.8%)	4,860 (10,800)
Hazard Pay	26 (96.3%)	64,800 (45,600)	9 (64.3%)	66,000 (59,700)	55 (91.7%)	79,524 (25,200)	25 (83.3%)	60,000 (48,000)	40 (97.6%)	60,222 (33,000)	12 (85.7%)	60,600 (33,600)	6 (66.7%)	60,000 (6,000)	5 (62.5%)	72,000 (12,000)	178 (87.7%)	67,200 (36,000)
PhilHealth Sharing	22 (81.5%)	120,000 (69,000)	5 (35.7%)	24,000 (0)	29 (48.3%)	48,000 (36,000)	16 (53.3%)	37,200 (30,600)	16 (39.0%)	72,000 (42,000)	5 (35.7%)	120,000 (0)	5 (55.6%)	100,800 (18,000)	8 (100.0%)	24,000 (20,808)	106 (52.2%)	60,000 (64,800)
Clothing Allowance	26 (96.3%)	6,000 (1,000)	14 (100.0%)	6,000 (0)	58 (96.7%)	6,000 (0)	25 (83.3%)	6,000 (0)	39 (95.1%)	6,000 (1,000)	14 (100.0%)	6,000 (1,000)	6 (66.7%)	7,000 (1,000)	5 (62.5%)	6,000 (1,000)	187 (92.1%)	6,000 (1,000)
Duty Allowance	13 (48.1%)	21,600 (13,200)	0 (0.0%)	. (.)	3 (5.0%)	36,000 (30,576)	4 (13.3%)	33,600 (24,600)	1 (2.4%)	19,200 (0)	1 (7.1%)	22,800 (0)	1 (11.1%)	30,000 (0)	0 (0.0%)	. (.)	23 (11.3%)	24,000 (18,576)
Cash Gift	27 (100.0%)	5,000 (5,000)	9 (64.3%)	5,000 (3,067)	53 (88.3%)	5,000 (0)	26 (86.7%)	5,000 (5,000)	35 (85.4%)	5,000 (6,000)	13 (92.9%)	5,000 (5,000)	7 (77.8%)	15,000 (19,000)	4 (50.0%)	12,500 (17,500)	174 (85.7%)	5,000 (5,000)
13th Month Pay	26 (96.3%)	27,000 (6,000)	14 (100.0%)	27,000 (4,000)	57 (95.0%)	28,000 (3,000)	28 (93.3%)	27,000 (8,250)	39 (95.1%)	22,000 (8,000)	14 (100.0%)	27,000 (7,000)	7 (77.8%)	21,211 (12,476)	5 (62.5%)	24,000 (12,200)	190 (93.6%)	27,000 (8,000)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 91. Annual non-monetary compensation of midwives by province – mean (SD)

Non-monetary Salary Supplements	NORTH & CENTRAL LUZON						SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 203 (100%)	
	La Union N = 27 (13.3%)		Benguet N = 14 (6.9%)		Batangas N = 60 (29.6%)		Laguna N = 30 (14.8%)		Iloilo N = 41 (20.2%)		Aklan N = 14 (6.9%)		Davao de Oro N = 9 (4.4%)		Sarangani N = 8 (3.9%)			
	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)	n (%)	Number, mean (SD)
Time-Off / Vacations (in days)	26 (96.3%)	9.1 (3.7)	13 (92.9%)	9.8 (6.9)	50 (83.3%)	15.9 (11.9)	27 (90.0%)	17.9 (10.9)	32 (78.0%)	12.3 (6.8)	10 (71.4%)	18.0 (17.7)	6 (66.7%)	14.5 (10.5)	7 (87.5%)	13.3 (3.0)	171 (84.2%)	14.0 (10.1)
Clothing (in sets)	20 (74.1%)	1.4 (0.9)	5 (35.7%)	2.2 (0.8)	19 (31.7%)	3.4 (1.4)	7 (23.3%)	3.1 (1.1)	17 (41.5%)	2.6 (2.4)	10 (71.4%)	2.6 (1.6)	6 (66.7%)	2.3 (0.5)	1 (12.5%)	3.0 (.)	85 (41.9%)	2.5 (1.6)
Training (in number)	27 (100.0%)	10.1 (11.5)	13 (92.9%)	4.8 (3.2)	44 (73.3%)	4.6 (3.8)	21 (70.0%)	3.6 (2.8)	36 (87.8%)	3.4 (2.9)	11 (78.6%)	3.6 (2.1)	9 (100.0%)	3.0 (2.1)	5 (62.5%)	3.2 (3.8)	166 (81.8%)	4.9 (5.9)
Certificates / Awards/ Recognitions (in number)	19 (70.4%)	6.1 (11.4)	11 (78.6%)	4.5 (3.1)	38 (63.3%)	3.2 (2.3)	16 (53.3%)	2.8 (3.0)	33 (80.5%)	2.9 (2.2)	12 (85.7%)	3.5 (2.1)	8 (88.9%)	2.9 (2.3)	4 (50.0%)	3.5 (4.4)	141 (69.5%)	3.6 (4.8)
Food ration/meals (in number)	3 (11.1%)	2.7 (2.1)	1 (7.1%)	1.0 (.)	2 (3.3%)	7.0 (4.2)	1 (3.3%)	20.0 (.)	1 (2.4%)	1.0 (.)	2 (14.3%)	1.0 (0.0)	0 (0.0%)	. (.)	0 (0.0%)	. (.)	10 (4.9%)	4.6 (6.1)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 92. Non-monetary compensation of midwives by province – median (IQR)

Non-monetary Salary Supplements	NORTH & CENTRAL LUZON								SOUTH LUZON				VISAYAS				MINDANAO				TOTAL N = 203 (100%)	
	La Union N = 27 (13.3%)		Benguet N = 14 (6.9%)		Batangas N = 60 (29.6%)		Laguna N = 30 (14.8%)		Iloilo N = 41 (20.2%)		Aklan N = 14 (6.9%)		Davao de Oro N = 9 (4.4%)		Sarangani N = 8 (3.9%)			
	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)	n (%)	Number, median (IQR)
Time-Off / Vacations (in days)	26 (96.3%)	10 (6)	13 (92.9%)	8 (3)	50 (83.3%)	15 (8)	27 (90.0%)	15 (22)	32 (78.0%)	12 (7)	10 (71.4%)	10 (23)	6 (66.7%)	12 (19)	7 (87.5%)	15 (5)	171 (84.2%)	11 (8)
Clothing (in sets)	20 (74.1%)	1 (0)	5 (35.7%)	2 (1)	19 (31.7%)	4 (3)	7 (23.3%)	3 (1)	17 (41.5%)	1 (3)	10 (71.4%)	2 (3)	6 (66.7%)	2 (1)	1 (12.5%)	3 (0)	85 (41.9%)	2 (3)
Training (in number)	27 (100.0%)	5 (13)	13 (92.9%)	4 (3)	44 (73.3%)	4 (3)	21 (70.0%)	3 (3)	36 (87.8%)	2 (2)	11 (78.6%)	3 (1)	9 (100.0%)	2 (1)	5 (62.5%)	2 (1)	166 (81.8%)	3 (3)
Certificates / Awards/ Recognitions (in number)	19 (70.4%)	1 (5)	11 (78.6%)	4 (4)	38 (63.3%)	2 (4)	16 (53.3%)	2 (2)	33 (80.5%)	2 (3)	12 (85.7%)	3 (2)	8 (88.9%)	2 (2)	4 (50.0%)	2 (5)	141 (69.5%)	2 (3)
Food ration/meals (in number)	3 (11.1%)	2 (4)	1 (7.1%)	1 (0)	2 (3.3%)	7 (6)	1 (3.3%)	20 (0)	1 (2.4%)	1 (0)	2 (14.3%)	1 (0)	0 (0.0%)	. (.)	0 (0.0%)	. (.)	10 (4.9%)	2 (4)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Number of providers who answered "yes" when asked if they received the following salary supplement

Table 93. Salary increases and delays of all cadres (all occupational categories) by province

VARIABLES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=1,134 (100%)
	La Union N = 295 (26.0%)	Benguet N = 154 (13.6%)	Batangas N = 209 (18.4%)	Laguna N = 150 (13.2%)	Iloilo N = 183 (16.1%)	Aklan N = 58 (5.1%)	Davao de Oro N = 53 (4.7%)	Sarangani N = 32 (2.8%)	
Salary increase in the past 5 years, n (%)	221 (75.7%)	107 (69.5%)	193 (93.7%)	134 (89.3%)	163 (89.6%)	55 (94.8%)	42 (80.8%)	24 (77.4%)	939 (83.5%)
Salary delays, n (%)	102 (34.9%)	55 (35.7%)	69 (33.5%)	85 (56.7%)	105 (57.7%)	8 (13.8%)	29 (55.8%)	18 (58.1%)	471 (41.9%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Table 94. Working hours by province

VARIABLES	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N=1,134 (100%)
	La Union N = 295 (26.0%)	Benguet N = 154 (13.6%)	Batangas N = 209 (18.4%)	Laguna N = 150 (13.2%)	Iloilo N = 183 (16.1%)	Aklan N = 58 (5.1%)	Davao de Oro N = 53 (4.7%)	Sarangani N = 32 (2.8%)	
Hours of work in the facility per week, mean/median (SD)	48.8 (19.4)	43.5 (15.7)	39.9 (6.0)	39.8 (5.6)	39.6 (6.3)	41.8 (5.2)	39.4 (4.8)	41.5 (8.3)	42.8 (12.9)
Overtime Hours of work in the facility per week, mean/median (SD)	11.8 (16.2)	12.6 (14.6)	6.0 (9.6)	4.3 (6.7)	6.6 (10.6)	10.2 (14.3)	6.8 (6.1)	8.0 (11.5)	8.6 (12.8)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Table 95. General workload on a normal working day of healthcare providers per location and facility type

Type of Health Provider	Hospital		Type of Health Provider	Rural Health Unit	
	Number of patients, mean (SD)	Time spent on direct patient care*, in hours, mean (SD)		Number of patients, mean (SD)	Time spent on direct patient care, in hours*, mean (SD)
La Union			***La Union***		
Physicians (n = 122)	35.9 (32.5)	38.1 (20.1)	Physicians (n = 11)	48.6 (21.7)	27.7 (9.5)
Nurses (n = 123)	23.0 (14.9)	. (.)	Nurses (n = 12)	29.6 (23.9)	20.4 (12.2)
Midwives (n = 16)	31.4 (29.0)	. (.)	Midwives (n =11)	35.9 (22.2)	25.9 (12.5)
All (n = 261)	29.5 (26.1)	38.1 (20.1)	All (n = 34)	37.8 (23.4)	24.6 (11.6)
Benguet			***Benguet***		
Physicians (n = 85)	31.8 (26.3)	37.1 (19.5)	Physicians (n = 16)	28.8 (12.3)	29.9 (15.0)
Nurses (n = 26)	20.9 (15.0)	. (.)	Nurses (n =13)	19.9 (20.7)	22.1 (12.3)
Midwives (n = 1)	8.0 (.)	. (.)	Midwives (n = 13)	26.7 (18.3)	25.7 (15.4)
All (n = 112)	29.0 (24.5)	37.1 (19.5)	All (n = 42)	25.4 (17.1)	26.2 (14.4)
Batangas			***Batangas***		
Physicians (n = 22)	42.0 (34.5)	33.5 (15.4)	Physicians (n = 28)	36.2 (22.4)	30.5 (12.1)
Nurses (n = 54)	24.9 (26.2)	. (.)	Nurses (n = 45)	38.5 (44.8)	24.5 (11.7)
Midwives (n = 16)	26.8 (16.9)	. (.)	Midwives (n = 44)	29.7 (22.8)	24.5 (15.8)
All (n = 92)	29.3 (27.8)	33.5 (15.4)	All (n = 117)	34.7 (33.0)	25.9 (13.6)
Laguna			***Laguna***		
Physicians (n = 18)	61.1 (42.7)	31.6 (13.3)	Physicians (n = 12)	52.1 (26.7)	33.2 (9.7)
Nurses (n = 70)	26.2 (34.9)	. (.)	Nurses (n = 20)	25.0 (20.1)	25.7 (12.3)
Midwives (n = 9)	22.9 (16.3)	. (.)	Midwives (n = 22)	22.6 (15.1)	29.9 (10.4)
All (n = 96)	32.4 (37.7)	31.6 (13.3)	All (n = 54)	30.0 (22.9)	29.1 (11.2)
Iloilo			***Iloilo***		
Physicians (n = 36)	38.7 (31.0)	26.7 (14.9)	Physicians (n =28)	52.0 (29.0)	30.1 (13.8)
Nurses (n = 47)	28.3 (34.3)	. (.)	Nurses (n = 31)	32.3 (30.4)	21.2 (12.0)

Midwives (n =10)	46.1 (58.7)	. (.)	Midwives (n = 31)	29.7 (24.9)	30.0 (10.0)
All (n = 93)	34.2 (36.5)	26.7 (14.9)	All (n = 90)	37.5 (29.5)	27.0 (12.6)
Aklan			***Aklan***		
Physicians (n = 16)	60.6 (45.8)	33.7 (19.0)	Physicians (n = 12)	40.4 (11.0)	27.8 (12.4)
Nurses (n = 3)	21.0 (21.5)	. (.)	Nurses (n = 13)	20.9 (18.6)	21.5 (11.8)
Midwives (n = 1)	25.0 (.)	. (.)	Midwives (n = 13)	17.9 (7.0)	26.2 (17.9)
All (n = 20)	52.9 (44.3)	33.7 (19.0)	All (n = 38)	26.1 (16.2)	25.1 (14.2)
Davao de Oro			***Davao de Oro***		
Physicians (n = 14)	51.9 (27.5)	25.8 (27.3)	Physicians (n = 8)	60.8 (34.6)	23.8 (11.3)
Nurses (n = 14)	46.7 (28.8)	. (.)	Nurses (n = 7)	51.4 (37.7)	13.4 (15.2)
Midwives (n = 3)	16.7 (5.8)	. (.)	Midwives (n = 7)	44.2 (30.4)	9.2 (15.3)
All (n = 31)	46.1 (28.1)	25.8 (27.3)	All (n = 22)	52.9 (33.6)	16.1 (14.6)
Sarangani			***Sarangani***		
Physicians (n = 9)	39.4 (28.7)	56.4 (73.7)	Physicians (n = 4)	53.3 (2.9)	33.8 (4.8)
Nurses (n = 6)	30.8 (11.6)	. (.)	Nurses (n = 5)	17.6 (17.2)	16.6 (10.1)
Midwives (n = 3)	15.0 (17.3)	. (.)	Midwives (n = 5)	24.6 (19.1)	34.2 (23.5)
All (n = 18)	32.5 (23.3)	56.4 (73.7)	All (n = 14)	28.5 (20.8)	27.8 (16.8)
TOTAL (n = 723)	31.9 (30.3)	35.6 (22.7)	**TOTAL (n = 411)**	33.9 (27.8)	26.0 (13.4)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)
Note: *Direct patient care refers to the following: consultations, home visits, and telephone consultations.

Table 96. Average time spent by providers in RHUs for clinical activities by province

VARIABLES		NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 411 (100%)
		La Union N = 34 (8.3%)	Benguet N = 42 (10.2%)	Batangas N = 117 (28.5%)	Laguna N = 54 (13.1%)	Iloilo N = 90 (21.9%)	Aklan N = 38 (9.2%)	Davao de Oro N = 22 (5.4%)	Sarangani N = 14 (3.4%)	
Doctors	N*	N = 11 (9.2%)	N = 16 (13.4%)	N = 28 (23.5%)	N = 12 (10.1%)	N = 28 (23.5%)	N = 12 (10.1%)	N = 8 (6.7%)	N = 4 (3.4%)	N = 119 (100.0%)
	Clinical activities** in minutes per patient, mean (SD)	12.9 (8.3)	17.2 (7.5)	12.7 (7.2)	16.4 (7.0)	14.7 (6.8)	12.2 (8.6)	14.3 (10.3)	17.8 (19.6)	14.4 (8.1)
Nurse	N*	N = 12 (8.2%)	N = 13 (8.9%)	N = 45 (30.8%)	N = 20 (13.7%)	N = 31 (21.2%)	N = 13 (8.9%)	N = 7 (4.8%)	N = 5 (3.4%)	N = 146 (100.0%)
	Clinical activities** in minutes per patient, mean (SD)	7.2 (3.6)	8.8 (5.0)	8.3 (4.5)	8.5 (4.1)	8.7 (4.4)	8.2 (3.4)	9.4 (5.0)	9.8 (5.0)	8.5 (4.3)
Midwife	N*	N = 11 (7.6%)	N = 13 (9.0%)	N = 44 (30.3%)	N = 22 (15.2%)	N = 31 (21.4%)	N = 13 (9.0%)	N = 6 (4.1%)	N = 5 (3.4%)	N = 145 (100.0%)
	Clinical activities** in minutes per patient, mean (SD)	13.6 (4.4)	14.1 (12.5)	21.0 (26.1)	20.7 (15.9)	18.8 (8.7)	43.5 (46.3)	17.2 (9.6)	50.0 (75.1)	22.1 (26.3)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Note: *Number of providers; **Clinical activities differ by provider type per facility. In RHUs, the following clinical activities for physicians are outpatient consultations, immunization, referral of patients, patient education, discharging patients, and minor operations. For nurses, the clinical activities are receiving and registering patients, patient education, daily ward rounds, specimen collection, wound dressing rounds, minor procedures, drug administration, immunization, and discharge planning. On the other hand, midwives have the following clinical activities: prenatal care, antenatal care, postnatal care, deliveries, family planning, immunization, blood pressure monitoring, consultations at barangay health centers or stations, and referral of patients.

Table 97. Average time spent by providers in hospitals for clinical activities type by province

VARIABLES		NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 723 (100%)
		La Union N = 261 (36.1%)	Benguet N = 112 (15.5%)	Batangas N = 92 (12.7%)	Laguna N = 96 (13.3%)	Iloilo N = 93 (12.9%)	Aklan N = 20 (2.8%)	Davao de Oro N = 31 (4.3%)	Sarangani N = 18 (2.5%)	
Doctors	N*	N = 122 (37.9%)	N = 85 (26.4%)	N = 22 (6.8%)	N = 18 (5.6%)	N = 36 (11.2%)	N = 16 (5.0%)	N = 14 (4.3%)	N = 9 (2.8%)	N = 322 (100.0%)
	Clinical activities** in minutes per patient, mean (SD)	25.8 (16.3)	32.4 (24.1)	26.2 (19.1)	24.5 (15.7)	22.1 (26.1)	17.7 (9.9)	30.5 (20.7)	17.9 (7.7)	26.7 (20.2)
Nurse	N*	N = 123 (35.9%)	N = 26 (7.6%)	N = 54 (15.7%)	N = 70 (20.4%)	N = 47 (13.7%)	N = 3 (0.9%)	N = 14 (4.1%)	N = 6 (1.7%)	N = 343 (100.0%)
	Clinical activities** in minutes per patient, mean (SD)	9.3 (5.7)	12.1 (8.0)	10.8 (6.3)	10.5 (5.1)	11.4 (8.4)	15.4 (8.8)	6.5 (2.7)	13.8 (8.2)	10.3 (6.4)
Midwife	N*	N = 16 (27.6%)	N = 1 (1.7%)	N = 16 (27.6%)	N = 8 (13.8%)	N = 10 (17.2%)	N = 1 (1.7%)	N = 3 (5.2%)	N = 3 (5.2%)	N = 58 (100.0%)
	Clinical activities** in minutes per patient, mean (SD)	15.6 (8.5)	30.0 (.)	25.9 (38.6)	36.3 (28.5)	16.4 (11.8)	10.0 (.)	65.0 (22.9)	37.2 (23.9)	25.2 (26.9)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Note: *Number of providers; **Clinical activities differ by provider type per facility. In RHUs, the following clinical activities for physicians are inpatient consultations, outpatient consultations, immunization, ward rounds, referral of patients, discharging patients, major operations, and minor operations. For nurses, the clinical activities are receiving and registering patients, patient education, daily ward rounds, specimen collection, wound dressing rounds, minor procedures, drug administration, immunization, and discharge planning. On the other hand, midwives have the following clinical activities: prenatal care, antenatal care, postnatal care, deliveries, and family planning

Table 98. Perception of healthcare providers on factors affecting quality of care by province

PROVINCE		Equipment and Facilities		Medicines		Time and Communication		Safety		Access / Availability / Convenience	
		n (%)	Mean (SD)	n (%)	Mean (SD)	n (%)	Mean (SD)	n (%)	Mean (SD)	n (%)	Mean (SD)
North & Central Luzon	La Union N = 295 (26.0%)	189 (64.1%)	2.9 (0.7)	201 (68.1%)	2.8 (0.8)	226 (76.6%)	2.9 (0.8)	269 (91.2%)	3.2 (0.6)	216 (73.2%)	3.0 (0.7)
	Benguet N = 154 (13.6%)	94 (61.0%)	2.8 (0.6)	90 (58.4%)	2.6 (0.6)	107 (69.5%)	2.7 (0.7)	140 (90.9%)	3.0 (0.5)	93 (60.4%)	2.8 (0.6)
South Luzon	Batangas N = 209 (18.4%)	130 (62.2%)	2.9 (0.7)	131 (62.7%)	2.7 (0.7)	187 (89.5%)	3.2 (0.7)	197 (94.3%)	3.2 (0.5)	131 (62.7%)	2.9 (0.7)
	Laguna N = 150 (13.2%)	95 (63.3%)	2.9 (0.6)	100 (66.7%)	2.7 (0.6)	138 (92.0%)	3.2 (0.6)	139 (92.7%)	3.2 (0.6)	97 (64.7%)	2.9 (0.6)
Visayas	Iloilo N = 183 (16.1%)	108 (59.0%)	2.8 (0.6)	88 (48.1%)	2.4 (0.8)	150 (82.0%)	3.0 (0.7)	165 (90.2%)	3.1 (0.6)	103 (56.3%)	2.8 (0.6)
	Aklan N = 58 (5.1%)	42 (72.4%)	3.0 (0.5)	38 (65.5%)	2.7 (0.6)	51 (87.9%)	3.0 (0.5)	55 (94.8%)	3.2 (0.5)	41 (70.7%)	3.0 (0.5)
Mindanao	Davao de Oro N = 53 (4.7%)	29 (55.8%)	2.8 (0.6)	29 (55.8%)	2.5 (0.7)	44 (84.6%)	2.9 (0.5)	48 (92.3%)	3.1 (0.6)	37 (71.2%)	2.9 (0.6)
	Sarangani N = 32 (2.8%)	14 (43.8%)	2.7 (0.7)	8 (25.0%)	2.1 (0.6)	28 (87.5%)	3.0 (0.5)	31 (96.9%)	3.3 (0.5)	15 (46.9%)	2.7 (0.7)
TOTAL N=1,134 (100.0%)		701 (61.9%)	2.9 (0.6)	685 (60.5%)	2.6 (0.7)	931 (82.2%)	3.0 (0.7)	1,044 (92.1%)	3.2 (0.6)	733 (64.7%)	2.9 (0.6)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Note: Providers are asked to score statements using a 4-point Likert Scale (1 - strongly disagree, 2 - disagree, 3 - agree, 4 - strongly agree). Frequencies reflect the number of respondents who strongly agreed and agreed to the statements pertaining to the different factors affecting quality of care.

Table 99. Instances of reduction of financial obstacles by physicians by province

VARIABLE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 441 (100%)
	La Union N = 133 (30.2%)	Benguet N = 101 (22.9%)	Batangas N = 50 (11.3%)	Laguna N = 30 (6.8%)	Iloilo N = 64 (14.5%)	Aklan N = 28 (6.3%)	Davao de Oro N = 22 (5.0%)	Sarangani N = 13 (2.9%)	
Provide free samples of medication, yes (%)	92 (69.2%)	76 (75.2%)	38 (76.0%)	25 (83.3%)	42 (65.6%)	19 (67.9%)	12 (54.5%)	8 (61.5%)	312 (70.7%)
Prescribe the cheapest equivalent medicine, yes (%)	131 (98.5%)	91 (90.1%)	49 (98.0%)	28 (93.3%)	63 (98.4%)	25 (89.3%)	21 (95.5%)	13 (100.0%)	421 (95.5%)
Not charge the patient, yes (%)	126 (94.7%)	93 (92.1%)	46 (92.0%)	28 (93.3%)	62 (96.9%)	27 (96.4%)	18 (81.8%)	12 (92.3%)	412 (93.4%)
Offer financial support through personal out-of-pocket expense, yes (%)	45 (33.8%)	34 (33.7%)	21 (42.0%)	16 (53.3%)	26 (40.6%)	13 (46.4%)	9 (40.9%)	7 (53.8%)	171 (38.8%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming

Table 100. Continuity of care delivered by physicians in hospitals per location

PATIENT MANAGEMENT STEPS	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 322 (100%)
	La Union N = 122 (37.9%)	Benguet N = 85 (26.4%)	Batangas N = 22 (6.8%)	Laguna N = 18 (5.6%)	Iloilo N = 36 (11.2%)	Aklan N = 16 (5.0%)	Davao de Oro N = 14 (4.3%)	Sarangani N = 9 (2.8%)	
Upon Admission / Before Discharge									
Total Before Discharge, n (%)	**8 (6.6%)**	**37 (43.5%)**	**2 (9.1%)**	**0 (0.0%)**	**18 (50.0%)**	**8 (50.0%)**	**9 (64.3%)**	**0 (0.0%)**	**82 (25.5%)**
Explanation, n (%)	97 (79.5%)	83 (97.6%)	15 (68.2%)	13 (72.2%)	33 (91.7%)	15 (93.8%)	14 (100.0%)	8 (88.9%)	278 (86.3%)
Symptoms, n (%)	37 (30.3%)	69 (81.2%)	9 (40.9%)	1 (5.6%)	26 (72.2%)	11 (68.8%)	12 (85.7%)	2 (22.2%)	167 (51.9%)
Primary Impression, n (%)	88 (72.1%)	84 (98.8%)	18 (81.8%)	17 (94.4%)	34 (94.4%)	15 (93.8%)	13 (92.9%)	4 (44.4%)	273 (84.8%)
Prognosis, n (%)	63 (51.6%)	69 (81.2%)	16 (72.7%)	3 (16.7%)	30 (83.3%)	11 (68.8%)	11 (78.6%)	5 (55.6%)	208 (64.6%)
Labs and Diagnostics, n (%)	77 (63.1%)	81 (95.3%)	17 (77.3%)	11 (61.1%)	29 (80.6%)	16 (100.0%)	13 (92.9%)	8 (88.9%)	252 (78.3%)

Information on Medications, n (%)	97 (79.5%)	83 (97.6%)	18 (81.8%)	15 (83.3%)	29 (80.6%)	14 (87.5%)	12 (85.7%)	8 (88.9%)	276 (85.7%)
Information on Treatment, n (%)	87 (71.3%)	71 (83.5%)	15 (68.2%)	10 (55.6%)	33 (91.7%)	13 (81.2%)	12 (85.7%)	4 (44.4%)	245 (76.1%)
Referrals, n (%)	32 (26.2%)	55 (64.7%)	6 (27.3%)	6 (33.3%)	25 (69.4%)	11 (68.8%)	11 (78.6%)	1 (11.1%)	147 (45.7%)
After Discharge									
Total After Discharge, n (%)	**6 (4.9%)**	**27 (31.8%)**	**2 (9.1%)**	**0 (0.0%)**	**16 (44.4%)**	**5 (31.2%)**	**8 (57.1%)**	**0 (0.0%)**	**64 (19.9%)**
Final Diagnosis, n (%)	44 (36.1%)	81 (95.3%)	16 (72.7%)	15 (83.3%)	32 (88.9%)	15 (93.8%)	13 (92.9%)	4 (44.4%)	220 (68.3%)
Prognosis, n (%)	23 (18.9%)	68 (80.0%)	12 (54.5%)	1 (5.6%)	28 (77.8%)	14 (87.5%)	13 (92.9%)	5 (55.6%)	164 (50.9%)
Labs and Diagnostics, n (%)	37 (30.3%)	81 (95.3%)	6 (27.3%)	6 (33.3%)	27 (75.0%)	13 (81.2%)	12 (85.7%)	1 (11.1%)	183 (56.8%)
Information on Medications, n (%)	118 (96.7%)	85 (100.0%)	15 (68.2%)	14 (77.8%)	29 (80.6%)	14 (87.5%)	10 (71.4%)	9 (100.0%)	294 (91.3%)
Information on Treatment, n (%)	71 (58.2%)	83 (97.6%)	17 (77.3%)	13 (72.2%)	33 (91.7%)	13 (81.2%)	14 (100.0%)	4 (44.4%)	248 (77.0%)
Symptoms, n (%)	57 (46.7%)	67 (78.8%)	7 (31.8%)	4 (22.2%)	23 (63.9%)	8 (50.0%)	11 (78.6%)	1 (11.1%)	178 (55.3%)
Instructions and Follow-up, n (%)	113 (92.6%)	83 (97.6%)	21 (95.5%)	16 (88.9%)	28 (77.8%)	14 (87.5%)	12 (85.7%)	9 (100.0%)	296 (91.9%)
Referrals, n (%)	13 (10.7%)	33 (38.8%)	7 (31.8%)	2 (11.1%)	22 (61.1%)	7 (43.8%)	12 (85.7%)	1 (11.1%)	97 (30.1%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Table 101. Continuity of care delivered by physicians in rural health units per location

PATIENT MANAGEMENT STEPS	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 119 (100.0%)
	La Union N = 11 (9.2%)	Benguet N = 16 (13.4%)	Batangas N = 28 (23.5%)	Laguna N = 12 (10.1%)	Iloilo N = 28 (23.5%)	Aklan N = 12 (10.1%)	Davao de Oro N = 8 (6.7%)	Sarangani N = 4 (3.4%)	
During Consultation									
Total during consultation, n (%)	**0 (0.0%)**	**7 (43.8%)**	**1 (3.6%)**	**0 (0.0%)**	**13 (46.4%)**	**1 (8.3%)**	**4 (50.0%)**	**0 (0.0%)**	**26 (21.8%)**
Explanation, n (%)	9 (81.8%)	15 (93.8%)	22 (78.6%)	11 (91.7%)	28 (100.0%)	12 (100.0%)	8 (100.0%)	2 (50.0%)	107 (89.9%)
Symptoms, n (%)	8 (72.7%)	15 (93.8%)	9 (32.1%)	0 (0.0%)	20 (71.4%)	6 (50.0%)	6 (75.0%)	2 (50.0%)	66 (55.5%)
Primary Impression, n (%)	7 (63.6%)	15 (93.8%)	19 (67.9%)	8 (66.7%)	23 (82.1%)	11 (91.7%)	6 (75.0%)	3 (75.0%)	92 (77.3%)
Prognosis, n (%)	1 (9.1%)	11 (68.8%)	16 (57.1%)	0 (0.0%)	21 (75.0%)	4 (33.3%)	6 (75.0%)	2 (50.0%)	61 (51.3%)
Labs and Diagnostics, n (%)	7 (63.6%)	16 (100.0%)	13 (46.4%)	7 (58.3%)	24 (85.7%)	11 (91.7%)	6 (75.0%)	3 (75.0%)	87 (73.1%)

Information on Medications, n (%)	10 (90.9%)	16 (100.0%)	17 (60.7%)	9 (75.0%)	24 (85.7%)	12 (100.0%)	6 (75.0%)	3 (75.0%)	97 (81.5%)
Information on Treatment, n (%)	8 (72.7%)	14 (87.5%)	12 (42.9%)	5 (41.7%)	17 (60.7%)	9 (75.0%)	8 (100.0%)	1 (25.0%)	74 (62.2%)
Instructions and Follow-up, n (%)	9 (81.8%)	15 (93.8%)	11 (39.3%)	5 (41.7%)	17 (60.7%)	10 (83.3%)	6 (75.0%)	2 (50.0%)	75 (63.0%)
Referrals, n (%)	2 (18.2%)	10 (62.5%)	7 (25.0%)	7 (58.3%)	19 (67.9%)	8 (66.7%)	8 (100.0%)	2 (50.0%)	63 (52.9%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Table 102. Average TOTAL and domain clinical performance and value (CPV) scores and standard deviation for physicians by province

VARIABLE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL
	La Union	Benguet	Batangas	Laguna	Iloilo	Aklan	Davao de Oro	Sarangani	
TOTAL SCORE (out of 211 items)	78.8	95.4	63	76.4	81.3	71.9	75.5	88.8	78.9
General Medicine, N (%)	67 (58.8%)	16 (14.0%)	7 (6.1%)	4 (3.5%)	7 (6.1%)	3 (2.6%)	7 (6.1%)	3 (2.6%)	114 (100.0%)
Total Score (out of 54 items)	17.1 (3.9)	19.4 (8.1)	13.9 (3.7)	16.5 (2.5)	18.7 (4.6)	14.0 (7.8)	18.1 (3.1)	15.7 (8.1)	17.2 (4.9)
Domain Scores									
History	6.3 (1.8)	6.5 (2.3)	6.1 (2.0)	6.0 (0.8)	6.4 (1.0)	6.0 (3.6)	6.6 (2.0)	6.0 (1.7)	6.3 (1.8)
Physical Examination	1.3 (0.9)	1.6 (1.2)	1.1 (1.1)	1.0 (0.8)	1.7 (1.0)	1.3 (1.5)	1.1 (0.7)	0.7 (1.2)	1.3 (1.0)
Workup	2.4 (0.9)	2.6 (1.3)	2.3 (1.1)	2.2 (0.5)	2.3 (1.1)	2.0 (1.7)	2.3 (0.8)	1.3 (0.6)	2.4 (1.0)
Diagnosis	1.0 (0.3)	0.9 (0.2)	0.9 (0.4)	1.0 (0.0)	0.9 (0.4)	0.7 (0.6)	1.0 (0.0)	1.0 (0.0)	0.9 (0.3)
Treatment	4.8 (2.7)	6.1 (3.5)	2.7 (2.8)	4.2 (1.0)	6.0 (2.0)	2.3 (2.5)	5.9 (1.6)	4.3 (3.8)	4.9 (2.8)
Continuing care	1.3 (0.9)	1.8 (1.4)	0.7 (0.8)	2.0 (1.8)	1.4 (1.0)	1.7 (1.5)	1.3 (0.5)	2.3 (2.1)	1.4 (1.1)
Surgery, N (%)	49 (53.8%)	12 (13.2%)	7 (7.7%)	3 (3.3%)	8 (8.8%)	4 (4.4%)	6 (6.6%)	2 (2.2%)	91 (100.0%)
Total Score (out of 42 items)	18.4 (4.2)	19.4 (4.5)	15.7 (4.7)	21.3 (1.5)	19.0 (3.0)	17.2 (3.1)	18.3 (2.0)	21.5 (2.1)	18.5 (4.0)
Domain Scores									
History	6.0 (2.0)	6.1 (1.6)	5.9 (1.6)	6.0 (1.0)	6.5 (1.4)	6.5 (1.3)	6.0 (1.4)	7.5 (0.7)	6.1 (1.8)
Physical Examination	1.4 (0.8)	2.4 (0.8)	1.0 (0.0)	2.3 (1.2)	1.8 (0.9)	1.8 (1.0)	1.3 (0.8)	2.0 (1.4)	1.6 (0.9)
Workup	1.4 (0.5)	1.6 (0.5)	1.4 (0.8)	1.3 (0.6)	1.5 (0.5)	1.5 (0.6)	1.7 (0.5)	1.0 (0.0)	1.5 (0.5)
Diagnosis	1.0 (0.1)	1.0 (0.0)	0.7 (0.5)	1.0 (0.0)	1.0 (0.0)	0.8 (0.5)	1.0 (0.0)	1.0 (0.0)	1.0 (0.2)
Treatment	6.0 (2.1)	6.5 (3.0)	4.6 (2.4)	7.7 (0.6)	5.8 (1.6)	4.2 (2.5)	6.0 (1.3)	7.5 (2.1)	6.0 (2.2)
Continuing care	2.6 (1.0)	1.8 (1.1)	2.1 (1.8)	3.0 (1.7)	2.5 (0.9)	2.5 (1.3)	2.3 (1.2)	2.5 (0.7)	2.4 (1.1)

Pediatrics, N (%)	67 (64.4%)	14 (13.5%)	7 (6.7%)	4 (3.8%)	6 (5.8%)	4 (3.8%)	0 (.)	2 (1.9%)	104 (100.0%)
Total Score (out of 38 items)	15.5 (3.8)	19.3 (3.1)	12.7 (2.3)	19.2 (4.9)	17.2 (3.1)	21.0 (4.2)	0.0 (.)	21.0 (1.4)	16.4 (4.0)
Domain Scores									
History	5.0 (1.8)	6.6 (1.6)	4.6 (1.0)	5.0 (1.4)	5.0 (2.1)	8.2 (2.6)	0.0 (.)	9.0 (0.0)	5.4 (1.9)
Physical Examination	2.2 (1.3)	2.7 (1.2)	1.7 (1.6)	2.5 (1.7)	3.0 (1.1)	2.5 (1.3)	0.0 (.)	3.0 (2.8)	2.3 (1.4)
Workup	1.8 (1.0)	2.2 (0.9)	1.7 (0.8)	1.5 (0.6)	2.2 (0.8)	2.0 (0.8)	0.0 (.)	2.0 (0.0)	1.9 (0.9)
Diagnosis	1.3 (0.5)	1.6 (0.5)	0.9 (0.7)	2.0 (0.0)	1.5 (0.5)	1.8 (0.5)	0.0 (.)	1.0 (0.0)	1.4 (0.6)
Treatment	3.8 (1.3)	4.7 (1.3)	3.4 (1.6)	6.5 (1.7)	4.2 (1.3)	5.0 (0.0)	0.0 (.)	5.5 (0.7)	4.1 (1.4)
Continuing care	1.3 (0.8)	1.4 (0.6)	0.4 (0.8)	1.8 (0.5)	1.3 (1.0)	1.5 (0.6)	0.0 (.)	0.5 (0.7)	1.3 (0.8)
OBGYNE, N (%)	61 (67.0%)	9 (9.9%)	6 (6.6%)	3 (3.3%)	5 (5.5%)	3 (3.3%)	1 (1.1%)	3 (3.3%)	91 (100.0%)
Total Score (out of 77 items)	27.8 (7.2)	37.2 (11.9)	20.7 (5.8)	19.3 (5.5)	26.4 (10.5)	19.7 (15.5)	39.0 (.)	30.7 (5.1)	27.8 (8.9)
Domain Scores									
History	10.8 (3.0)	14.9 (6.8)	7.8 (3.1)	5.3 (0.6)	10.0 (3.7)	7.3 (6.4)	14.0 (.)	11.7 (2.5)	10.7 (4.0)
Physical Examination	4.9 (2.2)	5.0 (2.1)	2.3 (0.8)	4.0 (3.5)	4.0 (3.2)	4.0 (3.6)	6.0 (.)	4.3 (0.6)	4.6 (2.3)
Workup	2.7 (1.7)	2.3 (1.7)	2.7 (1.6)	1.3 (0.6)	2.8 (3.0)	2.0 (2.0)	6.0 (.)	2.7 (2.1)	2.6 (1.8)
Diagnosis	2.0 (0.9)	3.2 (1.4)	1.5 (0.5)	2.7 (0.6)	1.8 (0.4)	2.0 (2.0)	2.0 (.)	2.7 (1.5)	2.1 (1.1)
Treatment	5.2 (2.6)	8.6 (2.1)	4.2 (1.6)	5.3 (1.2)	5.4 (2.1)	3.0 (3.0)	7.0 (.)	6.7 (2.1)	5.5 (2.6)
Continuing care	2.2 (1.5)	3.2 (1.6)	2.2 (1.0)	0.7 (1.2)	2.4 (1.5)	1.3 (1.2)	4.0 (.)	2.7 (1.2)	2.3 (1.5)

Source: Authors' illustration of the PIDS COBP-CATCH Clinical Vignettes (Conda et al. forthcoming)

Table 103. Average TOTAL and domain CPV scores and standard deviation for nurses by province

VARIABLE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL
	La Union	Benguet	Batangas	Laguna	Iloilo	Aklan	Davao de Oro	Sarangani	
TOTAL SCORE (out of 47 items)	13.3	14.3	14.7	16.3	15.4	18.2	16	18.9	15.9
General Medicine, N (%)	72 (46.8%)	13 (8.4%)	16 (10.4%)	26 (16.9%)	11 (7.1%)	3 (1.9%)	9 (5.8%)	4 (2.6%)	154 (100.0%)
Total Score (out of 12 items)	3.0 (1.1)	2.2 (0.8)	3.5 (1.5)	3.5 (1.1)	3.1 (1.6)	4.3 (1.5)	3.6 (0.9)	3.8 (1.0)	3.1 (1.2)
Domain Scores									
Triage	1.9 (0.8)	1.5 (0.7)	1.9 (0.7)	2.4 (0.7)	1.8 (1.1)	2.3 (0.6)	2.3 (0.7)	2.2 (1.0)	2.0 (0.8)
Continuing care	1.1 (0.7)	0.7 (0.6)	1.6 (1.0)	1.2 (0.8)	1.3 (0.9)	2.0 (1.0)	1.2 (0.4)	1.5 (0.6)	1.2 (0.8)

Surgery, N (%)	56 (52.3%)	7 (6.5%)	12 (11.2%)	23 (21.5%)	3 (2.8%)	2 (1.9%)	3 (2.8%)	1 (0.9%)	107 (100.0%)
Total Score (out of 11 items)	3.3 (1.4)	3.7 (1.1)	4.1 (1.9)	4.6 (1.4)	3.7 (1.2)	4.5 (0.7)	3.7 (0.6)	5.0 (.)	3.7 (1.5)
Domain Scores									
Triage	1.7 (0.9)	2.0 (0.6)	1.8 (0.8)	2.3 (0.8)	2.3 (0.6)	2.5 (0.7)	1.7 (0.6)	1.0 (.)	1.9 (0.9)
Continuing care	1.6 (1.0)	1.7 (1.3)	2.2 (1.1)	2.3 (1.1)	1.3 (1.5)	2.0 (0.0)	2.0 (0.0)	4.0 (.)	1.9 (1.1)
Pediatrics, N (%)	74 (51.0%)	7 (4.8%)	17 (11.7%)	28 (19.3%)	3 (2.1%)	1 (0.7%)	13 (9.0%)	2 (1.4%)	145 (100.0%)
Total Score (out of 9 items)	2.5 (1.3)	2.6 (0.8)	2.4 (1.4)	2.6 (1.1)	3.0 (1.0)	3.0 (.)	2.8 (1.1)	2.5 (0.7)	2.6 (1.2)
Domain Scores									
Triage	1.7 (0.9)	1.7 (0.8)	1.9 (1.3)	1.8 (0.7)	2.3 (1.2)	2.0 (.)	1.8 (1.1)	2.5 (0.7)	1.8 (0.9)
Continuing care	0.8 (0.7)	0.9 (0.7)	0.4 (0.5)	0.8 (0.8)	0.7 (0.6)	1.0 (.)	1.0 (0.0)	0.0 (0.0)	0.8 (0.7)
OBGYNE, N (%)	63 (48.8%)	9 (7.0%)	13 (10.1%)	22 (17.1%)	8 (6.2%)	3 (2.3%)	8 (6.2%)	3 (2.3%)	129 (100.0%)
Total Score (out of 15 items)	4.6 (2.0)	5.8 (2.4)	4.8 (3.3)	5.6 (1.8)	5.6 (2.4)	6.3 (2.1)	6.0 (2.1)	7.7 (1.5)	5.1 (2.3)
Domain Scores									
Triage	3.3 (1.4)	3.7 (1.0)	3.3 (2.3)	3.8 (1.4)	3.8 (1.2)	5.0 (1.0)	4.2 (1.4)	5.7 (0.6)	3.6 (1.5)
Continuing care	1.3 (1.1)	2.1 (1.9)	1.5 (1.4)	1.8 (1.4)	1.9 (1.5)	1.3 (1.5)	1.8 (1.3)	2.0 (1.0)	1.5 (1.3)

Source: Authors' illustration of the PIDS COBP-CATCH Clinical Vignettes (Conda et al. forthcoming)

Table 104. Average TOTAL and domain CPV scores and standard deviation for midwives by province

VARIABLE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL
	La Union	Benguet	Batangas	Laguna	Iloilo	Aklan	Davao de Oro	Sarangani	
TOTAL SCORE (out of 47 items)	13.9	15	12.4	14.7	15.6	9.5	13.7	15.3	13.8
General Medicine, N (%)	11 (34.4%)	2 (6.2%)	3 (9.4%)	6 (18.8%)	4 (12.5%)	1 (3.1%)	2 (6.2%)	3 (9.4%)	32 (100.0%)
Total Score (out of 12 items)	2.9 (0.8)	3.0 (1.4)	3.3 (1.2)	3.7 (1.4)	3.8 (1.0)	5.0 (.)	2.5 (0.7)	3.3 (2.3)	3.3 (1.2)
Domain Scores Triage	2.3 (1.0)	1.5 (0.7)	2.7 (0.6)	2.3 (0.8)	2.2 (1.0)	4.0 (.)	2.0 (0.0)	2.0 (1.7)	2.3 (1.0)
Continuing care	0.6 (0.7)	1.5 (2.1)	0.7 (0.6)	1.3 (0.8)	1.5 (0.6)	1.0 (.)	0.5 (0.7)	1.3 (0.6)	1.0 (0.8)
Surgery, N (%)	7 (25.9%)	2 (7.4%)	5 (18.5%)	3 (11.1%)	5 (18.5%)	1 (3.7%)	2 (7.4%)	2 (7.4%)	27 (100.0%)
Total Score (out of 11 items)	3.1 (0.7)	4.0 (0.0)	3.8 (0.8)	3.7 (0.6)	3.0 (1.0)	2.0 (.)	3.5 (0.7)	3.0 (1.4)	3.3 (0.8)
Domain Scores Triage	1.6 (0.8)	2.5 (0.7)	2.0 (0.0)	2.0 (0.0)	1.4 (0.5)	1.0 (.)	2.0 (0.0)	2.0 (1.4)	1.8 (0.6)
Continuing care	1.6 (0.8)	1.5 (0.7)	1.8 (0.8)	1.7 (0.6)	1.6 (0.5)	1.0 (.)	1.5 (0.7)	1.0 (0.0)	1.6 (0.6)
Pediatrics, N (%)	9 (24.3%)	3 (8.1%)	6 (16.2%)	7 (18.9%)	6 (16.2%)	2 (5.4%)	3 (8.1%)	1 (2.7%)	37 (100.0%)
Total Score (out of 9 items)	2.6 (1.0)	2.3 (1.2)	1.7 (1.0)	2.6 (1.0)	1.5 (0.5)	2.5 (0.7)	3.0 (1.0)	2.0 (.)	2.2 (1.0)
Domain Scores Triage	2.3 (1.1)	2.0 (1.0)	1.5 (0.8)	2.0 (0.6)	1.5 (0.5)	2.5 (0.7)	2.3 (1.2)	2.0 (.)	2.0 (0.9)
Continuing care	0.2 (0.4)	0.3 (0.6)	0.2 (0.4)	0.6 (0.8)	0.0 (0.0)	0.0 (0.0)	0.7 (0.6)	0.0 (.)	0.3 (0.5)
OBGYNE, N (%)	13 (33.3%)	3 (7.7%)	9 (23.1%)	6 (15.4%)	3 (7.7%)	0.0 (.)	3 (7.7%)	2 (5.1%)	39 (100.0%)
Total Score (out of 15 items)	5.3 (2.2)	5.7 (0.6)	3.6 (1.1)	4.8 (1.0)	7.3 (3.1)	0.0 (.)	4.7 (1.5)	7.0 (0.0)	5.1 (1.9)
Domain Scores Triage	3.9 (1.5)	3.3 (0.6)	2.9 (1.1)	3.2 (1.5)	4.7 (1.5)	0.0 (.)	3.7 (1.5)	4.0 (0.0)	3.6 (1.3)
Continuing care	1.4 (1.0)	2.3 (0.6)	0.7 (0.7)	1.7 (1.4)	2.7 (2.1)	0.0 (.)	1.0 (0.0)	3.0 (0.0)	1.5 (1.2)

Source: Authors' illustration of the PIDS COBP-CATCH Clinical Vignettes (Conda et al. forthcoming)

Table 105. Average number of unnecessary tests, treatments, and continuing care by province– Physicians

VARIABLE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL
	La Union	Benguet	Batangas	Laguna	Iloilo	Aklan	Davao de Oro	Sarangani	
General Medicine, n (%)	67 (58.8%)	16 (14.0%)	7 (6.1%)	4 (3.5%)	7 (6.1%)	3 (2.6%)	7 (6.1%)	3 (2.6%)	114 (100.0%)
Unnecessary tests, n (%)	22 (61.1%)	5 (13.9%)	2 (5.6%)	2 (5.6%)	0 (0.0%)	1 (2.8%)	3 (8.3%)	1 (2.8%)	36 (100.0%)
Unnecessary interventions, n (%)	25 (49.0%)	10 (19.6%)	2 (3.9%)	3 (5.9%)	5 (9.8%)	1 (2.0%)	3 (5.9%)	2 (3.9%)	51 (100.0%)
Unnecessary continuing care, n (%)	17 (65.4%)	3 (11.5%)	0 (0.0%)	1 (3.8%)	3 (11.5%)	0 (0.0%)	1 (3.8%)	1 (3.8%)	26 (100.0%)
Surgery, n (%)	49 (53.8%)	12 (13.2%)	7 (7.7%)	3 (3.3%)	8 (8.8%)	4 (4.4%)	6 (6.6%)	2 (2.2%)	91 (100.0%)
Unnecessary tests, n (%)	17 (48.6%)	5 (14.3%)	3 (8.6%)	1 (2.9%)	4 (11.4%)	2 (5.7%)	2 (5.7%)	1 (2.9%)	35 (100.0%)
Unnecessary interventions, n (%)	25 (61.0%)	4 (9.8%)	2 (4.9%)	3 (7.3%)	4 (9.8%)	2 (4.9%)	1 (2.9%)	0 (0.0%)	41 (100.0%)
Unnecessary continuing care, n (%)	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (100.0%)
Pediatrics, n (%)	67 (64.4%)	14 (13.5%)	7 (6.7%)	4 (3.8%)	6 (5.8%)	4 (3.8%)	0 (.%)	2 (1.9%)	104 (100.0%)
Unnecessary tests, n (%)	31 (77.5%)	4 (10.0%)	1 (2.5%)	0 (0.0%)	1 (2.5%)	1 (2.5%)	0 (.%)	2 (5.0%)	40 (100.0%)
Unnecessary interventions, n (%)	8 (57.1%)	3 (21.4%)	1 (7.1%)	1 (7.1%)	1 (7.1%)	0 (0.0%)	0 (.%)	0 (0.0%)	14 (100.0%)
Unnecessary continuing care, n (%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (.%)	0 (0.0%)	1 (100.0%)
OBGYNE, n (%)	61 (67.0%)	9 (9.9%)	6 (6.6%)	3 (3.3%)	5 (5.5%)	3 (3.3%)	1 (1.1%)	3 (3.3%)	91 (100.0%)
Unnecessary tests, n (%)	24 (77.4%)	4 (12.9%)	0 (0.0%)	0 (0.0%)	2 (6.5%)	0 (0.0%)	1 (3.2%)	0 (0.0%)	31 (100.0%)
Unnecessary continuing care, n (%)	3 (75.0%)	0 (0.0%)	1 (25.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (100.0%)

Source: Authors' illustration of the PIDS COBP-CATCH Clinical Vignettes (Conda et al. forthcoming)

Table 106. Average number of unnecessary tests, treatments, and continuing care by province– Midwives

VARIABLE	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL
	La Union	Benguet	Batangas	Laguna	Iloilo	Aklan	Davao de Oro	Sarangani	
General Medicine, n (%)	11 (34.4%)	2 (6.2%)	3 (9.4%)	6 (18.8%)	4 (12.5%)	1 (3.1%)	2 (6.2%)	3 (9.4%)	32 (100.0%)
Unnecessary continuing care, n (%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (100.0%)
Surgery, n (%)	7 (25.9%)	2 (7.4%)	5 (18.5%)	3 (11.1%)	5 (18.5%)	1 (3.7%)	2 (7.4%)	2 (7.4%)	27 (100.0%)
Unnecessary continuing care, n (%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (100.0%)
Pediatrics, n (%)	9 (24.3%)	3 (8.1%)	6 (16.2%)	7 (18.9%)	6 (16.2%)	2 (5.4%)	3 (8.1%)	1 (2.7%)	37 (100.0%)
Unnecessary continuing care, n (%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (100.0%)
OBGYNE, n (%)	13 (33.3%)	3 (7.7%)	9 (23.1%)	6 (15.4%)	3 (7.7%)	(.%) 0	3 (7.7%)	2 (5.1%)	39 (100.0%)
Unnecessary continuing care, n (%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (.%)	0 (100.0%)

Source: Authors' illustration of the PIDS COBP-CATCH Clinical Vignettes (Conda et al. forthcoming)

Table 107. Referral and coordination among healthcare providers in hospitals by province

VARIABLE	HOSPITALS								
	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		TOTAL N = 723 (100%)
	La Union N = 261 (36.1%)	Benguet N = 112 (15.5%)	Batangas N = 92 (12.7%)	Laguna N = 96 (13.3%)	Iloilo N = 93 (12.9%)	Aklan N = 20 (2.8%)	Davao de Oro N = 31 (4.3%)	Sarangani N = 18 (2.5%)	
Availability of clinical information once referral is made, n (%)	234 (91.8%)	10 (55.6%)	84 (91.3%)	84 (86.6%)	80 (86.0%)	20 (100.0%)	14 (77.8%)	10 (55.6%)	553 (88.6%)
Sufficient referral information provided, n (%)	186 (79.5%)	8 (80.0%)	73 (86.9%)	71 (84.5%)	72 (90.0%)	13 (65.0%)	12 (85.7%)	8 (80.0%)	460 (83.2%)
Mode of referral *Letter, n (%)*	223 (97.0%)	17 (100.0%)	88 (96.7%)	96 (100.0%)	91 (98.9%)	18 (90.0%)	31 (100.0%)	18 (100.0%)	582 (97.8%)

Telephone Conversation, n (%)	213 (92.6%)	14 (82.4%)	85 (93.4%)	95 (99.0%)	85 (92.4%)	17 (85.0%)	30 (96.8%)	18 (100.0%)	557 (93.6%)
Electronic Medical Record (EMR), n (%)	78 (33.9%)	1 (5.9%)	4 (4.4%)	0 (0.0%)	13 (14.1%)	6 (30.0%)	3 (9.7%)	1 (5.6%)	106 (17.8%)
Frequent Rejected referrals, n (%)	23 (10.0%)	4 (23.5%)	35 (38.5%)	59 (61.5%)	41 (44.6%)	3 (15.0%)	2 (6.5%)	11 (61.1%)	178 (29.9%)
Frequent Inappropriate referrals, n (%)	44 (19.1%	4 (23.5%)	21 (23.1%)	60 (63.2%)	23 (25.0%)	5 (25.0%)	3 (9.7%)	1 (5.6%)	161 (27.1%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Table 108. Referral and coordination among healthcare providers in rural health units by province

VARIABLE	RURAL HEALTH UNITS								TOTAL N = 411 (100%)
	NORTH & CENTRAL LUZON		SOUTH LUZON		VISAYAS		MINDANAO		
	La Union N = 34 (8.3%)	Benguet N = 42 (10.2%)	Batangas N = 117 (28.5%)	Laguna N = 54 (13.1%)	Iloilo N = 90 (21.9%)	Aklan N = 38 (9.2%)	Davao de Oro N = 22 (5.4%)	Sarangani N = 14 (3.4%)	
Availability of clinical information once referral is made, n (%)	31 (91.2%)	30 (71.4%)	103 (88.0%)	46 (85.2%)	86 (95.6%)	33 (86.8%)	17 (77.3%)	12 (85.7%)	358 (87.1%)
Sufficient referral information provided, n (%)	30 (96.8%)	24 (80.0%)	92 (89.3%)	41 (89.1%)	81 (94.2%)	31 (93.9%)	17 (100.0%)	12 (100.0%)	328 (91.6%)
Mode of referral	34 (100.0%)	42 (100.0%)	116 (99.1%)	53 (98.1%)	90 (100.0%)	38 (100.0%)	22 (100.0%)	14 (100.0%)	409 (99.5%)
Letter, n (%)	32 (94.1%)	36 (85.7%)	85 (72.6%)	44 (81.5%)	74 (82.2%)	30 (78.9%)	20 (90.9%)	13 (92.9%)	334 (81.3%)
Telephone Conversation, n (%)	24 (70.6%)	4 (9.5%)	4 (3.4%)	0 (0.0%)	5 (5.6%)	0 (0.0%)	3 (13.6%)	0 (0.0%)	40 (9.7%)
Electronic Medical Record (EMR), n (%)									
Frequent Rejected referrals, n (%)	7 (20.6%)	6 (14.3%)	23 (19.7%)	19 (35.2%)	20 (22.2%)	2 (5.3%)	2 (9.1%)	0 (0.0%)	79 (19.2%)
Frequent Inappropriate referrals, n (%)	3 (8.8%)	3 (7.1%)	15 (12.8%)	13 (24.1%)	8 (8.9%)	2 (5.3%)	3 (13.6%)	1 (7.1%)	48 (11.7%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Table 109. Mean scores on the scales and domains of provider motivation

PROVINCES		MOTIVATIONS AS A HEALTHCARE PROVIDER						
		Income	Security of Employment and Opportunities	Intrinsic Motivation	Working Conditions	Quality and Style of Supervision	Recognition	Autonomy
NORTH & CENTRAL LUZON	La Union N = 295 (26.0%)	227 (76.9%)	230 (78.0%)	265 (89.8%)	130 (44.1%)	234 (79.3%)	239 (81.0%)	262 (88.8%)
	Benguet N = 154 (13.6%)	108 (70.1%)	98 (63.6%)	127 (82.5%)	65 (42.2%)	113 (73.4%)	108 (70.1%)	128 (83.1%)
SOUTH LUZON	Batangas N = 209 (18.4%)	169 (80.9%)	163 (78.0%)	201 (96.2%)	142 (67.9%)	183 (87.6%)	174 (83.3%)	194 (92.8%)
	Laguna N = 150 (13.2%)	118 (78.7%)	113 (75.3%)	148 (98.7%)	104 (69.3%)	140 (93.3%)	124 (82.7%)	137 (91.3%)
VISAYAS	Iloilo N = 183 (16.1%)	133 (72.7%)	137 (74.9%)	171 (93.4%)	101 (55.2%)	157 (85.8%)	142 (77.6%)	163 (89.1%)
	Aklan N = 58 (5.1%)	47 (81.0%)	48 (82.8%)	55 (94.8%)	38 (65.5%)	52 (89.7%)	44 (75.9%)	54 (93.1%)
MINDANAO	Davao de Oro N = 53 (4.7%)	40 (76.9%)	36 (69.2%)	50 (96.2%)	32 (61.5%)	43 (82.7%)	42 (80.8%)	45 (86.5%)
	Sarangani N = 32 (2.8%)	24 (75.0%)	18 (56.2%)	29 (90.6%)	19 (59.4%)	25 (78.1%)	28 (87.5%)	26 (81.2%)
TOTAL N=1,134 (100%)		866 (76.4%)	843 (74.4%)	1,046 (92.3%)	631 (55.7%)	947 (83.6%)	901 (79.5%)	1,009 (89.1%)

Source: Authors' illustration of the PIDS COBP-CATCH Healthcare Provider Survey (Conda et al. forthcoming)

Note: Providers are asked to score statements using a 4-point Likert Scale (1 - strongly disagree, 2 - disagree, 3 - agree, 4 - strongly agree). Frequencies reflect the number of respondents who strongly agreed and agreed to the statements pertaining to the different domains of provider motivation

Annex C. List of Personnel

PIDS STUDY TEAM	
Principal Project Investigator / Senior Research Fellow	Valerie Gilbert T. Ulep, PhD
Technical Lead	Lea Elora A. Conda, MD-MBA
Project Senior Technical Specialist	Jereme Paolo K. Syling
Data Quality Assurance Officer	Joy Bagas
Quantitative Analysis Consultant	Kim L. Cochon, PhD
Consultant for Population Survey	Frances Lois Ngo, RPh, MHSS
Consultant for Health Facility Survey	Diana Francesca Gepte-Licari, MD
Consultant for Clinical Vignettes	Diana Rivadelo Tamondong-Lachica, MD, FPCP
Statistician	Genelyn Ma Sarte, MSc
Data Processors and Writing Support	Jann Trizia Talamayan
	Aaron Carlos Manuel
	Yaddah Shalom Dollente
	Louie Iyar Dagoy
Coordinator	Ryan Chester Dob
Translators	Jessrel Alba
	Mary Camille Samson, RMT
	Joemarie Tunguia, RN
	Orlando Apostol

Survey Firm (Orient Integrated Development Consultants Incorporated)	
Survey Team Manager (Consultant)	Arlene Inocencio, PhD
Assistant Survey Team Manager (In-house Consultant)	Rosemarie Grio
Data Manager (Consultant)	Martin Augustine Borlongan

Research Associate (Consultant)	Alexis Baulita
Field Coordinator (Consultant)	Ghay Ann Sevilla-Reazon
Project Coordinator (In-house staff)	Ma. Antonette Importante
Technical Assisstant (In-house staff)	Krystel Robiso
IT Officer (In-house staff)	Felipe Acosta
Clinical Vignette Scorers	Dr. Diana Tamondong-Lachica
	Dr. Marissa Elizabeth L. Lim
	Dr. Rosally P. Zamora
	Dr. Jamielyn Cruz
	Dr. John Paulo B. Vergara
	Dr. Roberto A. Razo II
	Dr. Queenie Ngalob Samonte
	Dr. Ma. Czarlota Valdenor
Encoders	Jick L. Acupan
	Al Benzhar A. Lumanggal
	Kyla M. Endrinal
	Zyarrah Zaida B. Pangolima
	Erica B. Tenio

FIELD TEAMS		
Province	**Field Supervisors**	**Enumerators**
Benguet	Jennemae Robin Jueves	Jeanne B. Morial
		Levi Wanawan Ticag
		May Rose T. Busacay
		Lily Ann B .Buyyagao
		Lynlyn Esilen Limog
		Bert L. Masgay
La Union	Abner Alusen	Gerardo Solis Cruz
		Angelyn P Patacsil
		Glen S Cabrera
		Louella Fortes
		Angeline C Mejia
		Elmer Garayan Balio-An
Batangas	Erna Canale	Alma Escanillan

		Daryl L. Pitogo
		Ernesto C. Escanillan Jr
		Russel M. Mordeno
		Rose Mae B. Aguado
		Marichu A. Ymata
		Cleopatra .V Alvaro
		Aurelia Estimo
		Rowena Paulino
		Resurection Galutan
		Maria Melanie Bagwang
		Lourdes N. Oliver
Laguna	Lorna Mabilangan	Ma Alaiza Umali
		April Joy Evangelista-Paloma
		Jonash Montealegre
		Ana Salvador Palmamento
		John Kenneth Relevo
		Shirley D. Mendros
		Mary Rose M. Perin
		Lerma V Estigoy
		Danielle-Lyn Navarro
		Maribes B. Tanura
		Jonnalyn P. Flores
Aklan	Bernandita Iguban	Juvy R. Gicana
		Ma Sol R. Icabandi
		Teresita Lina Y. Colmo
		Aim Eugynne I. Racan
Iloilo	Jessrel Alba	Roxane Berondo Octaviano
		Maria Ana Millendes

		Reno Jamandre Dionisio
		Jade A. Demonteverde
		Marian Tarrayo
		May Christie T. Geniston
		Aiza Mae S. Gonzaga
		Julius O. Velasco
		Cedie A. Borreros
		Mark Joemarie A. Borres
Davao de Oro	Norshid Talib	Bai-Nhor Shaira T Aliman
		Sittie Lailie K Aragasi
		Grandel R. Laurel
		Rudilyn A. Corbet
		Janick O. Resullar
Sarangani	Fahad Agak	Ivy Indirah A. Lacastesantos
		Sittie Maliejah Mustapha Ayob
		Jick L. Acupan
		Zyarrah Zaida B. Pangolima
		Al Benzhar A. Lumanggal

Annex D. Questionnaires

Annex D- 1. Population Tool Survey

PSA Survey Clearance Number:	PIDS-DOH-2424-01
Expiration Date:	31 JULY 2025

CONFIDENTIALITY:
The Data Privacy Act of 2012 provides that all information obtained from the respondent shall be held ***STRICTLY CONFIDENTIAL***.

GEOGRAPHIC IDENTIFICATION

1. REGION
   REHIYON _____
2. PROVINCE/HUC
   PROBINSYA _____
3. CITY/MUNICIPALITY
   SIYUDAD/MUNISIPYO _____
4. BARANGAY
   BARANGAY _____
5. NAME OF HOUSEHOLD HEAD
   NAMUMUNO SA PAMILYA _____ (INITIALS OF FIRST AND LAST NAME)

6. NAME OF PRIMARY DECISION-MAKER IN FAMILY WITH REGARDS TO HEALTH
   PANGALAN NG PANGUNAHING TAGAPAG-DESISYON SA PAMILYA TUNGKOL SA KALUSUGAN
   [LAST NAME, FIRST NAME, MIDDLE INITIAL]
   [APELYIDO, PANGALAN, UNANG LETRA NG GITNANG PANGALAN]
   _____

7. COMPLETE ADDRESS
   KUMPLETONG ADDRESS NG TIRAHAN
   _____

INTERVIEWER VISITS

	1	FINAL VISIT *(HULING PAGBISITA)*
8. DATE PETSA 9. INTERVIEWER'S NAME PANGALAN NG MAG INTERVIEW	_____ _____	MONTH..... _____ *BUWAN* DAY..... _____ *ARAW* RESULT*..... _____ *RESULTA**
NEXT VISIT: DATE SUSUNOD NA PAG BISITA: PETSA	_____	TOTAL NO. OF VISITS *KABUUANG BILANG NG PAG BISITA* _____

***RESULT CODES:**
RESULTA NG KODIGO*
1 COMPLETED
NATAPOS
2 NO HOUSEHOLD MEMBER AT HOME OR NOT COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
WALANG MIYEMBRO NG PAMILYA O TIRAHAN ANG NASA BAHAY O WALANG TAO NA PASOK SA KAHINGIAN O PAMANTAYAN NG PAGSUSURI SA ORAS NG PAGBISITA

3	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME *ANG BUONG PAMILYA AY MATAGAL NG WALA SA KANILANG BAHAY*
4	POSTPONED *HINDI NATULOY*
5	REFUSED *TINANGGIHAN*
6	DWELLING VACANT OR ADDRESS NOT A DWELLING *BAKANTENG TIRAHAN O LOTE O ADDRESS NA HINDI ANGKOP ANG LOKASYON*
7	DWELLING DESTROYED *SIRANG TIRAHAN*
8	DWELLING NOT FOUND *HINDI NATAGPUAN NA TIRAHAN*
9	OTHER _____ (SPECIFY) *ILAGAY ANG IBA PANG DAHILAN: _____*

INTRODUCTION AND CONSENT
(PAGPAPAKILALA AT PAGHINGI NG PAHINTULOT)

Please ask this tool to the **household members** located within the following places: **La Union, Benguet, Batangas, Laguna, Iloilo, Aklan, Davao de Oro, and Sarangani.**

Gamitin ang mga katanungan na ito para sa taong nakatira sa mga sumusunod na lugar: La Union, Benguet, Batangas, Laguna, Iloilo, Aklan, Davao de Oro, and Sarangani.
Approach a household, introduce yourself and ask him/her if s/he is willing to answer questions. Thank them for agreeing to answer this tool. Explain that the tool will take **60 minutes to complete.** Each section will contain its specific instructions. As much as possible, please do not leave anything blank. Mention that the investigators may contact them for questions to clarify about any blank questions.

Magpunta sa isang bahay, ipakilala ang sarili at itanong kung sila ay papayag na sumagot sa mga katanungan. Magpasalamat sa kanilang pahintulot. Ipaliwanag na ang panayam ay aabutin ng isang oras upang matapos. Ang bawat bahagi ay naglalaman ng mga partikular na direksyon. Hanggang maaari, huwag mag-iwan ng blankong sagot. Sabihan sila na ang mga mananaliksik ay maaaring makipag-ugnayan sa kanila para sa kalinawan sa mga katanungan na may blanko o walang sagot.

Spiel: There are no right or wrong answers. Please answer this tool as truthfully as possible. Your answers in this tool will be kept confidential and you will not be named personally in any report/publication.
Walang tama o maling sagot. Sagutin ang mga sumusunod na katanungan ng may lubos na katotohanan. Ang iyong mga sagot ay mananatiling ligtas at ang iyong pangalan ay hindi mababanggit sa anumang pahayagan o ulat.

Do you have any questions?
Mayroon ka bang mga katanungan?

SIGNATURE OF INTERVIEWER *PIRMA NG TAGA0PANAYAM*		DATE *PETSA*	

Interview should be conducted with the primary decision maker for the health of the household.
Ang panayam ay dapat isagawa kasama ang pangunahing tagapagpasya para sa kalusugan ng pamilya.

Criteria:
An adult member of the household who is responsible for the healthcare and organization of the household, or the one who is regarded as such by the members of the household.
Pamantayan:
Miyembro ng pamilya o tahanan na nasa wastong gulang na responsable para sa pangangalaga sa kalusugan at kaayusan sa tahanan, o kung sino man ang itinuturing ng mga miyembro ng pamilya na pasok sa nabanggit.

The following is considered as household head:

Ang mga sumusunod ay ang pamantayan para sa nangangasiwa sa isang pamilya:

- The household member who is responsible for the healthcare and organization of the household.
  Ang miyembro ng pamilya na responsable para sa pangangalaga sa kalusugan at kaayusan sa loob ng tahanan.

- The household member who makes the final decisions regarding the healthcare of the household even if he or she does not contribute to the finances of the household.
  Ang miyembro ng pamilya na nagpapasya ng huling desisyon tungkol sa pangangalaga sa kalusugan ng mga tao sa kanilang tahanan kahit na ito ay walang kontribusyon sa mga pinansyal na pangangailangan sa bahay.

A part of the questionnaire requires other members of the household who are present to also take part in the data collection. These individuals are:
Ang isang bahagi ng mga katanungan ay nangangailangan ng pakikilahok ng iba pang miyembro ng pamilya na naroroon sa panahon ng pakikipagpanayam. Ang mga indibidwal na ito ay:

- Persons who are present at the time of visit and whose usual place of residence is the housing unit where the household lives.
  Mga taong naroroon sa oras ng pagbisita at ang karaniwang tirahan ay ang bahay kung saan naninirahan ang buong pamilya,
- Those whose usual place of residence is where the household lives but are temporarily away at the time of the census for the following reasons:
  Mga taong ang pangunahing tinitirhan ay kung saan nakatira ang buong pamilya ngunit wala noong panahon ng census para sa mga sumusunod na dahilan:
  - On vacation, business/pleasure trip, or training somewhere in the Philippines and are expected to be back within six months from the date of departure.
    Nasa bakasyon, biyahe para sa negosyo o paglilibang, o pagsasanay sa ibang lugar sa Pilipinas at inaasahang babalik sa loob ng anim na buwan mula sa petsa ng pag-alis.
  - On vacation, business/pleasure trip, on study/training abroad and are expected to be back within a year from the date of departure
    Nasa bakasyon, biyahe para sa negosyo o paglilibang, o pag-aaral at pagsasanay sa ibang lugar sa Pilipinas at inaasahang babalik sa loob ng anim na buwan mula sa petsa ng pag-alis.
  - Working or attending school outside their usual place of residence but usually come home at least once a week
    - Nagtatrabaho o nag-aaral sa labas ng kanilang karaniwang tirahan ngunit karaniwang umuuwi ng hindi bababa sa isang beses sa isang linggo.
  - Confined in hospitals for a period of not more than six months as of the time of enumeration, except when they are confined as patients in mental hospitals or drug rehabilitation centers, regardless of the duration of their confinement
    Naka-confine sa mga ospital sa loob ng hindi hihigit sa anim na buwan mula sa oras ng pangangalap ng impormasyon, maliban kung sila ay naka-confine bilang mga pasyente sa mental na ospital o sentro ng rehabilitasyon sa droga, anuman ang tagal ng kanilang pagkaka-confine.
  - Detained in national/provincial/city/municipal jails or in military camps for a period of not more than six months as of the time of enumeration, except when their sentence or detention is expected to exceed six months.
    Nakakulong sa pambansa, panlalawigan, lungsod, o munisipal na bilangguan o sa mga kampo ng militar sa loob ng hindi hihigit sa anim na buwan mula sa araw ng panayam,, maliban kung inaasahan na ang kanilang sentensiya o pagkakakulong ay lalampas ng anim na buwan.
  - On board coastal, inter-island, or fishing vessels within Philippine territories
    Sakay ng mga bangkang pangbaybayin, pang-inter-island, o pangisda sa loob ng teritoryo ng Pilipinas.
  - On board oceangoing vessels but are expected to be back within five years from the date of departure.
    Sakay ng mga barkong pangkaragatan ngunit inaasahang babalik sa loob ng limang taon mula sa petsa ng pag-alis.
- Boarding houses → interview the family who owns or runs the boarding house; if they do not live there, do not conduct an interview.
  Mga Boarding House → makipag panayam sa pamilya ng may-ari o namamahala ng boarding house; kung hindi sila nakatira doon, huwag magsagawa ng panayam
- Citizens of foreign countries who have resided or are expected to reside in the Philippines for at least a year from their arrival, except members of diplomatic mission and non-Filipino members of international organizations.
  Mga mamamayan ng mga banyagang bansa na naninirahan o inaasahang maninirahan sa Pilipinas ng hindi bababa sa isang taon mula sa kanilang pagdating, maliban sa mga miyembro ng diplomatic mission at mga hindi-Pilipinong miyembro ng mga internasyonal na organisasyon,
- Filipino balikbayans with usual place of residence in a foreign country but have resided or are expected to reside in the Philippines for at least a year from their arrival.
  Mga Pilipinong balikbayan na ang karaniwang lugar ng paninirahan ay nasa ibang bansa ngunit nanirahan o inaasahang maninirahan sa Pilipinas ng hindi bababa sa isang taon mula sa kanilang pagdating.

- Persons temporarily staying with the household who have no usual place of residence or who are not certain to be enumerated elsewhere.
  Mga tao na pansamantalang nananatili sa ibang tahanan na walang karaniwang lugar ng paninirahan o hindi tiyak na mabibilang sa ibang lugar.
- Minors below 18 years old may be included, provided that an adult or primary caregiver will answer on their behalf.
  Maaaring isama ang mga menor de edad na wala pang 18 taong gulang, basta't ang isang adult o pangunahing tagapag-alaga ang sasagot para sa kanila.

RESPONDENT AGREES TO BE INTERVIEWED ……..1
PUMAYAG UPANG MAKIPAGPANAYAM
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ……..2
HINDI PUMAYAG ANG TAO UPANG MAKIPAG PANAYAM

1	RECORD THE TIME ITALA ANG ORAS	HOURS …… _____ ORAS: MINUTES …… _____ MINUTO:
2	END DULO.	

I. HOUSEHOLD CHARACTERISTICS
I. KATANGIAN NG SAMBAHAYAN

The following questions will be about descriptions of yourself and your household. Please give us the information for each member of your household. Starting with the head of the household.

LINE NO.	10. HOUSEHOLD MEMBER *PANGALAN NG MIYEMBRO NG PAMILYA O TAHANAN*	11. AGE *EDAD*	12. SEX AT BIRTH *KASARIAN SA KAPANGANAKAN*	13. HIGHEST EDUCATIONAL ATTAINMENT *PINAKAMATAAAS NA ANTAS NA NATAPOS SA PAG-AARAL*	14. LIVELIHOOD *KABUHAYAN*
1	2	3	4	5	
	Please give me the names of the persons who usually live in your household starting with the head of the household. Provide the First Name, Middle Initial, and Last Name. (Write in First Name, Middle Initial, Last Name) *Pakibigay ang mga pangalan ng mga taong nakatira sa inyong bahay; simula sa pinaka namumuno sa inyong bahay.* *Ibigay ang Unang Pangalan, Gitnang Inisyal, at Apelyido. (Isulat ang Unang Pangalan, Gitnang Inisyal, at Apelyido)*	Age as of last birthday? _____ (number only) *Edad noong huling beses ng kaarawan* _____ *(numero lamang)*	01 = MALE LALAKI 02 = FEMALE BABAE	00 = DID NOT GO TO SCHOOL *00 = HINDI NAKAPAG-ARAL* 01 = EARLY CHILDHOOD EDUCATION *01 = NAKAPAGTAPOS NG UNANG ANTAS NG PAG-AARAL (DAYCARE, NURSERY, KINDER)* 02 = PRIMARY EDUCATION *02 = NAKAPAGTAPOS NG ELEMENTARYA* 03 = LOWER SECONDARY EDUCATION *03 = NAKAPAGTAPOS NG JUNIOR HIGH SCHOOL (GRADE 7-10)* 04 = UPPER SECONDARY EDUCATION *04 = NAKAPAGTAPOS NG SENIOR HIGH SCHOOL (GRADE 11-12)* 05 = POST-SECONDARY NON-TERTIARY EDUCATION (eg. NC I, II and III and TVET courses up to 6 months.) *05 = NAKATAPOS NG MGA BOKASYONAL O TERMINAL NA KURSO NGUNIT HINDI UMABOT NG KOLEHIYO (HALIMBAWA: NC I, II and III at TVET na mga kurso hanggang anim na buwan)* 06 = SHORT-CYCLE TERTIARY EDUCATION (EG. NC IV and TVET courses up to three years). *06 = NAKATAPOS NG PINAKAMABABANG ANTAS NG TERTIARY EDUCATION (Halimbawa: NC IV at TVET na mga kurso na umaabot mula anim na buwan hanggang tatlong taon)* 07 = BACHELOR LEVEL EDUCATION *07 = NAKAPAGTAPOS NG KOLEHIYO* 08 = MASTER LEVEL EDUCATION	00 = STUDYING 00 = NAG-AARAL 01 = WORKING FULL-TIME 01 = FULL TIME NA TRABAHO 02 = WORKING PART-TIME 02 = PART-TIME NA TRABAHO 03 = SELF-EMPLOYED OR HAS OWN BUSINESS 03 = SELF-EMPLOYED O MAY PINAGKAKAKITAAN NGUNIT HINDI NAGTATRABAHO SA ISANG KOMPANYA O MAY SARILING NEGOSYO 04 = HOUSEHOLD OR FAMILY DUTIES (EX. HOUSEWIFE OR HOUSEHUSBAND) 04 = SA BAHAY LAMANG (Halimbawa: Housewife o househusband) 05 = UNEMPLOYED 05 = WALANG TRABAHO 06 = RETIRED 06 = RETIRADO

				08 = NAKAPAGTAPOS NG MASTER DEGREE 09 = DOCTORAL LEVEL EDUCATION *09 = NAKAPAGTAPOS NG DOCTORATE DEGREE* 10 = OTHER, SPECIFY: _____ *10 = Iba pang natapos na antas sa pag -aaral kung wala sa nabanggit na pagpipilian _____*	
1					
2					
3					
4					
5					
6					
7					
8	Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? *Ulitin ko lamang po, mula sa mga panagalan na inyong binigay ; may iba pa bang tao, gaya ng maliliit na bata o sanggol, na hindi pa natin naisusulat?*	Yes Oo → ADD TO TABLE No Hindi			
9	Are there any other usual household members we might have missed including those: studying or working elsewhere in the Philippines or overseas, those onboard coastal or ocean-going fishing vessels, those on vacation, those confined in hospitals, or those detained in jails or military camps? *May iba pa bang miyembro ng pamilya na hindi natin naisama? Tulad ng mga nag-aaral o nagtatrabaho sa ibang lugar dito sa Pilipinas o sa ibang bansa, mga nasa barko, mga naka-bakasyon, mga naka-confine sa ospital, o mga nakakulong sa piitan o kampo militar?*	Yes Oo → ADD TO TABLE No Hindi			

The next questions will be about health insurance including PhilHealth and other government or private insurances. Please answer the membership or coverage questions per member of your household.

Ang mga susunod kong katanungan ay tungkol naman sa health insurance coverage ng iyong pamilya o tahanan, tulad ng PhilHealth at iba pang mga government o private insurances.

LINE NO.	HEALTH INSURANCE				
	10A	10B	10C	10D	10E

	15. Is (NAME) a registered member of PhilHealth? *Registered ba na member ng PhilHealth si (Pangalan ng miyembro ng pamilya)?* 01 = YES *OO* 02 = NO *HINDI* 03 = DO NOT KNOW *HINDI KO ALAM*	16. Is (NAME) a dependent of PhilHealth? *Rehistradong bang dependent sa PhilHealth si (Pangalan ng miyembro ng pamilya)?* 01 = YES *OO* 02 = NO *HINDI* 03 = DO NOT KNOW *HINDI KO ALAM*	17. Is (NAME) covered by GSIS either as a member or dependent? *May GSIS coverage ba si (Pangalan ng miyembro ng pamilya) bilang miyembro o dependent?* 01 = YES *OO* 02 = NO *HINDI* 03 = DO NOT KNOW *HINDI KO ALAM*	18. Is (NAME) covered by SSS either as a member or dependent? *May SSS coverage ba si (Pangalan ng miyembro ng pamilya) bilang miyembro o dependent?* 01 = YES *OO* 02 = NO *HINDI* 03 = DO NOT KNOW *HINDI KO ALAM*	19. Is (NAME) covered by a private health insurance either as a member or dependent? (Example: Maxicare, Intellicare, Pacific Cross Health Care) *Mayroon bang private heallth insurance o hmo gaya ng Maxicare, Intellicare, Pacific Cross Health Care) si (Pangalan ng miyembro ng pamilya)?* 01 = YES *OO* 02 = NO *HINDI* 03 = DO NOT KNOW *HINDI KO ALAM*
01					
02					
03					
04					
05					
06					
07					

II. HOUSEHOLD EXPENDITURES
II. KITA AT GASTOS SA TIRAHAN O PAMILYA

The next set of questions will be about the income and expenses of your household. Please answer to the best of your memory but exact amounts are **not** necessary.
Ang mga susunod na katanungan ay tungkol sa inyong income at gastusin. Maari nyo po itong iestimate sa abot ng inyong makakaya kung hindi alam o hindi maalala ang eksaktong halaga.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
20.	Monthly Household Income *Buwanang kita ng buong pamilya*	AMOUNT IN PHP XX,XXX.XX ……..	
21.	Monthly Food Expenditure *Buwanang gastos sa pagkain*	AMOUNT IN PHP XX,XXX.XX ……..	
22.	Annual Education Fees (school/college/tuition) books, stationeries, and other related expenses *Buong taong gastos sa pag-aaral /pagpapaaral*	AMOUNT (ANNUAL) IN PHP XX,XXX.XX ……..	
23.	Monthly Essential Non-Food Expenditure (rent/amortization, clothes, electricity, water), excluding education fees *Buwanang gastusin na hindi pagkain (upa sa bahay/amortisasyon, damit, kuryente, tubig), maliban sa mga gastusin sa edukasyon*	AMOUNT IN PHP XX,XXX.XX ……..	

III. SOCIAL DETERMINANTS OF HEALTH
III. MGA PANLIPUNANG KALAGAYAN NA NAKAKAAPEKTO SA KALUSUGAN

The next set of questions will be about your living environment including where you live, electricity, and water situation for your house.
Ang mga susunod naman po na katanungan ay tungkol sa inyong living environment tulad ng sitwasyon sa inyong tirahan, kuryente, at tubig.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
24.	House type *Uri ng bahay*	SINGLE HOUSE..... A *SINGLE HOUSE* DUPLEX..... B *DUPLEX* APARTMENT/ACCESSORIA/ROWHOUSE..... C *APARTMENT* CONDOMINIUM/CONDOTEL..... D *CONDOMINIUM* OTHER MULTI-UNIT RESIDENTIAL..... E *IBA PANG MULTI-UNIT RESIDENTIAL* COMMERCIAL/INDUSTRIAL/AGRICULTURAL..... F (E.G., OFFICE, FACTORY, BARN)..... G *KOMERSYAL/INDUSTRIYAL/AGRIKULTURAL* *(HAL., TANGGAPAN, PABRIKA, KAMALIG)* INSTITUTIONAL LIVING QUARTER..... H (E.G., HOTEL, HOSPITAL, CONVENT, JAIL)..... I *INSTITUTIONAL LIVING QUARTER* *(HAL., HOTEL, OSPITAL, KUMBENTO, BILANGGUAN)* OTHER _____(SPECIFY)..... X	
25.	Tenure status of housing unit *Status ng pagmamay-ari ng bahay* *Do you own or amortize this housing unit occupied by your household or do you rent it, do you occupy it rent-free with consent of owner, or rent-free without consent of owner?* *Ikaw ba ay nagmamay-ari o nag-amortize ng bahay na inyong tinitirahan ngayon o inuupahan mo ba ito, walang upa at may pahintulot ng may-ari, o walang upa ngunit walang pahintulot ng may-ari?*	OWNED/BEING AMORTIZED ..... A *PAG-MAMAYARI/NAG-AAMORTIZE* RENTED ..... B *NAGRERENTA* RENT-FREE WITH CONSENT OF OWNER ..... C *LIBRE NG RENTA NA MAY PAHINTULOT NG MAY-ARI* RENT-FREE WITHOUT CONSENT OF OWNER ..... D *LIBRE NG RENTA NA WALANG PAHINTULOT NG MAY-ARI*	
26.	Tenure status of the lot *Pag-mamay ari ng lupa na inyong tinitirahan ngayon* *Do you own or amortize this lot occupied by your household or do you rent it, do you occupy it rent-free with consent of owner, or rent-free without consent of owner?* *Ikaw ba ay nagmamay-ari o nag-amortize ng lupa na inyong tinitirahan ngayon o inuupahan mo ba ito, walang upa na may pahintulot ng may-ari o walang upa ngunit walang pahintulot ng may ari?*	OWNED/BEING AMORTIZED ..... A *PAG-MAMAYARI/NAG-AAMORTIZE* RENTED ..... B *NAGRERENTA* RENT-FREE WITH CONSENT OF OWNER ..... C *LIBRE NG RENTA NA MAY PAHINTULOT NG MAY-ARI* RENT-FREE WITHOUT CONSENT OF OWNER ..... D *LIBRE NG RENTA NA WALANG PAHINTULOT NG MAY-ARI*	
27.	Do you have electricity? *Mayroon ba kayong kuryente?*	YES ..... 1 *OO* NO ..... 2 *HINDI*	
28.	What is the main source of your water for general use? *Ano ang main water source ng na ginagamit sa inyong tinitirhan?* Type of main water facility in the household *Uri ng tubig sa bahay.*	PIPED WATER *GRIPO* PIPED INTO DWELLING..... A *MAY GRIPO SA TAHANAN* PIPED TO YARD/PLOT..... B *MAY GRIPO SA LUPA* PUBLIC TAPS/STANDPIPE..... C *PAMPUBLIKONG GRIPO* TUBE WELL OR BOREHOLE..... D *TUBE WELL O BOREHOLE* DUG WELL *DUG WELL* PROTECTED WELL..... E *PROTECTED WELL* SEMI PROTECTED WELL..... F *SEMI PROTECTED WELL* UNPROTECTED WELL..... G *UNPROTECTED WELL* WATER FROM SPRING *TUBIG MULA SA SPRING* PROTECTED SPRING..... H	

		PROTECTED NA SPRING UNPROTECTED SPRING..... I *UNPROTECTED SPRING* RAINWATER..... J *TUBIG-ULAN* TANKER TRUCK..... K *TRAK NGA MAY TANGKE* CART WITH SMALL TANK..... L *KARITON NA MAY MALIIT NA TANGKE* SURFACE WATER (RIVER/DAM/LAKE/POND/ STREAM/CANAL/IRRIGATION CHANNEL)..... M *SURFACE WATER (ILOG/DAM/LAWA/STREAM/ KANAL/IRIGASYON)* BOTTLED WATER/REFILLING STATION..... N *TUBIG NA NAKA-BOTE/REFILLING STATION* OTHER _____ (SPECIFY)..... X *Maliban sa mga pagpipilian ano pa ang ibang main water source facility* _____	
29.	Type of most improved toilet facility in the household *Uri ng pinakamaayos na toilet facility na mayroon sa inyong bahay*	FLUSH OR POUR FLUSH TOILET *FLUSH O PAGBUHOS NA INIDORO* FLUSH TO PIPED SEWER SYSTEM..... A FLUSH TO SEPTIC TANK..... B FLUSH TO PIT LATRINE..... C FLUSH TO SOMEWHERE ELSE..... D FLUSH, DON'T KNOW WHERE..... E PIT LATRINE VENTILATED IMPROVED PIT LATRINE..... F PIT LATRINE WITH SLAB..... G PIT LATRINE WITHOUT SLAB/OPEN PIT..... H COMPOSTING TOILET..... I BUCKET TOILET..... J DROP TYPE/OVERHANG TYPE..... K NO FACILITY/BUSH/FIELD..... L *WALANG PASILIDAD* PUBLIC TOILET..... M *PAMPUBLIKONG PALIKURAN* OTHER _____ (SPECIFY)..... X *Maliban sa mga pagpipilian ano pang toilet faciity ang mayroon kayo?*	

IV. HEALTH LITERACY
IV. KAALAMAN TUNGKOL SA KALUSUGAN

I would like to ask you, as the primary decision maker for health, to answer the following questions on health literacy. These questions are about how easy or difficult it is for you to understand and judge information on health matters:
Bilang primary decision maker for health sa inyong pamilya o tirahan, ako ay may mga katanungan tungkol sa inyong health literacy. Pakirate ang bawat statement ukol sa inyong kaalaman gamit ang scale na 1 bilang napakahirap hanggang 4 bilang napakadali.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	On a scale from "very difficult" to "very easy", evaluate how easy it is for you: *Sa scale na mula 'napakahirap' hanggang 'napakadali', tukuyin kung ano ang iyong karanasan sa mga sumusunod:*		
30.	...understand the guidance that comes with a medicine? *…maunawaan ang gabay na kasama sa gamot?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
31.	...understand what to do in a medical emergency? *…maintindihan ang dapat gawin sa panahon ng mga biglaang medikal na sitwasyon?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
32.	...judge how information from your doctor applies to you? *…alamin kung paano naaangkop sa iyo ang mga impormasyon mula sa iyong doktor?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY 3	

		MEDYO MADALI VERY EASY ..... 4 MADALI	
33.	...judge when you may need to get a second opinion from another doctor? *…magpasya kung kailan mo kailangan ng second opinion mula sa ibang doctor?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
34.	...call an ambulance in an emergency? *…tumawag ng ambulansya sa panahon ng emergency?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
35.	...follows instructions from your doctor or pharmacist? *…sundin ang mga sinabing patnubay ng iyong doktor o pharmacist?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
36.	...find information on how to manage mental health problems like stress or depression? *…mahanap ang impormasyon kung paano mo maisasa-ayos ang iyong mental health problems o problema sa kalusugan ng isipan tulad ng stress at depresyon?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
37.	...understand health warnings about behavior such as smoking, insufficient physical activity, unhealthy eating and drinking too much alcohol? *…maunawaan ang mga babala tungkol sa paninigarilyo, kakulangan sa mga pisikal na aktibidad, hindi malusog o magandang mga gawi sa pagkain, at masyadong pag-inom ng alak?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
38.	...find information about vaccinations /immunization and health screening (such as breast exam, blood glucose test, blood pressure, cholesterol levels) that you have? *…mahanap ang impormasyon tungkol sa mga bakuna at health screening (tulad ng breast exam, asukal sa dugo, presyon sa dugo, at cholesterol levels) na ayon sa iyong pangangailangan?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
39.	...understand why you need health screening (example: breast examination, blood glucose test, blood pressure and cholesterol test)? *…maunawaan kung bakit mo kailangan ng health screening (halimbawa: breast examination, asukal sa dugo, presyon sa dugo, at cholesterol test)?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
40.	...judge which health screenings (such as breast exam, blood glucose test, blood pressure, and cholesterol test) you should have? *…tukuyin kung anong health screening ang kailangan (tulad ng breast examination, asukal sa dugo, presyon sa dugo, at cholesterol test)?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	

41.	...judge when you need to go to a doctor for a check-up? *…tukuyin kung kailan mo kailangan magpunta ng doktor upang magpatingin?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
42.	...understand advice on health from family members or friends? *…maunawaan ang mga payo para sa kalusugan mula sa pamilya o mga kaibigan?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
43.	...understand information in media (such as internet, newspapers, magazines) on how to get healthier? *… maunawaan ang impormasyon sa media (tulad ng internet, pahayagan, magasin) kung paano maging mas malusog?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
44.	...judge how where you live (such as your community, neighborhood) affects your health and wellbeing? *...tukuyin kung paano naaapektuhan ang iyong kalusugan at kondisyon depende kung saan ka nakatira (tulad ng iyong komunidad)?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
45.	...judge how your housing conditions help you to stay healthy? *... tukuyin kung paano nakatutulong ang uri o kondisyon ng iyong tirahan upang manatiling malusog?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
46.	...make decisions to improve your health? *... gumawa ng mga desisyon upang mapabuti ang iyong kalusugan?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	
47.	...take part in activities that improve health and wellbeing in your community? *... makibahagi sa mga aktibidad sa iyong komunidad na makakapagpabuti sa iyong kalusugan at kapakanan?*	VERY DIFFICULT ..... 1 NAPAKAHIRAP FAIRLY DIFFICULT ..... 2 MEDYO MAHIRAP FAIRLY EASY ..... 3 MEDYO MADALI VERY EASY ..... 4 MADALI	

V. HEALTH-RELATED QUALITY OF LIFE
V. KALIDAD NG BUHAY NA KAUGNAY SA KALUSUGAN

I would like to ask you, as the primary decision maker for health, and other ADULT members of your family to answer the following questions. Each question should be answered by each ADULT member present. These questions are about how you feel about your health as of **TODAY.**

Under each heading, please choose the definition that best describes your health **TODAY**.

Ang mga susunod na tanong ay para sa primary decision maker for health at mga adult members ng pamilya o household. Piliin ang sagot na naaayon sa iyong kasalukuyang status ng kalusugan.

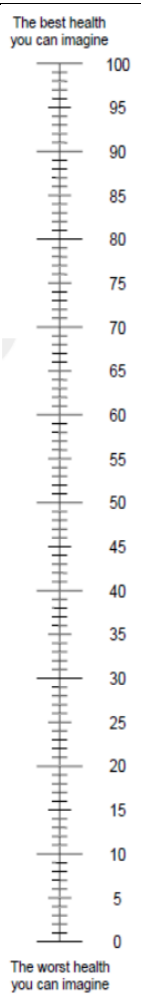
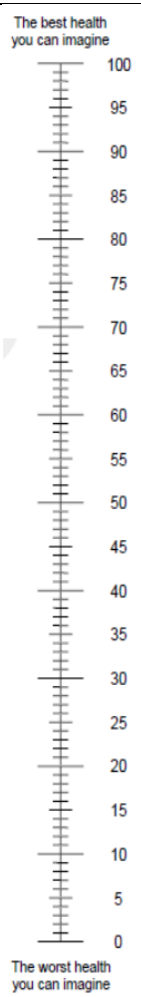
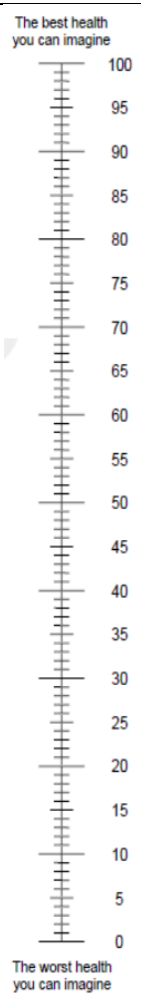
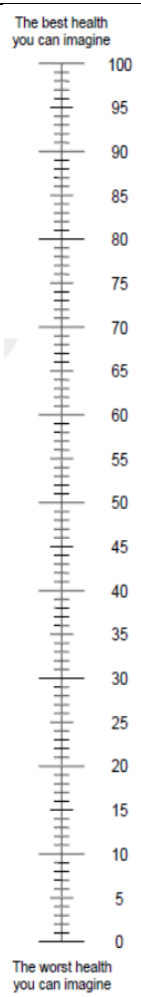
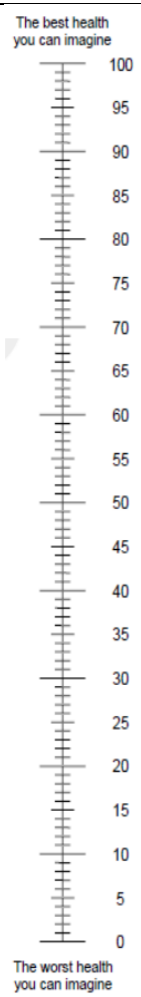
Sa bawat bahagi ng mga katanungan, ilarawan ang kalagayan ng iyong kalusugan gamit ang scale ng 1-5.

1	COPY LINE NUMBER AND NAME FROM 01 *Ibigay ang pangalan ng mga Adult Members (18 pataas) ng inyong pamilya?*	**ADULT 1**	**ADULT 2**	**ADULT 3**	**ADULT 4**	**ADULT 5**
48. 1		LINE NUMBER ……… ____ NAME ____________________	LINE NUMBER ……… ____ NAME ____________________	LINE NUMBER ……… ____ NAME ____________________	LINE NUMBER ……… ____ NAME ____________________	LINE NUMBER ……… ____ NAME ____________________
49.	Mobility *Pag kilos / pag galaw*	I HAVE NO PROBLEMS IN WALKING ABOUT …………... 5 *WALA AKONG PROBLEMA SA PAGLALAKAD* I HAVE SLIGHT PROBLEMS IN WALKING ABOUT …….. 4 *MAYROON AKONG KAUNTING PROBLEMA SA PAGLALAKAD* I HAVE MODERATE PROBLEMS IN WALKING ABOUT .. 3 *MAYROON AKONG KATAMTAMANG PROBLEMA SA PAGLALAKAD* I HAVE SEVERE PROBLEMS IN WALKING ABOUT ……. 2 *MAYROON AKONG GRABENG PROBLEMA SA PAGLALAKAD* I AM UNABLE TO WALK ABOUT …………………………..… 1	I HAVE NO PROBLEMS IN WALKING ABOUT …………... 5 *WALA AKONG PROBLEMA SA PAGLALAKAD* I HAVE SLIGHT PROBLEMS IN WALKING ABOUT …….. 4 *MAYROON AKONG KAUNTING PROBLEMA SA PAGLALAKAD* I HAVE MODERATE PROBLEMS IN WALKING ABOUT .. 3 *MAYROON AKONG KATAMTAMANG PROBLEMA SA PAGLALAKAD* I HAVE SEVERE PROBLEMS IN WALKING ABOUT ……. 2 *MAYROON AKONG GRABENG PROBLEMA SA PAGLALAKAD* I AM UNABLE TO WALK ABOUT …………………………..… 1	I HAVE NO PROBLEMS IN WALKING ABOUT …………... 5 *WALA AKONG PROBLEMA SA PAGLALAKAD* I HAVE SLIGHT PROBLEMS IN WALKING ABOUT …….. 4 *MAYROON AKONG KAUNTING PROBLEMA SA PAGLALAKAD* I HAVE MODERATE PROBLEMS IN WALKING ABOUT .. 3 *MAYROON AKONG KATAMTAMANG PROBLEMA SA PAGLALAKAD* I HAVE SEVERE PROBLEMS IN WALKING ABOUT ……. 2 *MAYROON AKONG GRABENG PROBLEMA SA PAGLALAKAD* I AM UNABLE TO WALK ABOUT …………………………..… 1	I HAVE NO PROBLEMS IN WALKING ABOUT …………... 5 *WALA AKONG PROBLEMA SA PAGLALAKAD* I HAVE SLIGHT PROBLEMS IN WALKING ABOUT …….. 4 *MAYROON AKONG KAUNTING PROBLEMA SA PAGLALAKAD* I HAVE MODERATE PROBLEMS IN WALKING ABOUT .. 3 *MAYROON AKONG KATAMTAMANG PROBLEMA SA PAGLALAKAD* I HAVE SEVERE PROBLEMS IN WALKING ABOUT ……. 2 *MAYROON AKONG GRABENG PROBLEMA SA PAGLALAKAD* I AM UNABLE TO WALK ABOUT …………………………..… 1	I HAVE NO PROBLEMS IN WALKING ABOUT ………….. 5 *WALA AKONG PROBLEMA SA PAGLALAKAD* I HAVE SLIGHT PROBLEMS IN WALKING ABOUT …….. 4 *MAYROON AKONG KAUNTING PROBLEMA SA PAGLALAKAD* I HAVE MODERATE PROBLEMS IN WALKING ABOUT .. 3 *MAYROON AKONG KATAMTAMANG PROBLEMA SA PAGLALAKAD* I HAVE SEVERE PROBLEMS IN WALKING ABOUT ……. 2 *MAYROON AKONG GRABENG PROBLEMA SA PAGLALAKAD* I AM UNABLE TO WALK ABOUT …………………………..… 1

50.	Self-care *Pangangalaga sa sarili*	I HAVE NO PROBLEMS IN WASHING OR DRESSING MYSELF ………………………………………………………… 5 *WALA AKONG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE SLIGHT PROBLEMS IN WASHING OR DRESSING MYSELF ………………………………………………………… 4 *MAYROON AKONG KAUNTING PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE MODERATE PROBLEMS IN WASHING OR DRESSING MYSELF ……………………………………….. 3 *MAYROON AKONG KATAMTAMANG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE SEVERE PROBLEMS IN WASHING OR DRESSING MYSELF ……………………………………….. 2 *MAYROON AKONG GRABENG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I AM UNABLE TO WASH OR DRESS ……………………….. 1 *HINDI AKO MAKALIGO O MAKABIHIS*	I HAVE NO PROBLEMS IN WASHING OR DRESSING MYSELF ………………………………………………………… 5 *WALA AKONG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE SLIGHT PROBLEMS IN WASHING OR DRESSING MYSELF ………………………………………………………… 4 *MAYROON AKONG KAUNTING PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE MODERATE PROBLEMS IN WASHING OR DRESSING MYSELF ……………………………………….. 3 *MAYROON AKONG KATAMTAMANG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE SEVERE PROBLEMS IN WASHING OR DRESSING MYSELF ……………………………………….. 2 *MAYROON AKONG GRABENG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I AM UNABLE TO WASH OR DRESS ……………………….. 1 *HINDI AKO MAKALIGO O MAKABIHIS*	I HAVE NO PROBLEMS IN WASHING OR DRESSING MYSELF ………………………………………………………… 5 *WALA AKONG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE SLIGHT PROBLEMS IN WASHING OR DRESSING MYSELF ………………………………………………………… 4 *MAYROON AKONG KAUNTING PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE MODERATE PROBLEMS IN WASHING OR DRESSING MYSELF ……………………………………….. 3 *MAYROON AKONG KATAMTAMANG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE SEVERE PROBLEMS IN WASHING OR DRESSING MYSELF ……………………………………….. 2 *MAYROON AKONG GRABENG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I AM UNABLE TO WASH OR DRESS ……………………….. 1 *HINDI AKO MAKALIGO O MAKABIHIS*	I HAVE NO PROBLEMS IN WASHING OR DRESSING MYSELF ………………………………………………………… 5 *WALA AKONG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE SLIGHT PROBLEMS IN WASHING OR DRESSING MYSELF ………………………………………………………… 4 *MAYROON AKONG KAUNTING PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE MODERATE PROBLEMS IN WASHING OR DRESSING MYSELF ……………………………………….. 3 *MAYROON AKONG KATAMTAMANG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE SEVERE PROBLEMS IN WASHING OR DRESSING MYSELF ……………………………………….. 2 *MAYROON AKONG GRABENG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I AM UNABLE TO WASH OR DRESS ……………………….. 1 *HINDI AKO MAKALIGO O MAKABIHIS*	I HAVE NO PROBLEMS IN WASHING OR DRESSING MYSELF ………………………………………………………. 5 *WALA AKONG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE SLIGHT PROBLEMS IN WASHING OR DRESSING MYSELF ………………………………………………………. 4 *MAYROON AKONG KAUNTING PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE MODERATE PROBLEMS IN WASHING OR DRESSING MYSELF …………………………………………… 3 *MAYROON AKONG KATAMTAMANG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I HAVE SEVERE PROBLEMS IN WASHING OR DRESSING MYSELF …………………………………………… 2 *MAYROON AKONG GRABENG PROBLEMA SA PAGLIGO O PAGBIBIHIS NG SARILI KO* I AM UNABLE TO WASH OR DRESS ……………………….. 1 *HINDI AKO MAKALIGO O MAKABIHIS*
51.	Usual activities (e.g., work, study, housework, family leisure activities) *Mga karaniwan na*	I HAVE NO PROBLEMS DOING MY USUAL ACTIVITIES ………………………………………………………… 5 *OWA AKO IT PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES*	I HAVE NO PROBLEMS DOING MY USUAL ACTIVITIES ………………………………………………………… 5 *OWA AKO IT PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES*	I HAVE NO PROBLEMS DOING MY USUAL ACTIVITIES ………………………………………………………… 5 *OWA AKO IT PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES*	I HAVE NO PROBLEMS DOING MY USUAL ACTIVITIES ………………………………………………………… 5 *OWA AKO IT PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES*	I HAVE NO PROBLEMS DOING MY USUAL ACTIVITIES ………………………………………………………. 5 *OWA AKO IT PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I HAVE SLIGHT PROBLEMS DOING MY USUAL

	aktibidad (halimbawa: trabaho, pag-aaral, mga gawaing bahay, mga gawaing pang libangan ng pamilya)	I HAVE SLIGHT PROBLEMS DOING MY USUAL ACTIVITIES ………………………… ……………………….. 4 *MAY AKONG SANGKIRI NGA PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I HAVE MODERATE PROBLEMS DOING MY USUAL ACTIVITIES ………………………… ……………………….. 3 *MAY AKONG PROBLEMA NGA MASARANGAN SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I HAVE SEVERE PROBLEMS DOING MY USUAL ACTIVITIES ………………………… ……………………….. 2 *MAY AKONG GRABE NGA PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I AM UNABLE TO DO MY USUAL ACTIVITIES …………..... 1 *INDI NAKON MAUBRA RO MGA REGULAR NGA*	I HAVE SLIGHT PROBLEMS DOING MY USUAL ACTIVITIES ………………………… ……………………….. 4 *MAY AKONG SANGKIRI NGA PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I HAVE MODERATE PROBLEMS DOING MY USUAL ACTIVITIES ………………………… ……………………….. 3 *MAY AKONG PROBLEMA NGA MASARANGAN SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I HAVE SEVERE PROBLEMS DOING MY USUAL ACTIVITIES ………………………… ……………………….. 2 *MAY AKONG GRABE NGA PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I AM UNABLE TO DO MY USUAL ACTIVITIES …………..... 1 *INDI NAKON MAUBRA RO MGA REGULAR NGA*	I HAVE SLIGHT PROBLEMS DOING MY USUAL ACTIVITIES ………………………… ……………………….. 4 *MAY AKONG SANGKIRI NGA PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I HAVE MODERATE PROBLEMS DOING MY USUAL ACTIVITIES ………………………… ……………………….. 3 *MAY AKONG PROBLEMA NGA MASARANGAN SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I HAVE SEVERE PROBLEMS DOING MY USUAL ACTIVITIES ………………………… ……………………….. 2 *MAY AKONG GRABE NGA PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I AM UNABLE TO DO MY USUAL ACTIVITIES …………..... 1 *INDI NAKON MAUBRA RO MGA REGULAR NGA*	I HAVE SLIGHT PROBLEMS DOING MY USUAL ACTIVITIES ………………………… ……………………….. 4 *MAY AKONG SANGKIRI NGA PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I HAVE MODERATE PROBLEMS DOING MY USUAL ACTIVITIES ………………………… ……………………….. 3 *MAY AKONG PROBLEMA NGA MASARANGAN SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I HAVE SEVERE PROBLEMS DOING MY USUAL ACTIVITIES ………………………… ……………………….. 2 *MAY AKONG GRABE NGA PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I AM UNABLE TO DO MY USUAL ACTIVITIES …………..... 1 *INDI NAKON MAUBRA RO MGA REGULAR NGA*	ACTIVITIES ………………………………… …………….... 4 *MAY AKONG SANGKIRI NGA PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I HAVE MODERATE PROBLEMS DOING MY USUAL ACTIVITIES ………………………………… …………….... 3 *MAY AKONG PROBLEMA NGA MASARANGAN SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I HAVE SEVERE PROBLEMS DOING MY USUAL ACTIVITIES ………………………………… …………….... 2 *MAY AKONG GRABE NGA PROBLEMA SA PAG UBRA IT MGA REGULAR NGA AKTIBIDADES* I AM UNABLE TO DO MY USUAL ACTIVITIES ………..... 1 *INDI NAKON MAUBRA RO MGA REGULAR NGA*
52.	Pain/Discomfort *Sakit/Hindi kaginhawaan*	I HAVE NO PAIN OR DISCOMFORT ……………………… 5 *WALA AKONG SAKIT O KAWALAN NG GINHAWA* I HAVE SLIGHT PAIN OR DISCOMFORT ………………… 4 *MAYROON AKONG KAUNTING SAKIT O KAWALAN NG GINHAWA* I HAVE MODERATE PAIN OR DISCOMFORT ………….. 3 *MAYROON AKONG KATAMTAMANG SAKIT O KAWALAN NG GINHAWA* I HAVE SEVERE PAIN OR DISCOMFORT ……………..... 2	I HAVE NO PAIN OR DISCOMFORT ……………………… 5 *WALA AKONG SAKIT O KAWALAN NG GINHAWA* I HAVE SLIGHT PAIN OR DISCOMFORT ………………… 4 *MAYROON AKONG KAUNTING SAKIT O KAWALAN NG GINHAWA* I HAVE MODERATE PAIN OR DISCOMFORT ………….. 3 *MAYROON AKONG KATAMTAMANG SAKIT O KAWALAN NG GINHAWA* I HAVE SEVERE PAIN OR DISCOMFORT ……………..... 2	I HAVE NO PAIN OR DISCOMFORT ……………………… 5 *WALA AKONG SAKIT O KAWALAN NG GINHAWA* I HAVE SLIGHT PAIN OR DISCOMFORT ………………… 4 *MAYROON AKONG KAUNTING SAKIT O KAWALAN NG GINHAWA* I HAVE MODERATE PAIN OR DISCOMFORT ………….. 3 *MAYROON AKONG KATAMTAMANG SAKIT O KAWALAN NG GINHAWA* I HAVE SEVERE PAIN OR DISCOMFORT ……………..... 2	I HAVE NO PAIN OR DISCOMFORT ……………………… 5 *WALA AKONG SAKIT O KAWALAN NG GINHAWA* I HAVE SLIGHT PAIN OR DISCOMFORT ………………… 4 *MAYROON AKONG KAUNTING SAKIT O KAWALAN NG GINHAWA* I HAVE MODERATE PAIN OR DISCOMFORT ………….. 3 *MAYROON AKONG KATAMTAMANG SAKIT O KAWALAN NG GINHAWA* I HAVE SEVERE PAIN OR DISCOMFORT ……………..... 2	I HAVE NO PAIN OR DISCOMFORT ……………………… 5 *WALA AKONG SAKIT O KAWALAN NG GINHAWA* I HAVE SLIGHT PAIN OR DISCOMFORT ………………… 4 *MAYROON AKONG KAUNTING SAKIT O KAWALAN NG GINHAWA* I HAVE MODERATE PAIN OR DISCOMFORT ………….. 3 *MAYROON AKONG KATAMTAMANG SAKIT O KAWALAN NG GINHAWA* I HAVE SEVERE PAIN OR DISCOMFORT ……………..... 2 *MAYROON AKONG GRABENG SAKIT O KAWALAN NG GINHAWA*

		MAYROON AKONG GRABENG SAKIT O KAWALAN NG GINHAWA I HAVE EXTREME PAIN OR DISCOMFORT .... 1 *MAYROON AKONG MATINDING SAKIT O KAWALAN NG GINHAWA*	*MAYROON AKONG GRABENG SAKIT O KAWALAN NG GINHAWA* I HAVE EXTREME PAIN OR DISCOMFORT .... 1 *MAYROON AKONG MATINDING SAKIT O KAWALAN NG GINHAWA*	*MAYROON AKONG GRABENG SAKIT O KAWALAN NG GINHAWA* I HAVE EXTREME PAIN OR DISCOMFORT .... 1 *MAYROON AKONG MATINDING SAKIT O KAWALAN NG GINHAWA*	*MAYROON AKONG GRABENG SAKIT O KAWALAN NG GINHAWA* I HAVE EXTREME PAIN OR DISCOMFORT .... 1 *MAYROON AKONG MATINDING SAKIT O KAWALAN NG GINHAWA*	I HAVE EXTREME PAIN OR DISCOMFORT .... 1 *MAYROON AKONG MATINDING SAKIT O KAWALAN NG GINHAWA*
53.	Anxiety/Depression *Anxiety / Depresyon*	I AM NOT ANXIOUS OR DEPRESSED .... 5 *HINDI AKO NABABAHALA O NADEDEPRES* I AM SLIGHTLY ANXIOUS OR DEPRESSED .... 4 *MAYROON AKONG KAUNTING PAGKABAHALA O PAGKADEPRES* I AM MODERATELY ANXIOUS OR DEPRESSED .... 3 *MAYROON AKONG KATAMTAMANG PAGKABAHALA O PAGKADEPRES* I AM SEVERELY ANXIOUS OR DEPRESSED .... 2 *MAYROON AKONG GRABENG PAGKABAHALA O PAGKADEPRES* I AM EXTREMELY ANXIOUS OR DEPRESSED .... 1 *MAYROON AKONG MATINDING PAGKABAHALA O PAGKADEPRES*	I AM NOT ANXIOUS OR DEPRESSED .... 5 *HINDI AKO NABABAHALA O NADEDEPRES* I AM SLIGHTLY ANXIOUS OR DEPRESSED .... 4 *MAYROON AKONG KAUNTING PAGKABAHALA O PAGKADEPRES* I AM MODERATELY ANXIOUS OR DEPRESSED .... 3 *MAYROON AKONG KATAMTAMANG PAGKABAHALA O PAGKADEPRES* I AM SEVERELY ANXIOUS OR DEPRESSED .... 2 *MAYROON AKONG GRABENG PAGKABAHALA O PAGKADEPRES* I AM EXTREMELY ANXIOUS OR DEPRESSED .... 1 *MAYROON AKONG MATINDING PAGKABAHALA O PAGKADEPRES*	I AM NOT ANXIOUS OR DEPRESSED .... 5 *HINDI AKO NABABAHALA O NADEDEPRES* I AM SLIGHTLY ANXIOUS OR DEPRESSED .... 4 *MAYROON AKONG KAUNTING PAGKABAHALA O PAGKADEPRES* I AM MODERATELY ANXIOUS OR DEPRESSED .... 3 *MAYROON AKONG KATAMTAMANG PAGKABAHALA O PAGKADEPRES* I AM SEVERELY ANXIOUS OR DEPRESSED .... 2 *MAYROON AKONG GRABENG PAGKABAHALA O PAGKADEPRES* I AM EXTREMELY ANXIOUS OR DEPRESSED .... 1 *MAYROON AKONG MATINDING PAGKABAHALA O PAGKADEPRES*	I AM NOT ANXIOUS OR DEPRESSED .... 5 *HINDI AKO NABABAHALA O NADEDEPRES* I AM SLIGHTLY ANXIOUS OR DEPRESSED .... 4 *MAYROON AKONG KAUNTING PAGKABAHALA O PAGKADEPRES* I AM MODERATELY ANXIOUS OR DEPRESSED .... 3 *MAYROON AKONG KATAMTAMANG PAGKABAHALA O PAGKADEPRES* I AM SEVERELY ANXIOUS OR DEPRESSED .... 2 *MAYROON AKONG GRABENG PAGKABAHALA O PAGKADEPRES* I AM EXTREMELY ANXIOUS OR DEPRESSED .... 1 *MAYROON AKONG MATINDING PAGKABAHALA O PAGKADEPRES*	I AM NOT ANXIOUS OR DEPRESSED .... 5 *HINDI AKO NABABAHALA O NADEDEPRES* I AM SLIGHTLY ANXIOUS OR DEPRESSED .... 4 *MAYROON AKONG KAUNTING PAGKABAHALA O PAGKADEPRES* I AM MODERATELY ANXIOUS OR DEPRESSED .... 3 *MAYROON AKONG KATAMTAMANG PAGKABAHALA O PAGKADEPRES* I AM SEVERELY ANXIOUS OR DEPRESSED .... 2 *MAYROON AKONG GRABENG PAGKABAHALA O PAGKADEPRES* I AM EXTREMELY ANXIOUS OR DEPRESSED .... 1 *MAYROON AKONG MATINDING PAGKABAHALA O PAGKADEPRES*
54.	● We would like to know how good or bad your health is TODAY. ● This scale is numbered from 0 to 100 ● 100 means the best health you can imagine	YOUR HEALTH TODAY = ______ ANG LAGAY NG IYONG KALUSUGAN NGAYON = ______	YOUR HEALTH TODAY = ______ ANG LAGAY NG IYONG KALUSUGAN NGAYON = ______	YOUR HEALTH TODAY = ______ ANG LAGAY NG IYONG KALUSUGAN NGAYON = ______	YOUR HEALTH TODAY = ______ ANG LAGAY NG IYONG KALUSUGAN NGAYON = ______	YOUR HEALTH TODAY = ______ ANG LAGAY NG IYONG KALUSUGAN NGAYON = ______

	- 0 means the worst health you can imagine - Mark an X on the scale to indicate how your health is TODAY. - Now, please write the number you marked on the scale in the box below. - *Nais naming malaman kung ano ang kondisyon ng iyong kalusugan sa kasalukuyan. Sa scale na 0 bilang pinakambaba hanggang 100 bilang pinakamataas, i-rate ang health status ni (Pangalan ng adult hosehold member)?*					

VI. NON-COMMUNICABLE DISEASES
VI. MGA SAKIT NA HINDI NAKAKAHAWA

I would like to ask you, as the primary decision maker for health, to answer the following questions on non-communicable or non-transmissible diseases. These are diseases related to lifestyle and are not infectious:
Bilang primary decison-maker for health, ako ay may mga katanungan tungkol sa Non Communicable Diseases o NCD. Ang NCD ay mga sakit na hindi nakakahawa at related sa ating lifestyle.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
55.	I would like to ask what you do to keep yourself healthy? Choose all that apply. **Do not read to the respondent.** *Ano ang iyong mga ginagawa para manatiling malusog?* *Piliin ang lahat ng naaayon na sagot.* ***PARA SA ENUMERATOR: Wag basahin ang mga pagpipilian. i-check ang mga nabanggit ng respondent.***	AVOID TOO MUCH FAT/FATTY FOOD ..... A *IWASAN ANG SOBRANG MATABA/MATATABA NA PAGKAIN* AVOID EXCESS INTAKE OF SALT AND SALTY FOOD..... B *IWASAN ANG SOBRANG PAGKAIN NG ASIN AT MAALAT NA PAGKAIN* AVOID EXCESSIVE INTAKE OF/DRINK MODERATELY ALCOHOLIC BEVERAGES..... C *IWASAN ANG SOBRA NA PAG-INOM NG MGA NAKAKALASING NA INUMIN* AVOID SMOKING..... D *IWASAN ANG PANINIGARILYO* BE PHYSICAL ACTIVE..... E *MAGING AKTIBO SA MGA PISIKAL NA AKTIBIDAD* CHECK UP BY DOCTORS..... F *PA-CHECK UP SA DOKTOR* CONSUME MILK/MILK PRODUCTS..... G *PAG-INOM NG GATAS/MAY GATAS NA PRODUKTO* EAT ADEQUATE/BALANCED DIET/ON TIME..... H *PAGKAIN NG BALANSE NA DIYETA* EAT FISH, LEAN MEAT, POULTRY AND SOYA BEANS..... I *PAGKAIN NG ISDA, KARNENG WALA MASYADONG TABA, MANOK, AT SOYA BEANS* EAT PLENTY OF FRUITS, VEGETABLES AND ROOT CROPS..... J *PAGKAIN NG MARAMING PRUTAS, GULAY, AT ROOTCROPS* HAVE ENOUGH SLEEP..... K *MAGKAROON NG SAPAT NA TULOG* MAINTAIN GOOD HYGIENE..... L *PANATILIHING MALINIS ANG KATAWAN AT PANGALAGAAN ITO* MAINTAIN HAPPY PERSONALITY..... M *PANATILIHING MASIYAHAN ANG PERSONALIDAD* MONITOR BLOOD PRESSURE..... N *PAG-MONITOR NG BLOOD PRESSURE* TAKE VITAMINS/FOOD SUPPLEMENT..... O *PAGINOM NG BITAMINA/FOOD SUPPLEMENT* DRINK PLENTY OF WATER..... P *PAG-INOM NG MARAMING TUBIG* OTHER _____ (SPECIFY). X *IBA PA _____ (PAKI-SPECIFY)* NONE..... Y *WALA*	
	Have you ever been told by your primary care provider that you or someone in your household (at least one) have: *Sa mga susunod na tanong, sagutin ng oo o hindi kung ikaw o kahit sinong myembro ng inyong household ay nadiagnose ng primary care provider ng mga babanggitin kong sakit:*		
56.	Diabetes *Diabetes*	YES..... 1 *OO* NO..... 2 *HINDI*	→ **59**
57.	If yes **(IN 56)**, did you receive advice, such as diabetic diet, weight loss, start or	YES..... 1 *OO* NO..... 2	

	do more exercise, from your primary care provider? *Kung diabetic, nakatanggap ba ng payo mula sa primary care provider tulad ng diabetic diet, pagpapaba ng timbang, at pag ehersisyo?*	*HINDI*	
58.	If yes **(IN 56)**, did you receive medication/s including injections from your primary care provider? *Kung diabetic, naresetahan o nakatanggap ba ng mga gamot, kasama pati ang mga injection, mula sa iyong primary care provider?*	YES..... 1 *OO* NO..... 2 *HINDI*	
59.	High blood pressure *Mataas na presyon sa dugo*	YES..... 1 *OO* NO..... 2 *HINDI*	→ **62**
60.	If yes **(IN 59)**, did you receive advice, such as reduce salt intake, weight loss, start or do more exercise, from your primary care provider? *Nakatanggap ba ng payo mula iyong primary care provider na iwasan ang labis na asin, magpababa ng timbang, at mag ehersisyo?*	YES..... 1 *OO* NO..... 2 *HINDI*	
61.	If yes **(IN 59)**, did you receive medication/s including injections from your primary care provider? *Naresetahan o nakatanggap ng mga gamot, kasama pati ang mga injection, mula sa iyong primary care provider?*	YES..... 1 *OO* NO..... 2 *HINDI*	
62.	High cholesterol *Mataas na cholesterol*	YES..... 1 *OO* NO..... 2 *HINDI*	→ **65**
63.	If yes **(IN 62)**, did you receive advice, such as a special low fat or low cholesterol diet, weight loss, start or do more exercise, from your primary care provider? *Nakatanggap ba ng payo mula iyong primary care provider tulad ng kumain ng pagkain na mababa sa taba o mababa sa kolesterol, magpababa ng timbang, at mag ehersisyo?*	YES..... 1 *OO* NO..... 2 *HINDI*	
64.	If yes **(IN 62)**, did you receive medication/s including injections from your primary care provider? *Ikaw ba ay niresetahan o nakatanggap ng mga gamot, kasama pati ang mga injection, mula sa iyong primary care provider?*	YES..... 1 *OO* NO..... 2 *HINDI*	
65.	Are you taking maintenance medications **other** than those for diabetes, high blood pressure, or high cholesterol? *Mayroon bang iniinom na maintenance medications maliban sa mga gamot para sa diabetes, mataas na presyon ng dugo, o mataas na kolesterol?*	YES..... 1 *OO* NO..... 2 *HINDI*	
	CHECK QUESTIONS ON MEDICATION USE **58, 61, 64, 65**: AT LEAST ONE "YES", PROCEED TO **66**		→ **81**

	NOT A SINGLE "YES" (ALL "NO")…… *TIGNAN ANG SAGOT SA MGA KATANUNGAN UKOL SA PAGGAMIT NG GAMOT SA MGA ITEM **58, 61, 64, 65**:* *KAHIT ISANG "OO", MAGPATULOY SA 66* *WALA KAHIT ISANG "OO" NA SAGOT (LAHAT AY "HINDI)……*		→ 81
66.	On average, how much do you spend on your maintenance medicines per month? *Sa pangkaraniwan, magkano ang iyong ginagastos para sa iyong maintenance na gamot sa isang buwan?*	RECEIVE MEDICINES FOR FREE ONLY.....0 *NAKATATANGGAP NG GAMOT NG LIBRE* LESS THAN PHP 500 ..... 1 *MAS MABABA SA PHP 500* PHP 500 - PHP 1,000 ..... 2 PHP 1,001 - PHP 2,000 ..... 3 PHP 2,001 - PHP 3,000 ..... 4 MORE THAN PHP 3,000 ..... 5 *HIGIT PA SA PHP 3,000*	
67.	Have you ever not received or purchased the medicines prescribed to you due to their cost or unavailability? *Nasubukan mo na bang hindi makuha o mabili ang mga gamot na inireseta sayo dahil sa kanilang halaga o kawalan sa merkado?*	YES DUE TO COST ..... 1 *OO, DAHIL SA PRESYO* YES DUE TO LACK OF SUPPLY..... 2 *OO, DAHIL SA KAKULANGAN NG SUPPLY* NO..... 3 *HINDI*	
68.	Do you have a preference between branded or generic medicines? *Mayroon ba kayong preference sa pagitan ng branded o generic na gamot?*	YES..... 1 *OO* NO..... 2 *HINDI* NO PREFERENCE ..... 3 *WALANG PREFERENCE*	
69.	On a scale of 1 to 5, how would you rate the quality of the medicines you purchase? *Mula sa sukat na isa hanggang apat, paano mo ilalarawan ang kalidad ng mga gamot na iyong binibili?*	VERY POOR ..... 1 *NAPAKABABA NG KALIDAD* POOR ..... 2 *MABABA ANG KALIDAD* GOOD ..... 3 *MAAYOS ANG KALIDAD* VERY GOOD ..... 4 *NAPAKABUTI NG KALIDAD*	
70.	Have you ever experienced any issues with the effectiveness of the medicines you have purchased? When we say effective, we mean that the medicines were able to improve the condition or do what it is supposed to do. *Nakaranas ka ba ng kahit na anumang isyu o problema sa bisa ng mga gamot na iyong binibili?* *Ang ibig sabihin sa bisa ng gamot ay kung natutulungan ka ba nito na mapabuti ang iyong kondisyon o magawa ang dapat nitong gawin para sa iyong katawan.*	YES..... 1 *OO* NO..... 2 *HINDI*	
71.	Do you trust the safety, efficacy, and quality of generic medicines? *Nagtitiwala ka ba na ligtas, de kalidad at mabisa ang mga generic na gamot?*	YES..... 1 *OO* NO..... 2 *HINDI* UNSURE ..... 3 *HINDI SIGURADO*	
72.	Which of the following individuals or groups are you most likely to believe if they say that generics have similar safety, efficacy, and quality with branded drugs? *Alin sa mga sumusunod na indibidwal o grupo ang iyong pagkakatiwalaan kung sasabihin nilang ang mga generic na gamot ay ligtas, de*	PHYSICIANS / DOCTORS ..... 1 *MGA DOKTOR* PHARMACISTS ..... 2 *MGA PARMASIYOTIKO* DRUG COMPANIES ..... 3 *MGA KOMPANYA NG MGA GAMOT* CELEBRITIES FROM COMMERCIALS / ADVERTISEMENTS ..... 4 *MGA ARTISTA GALING KOMERSYAL* GOVERNMENT AGENCIES (e.g., DOH, FDA) ..... 5 *MGA AHENSIYA NG GOBYERNO*	

	kalidad at mabisa tulad ng mga branded na gamot?	FRIENDS, RELATIVES, NEIGHBORS ..... 6 *MGA KAIBIGAN, KAMAG-ANAK AT KAPITBAHAY* OTHERS (PLEASE SPECIFY) ..... 7 *IBA PA (PAKI-SPECIFY)*	
	The next set of questions will be about your experience in taking your maintenance medications over the past three (3) months. For the past three (3) months… *Sa nakalipas na tatlong buwan..*		
73.	Do you sometimes forget to take your medication? *Nakakalimutan mo/nya ba minsan na uminom ng gamot?*	YES..... 1 *OO* NO..... 2 *HINDI*	
74.	People sometimes miss taking their medication for reasons other than forgetting. Over the past two weeks, were there any days that you did not take your medication? *Minsan ay hindi nakakainom ng gamot ang mga tao bukod pa sa dahilan na nakalimutan nila ito. Sa nakalipas na dalawang linggo, may araw ba na hindi ka/siya uminom ng maintenance na gamot?*	YES..... 1 *OO* NO..... 2 *HINDI*	
75.	Have you ever cut back or stopped taking your medication without telling your doctor because you felt worse when you took it? *Naranasan mo na bang bawasan o itigil ang pag-inom ng gamot nang hindi sinasabi sa iyong doktor dahil naramdaman mo na mas napasasama ang iyong kalagayan kapag umiinom ka nito?*	YES..... 1 *OO* NO..... 2 *HINDI*	
76.	When you travel or leave home, do you sometimes forget to bring your medication? *Kapag ikaw ay bumabyahe o umaalis ng bahay, may pagkakataon ba na nalilimutan mong dalhin ang iyong gamot?*	YES..... 1 *OO* NO..... 2 *HINDI*	
77.	Did you take your medications yesterday? *Uminom ka/sya ba ng gamot kahapon?*	YES..... 1 *HUO* NO..... 2 *OWA*	
78.	When you feel like your symptoms are under control, do you sometimes stop taking your medication? *Kapag sa tingin mo ay kontrolado na ang iyong mga sintomas, minsan mo/nya bang tinitigil ang pag-inom ng maintenance na gamot?*	YES..... 1 *OO* NO..... 2 *HINDI*	
79.	Taking medication every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan? *Ang pag-inom ng gamot araw-araw ay abala o mahirap para sa ibang tao. Minsan mo bang nararamdaman na nabibigatan ka sa pagsunod sa iyong treatment plan?*	YES..... 1 *OO* NO..... 2 *HINDI*	
80.	How often do you have difficulty remembering to take all your medication? *Gaano mo/niya kadalas makalimutan na uminom ng gamot?*	NEVER/RARELY ..... 1 *HINDI/BIHIRA* ONCE IN A WHILE ..... 2 *PAMINSAN-MINSAN* SOMETIMES ..... 3 *MINSAN*	

		USUALLY ..... 4 *MADALAS* ALL THE TIME .....5 *PARATI*	

VII. INFECTIOUS DISEASES
VII. MGA NAKAKAHAWANG SAKIT

I would like to ask you, as the primary decision maker for health to answer the following questions on infectious diseases:
Bilang pangunahing tagapagpasya ng pamilya o inyong tahanan para sa kalusugan, ako ay may ilang mga katanungan na tungkol sa mga nakakahawang sakit.

The first set of questions will be about dengue fever. Please answer the questions to the best of your knowledge.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
81.	Have you ever heard of dengue fever *Narinig mo na ba ang "dengue fever"?*	YES..... 1 *OO* NO..... 2 *HINDI*	→ **83**
82.	How does dengue spread from one person to another? *Paano kumakalat ang dengue mula sa isang tao papunta sa iba?* CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. ***Enumerator: Huwag banggitin ang mga choices, piliin ang mga sagot na nabanggit ng respondent***	BLOOD BORNE/BLOOD TRANSFUSION..... A CONTACT WITH DENGUE PATIENT..... B *INTERAKSYON SA TAO NA MAY DENGUE* DRINKING CONTAMINATED WATER..... C *PAG-INOM NG KONTAMINADONG TUBIG* DROPLETS/AIRBORN..... D MOSQUITO BITE..... E *KAGAT NG LAMOK* POLLUTED AIR..... F *MARUMING HANGIN* OTHER _____ (SPECIFY)..... X *IBA PA _____ (PAKI-SPECIFY)* DON'T KNOW..... Z *HINDI KO ALAM*	
83.	Can dengue fever be prevented? *Pwede bang maiwasan ang dengue fever?*	YES..... 1 *OO* NO..... 2 *HINDI*	→ **85**
84.	How can it be prevented? *Paano ito maiiwasan?* CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. ***Enumerator: Huwag banggitin ang mga choices, piliin ang mga sagot na nabanggit ng respondent***	CLEANING THE SURROUNDINGS..... A *PAGLILINIS NG PALIGID* REMOVE BREEDING PLACES (STAGNANT WATER) OF MOSQUITOES INSIDE/OUTSIDE THE HOUSE..... B *ALISIN ANG MGA LUGAR NA PANGINGITLOG (STAGNANT WATER) NG MGA LAMOK SA LOOB/LABAS NG BAHAY* SPRAYING/FOGGING/FUMIGATION..... C *PAG-SPRAY/FOGGING/FUMIGATION* STAY AWAY FROM PEOPLE WITH DENGUE..... D *PAGLAYO SA MGA TAONG MAY DENGUE* TAKE VITAMINS SO AS NOT TO GET SICK..... E *PAGINOM NG MGA BITAMINA PARA HINDI MAGKASAKIT* USE OF MOSQUITO COILS..... F *PAGGAMIT IT MGA MOSQUITO COIL (KATOL)* USE OF MOSQUITO NETS..... G *PAGGAMIT NG MOSQUITO COILS* USE OF MOSQUITO REPELLANTS..... H *PAGGAMIT NG MGA MOSQUITO REPELLANT* WASH HANDS BEFORE EATING..... I *PAGHUGAS NG MGA KAMAY BAGO KUMAIN* OTHER _____ (SPECIFY)..... X *IBA PA _____ (PAKI-SPECIFY)* DON'T KNOW..... Z *HINDI KO ALAM*	
	Have you ever had the following symptoms:		

	Sagutin lamang ng oo hindi, kung naranasan mo na ang mga babanggitin kong sintomas: 85. A Cough for 2 weeks or longer? *A Ubo na dalawang linggo o mas matagal pa?* 86. B Fever for 2 weeks or longer? *B Lagnat na dalawang linggo o mas matagal pa?* 87. C Chest pain or back pain? *C Sakit sa dibdib o sakit sa likod?* 88. D Coughing up blood? *D Pag-ubo ng may kasamang dugo?* 89. E Sweating at night? *E Labis na pagpapawis sa gabi?*	 **YES** **NO** ***OO*** ***HINDI*** A..... 1 2 B..... 1 2 C..... 1 2 D..... 1 2 E..... 1 2	
	CHECK **85-89**: AT LEAST ONE "YES", PROCEED TO **90** NOT A SINGLE "YES" (ALL "NO").....		→ **92**
	TIGNAN ANG SAGOT SA MGA KATANUNGAN 85-89: *KAHIT ISANG "OO", MAGPATULOY SA 90* *WALA KAHIT ISANG "OO" NA SAGOT (LAHAT AY "HINDI)*.....		→ **92**
90.	Did you seek consultation or treatment for the symptoms? *Humingi ka ba ng konsultasyon o paggamot para sa mga sintomas?*	YES..... 1 *OO* NO..... 2 *HINDI*	→ **92**
91.	Why did you not seek treatment for the symptoms? *Ano ang mga rason kung bakit hindi ikaw nagpakonsulta para sa mga sintomas na iyong naramdaman?*	SYMPTOMS HARMLESS..... A *HINDI NAMAN DELIKADO ANG MGA SINTOMAS* COST..... B *GASTOS* DISTANCE..... C *DISTANSYA* EMBARRASSED..... D *NAHIHIA* SELF MEDICATION..... E *GINAMOT ANG SARILI* OTHER _____ (SPECIFY)..... X *IBA PA _____ (PAKI-SPECIFY)*	
For the next set of questions, we would like to ask about tuberculosis or TB *Magtungo naman tayo sa usapin ng tuberculosis o TB*			
92.	Have you ever heard of an illness called tuberculosis or TB? *Narinig mo na ba ang sakit na tinatawag na tuberculosis o TB?*	YES..... 1 *OO* NO..... 2 *HINDI*	→ **98**
93.	What signs and symptoms would make you think that someone might have tuberculosis? RECORD ALL MENTIONED. *Anong mga palatandaan at sintomas ang iyong naiisip kapag ang isang tao ay maaaring mayroong tuberculosis?* *ISULAT ANG LAHAT NG MABABANGGIT.*	COUGHING..... A *INUUBO* COUGHING WITH SPUTUM..... B *INUUBO NA MAY PLEMA* COUGHING FOR SEVERAL WEEKS..... C *INUUBO NG MARAMING LINGGO NA* FEVER..... D *LAGNAT* BLOOD IN SPUTUM..... E *DUGO SA PLEMA* LOSS OF APPETITE..... F *WALANG GANA SA PAGKAIN* NIGHT SWEATING..... G *PAGPAWIS SA GABI* PAIN IN CHEST OR BACK..... H *SAKIT SA DIBDIB O LIKOD* TIREDNESS/FATIGUE..... I	

		PAGKAPAGOD WEIGHT LOSS..... J *PAGBABA NG TIMBANG* OTHER _____ (SPECIFY)..... X *IBA PA _____ (PAKI-SPECIFY)*	
94.	How does TB spread from one person to another? RECORD ALL MENTIONED. Do not read to the respondent. *Paano kumakalat ang TB mula sa isang tao patungo sa isa pa?* *BILUGAN LAHAT NG NABANGGIT. HUWAG BASAHIN O ULITIN NANG MALAKAS ANG MGA SAGOT.*	THROUGH THE AIR WHEN COUGHING OR SNEEZING..... A *SA PAMAMAGITAN NG HANGIN KAPAG UMUUBO O PAGHATSING=* THROUGH SHARING UTENSILS..... B *SA PAGGAMIT /PAG-SHARE NG MGA KUBYERTOS* THROUGH TOUCHING A PERSON WITH TB..... C *SA PAMAMAGITAN NG PAGHAWAK SA TAONG MAY TB* THROUGH SHARING FOOD..... D *SA PAMAMAGITAN NG PAG-SHARE NG PAGKAIN* THROUGH SEXUAL CONTACT..... E *SA PAMAMAGITAN NG SEXUAL CONTACT* THROUGH MOSQUITO BITES..... F *SA PAMAMAGITAN NG KAGAT NG LAMOK* THROUGH SALIVA..... G *SA PAMAMAGITAN NG LAWAY* OTHER _____ (SPECIFY)..... X *IBA PA _____ (PAKI-SPECIFY)* DON'T KNOW..... Z *HINDI KO ALAM*	
95.	Can tuberculosis be cured? *Maari bang gumaling ang tuberculosis?*	YES ..... 1 *OO* NO ..... 2 *HINDI* DON'T KNOW..... 9 *HINDI KO ALAM*	
96.	Would you be willing to work with someone who has been previously treated for tuberculosis? *Ikaw ba ay papayag na maka-trabaho ang isang taong ginamot para sa tuberculosis?*	YES ..... 1 *OO* NO ..... 2 *HINDI* DON'T KNOW/NOT SURE/DEPENDS..... 9 *HINDI ALAM/HINDI SIGURADO/DEPENDE*	
97.	If a member of your family got tuberculosis, would you want to keep it a secret? ***Kung ang iyong kapamilya ay nagka-tuberculosis, gusto mo ba itong isikreto?***	YES ..... 1 *OO* NO ..... 2 *HINDI* DON'T KNOW/NOT SURE/DEPENDS..... 9 *HINDI ALAM/HINDI SIGURADO/DEPENDE*	
98.	Stepping back, I would like to ask about medicines for any infectious disease, not just dengue or TB. Has any member of your household taken medicines for any infectious disease, such as antibiotics, antiviral, and antifungal drugs? *Sa kabuuan, nais kong malaman kung may iba pang mga gamot na iniinom para sa anumang nakakahawang sakit, hindi lamang para sa dengue o TB.* *Mayroon bang miyembro ng inyong pamilya o tirahan na umiinom ng mga gamot para sa anumang nakakahawang sakit, tulad ng antibiotics, antiviral, o antifungal na gamot?*	YES..... 1 *OO* NO..... 2 *HINDI*	
	CHECK **98**: IF "YES", PROCEED TO **99** IF "NO".....		→ **108**

	TIGNAN ANG SAGOT SA BILANG 98: *KUNG "OO" ANG SAGOT, MAGPATULOY SA BILANG 99* *KUNG "HINDI" O "WALA" ……*		→ 108
99.	I (or the household member) take the duration of my antibiotics as directed by the doctor always. *Sinisigurado ko (o ng ibang miyembro ng pamilya) na tatapusin ko sa sinabing bilang na araw na dapat kong inumin ang aking mga antibiotics ayon sa direksyon na binigay ng doktor.*	YES..... 1 *OO* NO..... 2 *HINDI*	
100.	When antibiotics are prescribed, the doctor takes time to provide information on how they should be used, in an understandable manner. *Kapag ang mga antibiotics ay inireseta, ang doktor ay naglalaan ng oras upang ituro ang impormasyon kung paano dapat gamitin ang mga ito, sa paraan na madaling maintindihan.*	YES..... 1 *OO* NO..... 2 *HINDI*	
101.	I (or the household member) have experience, as a patient or for my family members, of acquiring prescribed antibiotics from a pharmacy. *May karanasan ako, bilang pasyente o para sa mga miyembro ng aking pamilya, sa pagbili o pagkuha ng mga iniresetang antibiotics mula sa isang botika.*	YES..... 1 *OO* NO..... 2 *HINDI*	
102.	Pharmacy staff take their time to inform me on how antibiotics should be used. *Ang mga staff ng botika ay naglalaan ng kanilang oras upang ipaliwanag sa akin ang tamang pag-inom o paggamit ng antibiotics.*	YES..... 1 *OO* NO..... 2 *HINDI*	
103.	I (or the household member) usually know how antibiotics should be taken, even if I was given information about their use. *Kadalasan ay alam ko (o ng ibang miyembro ng pamilya) kung paano dapat inumin ang mga antibiotic, kahit na binigyan ako ng impormasyon tungkol sa paggamit nito.*	YES..... 1 *OO* NO..... 2 *HINDI*	
104.	I (or the household member) am confident in a doctor's decision if s/he does not prescribe antibiotics. *May tiwala ako (o ang ibang miyembro ng pamilya) sa desisyon ng doktor kung hindi siya nagrereseta ng mga antibiotic.*	YES..... 1 *OO* NO..... 2 *HINDI*	
105.	Leftover antibiotics can be saved for personal future use or to give to someone else.	YES..... 1 *OO* NO..... 2 *HINDI*	

	Ang mga natirang antibiotic ay maaaring itabi para sa personal na paggamit sa iba pang pagkakataon o para ibigay sa iba.		
106.	I (or the household member) am able to acquire antibiotics from relatives or acquaintances, without having to be examined by a doctor. *Nakakakuha ako (o ang ibang miyembro ng pamilya) ng mga antibiotic mula sa mga kamag-anak o kakilala, nang hindi kinakailangang suriin ng doktor.*	YES..... 1 *OO* NO..... 2 *HINDI*	
107.	I (or the household member) am able to buy antibiotics without a prescription in pharmacies or other stores selling medicines. *Nakabili ako ng antibiotic nang walang reseta sa mga parmasya o iba pang mga tindahan na nagbebenta ng mga gamot.*	YES..... 1 *OO* NO..... 2 *HINDI*	

VIII. EFFICIENCY AND EFFECTIVENESS OF SERVICES
VIII. KAANGKUPAN AT BISA NG MGA SERBISYO

The following questions will ask your household's efficiency and effectiveness of services. As the primary decision maker for health, I would like to ask you to answer the following questions on behalf of yourself and all members of your family. If you have any statements of accounts, receipts, medical charts or medical abstracts available from all of your family members, please bring them before we start.
Ang mga sumusunod na katanungan ay tungkol sa kahusayan at bisa ng mga healthcare services. Bilang pangunahing tagapag-pasya sa kalusugan sa inyong tahanan o pamilya, sagutin ang mga sumusunod na tanong para sa iyong sarili at para sa lahat ng miyembro ng iyong pamilya. Kung mayroon naitabi na mga resibo, statement of account, medical charts, o mga medical abstracts mula sa lahat ng miyembro ng iyong pamilya, maaari niyo itong ipakita sa amin upang mas maging madali ang inyong pagsagot.

VIII.a. ORGANIZATIONAL ACCESS

The next set of questions will be about organizational access such as how easy or difficult it is for your household to see a primary care provider and health facility. We would also like to know how you access the nearest health facilities and hospitals. Please answer the following questions per household member.

Ang mga sumusunod na katanungan ay tungkol sa kahusayan at bisa ng mga healthcare services.

LINE NO.	ALL HOUSEHOLD MEMBERS *PARA SA LAHAT NG MIYEMBRO NG PAMILYA O TAHANAN* The following questions are applicable for all of your household members. *Ang mga sumusunod na katanungan ay dapat sagutin ng lahat ng miyembro ng iyong pamilya o tahanan.*					
		FAMILY MEMBER 1	**FAMILY MEMBER 2**	**FAMILY MEMBER 3**	**FAMILY MEMBER 4**	**FAMILY MEMBER 5**
108.	COPY LINE NUMBER AND NAME FROM 01	LINE NUMBER ……._____ NAME _____	LINE NUMBER ……._____ NAME _____	LINE NUMBER ……._____ NAME _____	LINE NUMBER ……._____ NAME _____	LINE NUMBER ……._____ NAME _____
109.	Do you have a primary care provider? *Mayroon ka bang / Meron ba si (pangalan ng household member) na primary care provider?* *A primary care provider is your first contact healthcare provider (i.e., general practitioner doctor) for an undiagnosed concern or continuing care of varied medical conditions.*	YES …… 1 *OO* NO …… 2 *HINDI* IF NO SKIP TO 112	YES …… 1 *OO* NO …… 2 *HINDI* IF NO SKIP TO 112	YES …… 1 *OO* NO …… 2 *HINDI* IF NO SKIP TO 112	YES …… 1 *OO* NO …… 2 *HINDI* IF NO SKIP TO 112	YES …… 1 *OO* NO …… 2 *HINDI* IF NO SKIP TO 112

	Ang primary care provider ay ang iyong unang pinupuntahan na doktor para sa iyong nararamdaman na may kaugnayan sa kalusugan na hindi mo pa napatitignan o patuloy na pangangalaga sa iba-ibang kondisyong medikal.					
110.	Which of the following do you consult with? *Ano sa mga sumusunod ang pinupuntahan ni (pangalan) upang magpatingin o magpakonsulta?* *A primary care provider is your first contact healthcare provider (i.e., general practitioner doctor) for an undiagnosed concern or continuing care of varied medical conditions.* *Ang primary care provider ay ang iyong unang pinupuntahan na doktor para sa iyong nararamdaman na may kaugnayan sa kalusugan na hindi mo pa napatitignan o patuloy na pangangalaga sa iba-ibang kondisyong medikal.* *A specialty care provider is your secondary contact health care provider (i.e., pediatrician, cardiologist) for specific diagnosed concerns that need specialist advice.* *Ang specialty care provider ay ang mga doktor na may espesyalista na iyong pinupuntahan para sa mga partikular na karamdaman at kailangan ng partikular na payong medikal.*	PRIMARY CARE PROVIDER.................. A SPECIALTY CARE PROVIDER.................. B BOTH......................... C NONE......................... D If NONE, SKIP TO 112	PRIMARY CARE PROVIDER.................. A SPECIALTY CARE PROVIDER.................. B BOTH......................... C NONE......................... D If NONE, SKIP TO 112	PRIMARY CARE PROVIDER.................. A SPECIALTY CARE PROVIDER.................. B BOTH......................... C NONE......................... D If NONE, SKIP TO 112	PRIMARY CARE PROVIDER.................. A SPECIALTY CARE PROVIDER.................. B BOTH......................... C NONE......................... D If NONE, SKIP TO 112	PRIMARY CARE PROVIDER.................. A SPECIALTY CARE PROVIDER.................. B BOTH......................... C NONE......................... D If NONE, SKIP TO 112
111.	Is the location of your provider/s convenient for you? *Malapit ba sa iyo / o kay ang iyong/kanyang doktor o madali ba itong puntahan?*	YES .... 1 *OO* NO .... 2 *HINDI*	YES .... 1 *OO* NO .... 2 *HINDI*	YES .... 1 *OO* NO .... 2 *HINDI*	YES .... 1 *OO* NO .... 2 *HINDI*	YES .... 1 *OO* NO .... 2 *HINDI*

112.	How many minutes do you travel from your house when going to the nearest hospital? *Ilang minuto o oras ang byahe mula sa iyong bahay papunta sa pinaka malapit na ospital?*	TIME IN HH:MM *ORAS SA HH:MM* …………………………………….	TIME IN HH:MM *ORAS SA HH:MM* …………………………………….	TIME IN HH:MM *ORAS SA HH:MM* …………………………………….	TIME IN HH:MM *ORAS SA HH:MM* …………………………………….	TIME IN HH:MM *ORAS SA HH:MM* …………………………………….
113.	What **modes of transportation** do you use when travelling to the nearest nearest hospital? Check all that apply. *Ano-anong mga uri ng transportasyon ang ginagamit ni (pangalan) papunta sa pinakamalapit na ospital?* *I-tsek lahat ng naangkop na sagot.*	PRIVATE VEHICLE ………. 1 *PRIBADO / SARILING SASAKYAN* PUBLIC VEHICLE ……….. 2 *PAMPUBLIKONG SASAKYAN* GOVERNMENT VEHICLE . 3 *SASAKYAN MULA SA GOBYERNO TULAD NG BRGY* WALKING …………………. 4 *NAGLALAKAD LAMANG* OTHERS (SPECIFY) …….. 5 *IBA PANG SAGOT*_____	PRIVATE VEHICLE ………. 1 *PRIBADO / SARILING SASAKYAN* PUBLIC VEHICLE ……….. 2 *PAMPUBLIKONG SASAKYAN* GOVERNMENT VEHICLE . 3 *SASAKYAN MULA SA GOBYERNO TULAD NG BRGY* WALKING …………………. 4 *NAGLALAKAD LAMANG* OTHERS (SPECIFY) …….. 5 *IBA PANG SAGOT*_____	PRIVATE VEHICLE ………. 1 *PRIBADO / SARILING SASAKYAN* PUBLIC VEHICLE ……….. 2 *PAMPUBLIKONG SASAKYAN* GOVERNMENT VEHICLE . 3 *SASAKYAN MULA SA GOBYERNO TULAD NG BRGY* WALKING …………………. 4 *NAGLALAKAD LAMANG* OTHERS (SPECIFY) …….. 5 *IBA PANG SAGOT*_____	PRIVATE VEHICLE ………. 1 *PRIBADO / SARILING SASAKYAN* PUBLIC VEHICLE ……….. 2 *PAMPUBLIKONG SASAKYAN* GOVERNMENT VEHICLE . 3 *SASAKYAN MULA SA GOBYERNO TULAD NG BRGY* WALKING …………………. 4 *NAGLALAKAD LAMANG* OTHERS (SPECIFY) …….. 5 *IBA PANG SAGOT*_____	PRIVATE VEHICLE ………. 1 *PRIBADO / SARILING SASAKYAN* PUBLIC VEHICLE ……….. 2 *PAMPUBLIKONG SASAKYAN* GOVERNMENT VEHICLE . 3 *SASAKYAN MULA SA GOBYERNO TULAD NG BRGY* WALKING …………………. 4 *NAGLALAKAD LAMANG* OTHERS (SPECIFY) …….. 5 *IBA PANG SAGOT*_____
114.	How many minutes do you travel from your house when going to the nearest primary healthcare facility? *An institution that primarily delivers primary care services or the initial-contact facility for coordinated care (e.g., RHU, health center, general practitioner clinic).* *Ilang minuto o oras ka bumabyahe mula sa iyong bahay papunta sa pinakamalapit na primary healthcare facility?* *Ang primary healthcare facility ay mga institusyon na unang nalalapitan para sa paunang gamutan tulad ng Rural Health Unit, health center, klinik ng general practitioner na doktor.*	TIME IN HH:MM *ORAS SA HH:MM* …………………………………….	TIME IN HH:MM *ORAS SA HH:MM* …………………………………….	TIME IN HH:MM *ORAS SA HH:MM* …………………………………….	TIME IN HH:MM *ORAS SA HH:MM* …………………………………….	TIME IN HH:MM *ORAS SA HH:MM* …………………………………….
115.	What **modes of transportation** do you use when travelling to the nearest primary healthcare facility?	PRIVATE VEHICLE ………. 1 *PRIBADO / SARILING SASAKYAN* PUBLIC VEHICLE ……….. 2	PRIVATE VEHICLE ………. 1 *PRIBADO / SARILING SASAKYAN* PUBLIC VEHICLE ……….. 2	PRIVATE VEHICLE ………. 1 *PRIBADO / SARILING SASAKYAN* PUBLIC VEHICLE ……….. 2	PRIVATE VEHICLE ………. 1 *PRIBADO / SARILING SASAKYAN* PUBLIC VEHICLE ……….. 2	PRIVATE VEHICLE ………. 1 *PRIBADO / SARILING SASAKYAN* PUBLIC VEHICLE ……….. 2

	Check all that apply. *Anong uri ng transportasyon ang ginagamit ni {pangalan} kapag pumupunta sa primary healthcare facility?* *I-tsek lahat ng naangkop na sagot.*	*PAMPUBLIKONG SASAKYAN* GOVERNMENT VEHICLE . 3 *SASAKYAN MULA SA GOBYERNO TULAD NG BRGY* WALKING …………………. 4 *NAGLALAKAD LAMANG* OTHERS (SPECIFY) …….. 5 *IBA PANG SAGOT*_____	*PAMPUBLIKONG SASAKYAN* GOVERNMENT VEHICLE . 3 *SASAKYAN MULA SA GOBYERNO TULAD NG BRGY* WALKING …………………. 4 *NAGLALAKAD LAMANG* OTHERS (SPECIFY) …….. 5 *IBA PANG SAGOT*_____	*PAMPUBLIKONG SASAKYAN* GOVERNMENT VEHICLE . 3 *SASAKYAN MULA SA GOBYERNO TULAD NG BRGY* WALKING …………………. 4 *NAGLALAKAD LAMANG* OTHERS (SPECIFY) …….. 5 *IBA PANG SAGOT*_____	*PAMPUBLIKONG SASAKYAN* GOVERNMENT VEHICLE . 3 *SASAKYAN MULA SA GOBYERNO TULAD NG BRGY* WALKING …………………. 4 *NAGLALAKAD LAMANG* OTHERS (SPECIFY) …….. 5 *IBA PANG SAGOT*_____	*PAMPUBLIKONG SASAKYAN* GOVERNMENT VEHICLE . 3 *SASAKYAN MULA SA GOBYERNO TULAD NG BRGY* WALKING …………………. 4 *NAGLALAKAD LAMANG* OTHERS (SPECIFY) …….. 5 *IBA PANG SAGOT*_____
116.	Is the time that your provider/s is/are open for medical appointments convenient for you? *Ang operation hours ba ng inyong healthcare provider ay pabor kay {pangalan}?*	YES ………………………… 1 *OO* NO …………………………. 2 *HINDI*	YES ………………………… 1 *OO* NO …………………………. 2 *HINDI*	YES ………………………… 1 *OO* NO …………………………. 2 *HINDI*	YES ………………………… 1 *OO* NO …………………………. 2 *HINDI*	YES ………………………… 1 *OO* NO …………………………. 2 *HINDI*
117.	Is the usual wait for setting an appointment to your provider/s convenient for you? *Pabor o maayos ba ang karaniwang oras o tagal ng paghihintay para makakuha ng appointment sa inyong provider?*	YES ………………………… 1 *OO* NO …………………………. 2 *HINDI*	YES ……………………… 1 *OO* NO …………………………. 2 *HINDI*	YES ………………………… 1 *OO* NO …………………………. 2 *HINDI*	YES ………………………… 1 *OO* NO …………………………. 2 *HINDI*	YES ………………………… 1 *OO* NO …………………………. 2 *HINDI*
118.	What is your wait time, in days and/or minutes to set an appointment with your provider/s (IN **110**)? *Gaano katagal ang eksaktong oras o araw ng iyong paghihintay upang makakuha ng appointment sa iyong provider?*	DAYS: *ARAW* ☐☐ MINUTES: *MINUTO* ☐☐☐ WAIT TIME *ORAS NG PAGHIHINTAY*	DAYS: *ARAW* ☐☐ MINUTES: *MINUTO* ☐☐☐ WAIT TIME *ORAS NG PAGHIHINTAY*	DAYS: *ARAW* ☐☐ MINUTES: *MINUTO* ☐☐☐ WAIT TIME *ORAS NG PAGHIHINTAY*	DAYS: *ARAW* ☐☐ MINUTES: *MINUTO* ☐☐☐ WAIT TIME *ORAS NG PAGHIHINTAY*	DAYS: *ARAW* ☐☐ MINUTES: *MINUTO* ☐☐☐ WAIT TIME *ORAS NG PAGHIHINTAY*
119.	What modes of communication were available to you when **scheduling** a consultation with your provider/s? Check all that apply. *Anong paraan ng mga komunikasyon ang iyong*	FACE-TO-FACE…………... A TELECONSULTATION LANDLINE……………… B *TELEPONO* CELLPHONE…………… C VIDEO CONFERENCE... D	FACE-TO-FACE…………... A TELECONSULTATION LANDLINE……………… B *TELEPONO* CELLPHONE…………… C VIDEO CONFERENCE... D	FACE-TO-FACE…………... A TELECONSULTATION LANDLINE……………… B *TELEPONO* CELLPHONE…………… C VIDEO CONFERENCE... D	FACE-TO-FACE…………... A TELECONSULTATION LANDLINE……………… B *TELEPONO* CELLPHONE…………… C VIDEO CONFERENCE... D	FACE-TO-FACE…………... A TELECONSULTATION LANDLINE……………… B *TELEPONO* CELLPHONE…………… C VIDEO CONFERENCE... D

	ginagamit upang magpa iskedyul sa iyong provider? Tantusan lahat ng naaayon na sagot. 120. If teleconsultation was available, did you succeed in using the teleconsult? *Kung teleconsultation ang isa sa iyong mga pinili, maayos mo ba itong nagamit?*	YES .... 1 *OO* NO .... 2 *HINDI*	YES .... 1 *OO* NO .... 2 *HINDI*	YES .... 1 *OO* NO .... 2 *HINDI*	YES .... 1 *OO* NO .... 2 *HINDI*	YES .... 1 *OO* NO .... 2 *HINDI*
121.	What modes of communication were available to you when **consulting** with your provider/s? Check all that apply. *Anong paraan ng mga komunikasyon ang iyong ginagamit sa iyong konsultasyon sa iyonng provider? Tantusan lahat ng naaayon na sagot.* 122. If teleconsultation was available, did you succeed in using the teleconsult? *Kung teleconsultation ang isa sa iyong mga pinili, maayos mo ba itong nagamit?*	FACE-TO-FACE.............. A TELECONSULTATION LANDLINE.................. B *TELEPONO* CELLPHONE.............. C VIDEO CONFERENCE... D YES .... 1 *OO* NO .... 2 *HINDI*	FACE-TO-FACE.............. A TELECONSULTATION LANDLINE.................. B *TELEPONO* CELLPHONE.............. C VIDEO CONFERENCE... D YES .... 1 *OO* NO .... 2 *HINDI*	FACE-TO-FACE.............. A TELECONSULTATION LANDLINE.................. B *TELEPONO* CELLPHONE.............. C VIDEO CONFERENCE... D YES .... 1 *OO* NO .... 2 *HINDI*	FACE-TO-FACE.............. A TELECONSULTATION LANDLINE.................. B *TELEPONO* CELLPHONE.............. C VIDEO CONFERENCE... D YES .... 1 *OO* NO .... 2 *HINDI*	FACE-TO-FACE.............. A TELECONSULTATION LANDLINE.................. B *TELEPONO* CELLPHONE.............. C VIDEO CONFERENCE... D YES .... 1 *OO* NO .... 2 *HINDI*
	The following questions will be only applicable for the household primary decision maker for health. *Ang mga sumusunod na katanungan ay sasagutin lamang ng pangunahing tagapag-pasya sa kalusugan sa inyong pamilya o tirahan.* Are you aware that there are PhilHealth packages for the following health services: *Ano ang mga alam o pamilyar sa iyo PhilHealth packages para sa mga sumusunod na serbisyong pang-kalusugan?*					
123.	Physician check-up *Konsultasyon sa doktor*	YES .... 1 *OO* NO .... 2 *HINDI*				
124.	Diagnostic tests (e.g., laboratory tests and imaging) *Mga diagnostic na pagsusuri (halimawa: mga*	YES .... 1 *OO* NO .... 2 *HINDI*				

	pagsusuri sa laboratory o laboratory test at imaging)	
125.	Hospital confinement *Pagka-admit sa hospital*	YES .... 1 *OO* NO .... 2 *HINDI*
126.	Outpatient drugs *Mga gamot para sa mga pasyenteng galing ng hospital ngunit pinauwi o mga gamot para sa outpatient* *Mga gamot para sa mga nasa bahay o nakauwi mula ospital*	YES .... 1 *OO* NO .... 2 *HINDI*

VIII.b. ACCESS TO MEDICINES

VIII.b. ACCESS SA MGA GAMOT

LINE NO.	**ALL FAMILY MEMBERS** For this section, I would like to ask you about how easy or difficult it is for you and members of your household to purchase or receive medicines. Some questions will only be applicable for the household primary health decision maker and some are applicable to all members of the household. *Para sa bahagi na ito, ang mga katanungan ay tungkol sa kung gaano kadali o kahirap para sa iyo at sa miyembro ng iyong pamilya makabili o makatanggap ng gamot. Ang ilang mga katanungan ay para lamang sa pangunahing tagapag-pasya ng pamilya o tahanan sa pangkalusugan at may ilang ding mga katanungan na kailangan sagutin ng lahat ng miyembro ng pamilya.*					
	COPY LINE NUMBER AND NAME FROM 01 *KOPYAHIN ANG NUMERO NG LINYA AT PANGALAN MULA SA 01*	**FAMILY MEMBER 1** ***MIYEMBRO SA PAMILYA 1***	**FAMILY MEMBER 2** ***MIYEMBRO SA PAMILYA 2***	**FAMILY MEMBER 3** ***MIYEMBRO SA PAMILYA 3***	**FAMILY MEMBER 4** ***MIYEMBRO SA PAMILYA 4***	**FAMILY MEMBER 5** ***MIYEMBRO SA PAMILYA 5***
127.		LINE NUMBER …….. _____ NAME _________________ PANGALAN______________	LINE NUMBER …….. _____ NAME _________________ PANGALAN______________	LINE NUMBER …….. _____ NAME _________________ PANGALAN______________	LINE NUMBER …….. _____ NAME _________________ PANGALAN______________	LINE NUMBER …….. _____ NAME _________________ PANGALAN______________
128.	How often do you purchase or receive medicines? IF NEVER, SKIP TO 130 *Gaano ka kadalas bumibili o nakatatanggap ng gamot?* *Kung ang sagot ay hindi bumili o nakatanggap kailanman, magtungo sa bilang 70 na katanungan.*	WEEKLY .... 1 *KADA LINGGO* BI-WEEKLY .... 2 *KADA DALAWANG LINGGO* MONTHLY .... 3 *KADA BUWAN* RARELY .... 4 *BIHIRA* NEVER .... 5 *HINDI KAILANMAN*	WEEKLY .... 1 *KADA LINGGO* BI-WEEKLY .... 2 *KADA DALAWANG LINGGO* MONTHLY .... 3 *KADA BUWAN* RARELY .... 4 *BIHIRA* NEVER .... 5 *HINDI KAILANMAN*	WEEKLY .... 1 *KADA LINGGO* BI-WEEKLY .... 2 *KADA DALAWANG LINGGO* MONTHLY .... 3 *KADA BUWAN* RARELY .... 4 *BIHIRA* NEVER .... 5 *HINDI KAILANMAN*	WEEKLY .... 1 *KADA LINGGO* BI-WEEKLY .... 2 *KADA DALAWANG LINGGO* MONTHLY .... 3 *KADA BUWAN* RARELY .... 4 *BIHIRA* NEVER .... 5 *HINDI KAILANMAN*	WEEKLY .... 1 *KADA LINGGO* BI-WEEKLY .... 2 *KADA DALAWANG LINGGO* MONTHLY .... 3 *KADA BUWAN* RARELY .... 4 *BIHIRA* NEVER .... 5 *HINDI KAILANMAN*

129.	Where do you usually buy or receive your medicines? Select all that apply. *Saan ka karaniwan bumibili o nakatatanggap ng gamot?* *Tantusan lahat ng sagot na naaayon.*	PUBLIC HOSPITAL …… 1 *PAMPUBLIKONG OSPITAL* PRIVATE HOSPITAL …… 2 *PAMPRIBADONG OSPITAL* CHAIN PHARMACIES (e.g., Mercury Drug, Watsons, TGP, Generika) …… 3 *MGA SIKAT BOTIKA (hal. Mercury Drug, Watsons, TGP, Generika)* LOCAL PHARMACIES ……. 4 *MGA LOKAL NA BOTIKA* ONLINE STORES (e.g. Shopee, Lazada) …… 5 *MGA ONLINE STORE (hal., Shopee, Lazada)* BARANGAY HEALTH STATION ……6 RURAL HEALTH UNIT OR CITY HEALTH OFFICE ……7 Others (please specify) ……. 6 *Iba pa (paki-specify)*
130.	How far is the nearest pharmacy from your home? Gaano kalayo ang pinakamalapit na parmasya mula sa iyong bahay? *A Pharmacy is an ancillary primary care facility with a FDA LTO where registered medicines can be bought.* *Ang parmasya ay isang facility na tumutugon sa primary care na pangangailangan na aprubado ng FDA LTO kung saan makabibili ng rehistradong gamot.*	LESS THAN 1 KM ……..... 1 *WALA PANG ISANG KILOMETRO* 1-5 KM ……..... 2 *NASA ISA HANGGANG LIMANG KILOMETRO* 6-10 KM …… 3 *NASA ANIM HANGGANG SAMPONG KILOMETRO* MORE THAN 10 KM …..... 4 *HIGIT SAMPONG KILOMETRO*
131.	On a scale of 1 to 5, how easy is it for you to access a pharmacy or drugstore? *Sa sukat na isa hanggang lima, gaano kadali o kahirap para sa iyo na makapunta ng parmasya o drugstore?*	VERY DIFFICULT ..... 1 *NAPAKAHIRAP* DIFFICULT ..... 2 *MAHIRAP* NEUTRAL …… 3 *NEUTRAL* EASY …… 4 *MADALI* VERY EASY …… 5 *NAPAKADALI*

IX. HEALTH CARE UTILIZATION
IX. PAGGAMIT NG HEALTHCARE

The following questions will ask your household's health care utilization for preventive, acute outpatient, and inpatient care. As the primary decision maker for health, I would like to ask you to answer the following questions on behalf of yourself and all members of your family. If you have any statements of accounts, receipts, medical charts or medical abstracts available from all of your family members, please bring them before we start. Describe your LAST visit to a health facility if you had multiple visits:

Ang mga sumusunod na katanungan ay tungkol sa inyong paggamit o karanasan sa health care para sa preventive, acute outpatient, o/at inpatient care. Ang mga tanong na ito ay para sa iyo at para sa lahat ng miyembro ng inyong tahanan. Kung may mga bata sa inyong tirahan, ang kanilang pangunahing tagapag-alaga ang maaaring sumagot para sa kanila. Kung mayroon kang anumang mga statement of accounts, resibo, medical charts, o medical abstracts mula sa lahat ng miyembro ng iyong pamilya, pakidala ito bago tayo magsimula. Kung ikaw ay bumisira ng higit sa isang beses sa isang healthcare facility, ilarawan mo ang iyong HULING pagbisita dito.

IX.a. ACUTE OUTPATIENT CARE

132.	First I would like to ask about any member of your household that has been sick or injured. In the last 12 months, from (LAST YEAR) (SAME DATE) to present, has any member of your household been sick or injured? By injured, I mean cuts, burns, animal bites, and injury that require medical attention. *Sa nakalipas na labindalawang buwan, (NAKARAANG TAON) (PAREHONG ARAW) hanggang sa kasalukuyan mayroon bang sinuman sa inyong tirahan o pamilya na nagkasakit o nasugatan? Ang nasugatan ay nangangahulugang mga hiwa, paso, kagat ng hayop, at iba pang pinsala na nangangailangan ng medikal na atensyon.*	YES ..... 1 *OO* NO ..... 2 *HINDI* IF NO → GO TO **179.**
133.	How many is/are sick (injured) at any time in the last 12 months? *Ilan ang nagkasakit o nasugatan sa inyo sa nakalipas na 12 na buwan?*	☐☐ NO. OF SICK/INJURED PERSONS
134.	Now I would like to ask you some questions about each person who is sick/injured anytime in the last 12 months. Could you tell me the name of each household member who is sick/injured or got sick/injured in the last 12 months? *Ngayon naman ay may ilan akong mga katanungan tungkol sa taong nagkasakit o nasugatan sa loob ng nakalipas na 12 na buwan. Pwede niyo bang ibigay ang pangalan ng bawat miyembro ng pamilya o tirahan na nagkasakit o nasugatan sa loob ng nakalipas na isang taon?* ENTER IN **135** THE LINE NUMBER AND NAME OF EACH PERSON WHO IS SICK OR INJURED. ENTER THE LINE NUMBERS IN ASCENDING ORDER. ASK ALL QUESTIONS ABOUT ALL OF THESE PERSONS. IF THERE ARE MORE THAN 5 PERSONS, USE ADDITIONAL SHEETS. ILAGAY SA BILANG 135 ANG LINE NUMBER AT PANGALAN NG BAWAT MIYEMBRO NG PAMILYA NA NAGKASAKIT O NASUGATAN. IAYOS ANG MGA LINE NUMBERS MULA SA PINAKAMABABA HANGGANG PINAKAMATAAS. ITANONG ANG LAHAT NG KATANUNGAN SA TAO/MGA TAONG MABABANGGIT DITO. KUNG HIGIT SA LIMA, GUMAMIT NG KARAGDAGAN NA PAHINA.	

SICK/INJURED PERSONS IN THE LAST 12 MONTHS

MGA TAONG NAGKASAKIT O NASUGATAN SA NAKALIPAS NA LABINDALAWANG BUWAN O ISANG TAON

		FAMILY MEMBER 1 *MIYEMBRO SA PAMILYA 1*	**FAMILY MEMBER 2** *MIYEMBRO SA PAMILYA 2*	**FAMILY MEMBER 3** *MIYEMBRO SA PAMILYA 3*	**FAMILY MEMBER 4** *MIYEMBRO SA PAMILYA 4*	**FAMILY MEMBER 5** *MIYEMBRO SA PAMILYA 5*
135.	**COPY LINE NUMBER AND NAME FROM 01** *KOPYAHIN ANG NUMERO NG LINYA AT PANGALAN MULA SA 01*	LINE NUMBER …….. _____ NAME _____ PANGALAN_____ _	LINE NUMBER …….. _____ NAME _____ PANGALAN_____ _	LINE NUMBER …….. _____ NAME _____ PANGALAN_____ _	LINE NUMBER …….. _____ NAME _____ PANGALAN_____ _	LINE NUMBER …….. _____ NAME _____ PANGALAN_____ _
136.	What was (NAME IN 135)'s illness or injury?	COMMON NON-COMMUNICABLE DISEASES DIABETES…….. A	COMMON NON-COMMUNICABLE DISEASES DIABETES…….. A	COMMON NON-COMMUNICABLE DISEASES DIABETES…….. A	COMMON NON-COMMUNICABLE DISEASES DIABETES…….. A	COMMON NON-COMMUNICABLE DISEASES DIABETES…….. A

	IF COMMON NON-COMMUNICABLE OR INFECTIOUS DISEASE, PROBE: Was (NAME IN 135)'s illness diagnosed by a doctor? IF NOT DIAGNOSED, SPECIFY IN 'OTHER'. IF YES, CIRCLE APPROPRIATE CODE. Select all. *Ano ang naging sakit o karamdaman ni (banggitin ang pangalan ng na nakalagay sa 135)?* *KUNG ITO AY COMMON NON-COMMUNICABLE OR INFECTIOUS DISEASE, TANUNGIN NG: Ang karamdaman ba ni (banggitin ang pangalan ng nanakalagay sa 135) ay nagkaroon ng diagnosis mula sa doktor?* *KUNG WALANG DIAGNOSIS, PILIIN ANG SAGOT NA IBA PA'.* *KUNG OO, BILUGAN ANG NAAAYON NA CODE.* *Piliin ang lahat ng naaangkop na kasagutan.*	CANCER.................... B HYPERTENSION......... C *ALTAPRESYON* DYSLIPIDEMIA........... D COMMON INFECTIOUS DISEASES TUBERCULOSIS......... E ACUTE RESPIRATORY INFECTION............. F ACUTE GASTROENTERITIS. G COMMON COLDS AND COUGH/FLU/FEVER.... H *SIPON AT UBO/LAGNAT* INJURY *DISGRASYA* CUT/WOUND............... I *SUGAT* BURN........................ J *PASO* FRACTURE/BROKEN BONE..................... K *NABALI-AN NG BUTO* DISLOCATION/SLIPPED DISC...................... L SURGERY................. M *OPERASON* OTHER ________________ (SPECIFY).................. X *IBA PA (PAKI-SPECIFY)*	CANCER.................... B HYPERTENSION......... C *ALTAPRESYON* DYSLIPIDEMIA........... D COMMON INFECTIOUS DISEASES TUBERCULOSIS......... E ACUTE RESPIRATORY INFECTION............. F ACUTE GASTROENTERITIS. G COMMON COLDS AND COUGH/FLU/FEVER.... H *SIPON AT UBO/LAGNAT* INJURY *DISGRASYA* CUT/WOUND............... I *SUGAT* BURN........................ J *PASO* FRACTURE/BROKEN BONE..................... K *NABALI-AN NG BUTO* DISLOCATION/SLIPPED DISC...................... L SURGERY................. M *OPERASON* OTHER ________________ (SPECIFY).................. X *IBA PA (PAKI-SPECIFY)*	CANCER.................... B HYPERTENSION......... C *ALTAPRESYON* DYSLIPIDEMIA........... D COMMON INFECTIOUS DISEASES TUBERCULOSIS......... E ACUTE RESPIRATORY INFECTION............. F ACUTE GASTROENTERITIS. G COMMON COLDS AND COUGH/FLU/FEVER.... H *SIPON AT UBO/LAGNAT* INJURY *DISGRASYA* CUT/WOUND............... I *SUGAT* BURN........................ J *PASO* FRACTURE/BROKEN BONE..................... K *NABALI-AN NG BUTO* DISLOCATION/SLIPPED DISC...................... L SURGERY................. M *OPERASON* OTHER ________________ (SPECIFY).................. X *IBA PA (PAKI-SPECIFY)*	CANCER.................... B HYPERTENSION......... C *ALTAPRESYON* DYSLIPIDEMIA........... D COMMON INFECTIOUS DISEASES TUBERCULOSIS......... E ACUTE RESPIRATORY INFECTION............. F ACUTE GASTROENTERITIS. G COMMON COLDS AND COUGH/FLU/FEVER.... H *SIPON AT UBO/LAGNAT* INJURY *DISGRASYA* CUT/WOUND............... I *SUGAT* BURN........................ J *PASO* FRACTURE/BROKEN BONE..................... K *NABALI-AN NG BUTO* DISLOCATION/SLIPPED DISC...................... L SURGERY................. M *OPERASON* OTHER ________________ (SPECIFY).................. X *IBA PA (PAKI-SPECIFY)*	CANCER.................... B HYPERTENSION......... C *ALTAPRESYON* DYSLIPIDEMIA........... D COMMON INFECTIOUS DISEASES TUBERCULOSIS......... E ACUTE RESPIRATORY INFECTION............. F ACUTE GASTROENTERITIS. G COMMON COLDS AND COUGH/FLU/FEVER.... H *SIPON AT UBO/LAGNAT* INJURY *DISGRASYA* CUT/WOUND............... I *SUGAT* BURN........................ J *PASO* FRACTURE/BROKEN BONE..................... K *NABALI-AN NG BUTO* DISLOCATION/SLIPPED DISC...................... L SURGERY................. M *OPERASON* OTHER ________________ (SPECIFY).................. X *IBA PA (PAKI-SPECIFY)*
137.	Did (NAME IN 135) seek consult at a healthcare facility? *Si (banggitin ang pangalan/mga pangalang inilagay sa 135) ba ay nagpunta sa isang healthcare facility upang magpakonsulta?*	YES .... 1 *OO* NO .... 2 *HINDI* IF YES, GO TO **139.**	YES .... 1 *OO* NO .... 2 *HINDI* IF YES, GO TO **139.**	YES .... 1 *OO* NO .... 2 *HINDI* IF YES, GO TO **139.**	YES .... 1 *OO* NO .... 2 *HINDI* IF YES, GO TO **139.**	YES .... 1 *OO* NO .... 2 *HINDI* IF YES, GO TO **139.**
138.	Why didn't (NAME IN 135)'s seek professional help? SKIP TO **179** *Bakit hindi nagpakonsulta si (banggitin ang pangalan /*	CONDITION IS NOT SERIOUS .... A *HINDI MALALA ANG KARAMDAMAN* SELF-MEDICATED .... B *GINAGAMOT ANG SARILI*	CONDITION IS NOT SERIOUS .... A *HINDI MALALA ANG KARAMDAMAN* SELF-MEDICATED .... B *GINAGAMOT ANG SARILI*	CONDITION IS NOT SERIOUS .... A *HINDI MALALA ANG KARAMDAMAN* SELF-MEDICATED .... B *GINAGAMOT ANG SARILI*	CONDITION IS NOT SERIOUS .... A *HINDI MALALA ANG KARAMDAMAN* SELF-MEDICATED .... B *GINAGAMOT ANG SARILI*	CONDITION IS NOT SERIOUS .... A *HINDI MALALA ANG KARAMDAMAN* SELF-MEDICATED .... B *GINAGAMOT ANG SARILI*

	mga pangalan ng hindi nagpakonsulta)? *SKIP TO 179*	NO MONEY FOR SERVICES ……………….. C *WALANG PANGBAYAD PARA SA MGA SERBISYONG PANGKALUSUGAN* NO NEARBY HEALTH FACILITY ……………..… D *WALANG MALAPIT NA HEALTH FACILITY* NO HEALTHCARE PROVIDER NEARBY …. E *WALANG MALAPIT NA HEALTHCARE PROVIDER* OTHERS (SPECIFY) ….. X *IBA PANG RASON* _____	NO MONEY FOR SERVICES ……………….. C *WALANG PANGBAYAD PARA SA MGA SERBISYONG PANGKALUSUGAN* NO NEARBY HEALTH FACILITY ……………..… D *WALANG MALAPIT NA HEALTH FACILITY* NO HEALTHCARE PROVIDER NEARBY …. E *WALANG MALAPIT NA HEALTHCARE PROVIDER* OTHERS (SPECIFY) ….. X *IBA PANG RASON* _____	NO MONEY FOR SERVICES ……………….. C *WALANG PANGBAYAD PARA SA MGA SERBISYONG PANGKALUSUGAN* NO NEARBY HEALTH FACILITY ……………..… D *WALANG MALAPIT NA HEALTH FACILITY* NO HEALTHCARE PROVIDER NEARBY …. E *WALANG MALAPIT NA HEALTHCARE PROVIDER* OTHERS (SPECIFY) ….. X *IBA PANG RASON* _____	NO MONEY FOR SERVICES ……………….. C *WALANG PANGBAYAD PARA SA MGA SERBISYONG PANGKALUSUGAN* NO NEARBY HEALTH FACILITY ……………..… D *WALANG MALAPIT NA HEALTH FACILITY* NO HEALTHCARE PROVIDER NEARBY …. E *WALANG MALAPIT NA HEALTHCARE PROVIDER* OTHERS (SPECIFY) ….. X *IBA PANG RASON* _____	NO MONEY FOR SERVICES ……………….. C *WALANG PANGBAYAD PARA SA MGA SERBISYONG PANGKALUSUGAN* NO NEARBY HEALTH FACILITY ……………..… D *WALANG MALAPIT NA HEALTH FACILITY* NO HEALTHCARE PROVIDER NEARBY …. E *WALANG MALAPIT NA HEALTHCARE PROVIDER* OTHERS (SPECIFY) ….. X *IBA PANG RASON* _____
	IF THERE ARE MORE THAN 5 PERSONS, USE ADDITIONAL QUESTIONNAIRE.					
	PERSON WHO VISITED A HEALTH FACILITY IN THE LAST 12 MONTHS *MGA TAONG BUMISITA NG HEALTH FACILITY SA NAKALIPAS NA LABINDALAWANG BUWAN O ISANG TAON*					
	COPY LINE NUMBER AND NAME FROM 01 *KOPYAHIN ANG NUMERO NG LINYA AT PANGALAN MULA SA 01*	**ACUTE OUTPATIENT 1**	**ACUTE OUTPATIENT 2**	**ACUTE OUTPATIENT 3**	**ACUTE OUTPATIENT 4**	**ACUTE OUTPATIENT 5**
139.		LINE NUMBER …….. _____ NAME _______________ *PANGALAN*_____________	LINE NUMBER …….. _____ NAME _______________ *PANGALAN*_____________	LINE NUMBER …….. _____ NAME _______________ *PANGALAN*_____________	LINE NUMBER …….. _____ NAME _______________ *PANGALAN*_____________	LINE NUMBER …….. _____ NAME _______________ *PANGALAN*_____________
140.	Why did (NAME IN 139) visit a health facility for consultation/ advice or treatment? *Bakit nagpunta si (banggitin ang pangalan/mga pangalan ng nagpakonsulta) ng health facility upang magpakonsulta?*	SICK/INJURED………… A *MAY SAKIT/NAAKSIDENTE* PRENATAL/POST-NATAL CHECK-UP……………. B *NAGPA-PRENATAL/ POST-NATAL CHECK UP* GAVE BIRTH……………….. C *NANGGANAK* DENTAL………………….. D *NAGPA-CHECK UP NG NGIPIN* MEDICAL CHECK-UP……… E *NAGPA-MEDICAL CHECK-UP* MEDICAL REQUIREMENT…F	SICK/INJURED………… A *MAY SAKIT/NAAKSIDENTE* PRENATAL/POST-NATAL CHECK-UP……………. B *NAGPA-PRENATAL/ POST-NATAL CHECK UP* GAVE BIRTH……………….. C *NANGGANAK* DENTAL………………….. D *NAGPA-CHECK UP NG NGIPIN* MEDICAL CHECK-UP……… E *NAGPA-MEDICAL CHECK-UP* MEDICAL REQUIREMENT…F	SICK/INJURED………… A *MAY SAKIT/NAAKSIDENTE* PRENATAL/POST-NATAL CHECK-UP……………. B *NAGPA-PRENATAL/ POST-NATAL CHECK UP* GAVE BIRTH……………….. C *NANGGANAK* DENTAL………………….. D *NAGPA-CHECK UP NG NGIPIN* MEDICAL CHECK-UP……… E *NAGPA-MEDICAL CHECK-UP* MEDICAL REQUIREMENT…F	SICK/INJURED………… A *MAY SAKIT/NAAKSIDENTE* PRENATAL/POST-NATAL CHECK-UP……………. B *NAGPA-PRENATAL/ POST-NATAL CHECK UP* GAVE BIRTH……………….. C *NANGGANAK* DENTAL………………….. D *NAGPA-CHECK UP NG NGIPIN* MEDICAL CHECK-UP……… E *NAGPA-MEDICAL CHECK-UP* MEDICAL REQUIREMENT…F	SICK/INJURED………… A *MAY SAKIT/NAAKSIDENTE* PRENATAL/POST-NATAL CHECK-UP……………. B *NAGPA-PRENATAL/ POST-NATAL CHECK UP* GAVE BIRTH……………….. C *NANGGANAK* DENTAL………………….. D *NAGPA-CHECK UP NG NGIPIN* MEDICAL CHECK-UP……… E *NAGPA-MEDICAL CHECK-UP* MEDICAL REQUIREMENT…F

		NHTS/CCT/4Ps REQUIREMENT………. G *REQUIREMENT SA NHTS/CCT/4Ps* OTHER ________________ (SPECIFY)……………… X *IBA PA_____ (PAKI-SPECIFY)*	NHTS/CCT/4Ps REQUIREMENT………. G *REQUIREMENT SA NHTS/CCT/4Ps* OTHER ________________ (SPECIFY)……………… X *IBA PA_____ (PAKI-SPECIFY)*	NHTS/CCT/4Ps REQUIREMENT………. G *REQUIREMENT SA NHTS/CCT/4Ps* OTHER ________________ (SPECIFY)……………… X *IBA PA_____ (PAKI-SPECIFY)*	NHTS/CCT/4Ps REQUIREMENT………. G *REQUIREMENT SA NHTS/CCT/4Ps* OTHER ________________ (SPECIFY)……………… X *IBA PA_____ (PAKI-SPECIFY)*	NHTS/CCT/4Ps REQUIREMENT………. G *REQUIREMENT SA NHTS/CCT/4Ps* OTHER ________________ (SPECIFY)……………… X *IBA PA_____ (PAKI-SPECIFY)*
141.	Where was the consultation/ advice or treatment first sought for (NAME IN 139)'s illness/ injury/check-up /laboratory? *Saan unang nagpunta si (banggitin ang pangalan ng na nakalagay sa 139) upang magpakonsulta, magpa check up, o magpa laboratoryo?*	PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……... 1 PROVINCIAL HOSP…… 2 DISTRICT HOSPITAL…. 3 MUNICIPAL HOSP……. 4 RHU/URBAN HLTH……. 5 CTR/LYING-IN……… 6 BRGY HLTH ST………….7 MOBILE CLINIC……… 8 OTHER PUBLIC……… 9 *IBA PA* PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSP/ CLINIC……………… 10 *PRIBADO NA OSPITAL/KLINIKA* *LYING-IN CLINIC/* BIRTHING HOME……11 PRIVATE CLINIC…….. 12 *PRIBADO NA KLINIKA* PRIVATE PHARMACY.. 13 *PRIBADO NA BOTIKA* MOBILE CLINIC………. 14 OTHER PRIVATE…….15 *IBA PA NA PAMPRIBADO* ALTERNATIVE MEDICAL *ALTERNATIBO NA MEDIKAL* HILOT/HERBALISTS…...16 *HILOT/ALBULARYO* THERAPEUTIC MASSAGE CTR……17 OTHER ALT HEALING..18 *IBA PA NA ALTERNATIBO NA PAGGAMOT* NOT MEDICAL SECTOR *HINDI MEDIKAL NA SEKTOR* SHOP SELLING DRUGS/MARKET……19 *TINDAHAN* FAITH HEALER………20 *ALBULARYO* OTHER ________________ (SPECIFY)……………..99	PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……... 1 PROVINCIAL HOSP…… 2 DISTRICT HOSPITAL…. 3 MUNICIPAL HOSP……. 4 RHU/URBAN HLTH……. 5 CTR/LYING-IN……… 6 BRGY HLTH ST………….7 MOBILE CLINIC……… 8 OTHER PUBLIC……… 9 *IBA PA* PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSP/ CLINIC……………… 10 *PRIBADO NA OSPITAL/KLINIKA* *LYING-IN CLINIC/* BIRTHING HOME……11 PRIVATE CLINIC…….. 12 *PRIBADO NA KLINIKA* PRIVATE PHARMACY.. 13 *PRIBADO NA BOTIKA* MOBILE CLINIC………. 14 OTHER PRIVATE…….15 *IBA PA NA PAMPRIBADO* ALTERNATIVE MEDICAL *ALTERNATIBO NA MEDIKAL* HILOT/HERBALISTS…...16 *HILOT/ALBULARYO* THERAPEUTIC MASSAGE CTR……17 OTHER ALT HEALING..18 *IBA PA NA ALTERNATIBO NA PAGGAMOT* NOT MEDICAL SECTOR *HINDI MEDIKAL NA SEKTOR* SHOP SELLING DRUGS/MARKET……19 *TINDAHAN* FAITH HEALER………20 *ALBULARYO* OTHER ________________ (SPECIFY)……………..99	PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……... 1 PROVINCIAL HOSP…… 2 DISTRICT HOSPITAL…. 3 MUNICIPAL HOSP……. 4 RHU/URBAN HLTH……. 5 CTR/LYING-IN……… 6 BRGY HLTH ST………….7 MOBILE CLINIC……… 8 OTHER PUBLIC……… 9 *IBA PA* PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSP/ CLINIC……………… 10 *PRIBADO NA OSPITAL/KLINIKA* *LYING-IN CLINIC/* BIRTHING HOME……11 PRIVATE CLINIC…….. 12 *PRIBADO NA KLINIKA* PRIVATE PHARMACY.. 13 *PRIBADO NA BOTIKA* MOBILE CLINIC………. 14 OTHER PRIVATE…….15 *IBA PA NA PAMPRIBADO* ALTERNATIVE MEDICAL *ALTERNATIBO NA MEDIKAL* HILOT/HERBALISTS…...16 *HILOT/ALBULARYO* THERAPEUTIC MASSAGE CTR……17 OTHER ALT HEALING..18 *IBA PA NA ALTERNATIBO NA PAGGAMOT* NOT MEDICAL SECTOR *HINDI MEDIKAL NA SEKTOR* SHOP SELLING DRUGS/MARKET……19 *TINDAHAN* FAITH HEALER………20 *ALBULARYO* OTHER ________________ (SPECIFY)……………..99	PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……... 1 PROVINCIAL HOSP…… 2 DISTRICT HOSPITAL…. 3 MUNICIPAL HOSP……. 4 RHU/URBAN HLTH……. 5 CTR/LYING-IN……… 6 BRGY HLTH ST………….7 MOBILE CLINIC……… 8 OTHER PUBLIC……… 9 *IBA PA* PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSP/ CLINIC……………… 10 *PRIBADO NA OSPITAL/KLINIKA* *LYING-IN CLINIC/* BIRTHING HOME……11 PRIVATE CLINIC…….. 12 *PRIBADO NA KLINIKA* PRIVATE PHARMACY.. 13 *PRIBADO NA BOTIKA* MOBILE CLINIC………. 14 OTHER PRIVATE…….15 *IBA PA NA PAMPRIBADO* ALTERNATIVE MEDICAL *ALTERNATIBO NA MEDIKAL* HILOT/HERBALISTS…...16 *HILOT/ALBULARYO* THERAPEUTIC MASSAGE CTR……17 OTHER ALT HEALING..18 *IBA PA NA ALTERNATIBO NA PAGGAMOT* NOT MEDICAL SECTOR *HINDI MEDIKAL NA SEKTOR* SHOP SELLING DRUGS/MARKET……19 *TINDAHAN* FAITH HEALER………20 *ALBULARYO* OTHER ________________ (SPECIFY)……………..99	PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……... 1 PROVINCIAL HOSP…… 2 DISTRICT HOSPITAL…. 3 MUNICIPAL HOSP……. 4 RHU/URBAN HLTH……. 5 CTR/LYING-IN……… 6 BRGY HLTH ST………….7 MOBILE CLINIC……… 8 OTHER PUBLIC……… 9 *IBA PA* PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSP/ CLINIC……………… 10 *PRIBADO NA OSPITAL/KLINIKA* *LYING-IN CLINIC/* BIRTHING HOME……11 PRIVATE CLINIC…….. 12 *PRIBADO NA KLINIKA* PRIVATE PHARMACY.. 13 *PRIBADO NA BOTIKA* MOBILE CLINIC………. 14 OTHER PRIVATE…….15 *IBA PA NA PAMPRIBADO* ALTERNATIVE MEDICAL *ALTERNATIBO NA MEDIKAL* HILOT/HERBALISTS…...16 *HILOT/ALBULARYO* THERAPEUTIC MASSAGE CTR……17 OTHER ALT HEALING..18 *IBA PA NA ALTERNATIBO NA PAGGAMOT* NOT MEDICAL SECTOR *HINDI MEDIKAL NA SEKTOR* SHOP SELLING DRUGS/MARKET……19 *TINDAHAN* FAITH HEALER………20 *ALBULARYO* OTHER ________________ (SPECIFY)……………..99

		IBA PA (PAKI-SPECIFY)	*IBA PA (PAKI-SPECIFY)*	*IBA PA (PAKI-SPECIFY)*	*IBA PA (PAKI-SPECIFY)*	*IBA PA (PAKI-SPECIFY)*
142.	How many places did (NAME IN 139) visit to receive outpatient care? *Ilang mga lugar ang pinuntahan ni (banggitin ang pangalan ng na nakalagay sa 139) upang makatanggap ng outpatient care?*	☐☐ NO. OF HEALTH FACILITIES VISITED FOR OUTPATIENT CARE *BILANG NG MGA HEALTH FACILITIES NA PINUNTAHAN PARA SA OUTPATIENT CARE*	☐☐ NO. OF HEALTH FACILITIES VISITED FOR OUTPATIENT CARE *BILANG NG MGA HEALTH FACILITIES NA PINUNTAHAN PARA SA OUTPATIENT CARE*	☐☐ NO. OF HEALTH FACILITIES VISITED FOR OUTPATIENT CARE *BILANG NG MGA HEALTH FACILITIES NA PINUNTAHAN PARA SA OUTPATIENT CARE*	☐☐ NO. OF HEALTH FACILITIES VISITED FOR OUTPATIENT CARE *BILANG NG MGA HEALTH FACILITIES NA PINUNTAHAN PARA SA OUTPATIENT CARE*	☐☐ NO. OF HEALTH FACILITIES VISITED FOR OUTPATIENT CARE *BILANG NG MGA HEALTH FACILITIES NA PINUNTAHAN PARA SA OUTPATIENT CARE*
143.	Was (NAME IN 139) advised for hospitalization/ confinement? *Si (banggitin ang pangalan ng na nakalagay sa 139) ba ay ipina-confine o admit sa hospital?*	YES .... 1 *OO* NO .... 2 *HINDI* IF YES, SKIP TO **145**	YES .... 1 *OO* NO .... 2 *HINDI* IF YES, SKIP TO **145**	YES .... 1 *OO* NO .... 2 *HINDI* IF YES, SKIP TO **145**	YES .... 1 *OO* NO .... 2 *HINDI* IF YES, SKIP TO **145**	YES .... 1 *OO* NO .... 2 *HINDI* IF YES, SKIP TO **145**
144.	What were the reasons why (NAME IN 139) was not confined in a hospital/clinic? Encircle all that apply. *Ano ang mga dahilan kung bakit hindi ipina-confile sa ospital o clinic si (banggitin ang pangalan na nakalagay sa 139)? Bilugan lahat ng naaayon na sagot.*	FACILITY IS FAR......... A *MALAYO ANG PASILIDAD* NO MONEY................ B *WALANG PERA* WORRIED ABOUT TREATMENT COST..... C *NAG-AALALA SA GASTOS SA PAGGAGAMOT* HOME REMEDY IS AVAILABLE................ D *MAY REMEDYO NA PWEDE SA BAHAY* HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED............. E *ANG HEALTH FACILITY AY HINDI ACCREDITED NG PHILHEALTH* NO NEED/REGULAR CHECK-UP ONLY..... F *HINDI KAILANGAN/REGULAR CHECK-UP LANG* OTHER ________________ (SPECIFY)............... X IBA PA ____ (PAKI-SPECIFY)	FACILITY IS FAR......... A *MALAYO ANG PASILIDAD* NO MONEY................ B *WALANG PERA* WORRIED ABOUT TREATMENT COST..... C *NAG-AALALA SA GASTOS SA PAGGAGAMOT* HOME REMEDY IS AVAILABLE................ D *MAY REMEDYO NA PWEDE SA BAHAY* HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED............. E *ANG HEALTH FACILITY AY HINDI ACCREDITED NG PHILHEALTH* NO NEED/REGULAR CHECK-UP ONLY..... F *HINDI KAILANGAN/REGULAR CHECK-UP LANG* OTHER ________________ (SPECIFY)............... X IBA PA ____ (PAKI-SPECIFY)	FACILITY IS FAR......... A *MALAYO ANG PASILIDAD* NO MONEY................ B *WALANG PERA* WORRIED ABOUT TREATMENT COST..... C *NAG-AALALA SA GASTOS SA PAGGAGAMOT* HOME REMEDY IS AVAILABLE................ D *MAY REMEDYO NA PWEDE SA BAHAY* HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED............. E *ANG HEALTH FACILITY AY HINDI ACCREDITED NG PHILHEALTH* NO NEED/REGULAR CHECK-UP ONLY..... F *HINDI KAILANGAN/REGULAR CHECK-UP LANG* OTHER ________________ (SPECIFY)............... X IBA PA ____ (PAKI-SPECIFY)	FACILITY IS FAR......... A *MALAYO ANG PASILIDAD* NO MONEY................ B *WALANG PERA* WORRIED ABOUT TREATMENT COST..... C *NAG-AALALA SA GASTOS SA PAGGAGAMOT* HOME REMEDY IS AVAILABLE................ D *MAY REMEDYO NA PWEDE SA BAHAY* HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED............. E *ANG HEALTH FACILITY AY HINDI ACCREDITED NG PHILHEALTH* NO NEED/REGULAR CHECK-UP ONLY..... F *HINDI KAILANGAN/REGULAR CHECK-UP LANG* OTHER ________________ (SPECIFY)............... X IBA PA ____ (PAKI-SPECIFY)	FACILITY IS FAR......... A *MALAYO ANG PASILIDAD* NO MONEY................ B *WALANG PERA* WORRIED ABOUT TREATMENT COST..... C *NAG-AALALA SA GASTOS SA PAGGAGAMOT* HOME REMEDY IS AVAILABLE................ D *MAY REMEDYO NA PWEDE SA BAHAY* HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED............. E *ANG HEALTH FACILITY AY HINDI ACCREDITED NG PHILHEALTH* NO NEED/REGULAR CHECK-UP ONLY..... F *HINDI KAILANGAN/REGULAR CHECK-UP LANG* OTHER ________________ (SPECIFY)............... X IBA PA ____ (PAKI-SPECIFY)
	WHICH OF THE FOLLOWING SERVICES DID YOU AVAIL FOR ACUTE OUTPATIENT CARE? *ANO SA MGA SUMUSUNOD NA PAGSUSURI ANG IYONG GINAWA PARA SA ACUTE OUTPATIENT CARE?*					

	TEST OR SERVICE	COST	AMOUNT
ACUTE OUTPATIENT 1 ACUTE OUTPATIENT 2 ACUTE OUTPATIENT 3 ACUTE OUTPATIENT 4 ACUTE OUTPATIENT 5 etc. Please check which test or service was done PER acute outpatient person. Then for each test or service that was received/availed, check the cost or payment method as well as the amount paid (if applicable) for each. *Tignan at tantusan kung aling pagsusuri o serbisyo ang ginawa para sa bawat acute outpatient na pasyente. Para sa bawat pagsusuri o serbisyong ginawa o natanggap, ilagay ang paraan ng pagbabayad pati na rin ang halagang binayaran para sa bawat medikal na eksaminasyon na ginawa.*	145. CONSULTATION	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…… C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…….D *WALANG BAYAD DAHIL SA HMO* IN KIND…… E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
	146. CBC WITH PLATELET COUNT	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…… C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…….D *WALANG BAYAD DAHIL SA HMO* IN KIND…… E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
	147. URINALYSIS	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…… C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…….D *WALANG BAYAD DAHIL SA HMO* IN KIND…… E *IN KIND* DON'T KNOW…….. Z	AMOUNT IN PESOS 1 ☐☐☐☐☐☐

			HINDI ALAM ANG SAGOT	
		148. LIPID PANEL	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
		149. FASTING BLOOD SUGAR	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
		150. HbA1C	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐

		151. ORAL GLUCOSE TOLERANCE TEST	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…….D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
		152. SERUM CREATININE	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…….D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
		153. eGFR	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…….D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐

		154. LIVER ENZYMES (ALT, SLT)	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1
		155. CHEST X-RAY	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1
		156. PAP SMEAR	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1

		157. FECALYSIS	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1
		158. SPUTUM TEST/MICROSCOPY	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1
		159. FECAL OCCULT BLOOD	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1

		160. ELECTROCARDIOGRAM (ECG)	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
		161. XPERT MTB RIF	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
		162. SYSMEX HISCL HIV Ag+Ab ASSAY KIT	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐

		163. ALERE DETERMINE HIV ½	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
		164. GENIUS HIV ½ CONFIRMATORY ASSAY KIT	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
		165. MALARIA COMBO RDT TEST KIT	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐

166.	Did you find the cost of medicines affordable?	YES …….. 1 *OO* NO …….. 2	YES …….. 1 *OO* NO …….. 2	YES …….. 1 *OO* NO …….. 2	YES …….. 1 *OO* NO …….. 2	YES …….. 1 *OO* NO …….. 2

	Para sa iyo, abot-kaya ba ang mga gamot?	*HINDI* RECEIVED MEDICINES FOR FREE……..3 *NAKATATANGGAP NG LIBRENG GAMOT*			*HINDI* RECEIVED MEDICINES FOR FREE……..3 *NAKATATANGGAP NG LIBRENG GAMOT*			*HINDI* RECEIVED MEDICINES FOR FREE……..3 *NAKATATANGGAP NG LIBRENG GAMOT*			*HINDI* RECEIVED MEDICINES FOR FREE……..3 *NAKATATANGGAP NG LIBRENG GAMOT*			*HINDI* RECEIVED MEDICINES FOR FREE……..3 *NAKATATANGGAP NG LIBRENG GAMOT*		
	I would like to know where you got the money to pay for medical costs incurred (IN **145-165**) at the (NAME OF SOURCE IN **141**). *Nais kong malaman kung ano ang iyong mga pinagkukuhaan pang-bayad sa mga medikal na pagsusuri na iyong nabanggit (sagot sa 145-165) na ginawa sa (sagot sa 141)?* Did you use any of the following (select all that apply): *Alin sa mga sumusunod ang iyong pinagkukuhanan (tantusan lahat ng naayon)*		**YES**	**NO**		**YES**	**NO**		**YES**	**NO**		**YES**	**NO**		**YES**	**NO**
	167. Salary/Income? Sahod/Kita?	167	1	2	167	1	2	167	1	2	167	1	2	167	1	2
	168. Loan/Mortgage? *Inutang/Mortgage?*	168	1	2	168	1	2	168	1	2	168	1	2	168	1	2
	169. Savings? *Savings/Ipon?*	169	1	2	169	1	2	169	1	2	169	1	2	169	1	2
	170. Donation/Charity/ Assistance from Private Organization? *Donasyon/Charity/ Tulong mula sa pribadong organisasyon*	170	1	2	170	1	2	170	1	2	170	1	2	170	1	2
	171. Malasakit Center *Malasakit Center*	171	1	2	171	1	2	171	1	2	171	1	2	171	1	2
	172. Other Donation/Charity/ Assistance from Government Organization? *Iba pang donasyon/Charity/*	172	1	2	172	1	2	172	1	2	172	1	2	172	1	2

	Tulong mula sa gobyerno					
	173. DOH Medical Assistance to Indigent Patients (MAIP)? *Tulong mula sa DOH para sa medikal na pangangailangan ng mga kapos sa pinansyal na pasyente*	173 1 2	173 1 2	173 1 2	173 1 2	173 1 2
	174. PhilHealth? *PhilHealth?*	174 1 2	174 1 2	174 1 2	174 1 2	174 1 2
	175. SSS/GSIS? *SSS/GSIS?*	175 1 2	175 1 2	175 1 2	175 1 2	175 1 2
	176. HMO/Private Insurance? *HMO/Private Insurance?*	176 1 2	176 1 2	176 1 2	176 1 2	176 1 2
	177. Other _________ (SPECIFY) *Iba pa_________ (TUKUYIN/ILAGAY)*	177 1 2	177 1 2	177 1 2	177 1 2	177 1 2
178.	Overall, how would you rate your experience in (NAME OF SOURCE IN **141**)? *Sa kabuoan, kamusta ang iyong naging karanasan sa (sagot sa **139**)?*	EXCELLENT……………. A *MAGALING* GOOD ……………………… B *MABUTI* FAIR ……………………….C *SAKTO LAMANG* VERY POOR ………………D *HINDI MAAYOS*	EXCELLENT……………. A *MAGALING* GOOD ……………………… B *MABUTI* FAIR ……………………….C *SAKTO LAMANG* VERY POOR ………………D *HINDI MAAYOS*	EXCELLENT……………. A *MAGALING* GOOD ……………………… B *MABUTI* FAIR ……………………….C *SAKTO LAMANG* VERY POOR ………………D *HINDI MAAYOS*	EXCELLENT……………. A *MAGALING* GOOD ……………………… B *MABUTI* FAIR ……………………….C *SAKTO LAMANG* VERY POOR ………………D *HINDI MAAYOS*	EXCELLENT……………. A *MAGALING* GOOD ……………………… B *MABUTI* FAIR ……………………….C *SAKTO LAMANG* VERY POOR ………………D *HINDI MAAYOS*

IX.b. INPATIENT CARE

	PERSON CONFINED IN A HOSPITAL IN THE LAST 12 MONTHS **TAO/MGA TAONG NA CONFINE SA OSPITAL SA NAKALIPAS NA LABINDALAWANG BUWAN O ISANG TAON** The next questions will be on any household members that have been confined in a hospital or clinic. This means that they were admitted to a hospital or clinic and stayed there for at least one night. *Ang mga susunod na katanungan ay tungkol sa kahit na sinumang miyembro ng pamilya o tahanan na na-confine o admit sa ospital o clinic. Ang ibig sabihin nito ay na-confine o admit sa ospital o clinic kahit ng isang gabi man lang.*	
179.	In the last 12 months from (CURRENT MONTH) 2023 to present, has any member of your household been confined in a hospital/clinic? *Sa nakalipas na labindalawang buwan mula (KASALUKUYANG BUWAN) sa 2023 hanggang kasalukuyan, may miyembro ba ng inyong tahanan ang na-admit o confine sa ospital o clinic?*	YES ……………………… 1 *OO* NO ………………………. 2 *HINDI*

		IF NO → GO TO **206**.
180.	How many were/have been confined in a hospital/clinic? *Ilan ang na-admit o confine sa ospital o clinic?*	☐☐ NO. OF PERSONS CONFINED *BILANG NG TAONG NA CONFINE*
181.	Now I would like to ask you some questions about each person who was confined in a hospital/clinic in the last 12 months. Could you tell me the name of each household member who was/has been confined during the last 12 months? *Ngayon naman ay may ilan akong mga katanungan tungkol sa taong na-confine o admit sa loob ng nakalipas na labing dalawang buwan. Pwede niyo bang ibigay ang pangalan ng bawat miyembro ng pamilya o tirahan na na-confine o admit sa loob ng nakalipas na labindalawang buwan?* ENTER IN **182** THE LINE NUMBER AND NAME OF EACH PERSON WHO WAS CONFINED IN A HOSPITAL/CLINIC. ENTER THE LINE NUMBERS IN ASCENDING ORDER. ASK ALL QUESTIONS ABOUT ALL OF THESE PERSONS. IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE. ILAGAY SA BILANG 182 ANG LINE NUMBER AT PANGALAN NG BAWAT MIYEMBRO NG PAMILYA NA NA-CONFINE O ADMIT SA OSPITAL O CLINIC. IAYOS ANG MGA LINE NUMBERS MULA SA PINAKAMABABA HANGGANG PINAKAMATAAS. ITANONG ANG LAHAT NG KATANUNGAN SA TAO/MGA TAONG MABABANGGIT DITO. KUNG HIGIT SA LIMA, GUMAMIT NG KARAGDAGAN NA PAHINA.	

	COPY LINE NUMBER AND NAME FROM 01 *KOPYAHIN ANG NUMERO NG LINYA AT PANGALAN MULA SA 01*	**ACUTE INPATIENT 1**	**ACUTE INPATIENT 2**	**ACUTE INPATIENT 3**	**ACUTE INPATIENT 4**	**ACUTE INPATIENT 5**
182.		LINE NUMBER …….. _____ NAME ________________ PANGALAN______________	LINE NUMBER …….. _____ NAME ________________ PANGALAN______________	LINE NUMBER …….. _____ NAME ________________ PANGALAN______________	LINE NUMBER …….. _____ NAME ________________ PANGALAN______________	LINE NUMBER …….. _____ NAME ________________ PANGALAN______________
183.	Where was (NAME IN 182) last confined? *Saan na-admit o confine si (banggitin ang pangalan na nakalagay sa 182)?* IF CONFINED MORE THAN ONCE, REPORT THE LAST CONFINEMENT. *KUNG NA-CONFINE HIGIT SA ISANG BESES, SABIHIN KUNG KAILAN ANG HULING PAGKAKATAON NA NA-CONFINE.*	PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……. 1 PROVINCIAL HOSP…. 2 DISTRICT HOSPITAL …3 MUNICIPAL HOSP…….. 4 PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSPITAL….. 5 LYING-IN CLINIC/ BIRTHING HOME……… ……. ……. ..6 *BAHAY* PRIVATE CLINIC………. 7 OTHER ____________	PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……. 1 PROVINCIAL HOSP…. 2 DISTRICT HOSPITAL …3 MUNICIPAL HOSP…….. 4 PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSPITAL….. 5 LYING-IN CLINIC/ BIRTHING HOME……… ……. ……. ..6 *BAHAY* PRIVATE CLINIC………. 7 OTHER ____________	PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……. 1 PROVINCIAL HOSP…. 2 DISTRICT HOSPITAL …3 MUNICIPAL HOSP…….. 4 PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSPITAL….. 5 LYING-IN CLINIC/ BIRTHING HOME……… ……. ……. ..6 *BAHAY* PRIVATE CLINIC………. 7 OTHER ____________	PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……. 1 PROVINCIAL HOSP…. 2 DISTRICT HOSPITAL …3 MUNICIPAL HOSP…….. 4 PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSPITAL….. 5 LYING-IN CLINIC/ BIRTHING HOME……… ……. ……. ..6 *BAHAY* PRIVATE CLINIC………. 7 OTHER ____________	PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……. 1 PROVINCIAL HOSP…. 2 DISTRICT HOSPITAL …3 MUNICIPAL HOSP…….. 4 PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSPITAL….. 5 LYING-IN CLINIC/ BIRTHING HOME……… ……. ……. ..6 *BAHAY* PRIVATE CLINIC………. 7 OTHER ____________

		(SPECIFY)……………… 8 *IBA PA _____(PAKI SPECIFY)* DON'T KNOW……………….. 9 *HINDI KO ALAM*	(SPECIFY)……………… 8 *IBA PA _____(PAKI SPECIFY)* DON'T KNOW……………….. 9 *HINDI KO ALAM*	(SPECIFY)……………… 8 *IBA PA _____(PAKI SPECIFY)* DON'T KNOW……………….. 9 *HINDI KO ALAM*	(SPECIFY)……………… 8 *IBA PA _____(PAKI SPECIFY)* DON'T KNOW……………….. 9 *HINDI KO ALAM*	(SPECIFY)……………… 8 *IBA PA _____(PAKI SPECIFY)* DON'T KNOW……………….. 9 *HINDI KO ALAM*
184.	Why was (NAME IN 182) (last) confined in the hospital/clinic? *Bakit na-confine o na-admit sa ospital o clinic si (banggitin ang pangalan na nakalagay sa 182)?*	SICK/INJURED…………… 1 *NAGKASAKIT/ NADISGRASYA* GAVE BIRTH……………… 2 *NANGGANAK* EXECUTIVE CHECK-UP…… 3 OTHER ____________ (SPECIFY)……………. 99 *IBA PA ____ (PAKI-SPECIFY)*	SICK/INJURED…………… 1 *NAGKASAKIT/ NADISGRASYA* GAVE BIRTH……………… 2 *NANGGANAK* EXECUTIVE CHECK-UP…… 3 OTHER ____________ (SPECIFY)……………. 99 *IBA PA ____ (PAKI-SPECIFY)*	SICK/INJURED…………… 1 *NAGKASAKIT/ NADISGRASYA* GAVE BIRTH……………… 2 *NANGGANAK* EXECUTIVE CHECK-UP…… 3 OTHER ____________ (SPECIFY)……………. 99 *IBA PA ____ (PAKI-SPECIFY)*	SICK/INJURED…………… 1 *NAGKASAKIT/ NADISGRASYA* GAVE BIRTH……………… 2 *NANGGANAK* EXECUTIVE CHECK-UP…… 3 OTHER ____________ (SPECIFY)……………. 99 *IBA PA ____ (PAKI-SPECIFY)*	SICK/INJURED…………… 1 *NAGKASAKIT/ NADISGRASYA* GAVE BIRTH……………… 2 *NANGGANAK* EXECUTIVE CHECK-UP…… 3 OTHER ____________ (SPECIFY)……………. 99 *IBA PA ____ (PAKI-SPECIFY)*
185.	How long was (NAME IN 182) confined? Gaano katagal na-confine o admit si *(banggitin ang pangalan na nakalagay sa 182)?* IF CONFINED MORE THAN ONCE, REPORT THE LAST CONFINEMENT. *KUNG NA-CONFINE HIGIT SA ISANG BESES, SABIHIN KUNG KAILAN ANG HULING PAGKAKATAON NA NA-CONFINE.*	DAY…….. ☐☐ *ARAW* STILL CONFINED…. 9 *NAKA-CONFINE PA*	DAY…….. ☐☐ *ARAW* STILL CONFINED…. 9 *NAKA-CONFINE PA*	DAY…….. ☐☐ *ARAW* STILL CONFINED…. 9 *NAKA-CONFINE PA*	DAY…….. ☐☐ *ARAW* STILL CONFINED…. 9 *NAKA-CONFINE PA*	DAY…….. ☐☐ *ARAW* STILL CONFINED…. 9 *NAKA-CONFINE PA*
186.	Were medicines bought from any pharmacy apart from the medicines paid for in the hospital/clinic where (NAME IN 182) was confined? *May mga binili bang mga gamot mula sa kahit anong parmasya o botika bukod pa sa mga gamot na binayaran sa ospital/klinika kung saan na-confine si (PANGALAN SA 182)?*	YES ……………………… 1 *OO* NO ………………………. 2 *HINDI* IF NO, SKIP TO **188**	YES ……………………… 1 *OO* NO ………………………. 2 *HINDI* IF NO, SKIP TO **188**	YES ……………………… 1 *OO* NO ………………………. 2 *HINDI* IF NO, SKIP TO **188**	YES ……………………… 1 *OO* NO ………………………. 2 *HINDI* IF NO, SKIP TO **188**	YES ……………………… 1 *OO* NO ………………………. 2 *HINDI* IF NO, SKIP TO **188**
187.	How much was paid for the medicines outside the hospital/clinic? *Magkano ang binayaran para sa mga gamot na binili sa labas ng ospital o clinic?*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐ OUT-OF-POCKET ……….. A *SARILING GASTOS* FREE/NO COST…………..B	AMOUNT IN PESOS 1 ☐☐☐☐☐☐ OUT-OF-POCKET ……….. A *SARILING GASTOS* FREE/NO COST…………..B	AMOUNT IN PESOS 1 ☐☐☐☐☐☐ OUT-OF-POCKET ……….. A *SARILING GASTOS* FREE/NO COST…………..B	AMOUNT IN PESOS 1 ☐☐☐☐☐☐ OUT-OF-POCKET ……….. A *SARILING GASTOS* FREE/NO COST…………..B	AMOUNT IN PESOS 1 ☐☐☐☐☐☐ OUT-OF-POCKET ……….. A *SARILING GASTOS* FREE/NO COST…………..B

		LIBRE / WALANG BAYAD FREE,CHARGE TO PHILHEALTH.................. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO................D *WALANG BAYAD DAHIL SA HMO* IN KIND......................... E *IN KIND* DON'T KNOW................. Z *HINDI ALAM ANG SAGOT*	*LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH.................. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO................D *WALANG BAYAD DAHIL SA HMO* IN KIND......................... E *IN KIND* DON'T KNOW................. Z *HINDI ALAM ANG SAGOT*	*LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH.................. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO................D *WALANG BAYAD DAHIL SA HMO* IN KIND......................... E *IN KIND* DON'T KNOW................. Z *HINDI ALAM ANG SAGOT*	*LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH.................. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO...............D *WALANG BAYAD DAHIL SA HMO* IN KIND......................... E *IN KIND* DON'T KNOW................. Z *HINDI ALAM ANG SAGOT*	*LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH.................. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO................D *WALANG BAYAD DAHIL SA HMO* IN KIND......................... E *IN KIND* DON'T KNOW................. Z *HINDI ALAM ANG SAGOT*
188.	Were services paid for in any laboratory, apart from the services paid for in the hospital/clinic where (NAME IN 182) was confined? *May mga pagsusuri ba na binayaran para sa laboratoryo bukod pa sa mga binayaran na pagsusuri o laboratory test na ginawa sa hospital o clinic kung saan na-confine si (PANGALAN SA 182)?*	YES .... 1 *OO* NO .... 2 *HINDI* IF NO, SKIP TO **190**	YES .... 1 *OO* NO .... 2 *HINDI* IF NO, SKIP TO **190**	YES .... 1 *OO* NO .... 2 *HINDI* IF NO, SKIP TO **190**	YES .... 1 *OO* NO .... 2 *HINDI* IF NO, SKIP TO **190**	YES .... 1 *OO* NO .... 2 *HINDI* IF NO, SKIP TO **190**
189.	How much was paid for the services outside the hospital/clinic? *Magkano ang binayaran sa mga pagsusuri na ginawa sa labas ng ospital o clinic kung saan na-confine?*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐ OUT-OF POCKET .... A *SARILING GASTOS* FREE/NO COST..............B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH.................. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO................D *WALANG BAYAD DAHIL SA HMO* IN KIND......................... E *IN KIND* DON'T KNOW................. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐ OUT-OF POCKET .... A *SARILING GASTOS* FREE/NO COST..............B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH.................. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO................D *WALANG BAYAD DAHIL SA HMO* IN KIND......................... E *IN KIND* DON'T KNOW................. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐ OUT-OF POCKET .... A *SARILING GASTOS* FREE/NO COST..............B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH.................. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO................D *WALANG BAYAD DAHIL SA HMO* IN KIND......................... E *IN KIND* DON'T KNOW................. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐ OUT-OF POCKET .... A *SARILING GASTOS* FREE/NO COST..............B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH.................. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO...............D *WALANG BAYAD DAHIL SA HMO* IN KIND......................... E *IN KIND* DON'T KNOW................. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐ OUT-OF POCKET .... A *SARILING GASTOS* FREE/NO COST..............B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH.................. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO................D *WALANG BAYAD DAHIL SA HMO* IN KIND......................... E *IN KIND* DON'T KNOW................. Z *HINDI ALAM ANG SAGOT*
190.	How much was the total hospital bill for the (last) confinement in (NAME OF SOURCE IN **183**)? *Magkano ang kabuoan ng naging bayarin sa hospital kung saan huling na confine si (PANGALAN SA 183?*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐	AMOUNT IN PESOS 1 ☐☐☐☐☐☐	AMOUNT IN PESOS 1 ☐☐☐☐☐☐	AMOUNT IN PESOS 1 ☐☐☐☐☐☐	AMOUNT IN PESOS 1 ☐☐☐☐☐☐

		OUT-OF POCKET ……….. A *SARILING GASTOS* FREE/NO COST…………..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH……………… C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…………….D *WALANG BAYAD DAHIL SA HMO* IN KIND…………………… E *IN KIND* DON'T KNOW…………….. Z *HINDI ALAM ANG SAGOT*	OUT-OF POCKET ……….. A *SARILING GASTOS* FREE/NO COST…………..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH……………… C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…………….D *WALANG BAYAD DAHIL SA HMO* IN KIND…………………… E *IN KIND* DON'T KNOW…………….. Z *HINDI ALAM ANG SAGOT*	OUT-OF POCKET ……….. A *SARILING GASTOS* FREE/NO COST…………..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH……………… C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…………….D *WALANG BAYAD DAHIL SA HMO* IN KIND…………………… E *IN KIND* DON'T KNOW…………….. Z *HINDI ALAM ANG SAGOT*	OUT-OF POCKET ……….. A *SARILING GASTOS* FREE/NO COST…………..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH……………… C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…………….D *WALANG BAYAD DAHIL SA HMO* IN KIND…………………… E *IN KIND* DON'T KNOW…………….. Z *HINDI ALAM ANG SAGOT*	OUT-OF POCKET ……….. A *SARILING GASTOS* FREE/NO COST…………..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH……………… C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…………….D *WALANG BAYAD DAHIL SA HMO* IN KIND…………………… E *IN KIND* DON'T KNOW…………….. Z *HINDI ALAM ANG SAGOT*
	I would like to know where you got the money to pay for medical costs incurred (IN **187, 189, and 190**) at the (NAME OF SOURCE IN **183**). *Nais kong malaman kung ano ang iyong mga pinagkukuhaan pang-bayad sa mga medikal na pagsusuri na iyong nabanggit (sagot sa 187, 189, at 190) na ginawa sa (sagot sa 183)?*					
	Did you use any of the following (select all that apply): *Alin sa mga sumusunod ang iyong pinagkukuhanan (tantusan lahat ng naayon)*	**YES** **NO**	**YES** **NO**	**YES** **NO**	**YES** **NO**	**YES** **NO**
	191. Salary/Income? *Sahod/Kita?*	191 1 2	191 1 2	191 1 2	191 1 2	191 1 2
	192. Loan/Mortgage? *Inutang/Mortgage?*	192 1 2	192 1 2	192 1 2	192 1 2	192 1 2
	193. Savings? *Savings/Ipon?*	193 1 2	193 1 2	193 1 2	193 1 2	193 1 2
	194. Donation/Charity/ Assistance from Private Organization? *Donasyon/Charity/ Tulong mula sa pribadong organisasyon*	194 1 2	194 1 2	194 1 2	194 1 2	194 1 2
	195. Malasakit Center	195 1 2	195 1 2	195 1 2	195 1 2	195 1 2

	Malasakit Center					
	196. Other Donation/Charity/ Assistance from Government Organization? *Iba pang donasyon/Charity/ Tulong mula sa gobyerno*	196 1 2	196 1 2	196 1 2	196 1 2	196 1 2
	197. DOH Medical Assistance to Indigent Patients (MAIP)? *Tulong mula sa DOH para sa medikal na pangangailang ng mga kapos sa pinansyal na pasyente*	197 1 2	197 1 2	197 1 2	197 1 2	197 1 2
	198. PhilHealth? *PhilHealth?*	198 1 2	198 1 2	198 1 2	198 1 2	198 1 2
	199. SSS/GSIS? *SSS/GSIS?*	199 1 2	199 1 2	199 1 2	199 1 2	199 1 2
	200. HMO/Private Insurance? *HMO/Private Insurance?*	200 1 2	200 1 2	200 1 2	200 1 2	200 1 2
	201. Other _________ (SPECIFY) *Iba pa_________ (TUKUYIN/ILAGAY)*	201 1 2	201 1 2	201 1 2	201 1 2	201 1 2
	How much was paid for out of/by: *Magkano ang binayaran gamit ang o galing sa:* 202. Salary/Loan/Sale of properties? (ANSWER IF 191 and/or 192 ARE YES) *Sahod/Utang/Pinagbentahan ng mga pag-aari? (SAGUTIN KUNG OO ANG SAGOT SA BILANG 191 AT/O 192)*	COST IN PESOS SALARY/LOAN/SALE OF PROPERTIES 1 |_|_|_|_|_|_| PHILHEALTH 2 |_|_|_|_|_|_|	COST IN PESOS SALARY/LOAN/SALE OF PROPERTIES 1 |_|_|_|_|_|_| PHILHEALTH 2 |_|_|_|_|_|_|	COST IN PESOS SALARY/LOAN/SALE OF PROPERTIES 1 |_|_|_|_|_|_| PHILHEALTH 2 |_|_|_|_|_|_|	COST IN PESOS SALARY/LOAN/SALE OF PROPERTIES 1 |_|_|_|_|_|_| PHILHEALTH 2 |_|_|_|_|_|_|	COST IN PESOS SALARY/LOAN/SALE OF PROPERTIES 1 |_|_|_|_|_|_| PHILHEALTH 2 |_|_|_|_|_|_|

	203. PhilHealth? (ANSWER IF 198 IS YES) *PhilHealth? (SAGUTIN KUNG OO ANG SAGOT SA BILANG 198)*					
204.	IF PHILHEALTH WAS NOT AVAILED (ANSWER IN 198 IS NO), ASK: Why did (NAME IN 198) not avail of PhilHealth benefits? CIRCLE ALL REASONS. *KUNG HINDI NAGAMIT ANG PHILHEALTH (SAGOT SA 198 AY HINDI), ITANONG:* *Bakit hindi gumamit ng mga benepisyo ng PhilHealth si (PANGALAN SA 198)?* *BILUGAN ANG LAHAT NG NAAAYON NA SAGOT.*	NOT A PHILHEALTH MEMBER………………. A *HINDI MIYEMBRO NG PHILHEALTH* PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS…….. B *MIYEMBRO ng PHILHEALTH PERO HINDI ELIGIBLE PARA SA MGA BENEPISYO* PROBABLY USED PHILHEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL…………….. C *GUMAMIT SIGURO NG PHILHEALTH PERO HINDI MAALALA ANG HALAGA NG BENEPISYO KASI BINAWAS NA ITO AGAD PAGKA-DISCHARGE GALING OSPITAL* TOO MANY REQTS TO COMPLY WITH BEFORE CAN AVAIL D *MASYADONG MARAMING MGA KAILANGAN BAGO MAKAGAMIT NG BENEPISYO* LIMITED HOSPITALIZATION BENEFITS………….. E *LIMITADO ANG BENEPISYO SA PAGKA-OSPITAL*	NOT A PHILHEALTH MEMBER………………. A *HINDI MIYEMBRO NG PHILHEALTH* PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS…….. B *MIYEMBRO ng PHILHEALTH PERO HINDI ELIGIBLE PARA SA MGA BENEPISYO* PROBABLY USED PHILHEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL…………….. C *GUMAMIT SIGURO NG PHILHEALTH PERO HINDI MAALALA ANG HALAGA NG BENEPISYO KASI BINAWAS NA ITO AGAD PAGKA-DISCHARGE GALING OSPITAL* TOO MANY REQTS TO COMPLY WITH BEFORE CAN AVAIL D *MASYADONG MARAMING MGA KAILANGAN BAGO MAKAGAMIT NG BENEPISYO* LIMITED HOSPITALIZATION BENEFITS………….. E *LIMITADO ANG BENEPISYO SA PAGKA-OSPITAL*	NOT A PHILHEALTH MEMBER………………. A *HINDI MIYEMBRO NG PHILHEALTH* PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS…….. B *MIYEMBRO ng PHILHEALTH PERO HINDI ELIGIBLE PARA SA MGA BENEPISYO* PROBABLY USED PHILHEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL…………….. C *GUMAMIT SIGURO NG PHILHEALTH PERO HINDI MAALALA ANG HALAGA NG BENEPISYO KASI BINAWAS NA ITO AGAD PAGKA-DISCHARGE GALING OSPITAL* TOO MANY REQTS TO COMPLY WITH BEFORE CAN AVAIL D *MASYADONG MARAMING MGA KAILANGAN BAGO MAKAGAMIT NG BENEPISYO* LIMITED HOSPITALIZATION BENEFITS………….. E *LIMITADO ANG BENEPISYO SA PAGKA-OSPITAL*	NOT A PHILHEALTH MEMBER………………. A *HINDI MIYEMBRO NG PHILHEALTH* PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS…….. B *MIYEMBRO ng PHILHEALTH PERO HINDI ELIGIBLE PARA SA MGA BENEPISYO* PROBABLY USED PHILHEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL…………….. C *GUMAMIT SIGURO NG PHILHEALTH PERO HINDI MAALALA ANG HALAGA NG BENEPISYO KASI BINAWAS NA ITO AGAD PAGKA-DISCHARGE GALING OSPITAL* TOO MANY REQTS TO COMPLY WITH BEFORE CAN AVAIL D *MASYADONG MARAMING MGA KAILANGAN BAGO MAKAGAMIT NG BENEPISYO* LIMITED HOSPITALIZATION BENEFITS………….. E *LIMITADO ANG BENEPISYO SA PAGKA-OSPITAL*	NOT A PHILHEALTH MEMBER………………. A *HINDI MIYEMBRO NG PHILHEALTH* PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS…….. B *MIYEMBRO ng PHILHEALTH PERO HINDI ELIGIBLE PARA SA MGA BENEPISYO* PROBABLY USED PHILHEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL…………….. C *GUMAMIT SIGURO NG PHILHEALTH PERO HINDI MAALALA ANG HALAGA NG BENEPISYO KASI BINAWAS NA ITO AGAD PAGKA-DISCHARGE GALING OSPITAL* TOO MANY REQTS TO COMPLY WITH BEFORE CAN AVAIL D *MASYADONG MARAMING MGA KAILANGAN BAGO MAKAGAMIT NG BENEPISYO* LIMITED HOSPITALIZATION BENEFITS………….. E *LIMITADO ANG BENEPISYO SA PAGKA-OSPITAL*

		CLAIMS PROCESSING TOO LONG............. F *MASYADONG MATAGAL ANG PAGPROSESO NG CLAIMS*	CLAIMS PROCESSING TOO LONG............. F *MASYADONG MATAGAL ANG PAGPROSESO NG CLAIMS*	CLAIMS PROCESSING TOO LONG............. F *MASYADONG MATAGAL ANG PAGPROSESO NG CLAIMS*	CLAIMS PROCESSING TOO LONG............. F *MASYADONG MATAGAL ANG PAGPROSESO NG CLAIMS*	CLAIMS PROCESSING TOO LONG............. F *MASYADONG MATAGAL ANG PAGPROSESO NG CLAIMS*
205.	Overall, how would you rate your experience in (TYPE OF FACILITY IN **183**)? *Sa kabuoan, kamusta ang iyong naging karanasan sa (SAGOT SA 183)?*	EXCELLENT............... A *MAGALING* GOOD .... B *OKAY LANG* FAIR .... C *SAKTO LAMANG* POOR .... D *HINDI MAAYOS*	EXCELLENT............... A *MAGALING* GOOD .... B *OKAY LANG* FAIR .... C *SAKTO LAMANG* POOR .... D *HINDI MAAYOS*	EXCELLENT............... A *MAGALING* GOOD .... B *OKAY LANG* FAIR .... C *SAKTO LAMANG* POOR .... D *HINDI MAAYOS*	EXCELLENT............... A *MAGALING* GOOD .... B *OKAY LANG* FAIR .... C *SAKTO LAMANG* POOR .... D *HINDI MAAYOS*	EXCELLENT............... A *MAGALING* GOOD .... B *OKAY LANG* FAIR .... C *SAKTO LAMANG* POOR .... D *HINDI MAAYOS*

IX.c. PREVENTIVE CARE

The following questions will be focused on preventive care. Preventive care is the use of healthcare measures to avoid getting sick, in order to stay healthy, or preventing major illness.

Ang mga sumusunod na katanungan ay nakatuon sa preventive care. Ang preventive care ay ang paggamit ng mga hakbang pangkalusugan upang maiwasan ang pagkakasakit, manatiling malusog, o maiwasan ang malubhang sakit.

LINE NO.	**PERSONS WHO VISITED A HEALTH FACILITY IN THE LAST 12 MONTHS** *MGA TAONG BUMISITA NG HEALTH FACILITY SA NAKALIPAS NA LABINDALAWANG BUWAN O ISANG TAON*	
206.	In the last 12 months, from (LAST MONTH) (SAME DATE) to present, has any member of your household members visited a healthcare facility for preventive care? By preventive care, I mean regular check-up, annual physical examinations, periodic medical examination, laboratory and diagnostic tests for monitoring of illness. *Sa nakalipas na labindalawa na buwan, mula (HULING BUWAN) (NG PAREHONG PETSA/ARAW) hanggang sa kasalukuyan, may miyembro ba ng inyong pamilya o tirahan na bumisita sa isang healthcare facility para sa preventive care? Ang ibig sabihin o sakop ng preventive care ay mga regular na check-up, taunang pisikal na eksaminasyon, period medical examination,, mga laboratoryo at diagnostic tests para sa pag monitor ng karamdaman.*	YES .... 1 *OO* NO .... 2 *HINDI* IF NO → GO TO **END.**
207.	How many is/are accessed the healthcare facility for preventive care at any time in the last 12 months? *Ilan ang nagpunta sa healthcare facility para sa preventive care sa nakalipas na labindalawang buwan?*	☐☐ NO. OF PERSONS
208.	Now I would like to ask you some questions about each person who accessed the healthcare facility for preventive care at any time in the last 12 months. Could you tell me the name of each household member who has accessed the healthcare facility for preventive care at any time in the last 12 months? *Ngayon naman ay may ilan akong mga katanungan tungkol sa taong nagpunta ng healthcare facility para sa preventive care sa nakalipas na labing dalawang buwan. Pwede niyo bang ibigay ang pangalan ng bawat miyembro ng pamilya o tirahan na nagpunta ng healthcare facility para sa preventive care sa nakalipas na labing dalawang buwan?* ENTER IN **209** THE LINE NUMBER AND NAME OF EACH PERSON WHO ACCESSED HEALTHCARE FACILITY IN THE PAST 12 MONTHS. ENTER THE LINE NUMBERS IN ASCENDING ORDER. ASK ALL QUESTIONS ABOUT ALL OF THESE PERSONS. IF THERE ARE MORE THAN 5 PERSONS, USE ADDITIONAL SHEETS. ILAGAY SA BILANG 209 ANG LINE NUMBER AT PANGALAN NG BAWAT MIYEMBRO NG PAMILYA NA NAGPUNTA SA HEALTHCARE FACILITY PARA SA PREVENTIVE CARE SA NAKALIPAS NA LABING DALAWANG BUWAN. IAYOS ANG MGA LINE NUMBERS MULA SA PINAKAMABABA HANGGANG PINAKAMATAAS. ITANONG ANG LAHAT NG KATANUNGAN SA TAO/MGA TAONG MABABANGGIT DITO. KUNG HIGIT SA LIMA, GUMAMIT NG KARAGDAGAN NA PAHINA.	

		PREVENTIVE CARE PATIENT 1	**PREVENTIVE CARE PATIENT 2**	**PREVENTIVE CARE PATIENT 3**	**PREVENTIVE CARE PATIENT 4**	**PREVENTIVE CARE PATIENT 5**
209.	COPY LINE NUMBER AND NAME FROM 01	LINE NUMBER .... _____	LINE NUMBER .... _____	LINE NUMBER .... _____	LINE NUMBER .... _____	LINE NUMBER .... _____

		NAME ____________________	NAME ____________________	NAME ____________________	NAME ____________________	NAME ____________________
210.	What is the name of the formal health facility where the consultation/advice was first sought? Select all that apply. *Saan o anong pangalan ng health facility na unang pinuntahan upang magpa-konsulta?* *Piliin lahat ng naaayon na sagot.*	NAME OF FACILITY ____________________ PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……… 1 PROVINCIAL HOSP…… 2 DISTRICT HOSPITAL…. 3 MUNICIPAL HOSP……. 4 RHU/URBAN HLTH…… 5 CTR/LYING-IN……….. 6 BRGY HLTH ST………... 7 MOBILE CLINIC……….. 8 OTHER PUBLIC……….. 9 *IBA PA* PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSP/ CLINIC………………. 10 *PRIBADO NA* *OSPITAL/KLINIKA* *LYING-IN CLINIC/* BIRTHING HOME….. 11 PRIVATE CLINIC…….. 12 *PRIBADO NA KLINIKA* PRIVATE PHARMACY.. 13 *PRIBADO NA BOTIKA* MOBILE CLINIC……... 14 OTHER ______________ (SPECIFY)…………… 88 *IBA PA (PAKI-SPECIFY)* NONE**…**……………………..0 *WALA*	NAME OF FACILITY ____________________ PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……… 1 PROVINCIAL HOSP…… 2 DISTRICT HOSPITAL…. 3 MUNICIPAL HOSP……. 4 RHU/URBAN HLTH…… 5 CTR/LYING-IN……….. 6 BRGY HLTH ST………... 7 MOBILE CLINIC……….. 8 OTHER PUBLIC……….. 9 *IBA PA* PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSP/ CLINIC………………. 10 *PRIBADO NA* *OSPITAL/KLINIKA* *LYING-IN CLINIC/* BIRTHING HOME….. 11 PRIVATE CLINIC…….. 12 *PRIBADO NA KLINIKA* PRIVATE PHARMACY.. 13 *PRIBADO NA BOTIKA* MOBILE CLINIC……... 14 OTHER ______________ (SPECIFY)…………… 88 *IBA PA (PAKI-SPECIFY)* NONE**…**……………………..0 *WALA*	NAME OF FACILITY ____________________ PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……… 1 PROVINCIAL HOSP…… 2 DISTRICT HOSPITAL…. 3 MUNICIPAL HOSP……. 4 RHU/URBAN HLTH…… 5 CTR/LYING-IN……….. 6 BRGY HLTH ST………... 7 MOBILE CLINIC……….. 8 OTHER PUBLIC……….. 9 *IBA PA* PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSP/ CLINIC………………. 10 *PRIBADO NA* *OSPITAL/KLINIKA* *LYING-IN CLINIC/* BIRTHING HOME….. 11 PRIVATE CLINIC…….. 12 *PRIBADO NA KLINIKA* PRIVATE PHARMACY.. 13 *PRIBADO NA BOTIKA* MOBILE CLINIC……... 14 OTHER ______________ (SPECIFY)…………… 88 *IBA PA (PAKI-SPECIFY)* NONE**…**……………………..0 *WALA*	NAME OF FACILITY ____________________ PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……… 1 PROVINCIAL HOSP…… 2 DISTRICT HOSPITAL…. 3 MUNICIPAL HOSP……. 4 RHU/URBAN HLTH…… 5 CTR/LYING-IN……….. 6 BRGY HLTH ST………... 7 MOBILE CLINIC……….. 8 OTHER PUBLIC……….. 9 *IBA PA* PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSP/ CLINIC………………. 10 *PRIBADO NA* *OSPITAL/KLINIKA* *LYING-IN CLINIC/* BIRTHING HOME….. 11 PRIVATE CLINIC…….. 12 *PRIBADO NA KLINIKA* PRIVATE PHARMACY.. 13 *PRIBADO NA BOTIKA* MOBILE CLINIC……... 14 OTHER ______________ (SPECIFY)…………… 88 *IBA PA (PAKI-SPECIFY)* NONE**…**……………………..0 *WALA*	NAME OF FACILITY ____________________ PUBLIC SECTOR *PAMPUBLIKO NA SEKTOR* REGIONAL HOSP……… 1 PROVINCIAL HOSP…… 2 DISTRICT HOSPITAL…. 3 MUNICIPAL HOSP……. 4 RHU/URBAN HLTH…… 5 CTR/LYING-IN……….. 6 BRGY HLTH ST………... 7 MOBILE CLINIC……….. 8 OTHER PUBLIC……….. 9 *IBA PA* PRIVATE SECTOR *PAMPRIBADO NA SEKTOR* PRIVATE HOSP/ CLINIC………………. 10 *PRIBADO NA* *OSPITAL/KLINIKA* *LYING-IN CLINIC/* BIRTHING HOME….. 11 PRIVATE CLINIC…….. 12 *PRIBADO NA KLINIKA* PRIVATE PHARMACY.. 13 *PRIBADO NA BOTIKA* MOBILE CLINIC……... 14 OTHER ______________ (SPECIFY)…………… 88 *IBA PA (PAKI-SPECIFY)* NONE**…**……………………..0 *WALA*
211.	Do you access traditional, complementary, and alternative medicine? *Mayroon ka bang access sa tradisyonal, alternatibong, at complementary na gamot?* *Traditional, complementary, and alternative medicine refers to products and practices that are NOT part of standard or Western medical care.* *Ang tradisyonal, complementary, at alternatibong medisina ay tumutukoy sa mga produkto*	YES ……………………… 1 *OO* NO ……………………….. 2 *HINDI* IF NO, SKIP TO **213**	YES ……………………… 1 *OO* NO ……………………….. 2 *HINDI* IF NO, SKIP TO **213**	YES ……………………… 1 *OO* NO ……………………….. 2 *HINDI* IF NO, SKIP TO **213**	YES ……………………… 1 *OO* NO ……………………….. 2 *HINDI* IF NO, SKIP TO **213**	YES ……………………… 1 *OO* NO ……………………….. 2 *HINDI* IF NO, SKIP TO **213**

	at praktis na HINDI bahagi ng pamantayan o karaniwang pamamaraan sa medikal na sistema.					
212.	IF YES, What is the name of the traditional, complementary and alternative medicine health facility where the consultation/advice was first sought? Select all that apply. *KUNG OO ANG SAGOT, ano ang pangalan ng tradisyonal, complementary, at/o alternatibong health facility na unang pinuntahan para sa pagpapa konsulta?* *Piliin lahat ng naaayon na sagot.*	NAME OF FACILITY ________________ ALTERNATIVE MEDICAL *ALTERNATIBO NA MEDIKAL* HILOT/HERBALISTS.... 1 *HILOT/ALBULARYO* THERAPEUTIC MASSAGE CTR...... 2 OTHER ALT HEALING. 3 *IBA PA NA MGA ALTERNATIBO PAGGAMOT* NOT MEDICAL SECTOR *HINDI MEDIKAL NA SEKTOR* SHOP SELLING DRUGS/MARKET......4 *TINDAHAN* FAITH HEALER......... 5 *ALBULARYO* OTHER ______________ (SPECIFY)............... 88 *IBA PA (PAKI-SPECIFY)* NONE..........................0 *WALA*	NAME OF FACILITY ________________ ALTERNATIVE MEDICAL *ALTERNATIBO NA MEDIKAL* HILOT/HERBALISTS.... 1 *HILOT/ALBULARYO* THERAPEUTIC MASSAGE CTR...... 2 OTHER ALT HEALING. 3 *IBA PA NA MGA ALTERNATIBO PAGGAMOT* NOT MEDICAL SECTOR *HINDI MEDIKAL NA SEKTOR* SHOP SELLING DRUGS/MARKET......4 *TINDAHAN* FAITH HEALER......... 5 *ALBULARYO* OTHER ______________ (SPECIFY)............... 88 *IBA PA (PAKI-SPECIFY)* NONE..........................0 *WALA*	NAME OF FACILITY ________________ ALTERNATIVE MEDICAL *ALTERNATIBO NA MEDIKAL* HILOT/HERBALISTS.... 1 *HILOT/ALBULARYO* THERAPEUTIC MASSAGE CTR...... 2 OTHER ALT HEALING. 3 *IBA PA NA MGA ALTERNATIBO PAGGAMOT* NOT MEDICAL SECTOR *HINDI MEDIKAL NA SEKTOR* SHOP SELLING DRUGS/MARKET......4 *TINDAHAN* FAITH HEALER......... 5 *ALBULARYO* OTHER ______________ (SPECIFY)............... 88 *IBA PA (PAKI-SPECIFY)* NONE..........................0 *WALA*	NAME OF FACILITY ________________ ALTERNATIVE MEDICAL *ALTERNATIBO NA MEDIKAL* HILOT/HERBALISTS.... 1 *HILOT/ALBULARYO* THERAPEUTIC MASSAGE CTR...... 2 OTHER ALT HEALING. 3 *IBA PA NA MGA ALTERNATIBO PAGGAMOT* NOT MEDICAL SECTOR *HINDI MEDIKAL NA SEKTOR* SHOP SELLING DRUGS/MARKET......4 *TINDAHAN* FAITH HEALER......... 5 *ALBULARYO* OTHER ______________ (SPECIFY)............... 88 *IBA PA (PAKI-SPECIFY)* NONE..........................0 *WALA*	NAME OF FACILITY ________________ ALTERNATIVE MEDICAL *ALTERNATIBO NA MEDIKAL* HILOT/HERBALISTS.... 1 *HILOT/ALBULARYO* THERAPEUTIC MASSAGE CTR...... 2 OTHER ALT HEALING. 3 *IBA PA NA MGA ALTERNATIBO PAGGAMOT* NOT MEDICAL SECTOR *HINDI MEDIKAL NA SEKTOR* SHOP SELLING DRUGS/MARKET......4 *TINDAHAN* FAITH HEALER......... 5 *ALBULARYO* OTHER ______________ (SPECIFY)............... 88 *IBA PA (PAKI-SPECIFY)* NONE..........................0 *WALA*

IN THE LAST 12 MONTHS, DID YOU GO FOR A PREVENTIVE MEDICAL CHECK-UP TO GET THE FOLLOWING?

SA NAKALIPAS NA LABINDALAWANG BUWAN O ISANG TAON, IKAW BA AY NAGKAROON NG PREVENTIVE MEDICAL CHECK UP PARA SA MGA SUMUSUNOD NA PAGSUSURI?

	TEST OR SERVICE	**COST**	**AMOUNT**
PREVENTIVE CARE PATIENT 1 PREVENTIVE CARE PATIENT 2 PREVENTIVE CARE PATIENT 3 PREVENTIVE CARE PATIENT 4 PREVENTIVE CARE PATIENT 5 etc. Please check which test or service was done PER acute outpatient person. Then for each test or service that was received/availed, check the cost or payment method as well as the amount paid (if applicable) for each.	213. CONSULTATION *KONSULTASYON*	OUT-OF-POCKET .... A *SARILING GASTOS* FREE/NO COST.............B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH.................. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO................D *WALANG BAYAD DAHIL SA HMO* IN KIND......................... E *IN KIND* DON'T KNOW................. Z	AMOUNT IN PESOS 1 ☐☐☐☐☐☐

	HINDI ALAM ANG SAGOT	
214. CBC WITH PLATELET COUNT	OUT-OF-POCKET ..... A *SARILING GASTOS* FREE/NO COST.....B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO.....D *WALANG BAYAD DAHIL SA HMO* IN KIND..... E *IN KIND* DON'T KNOW..... Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
215. URINALYSIS	OUT-OF-POCKET ..... A *SARILING GASTOS* FREE/NO COST.....B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO.....D *WALANG BAYAD DAHIL SA HMO* IN KIND..... E *IN KIND* DON'T KNOW..... Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
216. LIPID PANEL	OUT-OF-POCKET ..... A *SARILING GASTOS* FREE/NO COST.....B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO.....D *WALANG BAYAD DAHIL SA HMO* IN KIND..... E *IN KIND* DON'T KNOW..... Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐

			217. FASTING BLOOD SUGAR	OUT-OF-POCKET ..... A *SARILING GASTOS* FREE/NO COST.....B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO.....D *WALANG BAYAD DAHIL SA HMO* IN KIND..... E *IN KIND* DON'T KNOW..... Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
			218. HbA1C	OUT-OF-POCKET ..... A *SARILING GASTOS* FREE/NO COST.....B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO.....D *WALANG BAYAD DAHIL SA HMO* IN KIND..... E *IN KIND* DON'T KNOW..... Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
			219. ORAL GLUCOSE TOLERANCE TEST	OUT-OF-POCKET ..... A *SARILING GASTOS* FREE/NO COST.....B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO.....D *WALANG BAYAD DAHIL SA HMO* IN KIND..... E *IN KIND* DON'T KNOW..... Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
			220. SERUM CREATININE	OUT-OF-POCKET ..... A	AMOUNT IN PESOS

			SARILING GASTOS FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…….D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	1
		221. eGFR	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…….D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1
		222. LIVER ENZYMES (ALT, SLT)	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO…….D *WALANG BAYAD DAHIL SA HMO* IN KIND…….. E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1
		223. CHEST X-RAY	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B	AMOUNT IN PESOS 1

			LIBRE / WALANG BAYAD FREE,CHARGE TO PHILHEALTH..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……..D *WALANG BAYAD DAHIL SA HMO* IN KIND..... E *IN KIND* DON'T KNOW..... Z *HINDI ALAM ANG SAGOT*	
		224. PAP SMEAR	OUT-OF-POCKET ..... A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……..D *WALANG BAYAD DAHIL SA HMO* IN KIND..... E *IN KIND* DON'T KNOW..... Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
		225. FECALYSIS	OUT-OF-POCKET ..... A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……..D *WALANG BAYAD DAHIL SA HMO* IN KIND..... E *IN KIND* DON'T KNOW..... Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
		226. SPUTUM TEST/MICROSCOPY	OUT-OF-POCKET ..... A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐

			FREE,CHARGE TO PHILHEALTH..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO.....D *WALANG BAYAD DAHIL SA HMO* IN KIND..... E *IN KIND* DON'T KNOW..... Z *HINDI ALAM ANG SAGOT*	
		227. FECAL OCCULT BLOOD	OUT-OF-POCKET ..... A *SARILING GASTOS* FREE/NO COST.....B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO.....D *WALANG BAYAD DAHIL SA HMO* IN KIND..... E *IN KIND* DON'T KNOW..... Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1
		228. ELECTROCARDIOGRAM (ECG)	OUT-OF-POCKET ..... A *SARILING GASTOS* FREE/NO COST.....B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO.....D *WALANG BAYAD DAHIL SA HMO* IN KIND..... E *IN KIND* DON'T KNOW..... Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1
		229. XPERT MTB RIF	OUT-OF-POCKET ..... A *SARILING GASTOS* FREE/NO COST.....B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH..... C	AMOUNT IN PESOS 1

				WALANG BAYAD DAHIL SA PHILHEALTH FREE, CHARGE TO PRIVATE HMO……..D *WALANG BAYAD DAHIL SA HMO* IN KIND…… E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	
		230.	SYSMEX HISCL HIV Ag+Ab ASSAY KIT	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……..D *WALANG BAYAD DAHIL SA HMO* IN KIND…… E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
		231.	ALERE DETERMINE HIV ½	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……..D *WALANG BAYAD DAHIL SA HMO* IN KIND…… E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐
		232.	GENIUS HIV ½ CONFIRMATORY ASSAY KIT	OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…….. C *WALANG BAYAD DAHIL SA PHILHEALTH*	AMOUNT IN PESOS 1 ☐☐☐☐☐☐

				FREE, CHARGE TO PRIVATE HMO……..D *WALANG BAYAD DAHIL SA HMO* IN KIND…… E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	
		233. MALARIA COMBO RDT TEST KIT		OUT-OF-POCKET ……. A *SARILING GASTOS* FREE/NO COST……..B *LIBRE / WALANG BAYAD* FREE,CHARGE TO PHILHEALTH…..... C *WALANG BAYAD DAHIL SA PHILHEALTH* FREE, CHARGE TO PRIVATE HMO……..D *WALANG BAYAD DAHIL SA HMO* IN KIND…… E *IN KIND* DON'T KNOW…….. Z *HINDI ALAM ANG SAGOT*	AMOUNT IN PESOS 1

Annex D-2. Health Facility Tool Survey

Annex D-2. 1. HCF for Hospitals

PSA Survey Clearance Number:	PIDS-DOH-2424-01
Expiration Date:	31 JULY 2025

HEALTH FACILITY SURVEY
HOSPITALS (LEVELS 1, 2, 3)

INSTRUCTIONS TO RESPONDENTS

Please give this tool to the **head of this facility** or anyone **knowledgeable about the facility operations**. Thank you very much for agreeing to answer this tool about your facility.

This tool has **34 pages** and will take approximately **60 to 90 minutes to complete.** Each section will contain its own specific instructions to assist you in completing the section. You may need to refer to **facility administrative records**. As much as possible, **please do not leave anything blank.** Your answers in this tool will **be kept confidential**. Results will be presented in aggregate form such that nothing can be traced back to your specific facility in any reports or publications produced by this study.

Do not answer cells marked in **BLUE;** they are for the enumerators to fill out. A study enumerator will also visit your facility at the agreed upon date to help you validate your answers with you and collect the filled-out forms for encoding.

Should you have any questions or concerns, please do not hesitate to contact **Dr. Lea Elora A. Conda at** lconda@pids.gov.ph or at **0998-749-9111**.

INSTRUCTIONS TO INTERVIEWER / ENUMERATOR

The tool was provided to the **facility** in advance. Find and speak with the **facility's point person** to obtain a copy of the completed tool.
CHECK EACH QUESTION FOR COMPLETENESS, and if any information is missing, ask for the respondent for clarification and fill out the information as much as possible. As needed, **VERIFY THE ANSWERS** by cross-checking with facility records.

FACILITY AND ENUMERATOR INFORMATION

This section is for enumerators. Please do not fill out.

#	Question	Response
These are pre-filled.		
1	Region	
2	Province	
3	City / Municipality	
4	Barangay	
5	Facility Name	
6	NHFR Facility Code	

#	Question	Response
Enumerators, fill this out when you arrive at the facility.		
7	Full Name of Data Collector	*Surname, First Name Middle Name*
8	Date of Data Collection	*mm/dd/yyyy*
9	Time of Data Collection	: AM/PM
10	GPS Coordinates	Latitude _____°
		Longitude _____°

RESPONDENT INFORMATION

Please **provide your information** as the main respondent for this survey.

#	Question	Response
1	Full Name	*Surname, First Name Middle Name*
2	Email	
3	Cell Phone number	

#	Question	Response
4	Designation	**Circle** the number of your answer: 1. Chief of Hospital 2. Chief of Clinics 3. Chief of Medical Services 4. Chief Nurse 9. Others, specify _____

HOSPITAL INFORMATION

Please **provide your information** as the main respondent for this survey.

#	Question	Response	
1	What is the **service capability** of this hospital?	**Circle** the number of your answer: 1. Level 1 2. Level 2 3. Level 3	
2	Which of the following **accreditations** do you have?	**Circle** the number/s of all applicable answers *You may select more than 1 answer.* 1. ISO Certification 2. Philippine Council on Accreditation for Healthcare Organization 3. International accreditation (e.g., JCI)	
3	What is the hospital's **government sub-ownership**?	**Circle** the number of your answer: 1. Department of Health → **skip to 5** 2. University Hospital → **skip to 5** 3. Local Government Unit	
4	Is this hospital a **Local Economic Enterprise**? *A government entity created with fiscal autonomy to generate revenues and become self-reliant.*	0 No	1 Yes

5	Does the facility implement **income retention**?	0 No → **skip to Part 1**	1 Yes
6	What **percent** of the income is retained?	_____ **%**	

PART 1. FACILITY REVENUES AND EXPENSES FOR JANUARY to DECEMBER 2023

For RESPONDENTS: This section asks about your hospital's revenues and expenses. Consult the **hospital's financial statements/records** for **January to December 2023. Attach a copy** of the financial document to this form.

For ENUMERATORS: Ensure all information is complete and accurate against the financial documents. Request a copy of the financial statements for January to December 2023 if not already given. If any details are unclear, ask the respondent before proceeding.

#	PART 1.1 REVENUES	Jan to Dec 2023	Enumerator Verification
1	Hospital's total revenue	₱	#1 == sum(#2 to #11)
How much **revenue** did you receive from the following sources? *Put ₱0 If you do not receive income from any of the following.*			
2	Local government unit (LGU)	₱	[ ]
3	Department of Health (DOH)	₱	[ ]
4	Philippine Health Insurance Corporation (PhilHealth)	₱	[ ]
5	Direct out-of-pocket or user fees from patients	₱	[ ]
6	Reimbursements from private insurance/HMOs	₱	[ ]
7	Donations from Multilateral Organizations (e.g., ADB, World Bank, USAID, UN Agencies)	₱	[ ]
8	Donations from private organizations (e.g., NGOs, businesses, etc.)	₱	[ ]
9	Donations from other sources (e.g., PCSO, PDAF)	₱	[ ]
10	Rent/lease income	₱	[ ]
11	Interest Income	₱	[ ]
#	**PART 1.2 EXPENSES**	**Jan to Dec 2023**	**Enumerator Verification**
1	Hospital's total expenses	₱	#1 == sum(#2, #6, #12)
How much did this **hospital spend in total** for the following **expense categories**? *Put ₱0 If you do not receive income from any of the following.*			
2	**Total Personnel Services (PS)**	₱	#2 == sum(#3, #4, #5)
3	Personnel salaries and wages	₱	[ ]
4	Employee benefits (e.g. PAG-IBIG, GSIS, PhilHealth)	₱	[ ]
5	Employee allowances (e.g. PERA, clothing, hazard pay)	₱	[ ]
6	**Maintenance and other operating expenditures (MOOE)**	₱	#6==sum(#7 to 11)

7	Utilities (e.g., electrically, water, gas)	₱	[ ]
8	Medical supplies (excluding drugs)	₱	[ ]
9	Medicines funded by the Revolving Fund	₱	[ ]
10	Medicines funded by the Government (from any level of government: central, provincial, municipal)	₱	[ ]
11	Non-medical services *(e.g. security, food service, laundry, waste management)*	₱	[ ]
12	**Total Capital outlay (CO)**	₱	#12==sum(#13,#14)
13	Infrastructure (e.g. new hospital wing, ramps)	₱	[ ]
14	Equipment (e.g. X-ray machine, CT-scan)	₱	[ ]

PART 2. HEALTH WORKFORCE

This section asks about the hospital's staff numbers. The **ideal respondent** for this section is the **hospitals' human resources manager**. Please consult the **hospital's human resource / staffing records**.

#	Question	Response		Enumerator Verification
1	Facility has a **staffing plan** with ***authorized*** allocated numbers of staff and qualification	0 No	1 Yes	[ ] Staffing plan was presented
2	Facility has **hiring standards** when seeking approval for additional personnel	0 No	1 Yes	[ ] Hiring standards was presented
3	How does this facility **assess** how many human resources it requires?	**Circle** the number/s that apply: 1. DOH standard staffing 2. Patient volume 9. Others, specify _____		

Please indicate the **number of staff** working in the facility for **January to December 2023.**
Please do not leave anything blank, put **0** if you do have that staff type.

#	Question	No. of Plantilla	No. of Non-Plantilla
4	Number of Personnel - both clinical and non-clinical (e.g. admin)		
5	Number of positions **allocated**		
6	Number of positions **filled**		
7	Number of **resigned or terminated** workers in the year		

Please indicate the **number of specific types of staff** working in the facility for **January to December 2023.**
Please do not leave anything blank, put **0** if you do have that staff type.

#	Type of Staff	No. of Plantilla	No. of Non-Plantilla	#	Type of Staff	No. of Plantilla	No. of Non-Plantilla
Administrative Services				**Health Associate Professionals**			
8	Chief medical officers			**21**	Midwife		
9	Health program officers			**22**	Pharmacist		

10	Admin assistants			**22**	Medical technologist		
11	Budget/Finance staff			**23**	Laboratory aide		
12	Supply & Procurement			**24**	Radiologic technologist		
13	IT staff			**25**	Occupational therapist		
14	Medical Records			**26**	Physical therapist		
15	Trained medical coders (e.g. ICD-10)			**27**	Respiratory therapist		
16	Engineering//maintenance			**28**	Psychologist		
Nursing Services				**29**	Social welfare officer		
17	Head Nurse			**30**	Dentist		
18	General Staff Nurse			**31**	Dental technician		
19	Specialty nurse			**32**	Nutritionist-Dietitian		
20	Nursing aide			**33**	Speech therapist		

Please indicate the **number of specific types of staff** working in the facility for **January to December 2023.** Please do not leave anything blank, put **0** if you do have that staff type.

#	Type of Staff	Resident		Fellow		Consultant	
		No. of Plantilla	No. of Non-Plantilla	No. of Plantilla	No. of Non-Plantilla	No. of Plantilla	No. of Non-Plantilla
Consulting Specialties							
29	General Medicine						
30	Pediatrics						
31	OB-GYNE						
32	Anesthesia						
33	Cardiology						
34	Endocrinology						
35	Gastroenterology						
36	Geriatric						
37	Infectious diseases						
38	Medical Oncology						
39	Nephrology						
40	Neurology						
41	Respiratory Medicine						
42	Rheumatology						
43	Urology						
44	Orthopedics						

45	Otorhinolaryngology						
46	Ophthalmology						
47	Pulmonology						
48	Dermatology						
49	Hematology						
50	Psychiatry						
51	Rehabilitation Medicine						
52	Radiology						
53	Interventional Radiology						
54	Emergency Medicine						
55	Nuclear Medicine						
Surgical Specialties							
56	General Surgery						
57	Pediatric Surgery						
58	Cardiothoracic Surgery						
59	Orthopedic Surgeon						
60	Neurosurgery						
61	Surgical Oncology						
62	Vascular Surgery						

PART 3. GOVERNANCE AND MANAGEMENT

This section will ask about how this hospital is governed and managed. **Circle** the choice for your answer. The **ideal respondent** for this section is the **hospital administrator.**.

#	**3.1 GOVERNANCE** **Does the Hospital have *autonomy* from its central agency** *(i.e., DOH, LGU, University)* **to decide in the following areas?**	**NO – central agency**	**YES - shared decision with central agency**	**YES – entirely independent from central agency**
1	Governance (e.g. budget, priorities, policies)	0	1	2
2	Management (e.g. staffing, operations)	0	1	2
3	Procurement	0	1	2
4	Capital investment (e.g. equipment, infrastructure, vehicles)	0	1	2
5	How much user fees to charge (including if there are no fees)	0	1	2
6	What are other entities that influence the leadership and management of the hospital?	**Circle** the number/s of your answer. *You may select more than one answer*.		

		1. Department of Health 2. Other national government agencies (except DOH) 3. Private partners 4. Patient feedback 9. Others, specify _____

#	PART 3.2 MANAGEMENT	NO	YES	Enumerator Verification
1	Does the hospital have an organizational structure?	0	1	[ ]
2	Are there evaluation and monitoring activities to assess & report hospital organizational performance?	0 → **skip to 5**	1	[ ]
3	Is there a person or group/committee responsible for improving operations based on performance reports? (e.g., management team, advisory board)	0	1	
4	Are performance reports used regularly for decision-making?	0	1	
5	If there is an operational problem in the hospital (e.g., infrastructure repair), how long does it take to resolve the problem?	**Circle** the number of your answer. 1. Immediately after a problem is identified 2. About 1 month 3. About 3 months 4. About 6 months 5. One (1) year or more		
6	Does the health facility provide training or educational sessions to staff on practicing **patient-centered care**? *If yes, please specify the frequency of these training sessions.*	**Circle** the number of your answer. 1. No 2. Yes, at least every quarter 3. Yes, at least every 6 months 4. Yes, at least every year 5. Yes, but interval is more than a year		
7	What are the mechanisms through which the hospital management receives input, and provides feedback **from the staff?**	**Circle** the number/s of your answer. *You may select more than one answer*. 1. N/A - no feedback mechanisms from staff 2. Suggestion box 3. Physical feedback forms 4. Online reporting/feedback system 5. Employee-manager check-in meetings 9. Others, specify _____		
8	What are the mechanisms through which the hospital management receives input, and provides feedback **from their patients**?	**Circle** the number/s of your answer. *You may select more than one answer*. 1. N/A - no feedback mechanisms from staff		

		2. Suggestion box 3. Physical feedback forms 4. Online reporting/feedback system 5. Employee-manager check-in meetings 9. Others, specify _____

This subsection will ask about the hospital's **PhilHealth accreditations** and **financial aid for patients**.

#	PART 3.3 PHILHEALTH and FINANCIAL AID	Response	
1	Do you currently have PhilHealth Accreditation?	0 No → **skip to 4**	1 Yes
2	Do you also have accreditations for specific **benefit packages**?	**Circle** the number/s of your answer. *You may select more than one answer*. 1. Animal Bite 2. Konsulta/Primary Care Benefits (PCB) Package 3. Maternity Care Package (MCP) 4. Tuberculosis-DOTS (TB) 5. Outpatient HIV/AIDS Treatment Package (OHAT) 6. Any Z-benefits package	
3	Number of **Konsulta patients** registered in this facility for January to December 2023	** Write 0, if you are not a Konsulta provider* Konsulta patients	
4	Which financial assistance programs does the hospital have for low-income patients? *Initiatives that help low-income patients access or afford medical services*	**Circle** the number/s of your answer. *You may select more than one answer*. 1. Exemption from charges / free treatment 2. Discounted charges 3. Fund for patient subsidies or donations 4. PhilHealth - no balance billing for indigents 5. Malasakit Center 6. Accepting guarantee letters from government offices (e.g. DSWD, PCSO, PAGCOR, LGU) 7. Others, specify _____ 8. Others, specify _____ 9. Others, specify _____	

PART 4. FACILITY ACCESSIBILITY, UTILITIES, AND EQUIPMENT

For Respondents: In this section, we will ask about the hospital's physical accessibility and its available utilities. Please let the **hospital administrator** answer these questions.

For Enumerators: Please verify the answers via observations in the facility.

#	4.1 FACILITY ACCESSIBILITY	Response		Enumerator Verification
1	Size of the hospital lot (square meters)	_____ sqm		[ ]
2	Is the hospital connected to a paved or cemented public road?	0 No	1 Yes	[ ]
3	Is the hospital accessible through public transportation?	0 No	1 Yes	[ ]

4	Number of parking slots for vehicles with at least 4 wheels			[ ]
5	Is there a dedicated parking space for ambulances or emergency transport vehicles?	0 No	1 Yes	[ ]

How far is the hospital from the following establishments? Provide the name of the establishment.		**Distance in Kilometers**	**Name of Establishment**
4	City or municipal hall	km	
5	Nearest Public transportation terminal	km	
6	Nearest Public school	km	
7	Nearest Residential Area	km	

How far is the facility from the following types of hospitals?		**Distance in Kilometers**	**Name of Facility**	**NHFR Code (Enumerator)**
8	Primary level health facility (including Rural Health Unit)	km		
9	Nearest Level 2 Hospital	km		
10	Nearest Level 3 Hospital	km		

#	**PART 4.2 UTILITIES**	**NO**	**YES**	**Enumerator Verification**
Does your facility have the following **electricity and water utilities**?				
1	Main electricity/power line connection	0	1	[ ]
2	Functional Generator set with Automatic Transfer Switch (ATS)	0	1	[ ]
3	Functional toilets *Any of: Flush or pour-flush toilets, pit latrines, composting toilets - all either piped to septic tank or sewer system*	0	1	[ ]
4	Running water in **all** toilets and sinks	0	1	[ ]
5	Safe source of drinking and non-drinking water *Any of: Piped water, boreholes, tubewells, protected wells, protecting springs, rainwater, packaged/delivered water*	0	1	[ ]
Does the facility have the following **telecommunication services**?				
6	Computer with Reliable internet *(at least 5-10Mbps, can check email without delay and can go to websites with no long loading frames)*	0	1	Download speed _____ mbps
7	Landline phone	0	1	[ ]
8	Short-wave radio	0	1	[ ]
9	Reliable Cellphone signal (*can hold a phone call for at least 5 minutes)*	0	1	[ ]
10	Dedicated phone or cellphone for referrals	0	1	[ ]

Emergency Vehicles and Waste Disposal			
11	Number of licensed land ambulances	functional ambulances	[ ]
12	Number of other emergency transport vehicle/s (e.g., Non-licensed ambulance, tricycle, van, etc)	functional vehicles	[ ]
13	What is the primary waste disposal system in this facility for hazardous wastes?	**Circle** the number of your answer. 1. Sanitary Landfill 2. Burial Pit 3. Septic Vault 4. Collected by Garbage Disposal company 9. Others, specify _____	

PART 4.3 EQUIPMENT

Does your facility **have the following equipment, and is it currently functional? Circle** your answer.

#	Equipment	NO	YES - but not functional	YES - functional	#	Equipment	NO	YES - but not functional	YES - functional
General Equipment					**Life Support and Resuscitation Equipment**				
1	Wheelchair	0	1	2	**11**	Anesthesia Machine	0	1	2
2	Emergency Light	0	1	2	**12**	Bag-valve-mask unit (adult)	0	1	2
3	Fire Extinguishers	0	1	2	**13**	Bag-valve-mask Unit (pediatric)	0	1	2
4	Vaccine refrigerator	0	1	2	**14**	Defibrillator	0	1	2
5	Lab autoclave	0	1	2	**15**	Oxygen Unit	0	1	2
Patient Examination and Care Tools					**16**	High Flow Nasal Cannula	0	1	2
6	Stethoscope	0	1	2					
7	Clinical weighing scale	0	1	2	**17**	Mechanical Ventilator / Respirator	0	1	2
8	Examination table	0	1	2					
9	Examination lamp	0	1	2	**18**	Suction Apparatus	0	1	2
10	Dental Chair	0	1	2	**19**	Incubator	0	1	2

#	Equipment	NO	YES - but not functional	YES - functional	#	Equipment	NO	YES - but not functional	YES - functional

Diagnostic Equipment					Surgical and Procedure Sets				
20	Thermometer, non-mercurial	0	1	2	**36**	Delivery set	0	1	2
21	Blood Pressure Apparatus with adult and pediatric cuffs	0	1	2	**37**	Suturing set	0	1	2
22	Pulse Oximeter	0	1	2	**38**	Dilatation / Curettage set	0	1	2
23	EENT Diagnostic Set with Ophthalmoscope and Otoscope	0	1	2	**39**	Minor Instrument Set (for tracheostomy , closed tube thoracostomy , etc.)	0	1	2
24	Neurologic Hammer	0	1	2					
25	Spirometer	0	1	2	**40**	Vaginal speculum	0	1	2
26	Peakflowmeter (Adult)	0	1	2	**Imaging Equipment**				
27	Peakflowmeter (Pediatric)	0	1	2	**41**	X-ray machine	0	1	2
28	Negatoscope	0	1	2	**42**	CT-scan	0	1	2
29	Laryngoscope with different blade sizes	0	1	2	**43**	Ultrasound	0	1	2
30	Glucometer	0	1	2	**44**	PET scan	0	1	2
31	ABG Machine	0	1	2	**45**	Magnetic Resonance Imaging (MRI)	0	1	2
32	ECG Machine	0	1	2	**46**	Mammogram	0	1	2
33	Cardiac Monitor with Pulse Oximeter	0	1	2	**Cancer Treatment**				
34	Fetal Doppler	0	1	2	**47**	Linear accelerator	0	1	2
35	Cardiotocography (CTG) Machine	0	1	2	**48**	Cyclotron	0	1	2

PART 4.4 HEALTH INFORMATION SYSTEMS

This section will ask about the facility's digital system to collect, store, and manage patient data, including the
use of electronic medical records (EMR).

#	Question	Response
1	Does this facility record and store patient health records?	0 No → **skip to Part 5** 1 Yes

#	Question	Response
2	Does this facility have processes to assess, validate, or improve the quality of its patient health records or data?	0 No 1 Yes
3	How does this facility store patient health records?	**Circle** the number of your answer 1. Paper-based ONLY → **skip to Part 5** 2. Electronic medical records ONLY 3. Both paper-based and electronic medical records
4	Which EMRs does this facility use?	**Circle** the number of *all the choices that apply.* 1. DOH - iClinicSys 2. DOH - iHOMIS 3. Private EMR (e.g. CHITS, BizBox)
Does this facility **use its EMR system for the following?**		
5	To determine priority health programs for the patients and the community?	0 No 1 Yes
6	To track and manage healthcare staff involvement for a given patient?	0 No 1 Yes
7	To track patient follow-up visits?	0 No 1 Yes
8	To track patient referrals to a higher level facility?	0 No 1 Yes
Does this facility's **EMR** have the following features?		
9	Sharing of a patient's medical record with partner referral facilities	0 No 1 Yes
10	**Patient** can digitally access patient data such as past patient history and diagnostic results	**Circle** the number of your answer 1. NO 2. YES - with delay, after data is manually encoded 3. YES - immediately, the data encoding is automated
11	**Physician** can digitally access patient data such as past patient history and diagnostic results	**Circle** the number of your answer 1. NO 2. YES - with delay, after data is manually encoded 3. YES - immediately, the data encoding is automated
12	Health care staff involved in patient's care is shown in the EMR record	**Circle** the number of your answer 1. NO - no health care staff are listed 2. YES - only physicians are listed 3. YES - all staff including physicians, nurses, etc. are listed
Submission of EMR Data to PhilHealth or DOH		
13	Does this health facility's EMR transmit health data to PhilHealth or DOH?	0 No → **skip to Part 5** 1 Yes
14	Do you submit to the PhilHealth electronic claims (eClaim) system?	0 No 1 Yes
	Which of the following **DOH health information systems** does this facility's EMR routinely submit to? **Circle** *all* the databases that apply.	

#	Question	Response
	1. [FHSIS] Field Health Service Information System 2. [VIMS] Vaccine Information Management System 3. [ITIS] Integrated Tuberculosis Information System 4. [NARIS] National Anti-Rabies Information System 5. [OLMIS] Online Malaria Information System 6. [NTD-MIS] Neglected Tropical Diseases Management 7. [ILIS] Integrated Leprosy Information System 8. [MNIDRS] Maternal, Neonatal, and Infant Death Reporting System 9. [VAWCRS] Violence Against Women and Children Registry System 10. [ICNCDRS] Integrated Chronic and Non-Communicable Disease Registry System	11. [HDRS] Hypertension and Diabetes Registry System 12. [ONEISS] Online National Electronic Injury Surveillance System 13. [FWRI] Fireworks-Related Injury Surveillance 14. [OHASIS] One HIV/AIDS Surveillance Information System 15. [CBDS] Community-based Disease Surveillance 16. [PIDSR]Philippine Integrated Disease Surveillance Response 17. [PRDR] Philippine Renal Disease Registry 18. [CSPMAP] Cancer, Supportive Care, and Palliative Care Medicines Access Program e-Registry 19. [PODRRS] Philippine Organ Donation and Transplantation Program 20. [ESR] Online Event-based Surveillance and Response 21. [EDCS] Epidemic-prone Disease Case-based Surveillance Info System 22. COVIDKaya

PART 5. SERVICE AVAILABILITY, PATIENT COUNTS, AND USER CHARGES

This section will ask about the services available in this facility, the number of patients served for those services, and user charges for select services. Please gather your **outpatient and inpatient records/censuses** for quick referencing.

#	PART 5.1 OUTSOURCING OF SERVICES	NO	YES	Enumerator Verification
Do you **outsource** any of the following services to a ***partner or contracted facility***?				
Clinical Services				
1	Ambulance services	0	1	[ ]
2	Hemodialysis	0	1	[ ]
3	Nuclear medicine	0	1	[ ]
Nonclinical services				
4	Laundry	0	1	[ ]
5	Accounting/ Billing	0	1	[ ]
6	Medical records	0	1	[ ]
7	Information technology	0	1	[ ]

PART 5.2 SERVICE SPECIFIC READINESS

Are the following services **available or present** in your facility?

#	Consulting Specialist	No	Yes	Enumerator verification	#	Ancillary Services	No	Yes	Enumerator verification

1	General Medicine	0	1	[ ]
2	Pediatrics	0	1	[ ]
3	OB-GYNE	0	1	[ ]
4	Surgery	0	1	[ ]
Other Services				
5	Outpatient services	0	1	[ ]
6	Emergency services	0	1	[ ]
7	Isolation facilities	0	1	[ ]
8	Surgical facilities	0	1	[ ]
9	Maternity facilities	0	1	[ ]
10	Dental clinic	0	1	[ ]

11	Blood Station	0	1	[ ]
12	Blood Bank	0	1	[ ]
13	Hospital Pharmacy	0	1	[ ]
14	X-Ray facility and level			[ ]

Circle the type of licensed X-ray facility
1. No X-ray facility
2. Level 1
3. Level 2 - *with basic fluoroscopy and some special procedures (e.g. intravenous pyelography)*
4. Level 3 - *advanced fluoroscopy and CT-scan*
5. Specialized diagnostic & interventional services - *such as cardiac catheterization, digital subtraction angiography, tumor localization, percutaneous transluminal angioplasty*

#	Clinical Services	No	Yes	Enumerator verification
Please **skip to Part 5.3 if the hospital is level 1.** **Only level 2 and 3 hospitals** can answer.				
Departmentalized Clinical Services				
1	General Medicine	0	1	[ ]
2	Pediatrics	0	1	[ ]
3	Obstetrics and Gynecology	0	1	[ ]
4	Surgery	0	1	[ ]
5	Anesthesia	0	1	[ ]
6	Cardiology	0	1	[ ]
7	Endocrinology	0	1	[ ]
8	Gastroenterology	0	1	[ ]
9	Geriatric	0	1	[ ]
10	Infectious diseases	0	1	[ ]
11	Medical Oncology	0	1	[ ]
12	Nephrology	0	1	[ ]

#	Clinical Services	No	Yes	Enumerator verification
Please **skip to Part 5.3 if the hospital is level 1 or 2.** **Only level 3 hospitals** can answer.				
Presence of teaching / training services with accredited residency / fellowship training programs:				
1	General Medicine	0	1	[ ]
2	Pediatrics	0	1	[ ]
3	Obstetrics and Gynecology	0	1	[ ]
4	Surgery	0	1	[ ]
5	Anesthesia	0	1	[ ]
6	Cardiology	0	1	[ ]
7	Endocrinology	0	1	[ ]
8	Gastroenterology	0	1	[ ]
9	Geriatric	0	1	[ ]
10	Infectious diseases	0	1	[ ]
11	Medical Oncology	0	1	[ ]
12	Nephrology	0	1	[ ]

13	Neurology	0	1	[ ]	**13**	Neurology	0	1	[ ]
14	Respiratory Medicine	0	1	[ ]	**14**	Respiratory Medicine	0	1	[ ]
15	General surgery	0	1	[ ]	**15**	General surgery	0	1	[ ]
16	Cardiothoracic Surgery	0	1	[ ]	**16**	Cardiothoracic Surgery	0	1	[ ]
17	Surgical Oncology	0	1	[ ]	**17**	Surgical Oncology	0	1	[ ]
18	Neurosurgery	0	1	[ ]	**18**	Neurosurgery	0	1	[ ]
19	Pediatric Surgery	0	1	[ ]	**19**	Pediatric Surgery	0	1	[ ]
20	Urology	0	1	[ ]	**20**	Urology	0	1	[ ]
21	Vascular Surgery	0	1	[ ]	**21**	Vascular Surgery	0	1	[ ]
22	Orthopedics	0	1	[ ]	**22**	Orthopedics	0	1	[ ]
23	Ophthalmology	0	1	[ ]	**23**	Ophthalmology	0	1	[ ]
24	Otorhinolaryngology	0	1	[ ]	**24**	Otorhinolaryngolgy	0	1	[ ]
25	Psychiatry	0	1	[ ]	**25**	Psychiatry	0	1	[ ]
26	Interventional Radiology	0	1	[ ]	**26**	Rehabilitation Medicine	0	1	[ ]
27	Oral and Dental care	0	1	[ ]	**27**	Interventional Radiology	0	1	[ ]
Other Units / Services:					**Other Units / Services:**				
28	Respiratory Unit	0	1	[ ]	**28**	Physical Medicine and Rehabilitation Unit	0	1	[ ]
29	General Intensive Care Unit (ICU)	0	1	[ ]	**29**	Ambulatory Surgical Clinic	0	1	[ ]
30	High Risk Pregnancy Unit	0	1	[ ]	**30**	Dialysis Clinic	0	1	[ ]
31	Neonatal Intensive Care Unit (ICU)	0	1	[ ]					

#	PART 5.3 LABORATORY SERVICES	RESPONSE
1	Do you have a *DOH-licensed* laboratory?	0 No → **skip to PART 5.4** / 1 Yes
2	What type of DOH-licensed laboratory do you have? **PRIMARY** - offers basic services (ie, Routine Hematology, Routine Urinalysis, Routine Fecalysis, Blood Typing, and Quantitative Platelet Determination	**Circle** the number of your answer 1. Primary 2. Secondary 3. Tertiary 4. Level IIIB

	SECONDARY - tests in primary level + Routine Clinical Chemistry (e.g., Blood Glucose, Blood Urea Nitrogen, Uric Acid, Creatinine, Cholesterol), Quantitative Platelet Determination, and Crossmatching. **TERTIARY** - tests in secondary level + Special Chemistry (e.g., Hormones, Tumor Markers), Special Hematology (e.g., Coagulation tests), Immunology/Serology (e.g., HIV/AIDS, Hepatitis), Microbiology (e.g., Culture and Sensitivity), and other special diagnostic tests. **LEVEL IIIB** - tests in tertiary level + Anatomical Pathology (ie, Surgical Pathology, Cytology, Frozen Section, and Autopsy)		
3	Is your laboratory designed for a negative pressure system?	0 No	1 Yes
4	How many biosafety cabinet class II does your laboratory have?		cabinets

#	LABORATORY & DIAGNOSTIC TESTS Please refer to your **fee schedule** for the listed services. *Marked with * are services that are part of the Konsulta package*.	AVAILABILITY **Is this test available in the facility or outsourced?** **Outsourced** means ***contracting*** tasks or tests to an external laboratory for efficiency or expertise (e.g. other hospitals, free-standing labs, etc.)			COST **IF AVAILABLE: How much does the facility OR outsourced lab charge?** **Write the amount**. Put "0" if there is no charge.
		No	**Yes**	**Yes, but outsourced**	
HEMATOLOGY					
5	Complete blood count (CBC) with platelet count*	0 No	1 Yes	2 Outsourced	₱
6	Blood indices (MCV, MHC, MCHC, RDW)	0 No	1 Yes	2 Outsourced	₱
7	Hemoglobin	0 No	1 Yes	2 Outsourced	₱
8	Hematocrit	0 No	1 Yes	2 Outsourced	₱
9	Blood typing with Rh	0 No	1 Yes	2 Outsourced	₱
10	PT	0 No	1 Yes	2 Outsourced	₱
11	PTT	0 No	1 Yes	2 Outsourced	₱
12	Bleeding Time (BT)	0 No	1 Yes	2 Outsourced	₱
13	Erythrocyte Sedimentation Rate (ESR)	0 No	1 Yes	2 Outsourced	₱
14	Retic Count	0 No	1 Yes	2 Outsourced	₱
15	Ferritin	0 No	1 Yes	2 Outsourced	₱
16	Total Iron Binding Capacity (TIBC) and Iron Panel	0 No	1 Yes	2 Outsourced	₱
17	Peripheral Blood Smear	0 No	1 Yes	2 Outsourced	₱
BLOOD CHEMISTRY					
18	Fasting Blood Sugar (FBS)*	0 No	1 Yes	2 Outsourced	₱
19	Random Blood Sugar (RBS)	0 No	1 Yes	2 Outsourced	₱
20	Capillary Blood Glucose (CBG)	0 No	1 Yes	2 Outsourced	₱

#	LABORATORY & DIAGNOSTIC TESTS Please refer to your **fee schedule** for the listed services. *Marked with * are services that are part of the Konsulta package*.	AVAILABILITY **Is this test available in the facility or outsourced?** **Outsourced** means ***contracting*** tasks or tests to an external laboratory for efficiency or expertise (e.g. other hospitals, free-standing labs, etc.)			COST **IF AVAILABLE:** **How much does the facility OR outsourced lab charge?** **Write the amount**. Put "0" if there is no charge.
		No	**Yes**	**Yes, but outsourced**	
21	Post Prandial Blood Sugar (PPBS)	0 No	1 Yes	2 Outsourced	₱
22	2-Hour Oral Glucose Tolerance Test (OGTT)*	0 No	1 Yes	2 Outsourced	₱
23	HbA1c*	0 No	1 Yes	2 Outsourced	₱
24	Blood Urea Nitrogen (BUN)	0 No	1 Yes	2 Outsourced	₱
25	Creatinine*	0 No	1 Yes	2 Outsourced	₱
26	Lipid Profile (Total Cholesterol, HDL, LDL, Triglycerides)*	0 No	1 Yes	2 Outsourced	₱
27	Uric Acid	0 No	1 Yes	2 Outsourced	₱
28	SGOT	0 No	1 Yes	2 Outsourced	₱
29	SGPT	0 No	1 Yes	2 Outsourced	₱
30	Alkaline Phosphatase	0 No	1 Yes	2 Outsourced	₱
31	Total Bilirubin	0 No	1 Yes	2 Outsourced	₱
32	Indirect Bilirubin (B1)	0 No	1 Yes	2 Outsourced	₱
33	Direct Bilirubin (B2)	0 No	1 Yes	2 Outsourced	₱
34	Total Protein and A/G ratio (TPAG)	0 No	1 Yes	2 Outsourced	₱
35	Albumin	0 No	1 Yes	2 Outsourced	₱
36	Sodium (Na)	0 No	1 Yes	2 Outsourced	₱
37	Chloride (Cl)	0 No	1 Yes	2 Outsourced	₱
38	Potassium (K)	0 No	1 Yes	2 Outsourced	₱
39	Magnesium (Mg)	0 No	1 Yes	2 Outsourced	₱
40	Phosphorous	0 No	1 Yes	2 Outsourced	₱
41	Total Calcium	0 No	1 Yes	2 Outsourced	₱
42	Ionized Calcium	0 No	1 Yes	2 Outsourced	₱
43	Amylase	0 No	1 Yes	2 Outsourced	₱
44	Lipase	0 No	1 Yes	2 Outsourced	₱
45	Cardiac Troponins	0 No	1 Yes	2 Outsourced	₱
SEROLOGY / IMMUNOLOGY					
46	Dengue NS1 Ag	0 No	1 Yes	2 Outsourced	₱
47	Dengue IgG	0 No	1 Yes	2 Outsourced	₱
48	Dengue IgM	0 No	1 Yes	2 Outsourced	₱
49	Typhidot	0 No	1 Yes	2 Outsourced	₱
50	*H. Pylori* Testing	0 No	1 Yes	2 Outsourced	₱
51	Serologic Tests for Syphilis (VDRL / RPR)	0 No	1 Yes	2 Outsourced	₱

#	LABORATORY & DIAGNOSTIC TESTS Please refer to your **fee schedule** for the listed services. *Marked with * are services that are part of the Konsulta package*.	AVAILABILITY **Is this test available in the facility or outsourced?** **Outsourced** means ***contracting*** tasks or tests to an external laboratory for efficiency or expertise (e.g. other hospitals, free-standing labs, etc.)			COST **<u>IF AVAILABLE:</u> How much does the facility OR outsourced lab charge?** **Write the amount**. Put "0" if there is no charge.
		No	**Yes**	**Yes, but outsourced**	
52	HbsAg Screening	0 No	1 Yes	2 Outsourced	₱
53	Hep B Profile	0 No	1 Yes	2 Outsourced	₱
54	Anti-HCV	0 No	1 Yes	2 Outsourced	₱
55	HBV / DNA	0 No	1 Yes	2 Outsourced	₱
56	ASO Titers	0 No	1 Yes	2 Outsourced	₱
57	C3	0 No	1 Yes	2 Outsourced	₱
58	C-Reactive Protein (CRP)	0 No	1 Yes	2 Outsourced	₱
59	Anti-Nuclear Antibody (ANA)	0 No	1 Yes	2 Outsourced	₱
60	dsDNA	0 No	1 Yes	2 Outsourced	₱
61	Rheumatoid Factor (RF)	0 No	1 Yes	2 Outsourced	₱
62	COVID-19 RT-PCR	0 No	1 Yes	2 Outsourced	₱
FECALYSIS					
63	Routine Fecalysis*	0 No	1 Yes	2 Outsourced	₱
64	Fecal Occult Blood*	0 No	1 Yes	2 Outsourced	₱
URINALYSIS					
65	Routine Urinalysis*	0 No	1 Yes	2 Outsourced	₱
66	Pregnancy Test	0 No	1 Yes	2 Outsourced	₱
67	Micral Test	0 No	1 Yes	2 Outsourced	₱
68	Urine Ketones	0 No	1 Yes	2 Outsourced	₱
69	Urine Albumin / Creatinine Ratio	0 No	1 Yes	2 Outsourced	₱
70	24-hour Urine Protein	0 No	1 Yes	2 Outsourced	₱
ENDOCRINE					
71	T3	0 No	1 Yes	2 Outsourced	₱
72	T4	0 No	1 Yes	2 Outsourced	₱
73	fT3	0 No	1 Yes	2 Outsourced	₱
74	fT4	0 No	1 Yes	2 Outsourced	₱
75	Thyroid Stimulating Hormone (TSH)	0 No	1 Yes	2 Outsourced	₱
76	Follicle Stimulating Hormone (FSH)	0 No	1 Yes	2 Outsourced	₱
77	Luteinizing Hormone (LH)	0 No	1 Yes	2 Outsourced	₱
78	Estrogen	0 No	1 Yes	2 Outsourced	₱
79	Progesterone	0 No	1 Yes	2 Outsourced	₱
80	Prolactin	0 No	1 Yes	2 Outsourced	₱
81	Beta-HCG	0 No	1 Yes	2 Outsourced	₱

#	LABORATORY & DIAGNOSTIC TESTS Please refer to your **fee schedule** for the listed services. *Marked with * are services that are part of the Konsulta package*.	AVAILABILITY **Is this test available in the facility or outsourced?** **Outsourced** means ***contracting*** tasks or tests to an external laboratory for efficiency or expertise (e.g. other hospitals, free-standing labs, etc.)			COST **IF AVAILABLE:** **How much does the facility OR outsourced lab charge?** **Write the amount**. Put "0" if there is no charge.
		No	**Yes**	**Yes, but outsourced**	
82	Protein Specific Antigen (PSA)	0 No	1 Yes	2 Outsourced	₱
MICROBIOLOGY					
83	Sputum Microscopy*	0 No	1 Yes	2 Outsourced	₱
84	Acid Fast Bacilli (AFB) Smear	0 No	1 Yes	2 Outsourced	₱
85	KOH Mount	0 No	1 Yes	2 Outsourced	₱
86	Specimen Gram Stain (GS)	0 No	1 Yes	2 Outsourced	₱
87	Specimen Culture and Sensitivity (CS)	0 No	1 Yes	2 Outsourced	₱
MOLECULAR					
88	Gene Xpert	0 No	1 Yes	2 Outsourced	₱
IMAGING AND OTHER TESTS					
89	Chest AP X-ray*	0 No	1 Yes	2 Outsourced	₱
90	Chest Apicolordotic X-ray	0 No	1 Yes	2 Outsourced	₱
91	Breast Ultrasound	0 No	1 Yes	2 Outsourced	₱
92	Kidney, Ureters, and Bladder (KUB) Ultrasound	0 No	1 Yes	2 Outsourced	₱
93	Whole abdominal (WAB) Ultrasound	0 No	1 Yes	2 Outsourced	₱
94	Transvaginal Ultrasound	0 No	1 Yes	2 Outsourced	₱
95	12-L Electrocardiogram (ECG)*	0 No	1 Yes	2 Outsourced	₱
96	2D-Echo with Doppler Studies	0 No	1 Yes	2 Outsourced	₱
97	Cranial CT Scan	0 No	1 Yes	2 Outsourced	₱
98	Head MRI	0 No	1 Yes	2 Outsourced	₱
99	CT Stonogram (Plain)	0 No	1 Yes	2 Outsourced	₱
100	CT Stonogram with Contrast	0 No	1 Yes	2 Outsourced	₱
101	Mammography	0 No	1 Yes	2 Outsourced	₱
102	Endoscopy	0 No	1 Yes	2 Outsourced	₱
103	Colonoscopy	0 No	1 Yes	2 Outsourced	₱
104	Pap Smear*	0 No	1 Yes	2 Outsourced	₱

#	PART 5.4 MEDICAL SERVICES, PROCEDURES, AND ROOM Please refer to your **fee schedule** for the listed services. *Marked with * are services that are part of the Konsulta package*.	AVAILABILITY **Is this service available in this facility?** **Circle** your answer.	COST **IF AVAILABLE:** **How much do you charge for this service?** **Write the amount**. Put "0" if you do not charge.

MEDICAL SERVICES

1	Consultation Fee	0 No	1 Yes		₱
2	Birth / Death / Fetal Death Certificate	0 No	1 Yes		₱
3	Medical Abstract	0 No	1 Yes		₱
4	Medical Certificate	0 No	1 Yes		₱

MEDICAL PROCEDURES

5	Acute Peritoneal Dialysis	0 No	1 Yes		₱
6	Blood Pressure (BP) Taking	0 No	1 Yes		₱
7	Cauterization	0 No	1 Yes		₱
8	Catheterization	0 No	1 Yes		₱
9	Circumcision	0 No	1 Yes		₱
10	Cord Dressing	0 No	1 Yes		₱
11	Debridement	0 No	1 Yes		₱
12	Direct Peritoneal Lavage	0 No	1 Yes		₱
13	Gastric Lavage	0 No	1 Yes		₱
14	Incision and Drainage	0 No	1 Yes		₱
15	Intubation (Adult)	0 No	1 Yes		₱
16	Intubation (Pediatric)	0 No	1 Yes		₱
17	IV Insertion / Re-insertion	0 No	1 Yes		₱
18	Lumbar Tap	0 No	1 Yes		₱
19	Nebulization per inhalation	0 No	1 Yes		₱
20	Normal Spontaneous Delivery (NSD)	0 No	1 Yes		₱
21	Newborn Care Package	0 No	1 Yes		₱
22	Nasogastric Tube (NGT) Insertion	0 No	1 Yes		₱
23	Paracentesis	0 No	1 Yes		₱
24	Removal of Sutures	0 No	1 Yes		₱
25	Suturing	0 No	1 Yes		₱
26	Suctioning	0 No	1 Yes		₱
27	Thoracostomy	0 No	1 Yes		₱
28	TPR (Temperature, Pulse, Respiration) Taking	0 No	1 Yes		₱
29	Wound Dressing	0 No	1 Yes		₱

HOSPITAL ROOM & BOARDING

30	Standard Suite	0 No	1 Yes		₱ per day
31	Regular Private Room	0 No	1 Yes		₱ per day
32	Regular Ward	0 No	1 Yes		₱ per day
33	Surgical Room	0 No	1 Yes		₱ per day
34	Isolation Room	0 No	1 Yes		₱ per day
35	Infectious Ward	0 No	1 Yes		₱ per day

36	Intensive Care Unit (ICU) Room	0 No	1 Yes	₱ per day

#	PART 5.5 OUTPATIENT CARE	Response
In the **past year (January to December 2023)**, indicate the **total number** of the following:		
1	Total outpatient (adult) visits	adult patients
2	No. using PhilHealth	adult patients
3	Total outpatient (pediatric) visits	pediatric patients
4	No. using PhilHealth	pediatric patients

Types of Services		Response		Types of Services		Response	
Did you offer the **following services in the past year (January to December 2023)?** **If YES, how many patients** did you have for **each service?** Please consult your **facility census or service utilization data/reports for 2023**.							
Surgeries performed				**Management of Community Acquired Pneumonia**			
1	Cataract surgery	0 No	1 Yes	**1**	Chest X-ray	0 No	1 Yes
		patients				patients	
2	Appendectomy	0 No	1 Yes	**2**	Culture	0 No	1 Yes
		patients				patients	
3	Cholecystectomy	0 No	1 Yes	**3**	Anti-infectives (penicillins, cephalosporins, macrolides)	0 No	1 Yes
		patients				patients	
4	Herniorrhaphy	0 No	1 Yes	**Management of Acute Injuries**			
		patients		**1**	Airway management in traumatic injuries	0 No	1 Yes
5	Total knee replacement	0 No	1 Yes			patients	
		patients		**2**	Mechanical hemorrhage control	0 No	1 Yes
Management of Acute Myocardial Infarction						patients	
1	Thrombolysis (for myocardial infarction or stroke)	0 No	1 Yes	**3**	Trauma series radiography	0 No	1 Yes
		patients				patients	
2	Percutaneous coronary intervention (PCI) Angioplasty and stents	0 No	1 Yes	**4**	Blood products for resuscitation	0 No	1 Yes
		patients				patients	
3	Coronary artery bypass grafting (CABG)	0 No	1 Yes	**5**	Evacuation of hematoma	0 No	1 Yes
		patients				patients	
Management of Stroke (tracer indicators only)				**Management of Burns**			
1	Anti-hypertensive and neuroprotective medications	0 No	1 Yes	**1**	Initial burn survey	0 No	1 Yes

		patients				patients	
2	Thrombolysis with recombinant tissue plasminogen activator (rt-PA)	0 No	1 Yes	**2**	Acute resuscitation for burns	0 No	1 Yes
		patients				patients	
3	Carotid duplex scan	0 No	1 Yes	**3**	Gastric decompression	0 No	1 Yes
		patients				patients	
4	Decompressive hemicraniectomy	0 No	1 Yes	**4**	Escharotomy or fasciotomy	0 No	1 Yes
		patients				patients	
Management of Cancer (tracer indicators only)				**Management of Complicated Pregnancy**			
1	Chemotherapy for cancers – Outpatient cases	0 No	1 Yes	**1**	Non-stress test machine	0 No	1 Yes
		patients				patients	
2	Chemotherapy for cancers - Inpatient cases	0 No	1 Yes	**2**	Contraction stress test machine	0 No	1 Yes
		patients				patients	
3	Cancer surgery	0 No	1 Yes	**3**	Handheld fetal doppler	0 No	1 Yes
		patients				patients	
4	Radiotherapy	0 No	1 Yes	**4**	Cesarean section	0 No	1 Yes
		patients				patients	

#	PART 5.6 INPATIENT CARE	Response	
In the **past year (January to December 2023)**, indicate the **total number** of the following:			
1	Total inpatient admissions	adult patients	pediatric patients
2	No. using PhilHealth	adult patients	pediatric patients

In the **past year (January to December 2023)**, indicate the following:

Put 0 if none

		Adult	Pediatric	Neonatal
12	Total number of authorized beds	beds	beds	beds
13	Total number of implementing beds	beds	beds	beds
14	Total number of beds for charity patients	beds	beds	beds
15	Total number of beds for pay patients	beds	beds	beds
16	Total number of Isolation Unit beds	beds	beds	beds
17	Total number of emergency room beds	beds	beds	beds
18	Total number of Intensive Care Unit (ICU) beds	beds	beds	beds
In the **past year (January to December 2023)**, indicate the following statistics:				
19	Bed occupancy rate	%		
20	Average length of stay	days		
21	Infection Rate	%		

	*(No. Health care Associated Infections / Discharges) * 100*	
22	Gross Death Rate *(Total Deaths, including newborns / Discharges) * 100*	%

PART 6. QUALITY OF HEALTHCARE SERVICES

This section will ask about specific clinical indicators pertaining to the quality of care in the hospital. Please gather your **inpatient records/censuses** for quick referencing.

#	PART 6.1 CLINICAL OUTCOMES	Response	
In the **past year (January to December 2023)**, indicate the **total number** of the following:			
1	Total number of newborns from uncomplicated births discharged	patients	
2	Total number of major surgical operations	adult patients	pediatric patients
3	Total number of minor surgical operations	adult patients	pediatric patients
4	Operating theater utilization rate *(Hours of operating theater use during elective resource hours / total number of elective resource hours available)*	%	

#	Clinical Outcomes	Response		#	Clinical Outcomes	Response	
Did you collect the **following clinical outcome data in the past year (January to December 2023)?** **If YES, how many patients** did you have for **each clinical disease** and how many of these patients **died?**							
Disease Admissions and Deaths							
1	**Ischemic heart disease**	0 No	1 Yes	**6**	**Hypertension**	0 No	1 Yes
		patients				patients	
		deaths				deaths	
2	**Cerebrovascular accidents**	0 No	1 Yes	**7**	**Asthma**	0 No	1 Yes
		patients				patients	
		deaths				deaths	
3	**Acute myocardial infarction**	0 No	1 Yes	**8**	**Chronic Obstructive Pulmonary Disease (COPD)**	0 No	1 Yes
		patients				patients	
		deaths				deaths	
4	**Diabetes**	0 No	1 Yes	**9**	**Congestive Heart Failure**	0 No	1 Yes
		patients				patients	
		deaths				deaths	
5	**Community acquired pneumonia**	0 No	1 Yes	**10**	**Tuberculosis** (both pulmonary and extrapulmonary)	0 No	1 Yes
		patients				patients	
		deaths				deaths	

Surgical Outcomes							
1	Post-operative mortality	0 No	1 Yes	**7**	Post-operative sepsis	0 No	1 Yes
2	Major Operations	patients		**8**	Major Operations	patients	
3	Minor Operations	patients		**9**	Minor Operations	patients	
4	Post-operative surgical site infections (SSI)	0 No	1 Yes	**10**	Post-operative pulmonary embolus	0 No	1 Yes
5	Major Operations	patients		**11**	Major Operations	patients	
6	Minor Operations	patients		**12**	Minor Operations	patients	

#	PART 6.2 PATIENT SAFETY AND INFECTION CONTROL	NO	YES	Enumerator Verification
Does your facility have the following patient safety entities or activities?				
1	Presence of a person responsible or committee on patient safety in primary care. *Patient safety measures are activities and processes in the hospital that lower the occurrence or impact of errors or avoidable harm to patients*	0	1	
2	Presence of SOPs to ensure safe processes medicines prescription	0	1	
3	Detection and reporting of patient safety incidents and sentinel events	0	1	
4	Detection and reporting of adverse drug reactions	0	1	
Does your facility have the following infection control entities or activities?				
5	Infection and prevention committee or designated person for infection control in the hospital	0	1	[ ]
6	Trained individual/s who oversee infection control	0	1	[ ]
7	Staff education on infection control policies	0	1	[ ]
8	Monitoring hospital acquired infections	0	1	[ ]

Does your facility collect data for the following patient safety indicators?

If yes, please supply the data for **<u>January 2023 to December 2023</u>.**

Please also provide the enumerator copy of the data/report.

#	Indicator	Responses		Enumerator Verification
9	**Hospital Acquired Pneumonia (HAP)**	0 No → **skip to 11**	1 Yes	[ ]
10	No. of patients with HAP			[ ]
11	**Ventilator Acquired Pneumonia (VAP)**	0 No → **skip to 14**	1 Yes	[ ]
12	No. of patients with VAP			[ ]
13	Total No. of Ventilator-days			[ ]

14	**Catheter Acquired Urinary Tract Infection (CAUTI)**	0 No → **skip to 17**	1 Yes	[ ]
15	No. of patients with CAUTI			[ ]
16	Total No. of Catheter-days			[ ]
17	**Catheter-related blood stream infection (CRBSI)**	0 No → **skip to 20**	1 Yes	[ ]
18	No. of patients with CRBSI			[ ]
19	Number of patients with intravenous catheters			[ ]
20	**Pressure ulcer**	0 No → **skip to 22**	1 Yes	[ ]
21	No. of patients with pressure ulcers			[ ]
22	**Falls**	0 No → **skip to 24**	1 Yes	[ ]
23	No. of patients with falls			
24	**Birth trauma rate**	0 No → **skip to Part 7**	1 Yes	[ ]
25	No. deliveries with birth trauma			

PART 7. PATIENT FLOW AND PATHWAY

This section will ask about the scheduling process and the patient flow in the facility.

#	PART 7.1 SCHEDULING PROCESS & SERVICE WAIT TIMES				
How long does a patient have to wait for the following?					
1	To schedule a medical appointment or consultation	**Circle** the number/s of your answer 1. Less than 1 week 2. 1-2 weeks 3. 2-4 weeks 4. More than 4 weeks 5. Walk-in only, no appointments 9. Never observed or recorded	**4**	From scheduling an <u>emergency</u> procedure to actual operation time	**Circle** the number/s of your answer 1. Within 24 hours 2. 24 hours to 3 days 3. 3 to 7 days 4. More than 7 days 9. Never observed or recorded
2	To schedule a laboratory / diagnostic test	**Circle** the number/s of your answer 1. Less than 1 week 2. 1-2 weeks 3. 2-4 weeks 4. More than 4 weeks 5. Walk-in only, no appointments 9. Never observed or recorded	**5**	From undergoing a a laboratory test to receiving the official results	**Circle** the number/s of your answer 1. Within 24 hours 2. 24 hours to 3 days 3. 3-7 days 4. More than 7 days 9. Never observed or recorded

3	From scheduling an elective procedure to actual operation time	**Circle** the number/s of your answer 1. Less than 1 month 2. 1-3 months 3. 3-6 months 4. More than 6 months 9. Never observed or recorded	**6**	From undergoing a diagnostic imaging procedure to receiving the official results	**Circle** the number/s of your answer 1. Within 24 hours 2. 24 hours to 3 days 3. 3-7 days 4. More than 7 days 9. Never observed or recorded

How long does it take a patient to walk from the main lobby to another area?			
#	**AREA**	**TIME (in seconds)**	**Enumerator Verification**
7	Emergency Room	seconds	[ ]
8	Medical consultation desk	seconds	[ ]
9	Laboratory	seconds	[ ]
10	Diagnostic imaging room	seconds	[ ]
11	Pharmacy	seconds	[ ]

#	**PART 7.2 DIRECTIONAL SIGNS**	**NO**	**YES**	**Enumerator Verification**
Are there **directional signs** to different areas of the facility **present** in the following areas?				
1	Entrance and exits	0	1	[ ]
2	Laboratory	0	1	[ ]
3	Diagnostic Imaging Lab	0	1	[ ]
4	Pharmacy	0	1	[ ]
5	Admitting/ Billing/ Cashier	0	1	[ ]
6	Intensive Care Unit (ICU)	0	1	[ ]

#	**PART 7.3 PATIENT PATHWAY MANAGEMENT**	**NO**	**YES**	**Enumerator Verification**
Are the following **mechanisms available and present to improve processes in the facility?**				
1	Emergency room pathway or guidelines	0	1	[ ]
2	Clinical pathway or guidelines	0	1	[ ]
3	Protocol in scheduling elective surgeries	0	1	[ ]
4	Discharge process	0	1	[ ]
5	Provision for Patient Overflow	0	1	[ ]
6	Protocol for Ambulance Diversion ***Ambulance diversion*** *occurs when a hospital, due to overcrowding, temporarily directs ambulances to other hospitals because its emergency department is full.*	0	1	[ ]
7	Use of electronic cue cards to organize patients waiting for consultations	0	1	[ ]
8	Tracking of available beds			

Are there available **physical copies of the latest guidelines and protocols** for the following? The following should be answered by any authorized person from the following clinical services.				
9	Internal Medicine	0	1	[ ]
10	Family Medicine	0	1	[ ]
11	Pediatrics	0	1	[ ]
12	OBGYN	0	1	[ ]
13	Surgery	0	1	[ ]
14	Laboratory	0	1	[ ]
15	Diagnostic Imaging	0	1	[ ]
Are the following **standard operating procedures available and present in the facility?** Items 16-17 should be answered by any authorized person from the nursing services, item 19 by a pharmacy manager, and 20 by an infection control officer.				
16	Patient identification and verification	0	1	[ ]
17	Patient charting	0	1	[ ]
18	Medication orders, dispensing, and administration	0	1	[ ]
19	Collection of hospital infection data	0	1	[ ]
Are the following **published reports available and present in the facility?** The following should be answered by the hospital administrator.				
20	Observed outpatient consultation waiting time	0	1	[ ]
21	Patient Satisfaction	0	1	[ ]
22	Infection rates	0	1	[ ]

#	PART 7.4 REFERRALS	Response		
1	Does the facility have a memorandum of agreement with other facilities for referring/transferring patients?	0 No	1 Yes	
2	How does the facility record and track patient referrals from other health facilities?	**Circle** the number/s of your answer 1. No record of referrals 2. Paper logbook 3. Electronic logbook		
3	After referral to this facility, will patients usually be	**Circle** the number of your answer: 1. Referred back to your facility for follow-up 2. Followed-up at the referral facility instead		
#	Are the following **referral tools available and present in the facility?** Please show the enumerator a copy of the document if available.	**NO**	**YES**	**Enumerator Verification**
3	Protocol and flow charts for referrals with criteria	0	1	[ ]
4	Any form for endorsing patients to referral facility	0	1	[ ]
5	Registry or database to monitor referrals or follow-up after referral	0	1	[ ]
6	Vehicle to transport patient to referral facility	0	1	[ ]
What is the nearest referral hospital to your facility?				

7	**Name of facility**		**NHFR Code (Enumerator)**	
8	What type of hospital is the referral hospital?		**Circle** the number of your answer: 1. Level 1 2. Level 2 3. Level 3	
9	Approximately how long is the travel time from this facility to the referral facility? *Please give the fastest and the longest travel time.*		**Fastest**	minutes
			Longest	minutes

PART 8. ESSENTIAL MEDICINES

For this section, we will ask about **essential medicines** usually stocked in your facility. Please consult your **drug inventory records for January 2023 to PRESENT.**

No.	Question	Response	
1	How often do you review your medicine inventory?	**Circle** the number of your answer: 1. Monthly 2. Every 2 months 3. Quarterly	4. Semi-Annually 5. Annually 9. Others, specify: _____
2	What was your last review period?	**Circle** all the applicable months 1. December 2023 2. January 2024 3. February 2024 4. March 2024 5. April 2024 6. May 2024 7. June 2024 8. July 2024 9. August 2024 10. September 2024 11. October 2024 12. November 2024 13. December 2024	
3	How often do you restock your medicine inventory?	**Circle** the number of your answer: 1. Monthly 2. Every 2 months 3. Quarterly	4. Semi-Annually 5. Annually 9. Others, specify: _____
4	For all the medicines you carry, how many months of stock can your inventory hold?	_____ months	

#	Drug	AVAILABILITY: Do you usually stock this medication?		SOURCING: IF AVAILABLE: How do you purchase, acquire, or source this medication?			STOCKOUT: IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
Anti-Infectives								
1	Amoxicillin 250 mg (as Trihydrate) Capsule	0	1	1	2	3	0	1
2	Amoxicillin 500 mg (as Trihydrate) Capsule	0	1	1	2	3	0	1
3	Amoxicillin 100mg/mL (as Trihydrate) Granules/powder for drops in 15 mL	0	1	1	2	3	0	1
4	Amoxicillin 250mg/5mL (Trihydrate) Granules/powder for suspension in 60mL	0	1	1	2	3	0	1
5	Amoxicillin 500 mg (as Trihydrate) + Clavulanic Acid + 125 mg (as Potassium clavulanate) Tablet	0	1	1	2	3	0	1
6	Amoxicillin 875 mg (as Trihydrate) + Clavulanic Acid + 125 mg (as Potassium clavulanate) Tablet	0	1	1	2	3	0	1
7	Amoxicillin 200 mg (as Trihydrate) + Clavulanic Acid + 28.5 mg (as Potassium clavulanate) per 5mL, Granules/powder for suspension in 70mL	0	1	1	2	3	0	1
8	Amoxicillin 400 mg (as Trihydrate) + Clavulanic Acid + 57 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension in 70mL	0	1	1	2	3	0	1
9	Amoxicillin 600 mg (as Trihydrate) + Clavulanic Acid + 42.9 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension	0	1	1	2	3	0	1
10	Azithromycin 250 mg (as Base*/dihydrate/monohydrate) tablet	0	1	1	2	3	0	1

#	Drug	AVAILABILITY: Do you usually stock this medication?		SOURCING: IF AVAILABLE: How do you purchase, acquire, or source this medication?			STOCKOUT: IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
11	Azithromycin 500 mg (as Base*/dihydrate/monohydrate) tablet	0	1	1	2	3	0	1
12	Azithromycin 200 mg/5 mL (as Base*/ dihydrate/monohydrate) powder for suspension in 15 mL	0	1	1	2	3	0	1
13	Azithromycin 200 mg/5 mL (as Base*/ dihydrate/monohydrate) powder for suspension in 60 mL	0	1	1	2	3	0	1
14	Cefixime 200 mg Capsule	0	1	1	2	3	0	1
15	Cefixime 20 mg/mL in 10 mL (drops)	0	1	1	2	3	0	1
16	Cefixime 100 mg/5 mL Granules for Suspension in 60 mL	0	1	1	2	3	0	1
17	Cefuroxime 500 mg (as Axetil) tablet	0	1	1	2	3	0	1
18	Cefuroxime 125 mg/5 mL (as Axetil) Granules for Suspension in 70 mL	0	1	1	2	3	0	1
19	Cefuroxime 250 mg/5 mL Granules for Suspension in 50mL and 120mL bottle	0	1	1	2	3	0	1
20	Ciprofloxacin 250 mg (as Hydrochloride) tablet	0	1	1	2	3	0	1
21	Ciprofloxacin 500 mg (as Hydrochloride) tablet	0	1	1	2	3	0	1
22	Clarithromycin 250 mg tablet (base)	0	1	1	2	3	0	1
23	Clarithromycin 500 mg tablet (base)	0	1	1	2	3	0	1
24	Clarithromycin 125 mg/ 5 mL Granules/Powder for suspension in 50 mL	0	1	1	2	3	0	1
25	Clarithromycin 250 mg/ 5 mL Granules/Powder for suspension in 50 mL	0	1	1	2	3	0	1
26	Clindamycin 150 mg (as Hydrochloride) capsule	0	1	1	2	3	0	1

#	Drug	AVAILABILITY: Do you usually stock this medication?		SOURCING: IF AVAILABLE: How do you purchase, acquire, or source this medication?			STOCKOUT: IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
27	Clindamycin 300 mg (as Hydrochloride) capsule	0	1	1	2	3	0	1
28	Clindamycin 75 mg / 5 mL (as Palmitate hydrochloride) Granules for suspension in 60 mL	0	1	1	2	3	0	1
29	Clotrimazole 1% Cream in 10 g Aluminum collapsible tube	0	1	1	2	3	0	1
30	Cloxacillin 500 mg (as Sodium) Capsule	0	1	1	2	3	0	1
31	Cloxacillin 250 mg/ 5 mL (as Sodium) Powder for solution in 60 mL	0	1	1	2	3	0	1
32	Cotrimoxazole (400 mg sulfamethoxazole + 80 mg trimethoprim) tablet / capsule	0	1	1	2	3	0	1
33	Cotrimoxazole (800 mg sulfamethoxazole + 160 mg trimethoprim) tablet / capsule	0	1	1	2	3	0	1
34	Cotrimoxazole (200 mg sulfamethoxazole + 40 mg trimethoprim / 5 mL suspension) 70 mL	0	1	1	2	3	0	1
35	Cotrimoxazole (200 mg sulfamethoxazole + 40 mg trimethoprim / 5 mL suspension) 120 mL	0	1	1	2	3	0	1
36	Cotrimoxazole (400 mg sulfamethoxazole + 80 mg trimethoprim / 5 mL suspension) 60 mL	0	1	1	2	3	0	1
37	Cotrimoxazole (400 mg sulfamethoxazole + 80 mg trimethoprim) ampul (IV Infusion)	0	1	1	2	3	0	1
38	Doxycycline 100 mg (as Hyclate) Capsule	0	1	1	2	3	0	1
39	Erythromycin 0.5% Ophthalmic ointment in 3.5 g tube	0	1	1	2	3	0	1
40	Erythromycin 500 mg (as Stearate) tablet	0	1	1	2	3	0	1

#	Drug	AVAILABILITY: Do you usually stock this medication?		SOURCING: IF AVAILABLE: How do you purchase, acquire, or source this medication?			STOCKOUT: IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
41	Erythromycin 200 mg/5 mL (as Ethyl succinate) for suspension in 60 mL	0	1	1	2	3	0	1
42	Metronidazole 250 mg tablet	0	1	1	2	3	0	1
43	Metronidazole 500 mg tablet	0	1	1	2	3	0	1
44	Metronidazole 125 mg/5 mL (as Base)	0	1	1	2	3	0	1
45	Nitrofurantoin 50 mg Capsule as Macrocrystals	0	1	1	2	3	0	1
46	Nitrofurantoin 100 mg Capsule as Macrocrystals	0	1	1	2	3	0	1
47	Oseltamivir (as phosphate) 75 mg cap	0	1	1	2	3	0	1
48	Sulfamethoxazole 400 mg + Trimethoprim 80 mg tablet/capsule	0	1	1	2	3	0	1
49	Sulfamethoxazole 800 mg (as Sulfate) + Trimethoprim 160 mg tablet	0	1	1	2	3	0	1
50	Sulfamethoxazole 200 mg + Trimethoprim 40 mg / 5 mL Suspension in 70 mL	0	1	1	2	3	0	1
51	Sulfamethoxazole 200mg + Trimethoprim 80 mg / 5mL Suspension in 120 mL	0	1	1	2	3	0	1
52	Tobramycin 0.3% Ophthalmic drop solution in 5 mL bottle	0	1	1	2	3	0	1
53	Tobramycin 0.3% Ophthalmic ointment in 3.5g Tube	0	1	1	2	3	0	1
54	Tobramycin 0.3% + Dexamethasone 0.1% Ophthalmic drop suspension in 5mL bottle	0	1	1	2	3	0	1
55	Tobramycin 0.3% + Dexamethasone 0.1% Ophthalmic ointment in 3.5g Tube	0	1	1	2	3	0	1
56	Praziquantel 600 mg tablet	0	1	1	2	3	0	1

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
57	Penicillin G Benzathine (benzathine benzylpenicillin) 1,200,000 units vial (IM)	0	1	1	2	3	0	1
58	Penicillin G Crystalline (benzylpenicillin) (as sodium salt) 1,000,000 units vial (IM)	0	1	1	2	3	0	1
59	Penicillin G Crystalline (benzylpenicillin) (as sodium salt) 1,000,000 units vial (IV)	0	1	1	2	3	0	1
60	Penicillin G Crystalline (benzylpenicillin) (as sodium salt) 5,000,000 units vial (IM)	0	1	1	2	3	0	1
61	Penicillin G Crystalline (benzylpenicillin) (as sodium salt) 5,000,000 units vial (IV)	0	1	1	2	3	0	1
62	Vancomycin (as hydrochloride) 500 mg vial (IV)	0	1	1	2	3	0	1
63	Vancomycin (as hydrochloride) 1 g vial (IV)	0	1	1	2	3	0	1
64	Mupirocin 2% cream 5g sachet	0	1	1	2	3	0	1
65	Mupirocin 2% cream 15g tube	0	1	1	2	3	0	1
66	Mupirocin 2% ointment 5g sachet	0	1	1	2	3	0	1
67	Mupirocin 2% ointment 15g tube	0	1	1	2	3	0	1
Respiratory Drugs								1
68	Prednisone 5 mg tablet	0	1	1	2	3	0	1
69	Prednisone 10 mg tablet	0	1	1	2	3	0	1
70	Prednisone 20 mg tablet	0	1	1	2	3	0	1
71	Fluticasone 100 mcg (as Propionate) + Salmeterol 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser	0	1	1	2	3	0	1
72	Fluticasone 100 mcg (as Propionate) + Salmeterol 50 mcg (as Xinafoate) x 60 doses, DPI	0	1	1	2	3	0	1

#	Drug	AVAILABILITY: Do you usually stock this medication?		SOURCING: IF AVAILABLE: How do you purchase, acquire, or source this medication?			STOCKOUT: IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
	with appropriate accompanying dispenser							
73	Fluticasone 250 mcg (as Propionate) + Salmeterol 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser	0	1	1	2	3	0	1
74	Fluticasone 250 mcg (as Propionate) + Salmeterol 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser	0	1	1	2	3	0	1
75	Fluticasone 500 mcg (as Propionate) + Salmeterol 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser	0	1	1	2	3	0	1
76	Fluticasone 500 mcg (as Propionate) + Salmeterol 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser	0	1	1	2	3	0	1
77	Ipratropium Bromide 250 mcg / mL (as Bromide) Respiratory solution in 2 mL unit dose (for nebulization)	0	1	1	2	3	0	1
78	Ipratropium Bromide 500 mcg (as Bromide anhydrous) + Salbutamol 2.5 mg (as Base) in 2.5 mL Unit dose (for nebulization)	0	1	1	2	3	0	1
79	Montelukast 4 mg (as Sodium) Chewable tablet	0	1	1	2	3	0	1
81	Montelukast 5 mg (as Sodium) Chewable tablet	0	1	1	2	3	0	1
82	Montelukast 10 mg (as Sodium) tablet	0	1	1	2	3	0	1
83	Salbutamol 100 mcg/dose x 200 (as Sulfate)	0	1	1	2	3	0	1

#	Drug	AVAILABILITY: Do you usually stock this medication?		SOURCING: IF AVAILABLE: How do you purchase, acquire, or source this medication?			STOCKOUT: IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
84	Salbutamol 1 mg/mL (as Sulfate) Respiratory solution in 2.5 mL Unit dose (for nebulization)	0	1	1	2	3	0	1
85	Salbutamol 2 mg/mL (as Sulfate) Respiratory solution in 2.5 mL Unit dose (for nebulization)	0	1	1	2	3	0	1
86	Salbutamol 2 mg/ 5mL (as Sulfate) Syrup in 60 mL	0	1	1	2	3	0	1
87	Vitex Negundo 300 mg tablet	0	1	1	2	3	0	1
88	Vitex Negundo 600 mg tablet	0	1	1	2	3	0	1
89	Vitex Negundo 300 mg/5 mL Syrup in 60 mL	0	1	1	2	3	0	1
90	Vitex Negundo 300 mg/5 mL Syrup in 120 mL	0	1	1	2	3	0	1
Cardiovascular Drugs								
91	Amlodipine 5 mg (as Besilate/Camsylate) tablet	0	1	1	2	3	0	1
92	Amlodipine 10 mg (as Besilate/Camsylate) tablet	0	1	1	2	3	0	1
93	Aspirin 80 mg tablet	0	1	1	2	3	0	1
94	Aspirin 100 mg tablet	0	1	1	2	3	0	1
95	Atenolol 50 mg tablet	0	1	1	2	3	0	1
96	Atenolol 100 mg tablet	0	1	1	2	3	0	1
97	Atorvastatin 10 mg (as Calcium) Tablet	0	1	1	2	3	0	1
98	Atorvastatin 20 mg (as Calcium) Tablet	0	1	1	2	3	0	1
99	Atorvastatin 40 mg (as Calcium) Tablet	0	1	1	2	3	0	1
100	Atorvastatin 80 mg (as Calcium) Tablet	0	1	1	2	3	0	1
101	Captopril 25 mg tablet	0	1	1	2	3	0	1
102	Diltiazem 60 mg (as Hydrochloride) tablet	0	1	1	2	3	0	1

#	Drug	AVAILABILITY: Do you usually stock this medication?		SOURCING: IF AVAILABLE: How do you purchase, acquire, or source this medication?			STOCKOUT: IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
103	Diltiazem 60 mg (as Hydrochloride) Modified Release (MR) capsule	0	1	1	2	3	0	1
104	Diltiazem 120 mg (as Hydrochloride) Modified Release (MR) capsule	0	1	1	2	3	0	1
105	Diltiazem 180 mg (as Hydrochloride) Modified Release (MR) capsule	0	1	1	2	3	0	1
106	Diltiazem 120 mg (as Hydrochloride) Modified Release (MR) Tablet	0	1	1	2	3	0	1
107	Diltiazem 180 mg (as Hydrochloride) Modified Release (MR) tablet	0	1	1	2	3	0	1
108	Enalapril 5 mg (as Maleate) Tablet	0	1	1	2	3	0	1
109	Enalapril 20 mg (as Maleate) Tablet	0	1	1	2	3	0	1
110	Metorprolol tab/cap	0	1	1	2	3	0	1
111	Hydrochlorthiazide 12.5 mg tablet	0	1	1	2	3	0	1
112	Hydrochlorthiazide 25 mg tablet	0	1	1	2	3	0	1
113	Isosorbide dinitrate 10 mg (as Dinitrate) Tablet	0	1	1	2	3	0	1
114	Isosorbide dinitrate 20 mg (as Dinitrate) Tablet	0	1	1	2	3	0	1
115	Isosorbide dinitrate 20 mg (as Dinitrate) Modified Release (MR) Tablet	0	1	1	2	3	0	1
116	Isosorbide dinitrate 5 mg (as Dinitrate) Sublingual (SL) Tablet	0	1	1	2	3	0	1
117	Isosorbide mononitrate 30 mg (as 5-Mononitrate) modified release (MR) tablet / capsule	0	1	1	2	3	0	1
118	Isosorbide mononitrate 60 mg (as 5-Mononitrate) modified release (MR) tablet / capsule	0	1	1	2	3	0	1

#	Drug	AVAILABILITY: Do you usually stock this medication?		SOURCING: IF AVAILABLE: How do you purchase, acquire, or source this medication?			STOCKOUT: IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
119	Losartan 50 mg (as Potassium) tablet	0	1	1	2	3	0	1
120	Losartan 100 mg (as Potassium) tablet	0	1	1	2	3	0	1
121	Losartan 50 mg (as Potassium) + Hydrochlorothiazide 12.5 mg tablet	0	1	1	2	3	0	1
122	Methyldopa 250 mg tablet	0	1	1	2	3	0	1
123	Metoprolol 50 mg (as Tartrate) tablet	0	1	1	2	3	0	1
124	Metoprolol 100 mg (as Tartrate) tablet	0	1	1	2	3	0	1
125	Tamsulosin 200 mcg (as Hydrochloride) Capsule	0	1	1	2	3	0	1
126	Rosuvastatin 10 mg (as Calcium) Tablet	0	1	1	2	3	0	1
127	Rosuvastatin 20 mg (as Calcium) Tablet	0	1	1	2	3	0	1
128	Simvastatin 20 mg Tablet	0	1	1	2	3	0	1
129	Simvastatin 40 mg Tablet	0	1	1	2	3	0	1
130	Heparin (infractionated) (as sodium salt) 1000 IU/mL, 5 mL vial (IV infusion, SC) bovine origin	0	1	1	2	3	0	1
131	Heparin (infractionated) (as sodium salt) 5000 IU/mL, 5 mL vial (IV infusion, SC) bovine origin	0	1	1	2	3	0	1

Drugs for Diabetes

132	Gliclazide 30 mg Modified Release (MR) Tablet	0	1	1	2	3	0	1
133	Gliclazide 80 mg Tablet	0	1	1	2	3	0	1
134	Metformin 500 mg (as Hydrochloride) tablet/ film-coated tablet	0	1	1	2	3	0	1
135	Metformin 850 mg (as Hydrochloride) tablet	0	1	1	2	3	0	1

#	Drug	AVAILABILITY: Do you usually stock this medication?		SOURCING: IF AVAILABLE: How do you purchase, acquire, or source this medication?			STOCKOUT: IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
Other General Medicines								
136	Celecoxib 100 mg Capsule	0	1	1	2	3	0	1
137	Celecoxib 200 mg Capsule	0	1	1	2	3	0	1
138	Celecoxib 400 mg Capsule	0	1	1	2	3	0	1
139	Chlorphenamine 4 mg tablet	0	1	1	2	3	0	1
140	Chlorphenamine 2.5 mg / 5 mL syrup / 60 mL	0	1	1	2	3	0	1
141	Diphenhydramine 25 mg (as Hydrochloride) tablet	0	1	1	2	3	0	1
142	Diphenhydramine 50 mg (as Hydrochloride) tablet	0	1	1	2	3	0	1
143	Diphenhydramine 12.5 mg / 5 mL (as Hydrochloride) Syrup in 30 mL	0	1	1	2	3	0	1
144	Diphenhydramine 12.5 mg / 5 mL (as Hydrochloride) Syrup in 60 mL	0	1	1	2	3	0	1
145	Gabapentin 100 mg Capsule	0	1	1	2	3	0	1
146	Gabapentin 300 mg Capsule	0	1	1	2	3	0	1
147	Ibuprofen 200 mg tablet	0	1	1	2	3	0	1
148	Ibuprofen 400 mg tablet	0	1	1	2	3	0	1
149	Ibuprofen 100 mg / 5 mL Syrup / Suspension in 60 mL	0	1	1	2	3	0	1
150	Iron Ferrous 60 mg (elemental iron) + Folic Acid 400 mcg tablet/capsule/film-coated tablet	0	1	1	2	3	0	1
151	Iron Ferrous (equiv to 60 mg elemental iron) tablet	0	1	1	2	3	0	1
152	Iron Ferrous (equiv to 15 mg elemi iron per 0.6 mL) solution in 15 mL (drops)	0	1	1	2	3	0	1

#	Drug	AVAILABILITY: Do you usually stock this medication?		SOURCING: IF AVAILABLE: How do you purchase, acquire, or source this medication?			STOCKOUT: IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
153	Iron Ferrous (equiv to 15 mg elem iron per 0.6 mL) solution in 30 mL (drops)	0	1	1	2	3	0	1
154	Iron Ferrous (equiv to 30 mg eleml iron per 5 mL) solution in 60 mL (syrup)	0	1	1	2	3	0	1
155	Mefenamic Acid 250 mg tablet / capsule	0	1	1	2	3	0	1
156	Mefenamic Acid 500 mg tablet / capsule	0	1	1	2	3	0	1
157	Naproxen 275 mg (as Sodium) tablet	0	1	1	2	3	0	1
158	Naproxen 550 mg (as Sodium) tablet	0	1	1	2	3	0	1
159	Oral rehydration salts (ORS 75-replacement)	0	1	1	2	3	0	1
160	Oseltamivir 75 mg (as Phosphate) Capsule	0	1	1	2	3	0	1
161	Paracetamol 300 mg tablet	0	1	1	2	3	0	1
162	Paracetamol 500 mg tablet	0	1	1	2	3	0	1
163	Paracetamol 100 mg / mL Drops in 15 mL (Alcohol-free)	0	1	1	2	3	0	1
164	Paracetamol 120 mg / 5 mL (125 mg / 5 mL) Syrup / Suspension (Alcohol-free) in 60 mL	0	1	1	2	3	0	1
165	Paracetamol 125 mg Suppository	0	1	1	2	3	0	1
166	Paracetamol 250 mg Suppository	0	1	1	2	3	0	1
167	Prednisone 5 mg Tablet	0	1	1	2	3	0	1
168	Prednisone 10 mg Tablet	0	1	1	2	3	0	1
169	Prednisone 20 mg Tablet	0	1	1	2	3	0	1
170	Prednisone 10 mg / 5 mL Suspension in 60 mL	0	1	1	2	3	0	1
171	Vitex negundo tab/cap	0	1	1	2	3	0	1

#	Drug	AVAILABILITY Do you usually stock this medication?		SOURCING IF AVAILABLE: How do you purchase, acquire, or source this medication?			STOCKOUT IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
172	Zinc (equiv. to 10 mg elemental zinc) (as Gluconate) chewable tablet	0	1	1	2	3	0	1
173	Zinc (equiv. to 10 mg elemental zinc) (as Sulfate monohydrate) drops in 15mL	0	1	1	2	3	0	1
174	Zinc (equiv. to 20 mg elemental zinc) (as Sulfate monohydrate) Syrup in 60mL	0	1	1	2	3	0	1
175	Zinc 70mg/5 mL (equiv. to 10 mg elem.l zinc) (as Gluconate) Syrup in 60mL	0	1	1	2	3	0	1
176	Zinc 70mg/5 mL (equiv. to 10 mg elem.l zinc) (as Gluconate) Syrup in 120mL	0	1	1	2	3	0	1

END

PSA Survey Clearance Number:	PIDS-DOH-2424-01
Expiration Date:	31 JULY 2025

HEALTH FACILITY SURVEY
RURAL HEALTH UNITS (RHUs)

INSTRUCTIONS TO RESPONDENTS

Please give this tool to the **head of this facility** or anyone **knowledgeable about the facility operations**. Thank you very much for agreeing to answer this tool about your facility.

This tool has **26 pages** and will take approximately **60 to 90 minutes to complete.** Each section will contain its own specific instructions to assist you in completing the section. You may need to refer to **facility administrative records**. As much as possible, **please do not leave anything blank.** Your answers in this tool will **be kept confidential**. Results will be presented in aggregate form such that nothing can be traced back to your specific facility in any reports or publications produced by this study.

Do not answer cells marked in **BLUE;** they are for the enumerators to fill out. A study enumerator will also visit your facility at the agreed upon date to help you validate your answers with you and collect the filled-out forms for encoding.

Should you have any questions or concerns, please do not hesitate to contact **Dr. Lea Elora A. Conda at** lconda@pids.gov.ph or at **0998-749-9111**.

INSTRUCTIONS TO INTERVIEWER / ENUMERATOR

The tool was provided to the **facility** in advance. Find and speak with the **facility's point person** to obtain a copy of the completed tool.
CHECK EACH QUESTION FOR COMPLETENESS, and if any information is missing, ask for the respondent for clarification and fill out the information as much as possible. As needed, **VERIFY THE ANSWERS** by cross-checking with facility records.

FACILITY AND ENUMERATOR INFORMATION

This section is for enumerators. Please do not fill out.

#	Question	Response
These are pre-filled.		
1	Region	
2	Province	
3	City / Municipality	
4	Barangay	
5	Facility Name	

#	Question	Response
Enumerators, fill this out when you arrive at the facility.		
7	Full Name of Data Collector	*Surname, First Name Middle Name*
8	Date of Data Collection	*mm/dd/yyyy*
9	Time of Data Collection	: AM/PM
10	GPS Coordinates	Latitude _____°

6	NHFR Facility Code				Longitude _____°

RESPONDENT INFORMATION

Please **provide your information** as the main respondent for this survey.

#	Question	Response
1	Full Name	*Surname, First Name Middle Name*
2	Email	
3	Cell Phone number	

#	Question	Response
4	Designation	**Circle** the number of your answer: 1. Municipal Health Officer 2. Rural Health Physician 3. Public Health Nurse 9. Others, specify _____

PART 1. FACILITY REVENUES AND EXPENSES FOR JANUARY to DECEMBER 2023

For RESPONDENTS: This section asks about your RHU's revenues and expenses. Please console the **RHU's financial records** for **January to December 2023.** Please **attach a copy** of the financial document to this form.

For ENUMERATORS: Ensure all information is complete and accurate against the financial documents. Request a copy of the financial statements for January to December 2023 if not already given. If any details are unclear, ask the respondent before proceeding.

#	PART 1.1 REVENUES	January to December 2023
1	How much **budget** did your specific RHU receive from the local government?	₱
How much **revenue or income** did you receive from the following sources? *Put ₱0 If you do not receive income from any of the following.*		
2	Direct out-of-pocket or user fees from patients	₱
3	PhilHealth	₱
4	Pharmacy	₱
5	Laboratory and Diagnostics	₱
6	Department of Health (DOH) grants	₱
7	Donations from other national government agencies and offices (except DOH)	₱
8	Donations from Multilateral Organizations (e.g., ADB, World Bank, USAID, UN Agencies)	₱
#	**PART 1.2 EXPENSES**	**January to December 2023**
How much did this **RHU spend in total** for the following **expense categories**? *Put ₱0 If you do not receive income from any of the following.*		
9	Personnel services (PS) -	₱
10	Maintenance and other operating expenditures (MOOE) *Costs for running and maintaining every day operations (e.g. utilities, repairs, office supplies, etc.)*	₱

11	Capital outlay (CO) *Costs to improve long-term assets like buildings, equipment, and vehicles.*	₱

PART 2. HEALTH WORKFORCE

The table below asks about **this Rural Health Unit's staffing numbers.** Please indicate the **number of staff regularly assigned (works here at least 3 days a week)** to this facility from **January to December 2023**.

Please do not leave anything blank, put 0 if you do have that staff type.

#	Type of Staff	Number of Plantilla	Number of Non-Plantilla
1	City / Municipal Health Officer		
2	Primary Care Physician		
3	Nurse		
4	Midwife		
5	Administrative Assistant		
6	Dentist		
7	Medical Technologist		
8	Barangay Health Worker or Nutrition Scholar		
9	Medical Records Officer		
10	Utility Worker		
11	Trained medical coders (e.g. ICD-10)		
12	Others, specify _____		
13	Others, specify _____		
14	Others, specify _____		
15	Others, specify _____		

PART 3. GOVERNANCE, MANAGEMENT, SAFETY

This section will ask about how this RHU is governed and managed. **Circle** the choice for your answer.

#	**3.1 GOVERNANCE** **Does the RHU have *autonomy* to decide in the following areas?**	**NO – LGU decides entirely**	**YES - shared decision with LGU**	**YES – entirely independent from LGU**
1	Governance (e.g. budget, priorities, policies)	0	1	2
2	Management (e.g. staffing, operations)	0	1	2
3	Procurement	0	1	2
4	Capital investment (e.g. equipment, infrastructure, vehicles)	0	1	2
5	How much user fees to charge	0	1	2

	(including if there are no fees)			
6	What are other entities that influence the leadership and management of the RHU?	**Circle** the number/s of your answer. *You may select more than one answer*. 1. Department of Health 2. Other national government agencies (except DOH) 3. Private partners 4. Patient feedback 9. Others, specify _____		

#	PART 3.2 MANAGEMENT	NO	YES	Enumerator Verification
1	Does the RHU have an organizational structure?	0	1	[ ]
2	Are there evaluation and monitoring activities to assess & report RHU organizational performance?	0 → **skip to 5**	1	[ ]
3	Is there a person or group/committee responsible for improving operations based on performance reports? (e.g., management team, advisory board)	0	1	
4	Are performance reports used regularly for decision-making?	0	1	
5	If there is an operational problem in the RHU (e.g., infrastructure repair), how long does it take to resolve the problem?	**Circle** the number of your answer. 1. Immediately after a problem is identified 2. About 1 month 3. About 3 months 4. About 6 months 5. One (1) year or more		
6	Does the health facility provide training or educational sessions to staff on practicing **patient-centered care**? *If yes, please specify the frequency of these trainings.*	**Circle** the number of your answer. 1. No → **skip to 7** 2. Yes, at least every quarter 3. Yes, at least every 6 months 4. Yes, at least every year 5. Yes, but interval is more than a year		
7	What are the mechanisms through which the RHU management receives input, and provides feedback **from the staff?**	**Circle** the number/s of your answer. *You may select more than one answer*. 1. N/A - no feedback mechanisms from staff 2. Suggestion box 3. Physical feedback forms 4. Online reporting/feedback system 5. Employee-manager check-in meetings 9. Others, specify _____		
8	What are the mechanisms through which the RHU management receives input, and provides feedback **from their patients**?	**Circle** the number/s of your answer. *You may select more than one answer*.		

		1. N/A - no feedback mechanisms from staff 2. Suggestion box 3. Physical feedback forms 4. Online reporting/feedback system 5. Employee-manager check-in meetings 9. Others, specify _____

#	PART 3.3 PATIENT SAFETY AND INFECTION CONTROL	NO	YES	Enumerator Verification
Does your facility have the following patient safety entities or activities?				
1	Presence of a person responsible or committee on patient safety in primary care. *Patient safety measures are activities and processes in the RHU that lower the occurrence or impact of errors or avoidable harm to patients*	0	1	
2	Presence of SOPs to ensure safe processes for the prescription of medicines	0	1	
3	Detection and reporting of patient safety incidents and sentinel events	0	1	
4	Detection and reporting of adverse drug reactions	0	1	
Does your facility have the following infection control entities or activities?				
5	Infection and prevention committee or designated person for infection control in the RHU	0	1	[ ]
6	Trained individual/s who oversee infection control	0	1	[ ]
7	Staff education on infection control policies	0	1	[ ]
8	Monitoring and evaluation of infection rate	0	1	[ ]

PART 4. FACILITY ACCESSIBILITY, UTILITIES, AND EQUIPMENT

For Respondents: In this section, we will ask about the RHU's physical accessibility and its available utilities.
For Enumerators: Please verify the answers via observations in the facility.

#	4.1 FACILITY ACCESSIBILITY	Response	Enumerator Verification
1	Size of the RHU (square meters)	_____ sqm	[ ]
2	Is the RHU connected to a paved or cemented public road?	0 No 1 Yes	[ ]
3	Is the RHU located on the ground floor?	0 No 1 Yes	[ ]
4	Is the RHU accessible through public transportation?	0 No 1 Yes	[ ]
How far is the RHU from the following establishments? Please provide the name of the establishment.		**Distance in Kilometers**	**Name of Establishment**
5	City or municipal hall	km	
6	Nearest public transportation terminal	km	
7	Nearest Public school	km	

8	Nearest Barangay Residential Area	km		
How far is the facility from the following types of hospitals?		**Distance in Kilometers**	**Name of Establishment**	**NHFR Code (Enumerator)**
9	Nearest Level 1 Hospital	km		
10	Nearest Level 2 Hospital	km		
11	Nearest Level 3 Hospital	km		

#	PART 4.2 UTILITIES	NO	YES	Enumerator Verification
Does your facility have the following **electricity and water utilities**?				
1	Main electricity/power line connection	0	1	[ ]
2	Functional generators	0	1	[ ]
3	Functional toilets *Flush or pour-flush toilets, pit latrines, composting toilets - all either piped to septic tank or sewer system*	0	1	[ ]
4	Running water in **all** toilets and sinks	0	1	[ ]
5	Safe source of drinking and non-drinking water *Piped water, boreholes, tubewells, protected wells, protecting springs, rainwater, packaged/delivered water*	0	1	[ ]
Does the facility have the following **telecommunication services**?				
6	Reliable internet *(at least 5-10Mbps, can check email without delay and can go to websites with no long loading frames)*	0	1	Download speed _____ mbps
7	Landline phone	0	1	[ ]
8	Short-wave radio	0	1	[ ]
9	Reliable Cellphone signal (*can hold a phone call for at least 5 minutes)*	0	1	[ ]
10	Dedicated phone or cellphone for referrals	0	1	[ ]
Emergency Vehicles and Waste Disposal				
11	Number of licensed land ambulances	ambulances		[ ]
12	Number of other emergency transport vehicle/s (e.g., Non-licensed ambulance, tricycle, van, etc)	vehicles		[ ]
13	What is the primary waste disposal system in this facility for hazardous wastes?	**Circle** the number of your answer. 1. Sanitary Landfill 2. Burial Pit 3. Septic Vault 4. Collected by Garbage Disposal company 9. Others, specify _____		

PART 4.3 EQUIPMENT

Does your facility **have the following equipment, and is it currently functional? Circle** your answer.

#	Equipment	NO	YES - but not functional	YES - functional	#	Equipment	NO	YES - but not functional	YES - functional
1	Non-mercury thermometer	0	1	2	**14**	Urine containers	0	1	2
2	Stethoscope	0	1	2	**15**	Test strips for urine protein test	0	1	2
3	Blood Pressure apparatus	0	1	2	**16**	Test strips for urine ketones test	0	1	2
4	Tape measure	0	1	2	**17**	IUD insertion set	0	1	2
5	Height board	0	1	2	**18**	Cervical inspection set or vaginal speculum set	0	1	2
6	Weighing scale	0	1	2	**19**	Pap smear kit	0	1	2
7	Salter scale	0	1	2	**20**	Fetal doppler	0	1	2
8	Snellen's eye chart	0	1	2	**21**	Resuscitator for adult	0	1	2
9	EENT diagnostic set	0	1	2	**22**	Resuscitator for pediatric	0	1	2
10	Glucometer	0	1	2	**23**	Dressing set or minor surgery set	0	1	2
11	Glucometer Test strips	0	1	2	**24**	Peak flow meter	0	1	2
12	Cholesterol meter	0	1	2	**25**	Nebulizer	0	1	2
13	Cholesterol Test strips	0	1	2	**26**	Wheelchair	0	1	2

PART 4.4 HEALTH INFORMATION SYSTEMS

This section will ask about the facility's digital system to collect, store, and manage patient data, including the
use of electronic medical records (EMR).

#	Question	Response
1	Does this facility record and store patient health records?	0 No → **skip to Part 5** 1 Yes
2	Does this facility have processes to assess, validate, or improve the quality of its patient health records or data?	0 No 1 Yes

#	Question	Response
3	How does this facility store patient health records?	**Circle** the number of your answer 1. Paper-based ONLY → **skip to Part 5** 2. Electronic medical records ONLY 3. Both paper-based and electronic medical records
4	Which EMRs does this facility use?	**Circle** the number of *all the choices that apply.* 1. DOH - iClinicSys 2. DOH - iHOMIS 3. Private EMR (e.g. CHITS, BizBox)
Does this facility **use its EMR system for the following?**		
5	To determine priority health programs for the patients and the community?	0 No 1 Yes
6	To track and manage healthcare staff involvement for a given patient?	0 No 1 Yes
7	To track patient follow-up visits?	0 No 1 Yes
8	To track patient referrals to a higher level facility?	0 No 1 Yes
Does this facility's **EMR** have the following features?		
9	Sharing of a patient's medical record with partner referral facilities	0 No 1 Yes
10	**Patient** can digitally access patient data such as past patient history and diagnostic results	**Circle** the number of your answer 1. NO 2. YES - with delay, after data is manually encoded 3. YES - immediately, the data encoding is automated
11	**Physician** can digitally access patient data such as past patient history and diagnostic results	**Circle** the number of your answer 1. NO 2. YES - with delay, after data is manually encoded 3. YES - immediately, the data encoding is automated
12	Health care staff involved in patient's care is shown in the EMR record	**Circle** the number of your answer 1. NO - no health care staff are listed 2. YES - only physicians are listed 3. YES - all staff including physicians, nurses, etc. are listed
Submission of EMR Data to PhilHealth or DOH		
13	Does this health facility's EMR transmit health data to PhilHealth or DOH?	0 No → **skip to Part 5** 1 Yes
14	Do you submit to the PhilHealth electronic claims (eClaim) system?	0 No 1 Yes
	Which of the following **DOH health information systems** does this facility's EMR routinely submit to? **Circle** *all* the databases that apply. 1. [FHSIS] Field Health Service Information System 2. [VIMS] Vaccine Information Management System	

#	Question	Response
	3. [ITIS] Integrated Tuberculosis Information System 4. [NARIS] National Anti-Rabies Information System 5. [OLMIS] Online Malaria Information System 6. [NTD-MIS] Neglected Tropical Diseases Management 7. [ILIS] Integrated Leprosy Information System 8. [MNIDRS] Maternal, Neonatal, and Infant Death Reporting System 9. [VAWCRS] Violence Against Women and Children Registry System 10. [ICNCDRS] Integrated Chronic and Non-Communicable Disease Registry System 11. [HDRS] Hypertension and Diabetes Registry System 12. [ONEISS] Online National Electronic Injury Surveillance System 13. [FWRI] Fireworks-Related Injury Surveillance 14. [OHASIS] One HIV/AIDS Surveillance Information System 15. [CBDS] Community-based Disease Surveillance 16. [PIDSR]Philippine Integrated Disease Surveillance Response 17. [PRDR] Philippine Renal Disease Registry 18. [CSPMAP] Cancer, Supportive Care, and Palliative Care Medicines Access Program e-Registry 19. [PODRRS] Philippine Organ Donation and Transplantation Program 20. [ESR] Online Event-based Surveillance and Response 21. [EDCS] Epidemic-prone Disease Case-based Surveillance Information System 22. COVIDKaya	

PART 5. SERVICE AVAILABILITY, PATIENT COUNTS, AND USER CHARGES

This section will ask about the services available in this facility, the number of patients served for those services, and user charges for select services. Please gather your **outpatient and inpatient records/censuses** for quick referencing..

#	PART 5.1 OUTPATIENT CARE		Response		
In the **past year (January to December 2023)**, indicate the **total number** of the following:					
1	Total outpatient (adult) visits		adult patients		
2	Total outpatient (pediatric) visits		pediatric patients		
#	**Types of Services**	**Response**	**Types of Services**	**Response**	
Did you offer the **following services in the past year (January to December 2023)?** **If YES, how many patients** did you have for **each related outcome?** Please consult your **facility census or service utilization data/reports for 2023**.					
3	**Family planning**	0 No → **skip to 4** / 1 Yes	**6**	**Immunization services**	0 No → **skip to 7** / 1 Yes
	No. of women of reproductive age 15-49 with unmet need for FP	patients		No. Fully Immunized Child	patients
	Contraceptive prevalence rate	%		No. Completely Immunized Child	patients
4	**Maternal health services**	0 No → **skip to 5** / 1 Yes	**7**	**Nutrition Services**	0 No → **skip to 8** / 1 Yes
	No. Pregnant women with at least 4 prenatal checkups	patients		No. Infants exclusively breastfed until 6 months of age	patients

	No. Pregnant women given 2 doses of TD for the first time	patients			No. Infants 6 months old initiated to complementary feeding with continued breastfeeding	patients	
	No. Pregnant women screened for Hepatitis B	patients			No. Infants 6-11 months given 1 dose of Vitamin A 100,000IU	patients	
	No. Pregnant women screened for HIV	patients		**8**	**Non-communicable diseases (NCD) Prevention and Control services**	0 No → **skip to 9**	1 Yes
	No. Health Facility-based deliveries	patients			No. Adults 20 years old and above who were risk-assessed using the PhilPEN Protocol	patients	
	No. Postpartum women with newborn who completed at least 2 postpartum checkups	patients			No. Identified hypertensive patients	patients	
5	**Child health services**	0 No → **skip to 6**	1 Yes		No. Identified diabetic patients	patients	

#	Types of Services	RESPONSE		#	Types of Services	RESPONSE	
9	**Elderly Health and Nutrition services**	0 No → **skip to 10**	1 Yes	**12**	**Oral Care services**	0 No → **skip to 13**	1 Yes
	No. Senior Citizen who received 1 dose of pneumococcal polysaccharide vaccine	patients			No. Orally fit after oral rehabilitation	patients	
	No. Senior Citizen who received 1 dose of influenza vaccine	patients			No. 5 years and above with cases of decayed, missing, and filled Teeth	patients	
10	**Community-based deworming services**	0 No → **skip to 11**	1 Yes		No. Senior Citizens above 60 years who received basic oral healthcare	patients	
	No. 1-19 years old given 2 doses of deworming drug	patients			No. Pregnant women who received basic oral healthcare	patients	
11	**Tuberculosis treatment**	0 No → **skip to 12**	1 Yes	**13**	**Blood service program**	0 No → **skip to PART 5.2**	1 Yes
	TB Case Notification Rate	%			No. of patients who availed of the national voluntary blood service program	patients	
	TB Treatment Success Rate	%					

#	PART 5.2 INPATIENT CARE	Response	
1	Do you provide inpatient care?	0 No → **skip to PART 5.3**	1 Yes
In the **past year (January to December 2023)**, indicate the **total number** of the following:			

2	Total inpatient (adult) visits	adult patients
3	Total inpatient (pediatric) visits	pediatric patients
In the **past year (January to December 2023)**, indicate the following:		
4	Total number of authorized beds	beds
5	Total number of implementing beds	beds
6	Total number of beds for charity patients	beds
7	Total number of beds for pay patients	beds
In the **past year (January to December 2023)**, indicate the following statistics:		
8	Bed occupancy rate	%
9	Average length of stay	days
10	Infection Rate *(No. Health care Associated Infections / Discharges) * 100*	%
11	Gross Death Rate *(Total Deaths, including newborns / Discharges) * 100*	%

#	**PART 5.3 MEDICAL SERVICES AND PROCEDURES** Please refer to your **fee schedule** for the listed services. *Marked with * are services that are part of the Konsulta package*.	**AVAILABILITY** **Is this service available in this facility?** **Circle** your answer.		**COST** **IF AVAILABLE:** **How much do you charge for this service?** **Write the amount**. Put "0" if you do not charge.
1	Outpatient Consultation	0 No	1 Yes	₱
2	Birth / Death / Fetal Death Certificate	0 No	1 Yes	₱
3	Medical Abstract	0 No	1 Yes	₱
4	Medical Certificate	0 No	1 Yes	₱
MEDICAL PROCEDURES				
5	Blood Pressure (BP) Taking	0 No	1 Yes	₱
6	Cauterization	0 No	1 Yes	₱
7	Catheterization	0 No	1 Yes	₱
8	Circumcision	0 No	1 Yes	₱
9	Incision and Drainage	0 No	1 Yes	₱
10	Intubation (Adult)	0 No	1 Yes	₱
11	Intubation (Pediatric)	0 No	1 Yes	₱
12	IV Insertion / Re-insertion	0 No	1 Yes	₱
13	Nebulization per inhalation	0 No	1 Yes	₱
14	Normal Spontaneous Delivery (NSD)	0 No	1 Yes	₱
15	Newborn Care Package	0 No	1 Yes	₱
16	Nasogastric Tube (NGT) Insertion	0 No	1 Yes	₱
17	Removal of Sutures	0 No	1 Yes	₱
18	Suturing	0 No	1 Yes	₱

#	PART 5.4 LABORATORY SERVICES	RESPONSE	
1	Do you have a *DOH-licensed* laboratory?	0 No → **skip to PART 5.5**	1 Yes
2	What type of DOH-licensed laboratory do you have? **PRIMARY** - offers basic services (ie, Routine Hematology, Routine Urinalysis, Routine Fecalysis, Blood Typing, and Quantitative Platelet Determination **SECONDARY** - tests in primary level + Routine Clinical Chemistry (e.g., Blood Glucose, Blood Urea Nitrogen, Uric Acid, Creatinine, Cholesterol), Quantitative Platelet Determination, and Crossmatching. **TERTIARY** - tests in secondary level + Special Chemistry (e.g., Hormones, Tumor Markers), Special Hematology (e.g., Coagulation tests), Immunology/Serology (e.g., HIV/AIDS, Hepatitis), Microbiology (e.g., Culture and Sensitivity), and other special diagnostic tests. **LEVEL IIIB** - tests in tertiary level + Anatomical Pathology (ie, Surgical Pathology, Cytology, Frozen Section, and Autopsy)	**Circle** the number of your answer 1. Primary 2. Secondary 3. Tertiary 4. Level IIIB	

#	LABORATORY & DIAGNOSTIC TESTS Please refer to your **fee schedule** for the listed services. *Marked with * are services that are part of the Konsulta package*.	AVAILABILITY **Is this test available in the facility or outsourced to a partner/ contracted lab?** **Circle** your answer. **Outsourced to a partner or contracted lab** means contracting tasks or tests to an external laboratory for efficiency or expertise (e.g. other hospital, private laboratories, etc.)			COST **IF AVAILABLE: How much does the facility OR outsourced lab charge?** **Write the amount**. Put "0" if there is no charge.
		No	**Yes**	**Yes, but outsourced**	
HEMATOLOGY					
3	Complete blood count (CBC) with platelet count*	0 No	1 Yes	2 Outsourced	₱
4	Blood indices (MCV, MHC, MCHC, RDW)	0 No	1 Yes	2 Outsourced	₱
5	Hemoglobin	0 No	1 Yes	2 Outsourced	₱
6	Hematocrit	0 No	1 Yes	2 Outsourced	₱
7	Blood typing with Rh	0 No	1 Yes	2 Outsourced	₱
8	PT	0 No	1 Yes	2 Outsourced	₱
9	PTT	0 No	1 Yes	2 Outsourced	₱
10	Bleeding Time (BT)	0 No	1 Yes	2 Outsourced	₱
11	Peripheral Blood Smear	0 No	1 Yes	2 Outsourced	₱
BLOOD CHEMISTRY					
12	Fasting Blood Sugar (FBS)*	0 No	1 Yes	2 Outsourced	₱
13	Random Blood Sugar (RBS)	0 No	1 Yes	2 Outsourced	₱
14	Capillary Blood Glucose (CBG)	0 No	1 Yes	2 Outsourced	₱
15	Blood Urea Nitrogen (BUN)	0 No	1 Yes	2 Outsourced	₱
16	Creatinine*	0 No	1 Yes	2 Outsourced	₱

#	LABORATORY & DIAGNOSTIC TESTS Please refer to your **fee schedule** for the listed services. *Marked with * are services that are part of the Konsulta package*.	AVAILABILITY **Is this test available in the facility or outsourced to a partner/ contracted lab?** **Circle** your answer. **Outsourced to a partner or contracted lab** means contracting tasks or tests to an external laboratory for efficiency or expertise (e.g. other hospital, private laboratories, etc.)			COST **IF AVAILABLE:** **How much does the facility OR outsourced lab charge?** **Write the amount**. Put "0" if there is no charge.
		No	**Yes**	**Yes, but outsourced**	
17	Lipid Profile (Total Cholesterol, HDL, LDL, Triglycerides)*	0 No	1 Yes	2 Outsourced	₱
18	Uric Acid	0 No	1 Yes	2 Outsourced	₱
19	SGOT	0 No	1 Yes	2 Outsourced	₱
20	SGPT	0 No	1 Yes	2 Outsourced	₱
21	Sodium (Na)	0 No	1 Yes	2 Outsourced	₱
22	Chloride (Cl)	0 No	1 Yes	2 Outsourced	₱
23	Potassium (K)	0 No	1 Yes	2 Outsourced	₱
24	Magnesium (Mg)	0 No	1 Yes	2 Outsourced	₱
SEROLOGY / IMMUNOLOGY					
25	Dengue NS1 Ag	0 No	1 Yes	2 Outsourced	₱
26	Dengue IgG	0 No	1 Yes	2 Outsourced	₱
27	Dengue IgM	0 No	1 Yes	2 Outsourced	₱
28	Typhidot	0 No	1 Yes	2 Outsourced	₱
FECALYSIS					
29	Routine Fecalysis*	0 No	1 Yes	2 Outsourced	₱
30	Fecal Occult Blood*	0 No	1 Yes	2 Outsourced	₱
URINALYSIS					
31	Routine Urinalysis*	0 No	1 Yes	2 Outsourced	₱
32	Pregnancy Test	0 No	1 Yes	2 Outsourced	₱
MICROBIOLOGY					
33	Sputum Microscopy*	0 No	1 Yes	2 Outsourced	₱
34	Acid Fast Bacilli (AFB) Smear	0 No	1 Yes	2 Outsourced	₱
35	KOH Mount	0 No	1 Yes	2 Outsourced	₱
MOLECULAR					
36	Gene Xpert	0 No	1 Yes	2 Outsourced	₱
IMAGING AND OTHER TESTS					
37	Chest AP X-ray*	0 No	1 Yes	2 Outsourced	₱
38	Chest Apicolorditoc X-ray	0 No	1 Yes	2 Outsourced	₱
39	Breast Ultrasound	0 No	1 Yes	2 Outsourced	₱

#	LABORATORY & DIAGNOSTIC TESTS Please refer to your **fee schedule** for the listed services. *Marked with * are services that are part of the Konsulta package*.	AVAILABILITY **Is this test available in the facility or outsourced to a partner/ contracted lab?** **Circle** your answer. **Outsourced to a partner or contracted lab** means contracting tasks or tests to an external laboratory for efficiency or expertise (e.g. other hospital, private laboratories, etc.)			COST **IF AVAILABLE:** **How much does the facility OR outsourced lab charge?** **Write the amount**. Put "0" if there is no charge.
		No	**Yes**	**Yes, but outsourced**	
40	Kidney, Ureters, and Bladder (KUB) Ultrasound	0 No	1 Yes	2 Outsourced	₱
41	Whole abdominal (WAB) Ultrasound	0 No	1 Yes	2 Outsourced	₱
42	Transvaginal Ultrasound	0 No	1 Yes	2 Outsourced	₱
43	12-L Electrocardiogram (ECG)*	0 No	1 Yes	2 Outsourced	₱
44	Pap Smear*	0 No	1 Yes	2 Outsourced	₱
45	Newborn screening (specimen collection)	0 No	1 Yes	2 Outsourced	₱

#	PART 5.5 PHILHEALTH	Response	
1	Do you currently have PhilHealth Accreditation?	No → **skip to PART 6**	1 Yes
2	If yes, for which benefit packages?	**Circle** the number/s of your answer. *You may select more than one answer*. 1. Animal Bite 2. Konsulta/Primary Care Benefits (PCB) Package 3. Maternity Care Package (MCP) 4. Tuberculosis-DOTS (TB)	
3	Number of patients who utilized PhilHealth for January to December 2023		patients
4	Number of Konsulta patients registered in this facility for January to December 2023		patients

PART 6. PATIENT FLOW AND PATHWAY

This section will ask about the scheduling process and the patient flow in the facility.

#	PART 6.1 SCHEDULING PROCESS & SERVICE WAIT TIMES
How long does a patient have to wait for the following?	

1	To schedule a medical appointment or consultation	**Circle** the number/s of your answer 1. Less than 1 week 2. 1-2 weeks 3. 2-4 weeks 4. More than 4 weeks 5. Walk-in only, no appointment needed 9. Never observed or recorded	**3**	From registration to their consultation with the doctor/nurse	**Circle** the number/s of your answer 1. Within 1 minute 2. 1 minute to 30 minutes 3. 30 minutes to 1 hour 4. 1 hour to 4 hours 5. More than 4 hours 9. Never observed or recorded
2	To schedule a laboratory / diagnostic test	**Circle** the number/s of your answer 1. Less than 1 week 2. 1-2 weeks 3. 2-4 weeks 4. More than 4 weeks 5. Walk-in only, no appointment needed 9. Never observed or recorded	**4**	To get their medications from pharmacy after their consultation	**Circle** the number/s of your answer 1. Within 1 minute 2. 1 minute to 30 minutes 3. 30 minutes to 1 hour 4. 1 hour to 4 hours 5. More than 4 hours 9. Never observed or recorded

How long does it take a patient to walk from the <u>main lobby/waiting area</u> to the following areas?			
#	**AREA**	**TIME (in seconds)**	**Enumerator Verification**
6	Medical consultation desk	seconds	[ ]
7	Laboratory	seconds	[ ]
8	Diagnostic imaging room	seconds	[ ]
9	Pharmacy		[ ]

#	**PART 6.2 DIRECTIONAL SIGNS**	**NO**	**YES**	**Enumerator Verification**
Are there **directional signs** to different areas of the facility **present** in the following areas?				
1	Entrance and exits	0	1	[ ]
2	Laboratory	0	1	[ ]
3	Diagnostic Imaging Lab	0	1	[ ]
4	Pharmacy	0	1	[ ]
5	Admitting/ Billing/ Cashier	0	1	[ ]

#	**PART 6.3 PATIENT PATHWAY MANAGEMENT**	**NO**	**YES**	**Enumerator Verification**

Are the following **mechanisms available and present to improve processes in the facility?**				
1	Clinical pathway or guidelines	0	1	[ ]
2	Protocol in scheduling procedures *(e.g., incision and drainage, ungiectomy, suturing, wound cleaning)*	0	1	[ ]
3	Provision for Patient Overflow	0	1	[ ]
4	Protocol for Ambulance Diversion ***Ambulance diversion** occurs when a hospital, due to overcrowding, temporarily directs ambulances to other hospitals because its emergency department is full.*	0	1	[ ]
5	Use of electronic cue cards to organize patients waiting for consultations	0	1	[ ]
Are the following **standard operating procedures available and present in the facility?**				
6	Referrals to a higher level facility	0	1	[ ]
7	Tuberculosis (TB) Prevention and Control Program	0	1	[ ]
8	Nutrition programs	0	1	[ ]
9	Antenatal care program	0	1	[ ]
10	Immunization program	0	1	[ ]
Are the following **published reports available and present in the facility?**				
11	Observed consultation waiting time	0	1	[ ]
12	Patient Satisfaction	0	1	[ ]

#	**PART 6.4 REFERRALS**	**Response**		
1	Does the facility have a memorandum of agreement with other health facilities for referring and transferring patients?	0 No 1 Yes		
2	How does the facility record and track patient referrals from other health facilities?	**Circle** the number/s of your answer 1. No record of referrals 2. Paper logbook 3. Electronic logbook		
3	After referral to this facility, will patients usually be	**Circle** the number of your answer: 1. Referred back to your facility for follow-up 2. Followed-up at the referral facility instead		
#	Are the following **referral tools available and present in the facility?** Please show the enumerator a copy of the document if available.	**NO**	**YES**	**Enumerator Verification**
3	Protocol and flow charts for referrals with criteria	0	1	[ ]
4	Any form for endorsing patients to referral facility	0	1	[ ]
5	Registry or database to monitor referrals or follow-up after referral	0	1	[ ]
6	Vehicle to transport patient to referral facility	0	1	[ ]

#	**QUESTION**	**Response**
What is the **nearest referral hospital** to your facility?		

7	**Name of facility**		**NHFR Code (Enumerator)**	
8	What type of hospital is the referral hospital?		**Circle** the number of your answer: 1. Level 1 2. Level 2 3. Level 3	
9	Approximately how long is the travel time from this facility to the referral facility? *Please give the fastest and the longest travel time.*		**Fastest**	minutes
			Longest	minutes

PART 7. ESSENTIAL MEDICINES

For this section, we will ask about **essential medicines** usually stocked in your facility. Please consult your **drug inventory records for January 2023 to PRESENT.**

No.	Question	Response
1	How often do you review your medicine inventory?	**Circle** the number of your answer: 1. Monthly 2. Every 2 months 3. Quarterly 4. Semi-Annually 5. Annually 9. Others, specify: _____
2	What was your last review period?	**Circle** all the applicable months 1. December 2023 2. January 2024 3. February 2024 4. March 2024 5. April 2024 6. May 2024 7. June 2024 8. July 2024 9. August 2024 10. September 2024 11. October 2024 12. November 2024 13. December 2024
3	How often do you restrict your medicine inventory?	**Circle** the number of your answer: 1. Monthly 2. Every 2 months 3. Quarterly 4. Semi-Annually 5. Annually 9. Others, specify: _____
4	For all the medicines you carry, how many months of stock can your inventory hold?	_____ months

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
Anti-Infectives								
1	Amoxicillin 250 mg (as Trihydrate) Capsule	0	1	1	2	3	0	1
2	Amoxicillin 500 mg (as Trihydrate) Capsule	0	1	1	2	3	0	1
3	Amoxicillin 100mg/mL (Trihydrate) Granules/powder for drops in 15mL	0	1	1	2	3	0	1
4	Amoxicillin 250 mg/5mL (as Trihydrate) Granules/powder for suspension in 60 mL	0	1	1	2	3	0	1
5	Amoxicillin 500 mg (as Trihydrate) + Clavulanic Acid + 125 mg (as Potassium clavulanate) Tablet	0	1	1	2	3	0	1
6	Amoxicillin 875 mg (as Trihydrate) + Clavulanic Acid + 125 mg (as Potassium clavulanate) Tablet	0	1	1	2	3	0	1
7	Amoxicillin 200 mg (as Trihydrate) + Clavulanic Acid + 28.5 mg (as Potassium clavulanate) per 5mL, Granules/powder for suspension in 70mL	0	1	1	2	3	0	1
8	Amoxicillin 400mg (as Trihydrate) + Clavulanic Acid + 57mg (as Potassium clavulanate) per 5mL, granules/powder for suspension in 70 mL	0	1	1	2	3	0	1
9	Amoxicillin 600 mg (as Trihydrate) + Clavulanic Acid + 42.9 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension	0	1	1	2	3	0	1
10	Azithromycin 250 mg (as Base*/dihydrate/monohydrate) tablet	0	1	1	2	3	0	1

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
11	Azithromycin 500 mg (as Base*/dihydrate/monohydrate) tablet	0	1	1	2	3	0	1
12	Azithromycin 200 mg/5 mL (as Base*/ dihydrate/monohydrate) powder for suspension in 15 mL	0	1	1	2	3	0	1
13	Azithromycin 200 mg/5 mL (as Base*/ dihydrate/monohydrate) powder for suspension in 60 mL	0	1	1	2	3	0	1
14	Cefixime 200 mg Capsule	0	1	1	2	3	0	1
15	Cefixime 20 mg/mL in 10 mL (drops)	0	1	1	2	3	0	1
16	Cefixime 100 mg/5 mL Granules for Suspension in 60 mL	0	1	1	2	3	0	1
17	Cefuroxime 500 mg (as Axetil) tablet	0	1	1	2	3	0	1
18	Cefuroxime 125mg/5 mL (as Axetil) Granules for Suspension in 70 mL	0	1	1	2	3	0	1
19	Cefuroxime 250 mg/5 mL Granules for Suspension in 50 mL and 120 mL bottle	0	1	1	2	3	0	1
20	Ciprofloxacin 250 mg (as Hydrochloride) tablet	0	1	1	2	3	0	1
21	Ciprofloxacin 500 mg (as Hydrochloride) tablet	0	1	1	2	3	0	1
22	Clarithromycin 250 mg tablet (base)	0	1	1	2	3	0	1
23	Clarithromycin 500 mg tablet (base)	0	1	1	2	3	0	1
24	Clarithromycin 125mg/5mL Granules/Powder for suspension in 50 mL	0	1	1	2	3	0	1
25	Clarithromycin 250mg/ 5mL Granules/Powder for suspension in 50mL	0	1	1	2	3	0	1

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
26	Clindamycin 150 mg (as Hydrochloride) capsule	0	1	1	2	3	0	1
27	Clindamycin 300 mg (as Hydrochloride) capsule	0	1	1	2	3	0	1
28	Clindamycin 75 mg / 5 mL (as Palmitate hydrochloride) Granules for suspension in 60 mL	0	1	1	2	3	0	1
29	Clotrimazole 1% Cream in 10 g Aluminum collapsible tube	0	1	1	2	3	0	1
30	Cloxacillin 500 mg (as Sodium) Capsule	0	1	1	2	3	0	1
31	Cloxacillin 250mg/5 mL (as Sodium) Powder for solution in 60 mL	0	1	1	2	3	0	1
32	Cotrimoxazole (400 mg sulfamethoxazole + 80 mg trimethoprim) tablet / capsule	0	1	1	2	3	0	1
33	Cotrimoxazole (800 mg sulfamethoxazole + 160 mg trimethoprim) tablet / capsule	0	1	1	2	3	0	1
34	Cotrimoxazole (200 mg sulfamethoxazole + 40 mg trimethoprim / 5 mL suspension) 70 mL	0	1	1	2	3	0	1
35	Cotrimoxazole (200 mg sulfamethoxazole + 40 mg trimethoprim / 5 mL suspension) 120 mL	0	1	1	2	3	0	1
36	Cotrimoxazole (400 mg sulfamethoxazole + 80 mg trimethoprim / 5 mL suspension) 60 mL	0	1	1	2	3	0	1
37	Cotrimoxazole (400 mg sulfamethoxazole + 80 mg trimethoprim) ampul (IV Infusion)	0	1	1	2	3	0	1
38	Doxycycline 100 mg (as Hyclate) Capsule	0	1	1	2	3	0	1

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
39	Erythromycin 0.5% Ophthalmic ointment in 3.5 g tube	0	1	1	2	3	0	1
40	Erythromycin 500 mg (as Stearate) tablet	0	1	1	2	3	0	1
41	Erythromycin 200mg/5mL (as Ethyl succinate) for suspension in 60mL	0	1	1	2	3	0	1
42	Metronidazole 250 mg tablet	0	1	1	2	3	0	1
43	Metronidazole 500 mg tablet	0	1	1	2	3	0	1
44	Metronidazole 125 mg/5 mL (as Base)	0	1	1	2	3	0	1
45	Nitrofurantoin 50 mg Capsule as Macrocrystals	0	1	1	2	3	0	1
46	Nitrofurantoin 100 mg Capsule as Macrocrystals	0	1	1	2	3	0	1
47	Oseltamivir (as phosphate) 75 mg cap	0	1	1	2	3	0	1
48	Sulfamethoxazole 400 mg + Trimethoprim 80 mg tablet/capsule	0	1	1	2	3	0	1
49	Sulfamethoxazole 800 mg (as Sulfate) + Trimethoprim 160 mg tablet	0	1	1	2	3	0	1
50	Sulfamethoxazole 200 mg + Trimethoprim 40 mg / 5 mL Suspension in 70 mL	0	1	1	2	3	0	1
51	Sulfamethoxazole 200 mg + Trimethoprim 80 mg / 5 mL Suspension in 120 mL	0	1	1	2	3	0	1
52	Tobramycin 0.3% Ophthalmic drop solution in 5 mL bottle	0	1	1	2	3	0	1
53	Tobramycin 0.3% Ophthalmic ointment in 3.5g Tube	0	1	1	2	3	0	1
54	Tobramycin 0.3% + Dexamethasone 0.1% Ophthalmic drop suspension in 5mL bottle	0	1	1	2	3	0	1

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
55	Tobramycin 0.3% + Dexamethasone 0.1% Ophthalmic ointment in 3.5g Tube	0	1	1	2	3	0	1
56	Praziquantel 600 mg tablet	0	1	1	2	3	0	1
57	Penicillin G Benzathine (benzathine benzylpenicillin) 1,200,000 units vial (MR) (IM)	0	1	1	2	3	0	1
58	Penicillin G Crystalline (benzylpenicillin) (as sodium salt) 1,000,000 units vial (IM)	0	1	1	2	3	0	1
59	Penicillin G Crystalline (benzylpenicillin) (as sodium salt) 1,000,000 units vial (IV)	0	1	1	2	3	0	1
60	Penicillin G Crystalline (benzylpenicillin) (as sodium salt) 5,000,000 units vial (IM)	0	1	1	2	3	0	1
61	Penicillin G Crystalline (benzylpenicillin) (as sodium salt) 5,000,000 units vial (IV)	0	1	1	2	3	0	1
62	Vancomycin (as hydrochloride) 500 mg vial (IV)	0	1	1	2	3	0	1
63	Vancomycin (as hydrochloride) 1 g vial (IV)	0	1	1	2	3	0	1
64	Mupirocin 2% cream 5g sachet	0	1	1	2	3	0	1
65	Mupirocin 2% cream 15g tube	0	1	1	2	3	0	1
66	Mupirocin 2% ointment 5g sachet	0	1	1	2	3	0	1
67	Mupirocin 2% ointment 15g tube	0	1	1	2	3	0	1
Respiratory Drugs								2
68	Prednisone 5 mg tablet	0	1	1	2	3	0	1
69	Prednisone 10 mg tablet	0	1	1	2	3	0	1
70	Prednisone 20 mg tablet	0	1	1	2	3	0	1
71	Fluticasone 100 mcg (as Propionate) + Salmeterol 50	0	1	1	2	3	0	1

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
	mcg (as Xinafoate) x 28 doses, DPI with appropriate dispenser							
72	Fluticasone 100 mcg (as Propionate) + Salmeterol 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate dispenser	0	1	1	2	3	0	1
73	Fluticasone 250 mcg (as Propionate) + Salmeterol 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate dispenser	0	1	1	2	3	0	1
74	Fluticasone 250 mcg (as Propionate) + Salmeterol 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate dispenser	0	1	1	2	3	0	1
75	Fluticasone 500 mcg (as Propionate) + Salmeterol 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate dispenser	0	1	1	2	3	0	1
76	Fluticasone 500 mcg (as Propionate) + Salmeterol 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate dispenser	0	1	1	2	3	0	1
77	Ipratropium Bromide 250 mcg / mL (as Bromide) Respiratory solution in 2 mL unit dose (for nebulization)	0	1	1	2	3	0	1
78	Ipratropium Bromide 500mcg (as Bromide anhydrous) + Salbutamol 2.5mg (as Base) in 2.5 mL Unit dose (for nebulization)	0	1	1	2	3	0	1
79	Montelukast 4 mg (as Sodium) Chewable tablet	0	1	1	2	3	0	1
81	Montelukast 5 mg (as Sodium) Chewable tablet	0	1	1	2	3	0	1
82	Montelukast 10 mg (as Sodium) tablet	0	1	1	2	3	0	1
83	Salbutamol 100 mcg/dose x 200 (as Sulfate)	0	1	1	2	3	0	1
84	Salbutamol 1 mg/mL (as Sulfate) Respiratory solution in	0	1	1	2	3	0	1

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
	2.5 mL Unit dose (for nebulization)							
85	Salbutamol 2 mg/mL (as Sulfate) Respiratory solution in 2.5 mL Unit dose (for nebulization)	0	1	1	2	3	0	1
86	Salbutamol 2 mg/ 5mL (as Sulfate) Syrup in 60 mL	0	1	1	2	3	0	1
87	Vitex Negundo 300 mg tablet	0	1	1	2	3	0	1
88	Vitex Negundo 600 mg tablet	0	1	1	2	3	0	1
89	Vitex Negundo 300 mg/5 mL Syrup in 60 mL	0	1	1	2	3	0	1
90	Vitex Negundo 300 mg/5 mL Syrup in 120 mL	0	1	1	2	3	0	1
Cardiovascular Drugs								
91	Amlodipine 5 mg (as Besilate/Camsylate) tablet	0	1	1	2	3	0	1
92	Amlodipine 10 mg (as Besilate/Camsylate) tablet	0	1	1	2	3	0	1
93	Aspirin 80 mg tablet	0	1	1	2	3	0	1
94	Aspirin 100 mg tablet	0	1	1	2	3	0	1
95	Atenolol 50 mg tablet	0	1	1	2	3	0	1
96	Atenolol 100 mg tablet	0	1	1	2	3	0	1
97	Atorvastatin 10 mg (as Calcium) Tablet	0	1	1	2	3	0	1
98	Atorvastatin 20 mg (as Calcium) Tablet	0	1	1	2	3	0	1
99	Atorvastatin 40 mg (as Calcium) Tablet	0	1	1	2	3	0	1
100	Atorvastatin 80 mg (as Calcium) Tablet	0	1	1	2	3	0	1
101	Captopril 25 mg tablet	0	1	1	2	3	0	1
102	Diltiazem 60 mg (as Hydrochloride) tablet	0	1	1	2	3	0	1

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
103	Diltiazem 60mg (as Hydrochloride) Modified Release (MR) capsule	0	1	1	2	3	0	1
104	Diltiazem 120mg (as Hydrochloride) Modified Release (MR) capsule	0	1	1	2	3	0	1
105	Diltiazem 180 mg (as Hydrochloride) Modified Release (MR) capsule	0	1	1	2	3	0	1
106	Diltiazem 120 mg (as Hydrochloride) Modified Release (MR) Tablet	0	1	1	2	3	0	1
107	Diltiazem 180 mg (as Hydrochloride) Modified Release (MR) tablet	0	1	1	2	3	0	1
108	Enalapril 5 mg (as Maleate) Tablet	0	1	1	2	3	0	1
109	Enalapril 20 mg (as Maleate) Tablet	0	1	1	2	3	0	1
110	Metorprolol tab/cap	0	1	1	2	3	0	1
111	Hydrochlorthiazide 12.5 mg tablet	0	1	1	2	3	0	1
112	Hydrochlorthiazide 25 mg tablet	0	1	1	2	3	0	1
113	Isosorbide dinitrate 10 mg (as Dinitrate) Tablet	0	1	1	2	3	0	1
114	Isosorbide dinitrate 20 mg (as Dinitrate) Tablet	0	1	1	2	3	0	1
115	Isosorbide dinitrate 20 mg (as Dinitrate) Modified Release (MR) Tablet	0	1	1	2	3	0	1
116	Isosorbide dinitrate 5 mg (as Dinitrate) Sublingual (SL) Tablet	0	1	1	2	3	0	1
117	Isosorbide mononitrate 30 mg (as 5-Mononitrate) modified release (MR) tablet / capsule	0	1	1	2	3	0	1

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
118	Isosorbide mononitrate 60 mg (as 5-Mononitrate) modified release (MR) tablet / capsule	0	1	1	2	3	0	1
119	Losartan 50 mg (as Potassium) tablet	0	1	1	2	3	0	1
120	Losartan 100 mg (as Potassium) tablet	0	1	1	2	3	0	1
121	Losartan 50mg (as Potassium) + Hydrochlorothiazide 12.5mg tablet	0	1	1	2	3	0	1
122	Methyldopa 250 mg tablet	0	1	1	2	3	0	1
123	Metoprolol 50 mg (as Tartrate) tablet	0	1	1	2	3	0	1
124	Metoprolol 100 mg (as Tartrate) tablet	0	1	1	2	3	0	1
125	Tamsulosin 200 mcg (as Hydrochloride) Capsule	0	1	1	2	3	0	1
126	Rosuvastatin 10 mg (as Calcium) Tablet	0	1	1	2	3	0	1
127	Rosuvastatin 20 mg (as Calcium) Tablet	0	1	1	2	3	0	1
128	Simvastatin 20 mg Tablet	0	1	1	2	3	0	1
129	Simvastatin 40 mg Tablet	0	1	1	2	3	0	1
130	Heparin (infractionated) (as sodium salt) 1000 IU/mL, 5 mL vial (IV infusion, SC) bovine origin	0	1	1	2	3	0	1
131	Heparin (infractionated) (as sodium salt) 5000 IU/mL, 5 mL vial (IV infusion, SC) bovine origin	0	1	1	2	3	0	1
Drugs for Diabetes								
132	Gliclazide 30 mg Modified Release (MR) Tablet	0	1	1	2	3	0	1
133	Gliclazide 80 mg Tablet	0	1	1	2	3	0	1

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
134	Metformin 500 mg (as Hydrochloride) tablet/ film-coated tablet	0	1	1	2	3	0	1
135	Metformin 850 mg (as Hydrochloride) tablet	0	1	1	2	3	0	1
Other General Medicines								
136	Celecoxib 100 mg Capsule	0	1	1	2	3	0	1
137	Celecoxib 200 mg Capsule	0	1	1	2	3	0	1
138	Celecoxib 400 mg Capsule	0	1	1	2	3	0	1
139	Chlorphenamine 4 mg tablet	0	1	1	2	3	0	1
140	Chlorphenamine 2.5 mg / 5 mL syrup / 60 mL	0	1	1	2	3	0	1
141	Diphenhydramine 25 mg (as Hydrochloride) tablet	0	1	1	2	3	0	1
142	Diphenhydramine 50 mg (as Hydrochloride) tablet	0	1	1	2	3	0	1
143	Diphenhydramine 12.5mg/5mL (as Hydrochloride) Syrup in 30 mL	0	1	1	2	3	0	1
144	Diphenhydramine 12.5mg/5mL (as Hydrochloride) Syrup in 60 mL	0	1	1	2	3	0	1
145	Gabapentin 100 mg Capsule	0	1	1	2	3	0	1
146	Gabapentin 300 mg Capsule	0	1	1	2	3	0	1
147	Ibuprofen 200 mg tablet	0	1	1	2	3	0	1
148	Ibuprofen 400 mg tablet	0	1	1	2	3	0	1
149	Ibuprofen 100 mg / 5 mL Syrup / Suspension in 60 mL	0	1	1	2	3	0	1
150	Iron Ferrous 60 mg (elemental iron) + Folic Acid 400 mcg tablet/capsule/film-coated tablet	0	1	1	2	3	0	1
151	Iron Ferrous (equiv to 60 mg elemental iron) tablet	0	1	1	2	3	0	1

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
152	Iron Ferrous (equiv to 15 mg elemental iron per 0.6 mL) solution in 15 mL (drops)	0	1	1	2	3	0	1
153	Iron Ferrous (equiv to 15 mg elemental iron per 0.6 mL) solution in 30 mL (drops)	0	1	1	2	3	0	1
154	Iron Ferrous (equiv to 30 mg elemental iron per 5 mL) solution in 60 mL (syrup)	0	1	1	2	3	0	1
155	Mefenamic Acid 250 mg tablet / capsule	0	1	1	2	3	0	1
156	Mefenamic Acid 500 mg tablet / capsule	0	1	1	2	3	0	1
157	Naproxen 275 mg (as Sodium) tablet	0	1	1	2	3	0	1
158	Naproxen 550 mg (as Sodium) tablet	0	1	1	2	3	0	1
159	Oral rehydration salts (ORS 75-replacement)	0	1	1	2	3	0	1
160	Oseltamivir 75 mg (as Phosphate) Capsule	0	1	1	2	3	0	1
161	Paracetamol 300 mg tablet	0	1	1	2	3	0	1
162	Paracetamol 500 mg tablet	0	1	1	2	3	0	1
163	Paracetamol 100 mg / mL Drops in 15 mL (Alcohol-free)	0	1	1	2	3	0	1
164	Paracetamol 120 mg / 5 mL (125 mg / 5 mL) Syrup / Suspension (Alcohol-free) in 60 mL	0	1	1	2	3	0	1
165	Paracetamol 125 mg Suppository	0	1	1	2	3	0	1
166	Paracetamol 250 mg Suppository	0	1	1	2	3	0	1
167	Prednisone 5 mg Tablet	0	1	1	2	3	0	1
168	Prednisone 10 mg Tablet	0	1	1	2	3	0	1
169	Prednisone 20 mg Tablet	0	1	1	2	3	0	1

#	Drug	AVAILABILITY		SOURCING			STOCKOUT	
		Do you usually stock this medication?		IF AVAILABLE: How do you purchase, acquire, or source this medication?			IF AVAILABLE: Did you have stockouts for this medication in the last review period?	
		No	Yes	Procured	Outsourced	Donated	No	Yes
170	Prednisone 10 mg / 5 mL Suspension in 60 mL	0	1	1	2	3	0	1
171	Vitex negundo tab/cap	0	1	1	2	3	0	1
172	Zinc (equiv. to 10 mg elemental zinc) (as Gluconate) chewable tablet	0	1	1	2	3	0	1
173	Zinc (equiv. to 10mg elemental zinc) (as Sulfate monohydrate) drops in 15mL	0	1	1	2	3	0	1
174	Zinc (equiv. to 20 mg elemental zinc) (as Sulfate monohydrate) Syrup in 60 mL	0	1	1	2	3	0	1
175	Zinc 70 mg/5 mL (equiv. to 10 mg elemental zinc) (as Gluconate) Syrup in 60 mL	0	1	1	2	3	0	1
176	Zinc 70 mg/5 mL (equiv. to 10 mg elemental zinc) (as Gluconate) Syrup in 120 mL	0	1	1	2	3	0	1

END OF SURVEY

Annex D- 3. Healthcare Provider Tool Survey

Annex D-3.1. HCP for Hospitals

PSA Survey Clearance Number:	PIDS-DOH-2424-01
Expiration Date:	31 JULY 2025

HEALTHCARE PROVIDER SURVEY
FOR HOSPITALS

INSTRUCTIONS TO INTERVIEWER / ENUMERATOR

Please give this tool to the **healthcare providers (physicians, nurses, and midwives)** in facilities located within the following places: **La Union, Benguet, Batangas, Laguna, Iloilo, Aklan, Davao de Oro, and Sarangani.**

Approach one of the clinic staff, introduce yourself and ask him/her if s/he is willing to answer questions about their work as a healthcare provider. Thank them for agreeing to answer this tool about their work as a healthcare provider. Explain that the tool will take **1.5 to 2.5 hours to complete.** Each section will contain its specific instructions. Please answer the questions by **encircling the said choice or filling out the necessary information** in the **greyed spaces**. As much as possible, please do not leave anything blank. Mention that the investigators may contact them for questions to clarify about any blank questions.

There are no right or wrong answers. Please answer this tool as truthfully as possible. Their answers in this tool will be kept confidential and they will not be named personally in any report/publication.

If they agree, tell them you have some preliminary questions. To ensure that the provider meets the criteria for the study, please obtain the following information to screen for eligibility:

ELIGIBILITY SCREENING QUESTIONS				
#	QUESTIONS AND FILTERS	RESPONSE		SKIP
1. 01	Do you work as a doctor, nurse, or midwife? *IF YES, PROCEED TO QUESTION 2.*	YES	NO	
2. 02	Have you been working at this facility for more than 6 months?	YES	NO	

If either of the screening questions is No or No response, the provider is NOT eligible for this study. Thank them and find the next available staff member.

If the provider is eligible for the study (i.e. both screening questions are YES), it is essential that you gain their informed consent before beginning the interview. Read the service provider consent form to the provider and record their response below.

#	QUESTIONS AND FILTERS	RESPONSE		SKIP
3. 03	Did s/he give his/her consent to be interviewed? *IF YES, PROCEED TO FILL OUT THE VISIT INFORMATION TABLE AND START WITH QUESTION 4.*	YES	NO	

VISIT INFORMATION				
4.	**Name of Enumerator**			
5.	**Date of Visit**	mm/dd/yyyy	**6. Time of Visit**	: AM/PM
LGU DETAILS				
7.	**Region**		**8. Province**	
9.	**City/Municipality**		**10. Barangay**	
DETAILS OF PERSONNEL INTERVIEWED				
11.	**Name**	Last Name, First Name MI		
12.	**Designation/Title**			
13.	**Contact (email or cellphone)**			

PART 1 KNOWLEDGE AND COMPETENCY

The following questions will be about your education, experience, training, and skills as a healthcare provider.

PART 1.1 EDUCATION & EXPERIENCE

#	QUESTIONS& FILTERS	RESPONSE		SKIP
14.	What is your birthday?	MM/DD/YYYY		
15.	What is your sex?	1	MALE	
		2	FEMALE	
16.	What is your current occupational category or qualification?	1	GENERALIST MEDICAL DOCTOR	
		2	SPECIALIST MEDICAL DOCTOR	
		3	NURSE	
		4	MIDWIFE	
17.	What year did you graduate (or complete studies) with this qualification?	YEAR _____		
18.	What school did you graduate from?	SCHOOL NAME _____		
19.	Are you board-certified?	YES	NO	
20.	What is your specialty? *SKIP TO QUESTION 22 IF YOU ARE NOT A SPECIALIST MEDICAL DOCTOR.*	20.a SPECIALTY (Drop down of choices) _____	20.b SUBSPECIALTY (Drop down of choices)	
21.	Where did you finish your residency training? *SKIP TO QUESTION 22 IF YOU ARE NOT A SPECIALIST MEDICAL DOCTOR.*	NAME OF INSTITUTION (Drop down with all names of the hospitals) _____		
22.	In what year did you start working in this facility?	YEAR _____		
23.	When did you start working in your current position?	YEAR _____ MONTH _____		

PART 1.2 CERTIFICATIONS

DO YOU HAVE THE FOLLOWING CERTIFICATIONS? IF THE CERTIFICATION DOES NOT APPLY TO YOU, PLEASE ANSWER N/A.

#	QUESTIONS & FILTERS CERTIFICATION	RESPONSE YES	 NO	 N/A	SKIP
24.	Basic Life Support (BLS)				
25.	Advance Cardiovascular Life Support (ACLS)				
26.	Good Standing from PMA or local component society *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
27.	Completed Residency Training *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
28.	Specialty Board Certificate *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
29.	Training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of the Professional Regulation Commission (PRC) *ASK ONLY IF RESPONDENT IS A MIDWIFE*				
30.	Training Certificate from a DOH-recognized training program *ASK ONLY IF RESPONDENT IS A MIDWIFE*				
31.	Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologists or an accredited midwife done in an accredited facility *ASK ONLY IF RESPONDENT IS A MIDWIFE*				
32.	Basic Emergency Obstetric and Newborn Care (BEmONC) from a DOH-recognized training center for BEmONC skills *ASK ONLY IF RESPONDENT IS A NURSE OR MIDWIFE*				
33.	Family Planning Competency Based Training (FPCBT) Level 2 / Comprehensive Family Planning Course *ASK ONLY IF RESPONDENT IS A NURSE OR MIDWIFE*				
34.	Post-Partum Training Course *ASK ONLY IF RESPONDENT IS A NURSE OR MIDWIFE*				
35.	Post-Partum IUD Training Course *ASK ONLY IF RESPONDENT IS A NURSE OR MIDWIFE*				
36.	Subdermal Implant Insertion and Removal *ASK ONLY IF RESPONDENT IS A NURSE OR MIDWIFE*				

PART 1.3 GENERAL TRAINING

HAVE YOU RECEIVED ANY FORMAL IN-SERVICE TRAINING, TRAINING UPDATES, OR REFRESHER TRAINING IN ANY OF THE FOLLOWING TOPICS?

#	QUESTIONS & FILTERS TRAINING TOPICS	RESPONSE HAVE YOU RECEIVED ANY TRAINING? YES, WITHIN THE PAST 24 MONTHS	 YES, OVER 24 MONTHS AGO	 NO IN-SERVICE TRAINING OR UPDATES	SKIP

37.	Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick, and sharp injury prevention?				
38.	Any specific training related to injection safety practices or safe injection practices?				
39.	Health Management Information Systems (HMIS) or reporting requirements for any service? *PROVIDE EXAMPLES: FHSIS FOR PRIMARY CARE, IHOMP FOR HOSPITAL, EQUIVALENT REPORTING SYSTEM FOR PRIVATE HOSPITAL*				
40.	How to care and/or refer victims of gender-based violence (GBV)?				
41.	Use of personal protective equipment (PPE) to prevent infection at work?				
42.	Triage and isolation of patients with suspected or confirmed infectious diseases?				
43.	Health education and promotion?				
44.	Nutritional promotion?				
45.	Clinical Practice Guidelines?				
46.	World Health Organization (WHO) Cardiovascular disease risk-based assessment and management? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
47.	Evaluation and management of hypertension? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
48.	Evaluation and management of diabetes? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
49.	Evaluation and management of asthma and exacerbation? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
50.	Evaluation and management of Chronic Obstructive Pulmonary Disease (COPD) and exacerbation? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
51.	Screening and early diagnosis of cervical cancer? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
52.	Screening and early diagnosis of breast cancer? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
53.	Counseling on tobacco cessation? *ASK ONLY IF RESPONDENT IS A PHYSICIAN OR NURSE*				
54.	Planning and implementation of palliative care services? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
55.	Electronic Medical Record Usage (including International Classification of Diseases (ICD) Coding)? *PROVIDE EXAMPLES: iCLINICSYS, CHITS, SHINE FOR PRIMARY CARE, IHOMIS FOR HOSPITALS*				
56.	Proper referral? *MENTION THE OPERATIONAL DEFINITION: A PROPER REFERRAL IS DEFINED AS AN APPROPRIATE TRANSFER OF PATIENT CARE FROM ONE CLINICIAN OR HEALTH FACILITY TO ANOTHER*				
57.	Team management? *MENTION THE OPERATIONAL DEFINITION: TEAM MANAGEMENT REFERS TO ACTIONS, STRATEGIES, OR METHODS THAT BRING A GROUP OF PEOPLE TOGETHER TO WORK EFFECTIVELY AS A TEAM AND ACHIEVE A COMMON GOAL*				

58.	Project management? *MENTION THE OPERATIONAL DEFINITION: PROJECT MANAGEMENT IS THE APPLICATION OF PROCESSES, METHODS, SKILLS, KNOWLEDGE, AND EXPERIENCE TO ACHIEVE SPECIFIC PROJECT OBJECTIVES ACCORDING TO PROJECT ACCEPTANCE CRITERIA WITHIN AGREED PARAMETERS. IT HAS FINAL DELIVERABLES THAT ARE CONSTRAINED TO A FINITE TIMESCALE AND BUDGET,*				
59.	Financial / Budget management? *MENTION THE OPERATIONAL DEFINITION: FINANCIAL MANAGEMENT REFERS TO THE STRATEGIC PLANNING, ORGANISING, DIRECTING, AND CONTROLLING OF FINANCIAL UNDERTAKINGS IN AN ORGANISATION OR INSTITUTE. IT ALSO INCLUDES APPLYING MANAGEMENT PRINCIPLES TO THE FINANCIAL ASSETS OF AN ORGANISATION, WHILE ALSO PLAYING AN IMPORTANT PART IN FISCAL MANAGEMENT.*				

PART 1.4 SKILLS

DO YOU HAVE ANY OF THE SKILLS BELOW AND HAVE EXPERIENCE USING THEM IN YOUR WORK?

#	QUESTIONS & FILTERS SKILLS	RESPONSE YES	 NO	 N/A	SKIP
60.	Health education on prevailing health problems, including methods to prevent and control them *PROVIDE EXAMPLES: NATIONAL IMMUNIZATION PROGRAM, PREVENTION OF DENGUE (5S STRATEGY), TB-DOTS, HIV PREVENTION AND CONTROL, MALARIA CONTROL, MALARIA CONTROL, RABIES CONTROL PROGRAM, LIFESTYLE-RELATED DISEASES PREVENTION AND CONTROL*				
61.	Nutritional promotion, including food supply				
62.	Maternal and child health care				
63.	Immunization against major infectious diseases				
64.	Prevention and control of locally endemic diseases				
65.	Appropriate treatment of common diseases and injuries *PROVIDE EXAMPLES: COMMON COLD, DENGUE, ACUTE GASTROENTERITIS, INFLUENZA, ANIMAL BITES, BURNS, BRUISES, FRACTURES, SPRAINS AND STRAINS, HYPERTENSION, DIABETES*				
66.	Administration of medications to the patient *ADMINISTRATION OF MEDICATIONS REFERS TO THE PROCESS OF DELIVERING MEDICATION TO A PATIENT. THIS CAN BE DONE THROUGH VARIOUS METHODS, DEPENDING ON THE TYPE OF DRUG AND THE CONDITION BEING TREATED.*				
67.	Wound care management (including animal bites and post-exposure prophylaxis)				
68.	Pain management				
69.	Triaging				
70.	Proper referral				
71.	Interpretation of Basic Laboratories (e.g. Complete Blood Count, Blood Chemistry, Urinalysis, ECG, Xray)				
72.	Suturing				
73.	Delivery of newborn via normal spontaneous delivery (NSD)				
74.	Foreign body removal (for physicians and nurses)				
75.	Newborn Screening				

PART 2 COMPENSATION

The next set of questions will be about the compensation and incentives you receive as a healthcare provider.

#	QUESTIONS AND FILTERS	RESPONSE	SKIP
76.	In an average week, how many hours do you work in this facility, not including overtime hours?	HOURS _____ MINUTES _____	
77.	In an average week, how many hours do you work overtime in this facility?	HOURS _____	

	NOTE: REGARDLESS OF WHETHER OVERTIME IS PAID	MINUTES _____		
78.	Are you paid a salary for the work you do in your current position at this facility? *IF YES, PROCEED TO QUESTION 79.* *IF NO, SKIP TO QUESTION 83.*	YES	NO	
79.	How much is your gross basic monthly salary for your current position?	LESS THAN 9,520 PHP 9,520 – 19,040 PHP MORE THAN 19,040 – 38,080 PHP MORE THAN 38,080 – 66,640 PHP MORE THAN 66,640 – 114,240 PHP MORE THAN 114,240 – 190,400 PHP MORE THAN PHP 190,400		
80.	Have you had a salary increase in the past 5 years?	YES	NO	
81.	Do you experience delays in your salaries? *IF YES, PROCEED TO 82.* *IF NO, SKIP TO QUESTION 83.*	YES	NO	
82.	If yes, how long is the delay?	___ A FEW DAYS TO A WEEK ___ 2-3 WEEKS ___ A MONTH ___ 2-5 MONTHS ___ 6 MONTHS AND ABOVE		

DO YOU RECEIVE ANY OF THE FOLLOWING MONETARY SALARY SUPPLEMENTS? PLEASE PROVIDE THE AVERAGE NUMBER, NOT A RANGE.
READ OPTIONS ALOUD.

#	QUESTIONS AND FILTERS	RESPONSE				SKIP
		YES	NO	AMOUNT IN PHP	FREQUENCY / TIME PERIOD	
83.	PER DIEM WHEN ATTENDING TRAINING			**83.A**	PER MONTH	
84.	HAZARD PAY			**84.A**	PER MONTH	
85.	PHILHEALTH SHARING			**85.A**	PER YEAR	
86.	CLOTHING ALLOWANCE			**86.A**	PER YEAR	
87.	DUTY ALLOWANCE			**87.A**	PER MONTH	
88.	CASH GIFT			**88.A**	PER YEAR	
89.	13TH MONTH PAY			**89.A**	PER YEAR	
90.	OTHERS (PLEASE SPECIFY):			**90.A**	PER _____ WEEK / MONTH / YEAR	

DO YOU RECEIVE ANY OF THE FOLLOWING NON-MONETARY SALARY SUPPLEMENTS? PROVIDE THE AVERAGE NUMBER, NOT A RANGE.
READ OPTIONS ALOUD.

#	QUESTIONS AND FILTERS	RESPONSE				SKIP
		YES	NO	NUMBER / AMOUNT (IF APPLICABLE)	FREQUENCY / TIME PERIOD	
91.	TIME-OFF / VACATIONS (*IN DAYS*)			**91.A**	PER YEAR	

92.	CLOTHING (*IN SETS*)			**92.A**	PER YEAR	
93.	DISCOUNT MEDICINES *(IN PIECES)*			**93.A**	PER MONTH	
94.	TRAINING *(IN NUMBER)*			**94.A**	PER YEAR	
95.	CERTIFICATES / AWARDS / RECOGNITIONS *(IN NUMBER)*			**95.A**	PER YEAR	
96.	FOOD RATION / MEALS *(IN NUMBER)*			**96.A**	PER MONTH	
97.	SUBSIDIZED HOUSING *(IN NUMBER OF MONTHS)*			**97.A**	PER YEAR	
98.	OTHERS (PLEASE SPECIFY):			**98.A**	PER _____ WEEK / MONTH / YEAR	

#	QUESTIONS AND FILTERS	RESPONSE		SKIP
99.	Do you charge professional fees? *ONLY ASK IF THE RESPONDENT IS A DOCTOR.* *IF YES, PROCEED TO QUESTION 100.* *IF NO, PROCEED TO QUESTION 105.*	YES	NO	

DO YOU CHARGE PROFESSIONAL FEES FOR ANY OF THE FOLLOWING? PROVIDE THE AVERAGE NUMBER, NOT A RANGE.
READ OPTIONS ALOUD.

#	QUESTIONS AND FILTERS	RESPONSE				SKIP
		YES	NO	NUMBER / AMOUNT (IF APPLICABLE)	FREQUENCY / TIME PERIOD	
100	OUTPATIENT CONSULTATION			**100.A**	PER PATIENT VISIT	
101	INPATIENT CONSULTATION			**101.A**	PER DAY	
102	APPENDECTOMY *ONLY ASK IF THE RESPONDENT IS A DOCTOR / SURGEON*			**102.A**	PER PROCEDURE	
103	NORMAL SPONTANEOUS DELIVERY *ONLY ASK IF THE RESPONDENT IS A DOCTOR / OB-GYNE*			**103.A**	PER PROCEDURE	
104	CESAREAN DELIVERY *ONLY ASK IF THE RESPONDENT IS A DOCTOR / OB-GYNE*			**104.A**	PER PROCEDURE	

PART 3 | PROVIDER EFFORT & MOTIVATION

In the next portion, we will be asking questions that may touch on personal or confidential topics, including your future plans. Please remember that you have the right to skip any question you feel uncomfortable answering. Your individual responses will remain strictly confidential, and the data collected will not be shared with your management or used to assess individual performance. Instead, the information will be analyzed at the provincial level to help us understand broader trends and insights.

TO EXPLORE YOUR EFFORTS AND MOTIVATIONS AS A HEALTHCARE PROVIDER, PLEASE RATE THE FOLLOWING STATEMENTS FROM 1 - STRONGLY DISAGREE TO 4 - STRONGLY AGREE.

#	QUESTIONS AND FILTERS STATEMENT	RESPONSE Strongly Disagree	Disagree	Agree	Strongly Agree	SKIP
105	I am satisfied with the income that I receive from this job	1	2	3	4	
106	External incentives such as bonuses and provisions are essential for how well I perform my job	1	2	3	4	
107	I see myself working this job for a long time.	1	2	3	4	
108	I am dedicated to my work because I find deep meaning and purpose in my role as a healthcare provider, committed to delivering exceptional care to my patients.	1	2	3	4	
109	I am not often at risk of burnout because of the demanding workload and emotional strain involved in the job.	1	2	3	4	
110	I am able to notice signs of burnout, allowing me to prioritize self-care and seek support to ensure I can keep on providing good care to my patients while preserving my own well-being.	1	2	3	4	
111	There are opportunities for promotion in my current job	1	2	3	4	
112	I can suggest and disagree with my supervisors without fear of negative consequences	1	2	3	4	
113	I receive continued professional development opportunities and training in this facility to facilitate my professional development and improve my skills	1	2	3	4	
114	I have been recognized and rewarded for the work that I do.	1	2	3	4	
115	I feel valued as a member of my organization	1	2	3	4	
116	I have the freedom to decide on the action I should take with a case.	1	2	3	4	
117	I am given adequate rest between work shifts to recharge and deliver optimal patient care.	1	2	3	4	
118	My relationship with local authorities and government agencies does not affect my work.	1	2	3	4	

#	QUESTIONS & FILTERS	RESPONSE	SKIP
119	Do you have plans to leave the country and go abroad? *IF RESPONDENT REFUSED TO ANSWER, SKIP TO QUESTION 122.*	YES NO REFUSED TO ANSWER	
120	Why or why not? *PLEASE EXPLAIN YOUR ANSWER IN QUESTION 119.*		
121	How long do you plan on staying in the country?	____ MONTHS	

PART 4 | QUALITY OF CARE

This category encompasses the standards and practices that ensure patients receive effective, safe, and personalized treatment. The next questions will focus on assessing the factors that affect the quality of care that patients receive such as workload of healthcare providers, effectiveness of treatment, and overall satisfaction with the healthcare outcomes.

#	QUESTIONS & FILTERS	RESPONSE	SKIP
122	How many patients do you have on a normal working day?	NUMBER OF PATIENTS _____	
123	How many hours per week do you spend on direct patient care (consultations, home visits, telephone consultations)? *NUMBER OF HOURS SHOULD NOT EXCEED WORK HOURS DECLARED IN QUESTION 76.*	HOURS _____	
124	How long does a regular patient consultation in your office usually take? *ONLY ASK IF THE RESPONDENT IS A DOCTOR.*	HOURS _____ MINUTES _____	

125	What is the queue time of the patient before he/she is seen?	HOURS _____ MINUTES _____	

DO YOU DO ANY OF THE FOLLOWING ACTIVITIES IN YOUR CURRENT JOB? IF YES, HOW MANY HOURS OR MINUTES DO YOU DEDICATE PER ACTIVITY? PROVIDE THE AVERAGE NUMBER, NOT A RANGE. ***READ OPTIONS ALOUD. TICK THE APPROPRIATE BOX (YES OR NO) AND INPUT THE FREQUENCY AND TIME DEDICATED TO THE ACTIVITY. PLEASE EMPHASIZE THAT HEALTH SERVICE ACTIVITIES DO NOT INCLUDE PAPERWORK.***

QUESTIONS #126-133 SHOULD BE ANSWERED BY MIDWIVES:

#	QUESTIONS AND FILTERS	RESPONSE			SKIP
		YES	NO	FREQUENCY / TIME PERIOD	
HEALTH SERVICE ACTIVITIES					
126	PRENATAL CARE			HOURS _____ MINS _____ PER PATIENT	
127	ANTENATAL CARE			HOURS _____ MINS _____ PER PATIENT	
128	POSTNATAL CARE			HOURS _____ MINS _____ PER PATIENT	
129	NORMAL SPONTANEOUS DELIVERIES			HOURS _____ MINS _____ PER PATIENT	
130	FAMILY PLANNING			HOURS _____ MINS _____ PER PATIENT	
ADMINISTRATIVE AND SUPPORT ACTIVITIES					
131	RECORDING AND REPORTING			HOURS _____ MINS _____ PER DAY	
132	MEETINGS			HOURS _____ MINS _____ PER WEEK	
133	ATTENDING CONTINUING EDUCATION ACTIVITIES (E.G. TRAININGS, REFRESHER COURSES, SEMINARS)			HOURS _____ MINS _____ PER MONTH	

DO YOU DO ANY OF THE FOLLOWING ACTIVITIES IN YOUR CURRENT JOB? IF YES, HOW MANY HOURS OR MINUTES DO YOU DEDICATE PER ACTIVITY? PROVIDE THE AVERAGE NUMBER, NOT A RANGE. ***READ OPTIONS ALOUD. TICK THE APPROPRIATE BOX (YES OR NO) AND INPUT THE FREQUENCY AND TIME DEDICATED TO THE ACTIVITY. PLEASE EMPHASIZE THAT HEALTH SERVICE ACTIVITIES DO NOT INCLUDE PAPERWORK.***

QUESTIONS #134-149 SHOULD BE ANSWERED BY NURSES:

#	QUESTIONS AND FILTERS	RESPONSE			SKIP
		YES	NO	FREQUENCY / TIME PERIOD	
HEALTH SERVICE ACTIVITIES					
134	RECEIVING, REGISTERING, AND ADMITTING PATIENTS			HOURS _____ MINS _____ PER PATIENT	
135	PATIENT EDUCATION			HOURS _____ MINS _____ PER PATIENT	
136	DAILY WARD ROUNDS			HOURS _____ MINS _____ PER PATIENT	
137	SPECIMEN COLLECTION			HOURS _____ MINS _____ PER PATIENT	

138	WOUND DRESSING ROUND			HOURS _____ MINS _____ PER PATIENT	
139	MINOR PROCEDURES IN THE WARD (E.G. CATHETERIZATION, EVACUATION)			HOURS _____ MINS _____ PER PATIENT	
140	DRUG ADMINISTRATION			HOURS _____ MINS _____ PER PATIENT	
141	IMMUNIZATION			HOURS _____ MINS _____ PER PATIENT	
142	DISCHARGE PLANNING			HOURS _____ MINS _____ PER PATIENT	
ADMINISTRATIVE AND SUPPORT ACTIVITIES					
143	RECORDING AND REPORTING			HOURS _____ MINS _____ PER DAY	
144	GENERAL CLEANING			HOURS _____ MINS _____ PER DAY	
145	ENDORSEMENTS / HANDING OVER SHIFTS			HOURS _____ MINS _____ PER DAY	
146	MEETINGS			HOURS _____ MINS _____ PER WEEK	
147	ATTENDING CONTINUING EDUCATION ACTIVITIES (E.G. TRAININGS, REFRESHER COURSES, SEMINARS)			HOURS _____ MINS _____ PER MONTH	
148	STAFF EVALUATION / APPRAISAL			HOURS _____ MINS _____ PER MONTH	
149	REQUISITION OF SUPPLIES AND DRUGS FROM THE STORE			HOURS _____ MINS _____ PER MONTH	

DO YOU DO ANY OF THE FOLLOWING ACTIVITIES IN YOUR CURRENT JOB? IF YES, HOW MANY HOURS OR MINUTES DO YOU DEDICATE PER ACTIVITY? PROVIDE THE AVERAGE NUMBER, NOT A RANGE. ***READ OPTIONS ALOUD. TICK THE APPROPRIATE BOX (YES OR NO) AND INPUT THE FREQUENCY AND TIME DEDICATED TO THE ACTIVITY. PLEASE EMPHASIZE THAT HEALTH SERVICE ACTIVITIES DO NOT INCLUDE PAPERWORK.***

QUESTIONS #150-163 SHOULD BE ANSWERED BY PHYSICIANS:

#	QUESTIONS AND FILTERS	RESPONSE			SKIP
		YES	NO	FREQUENCY / TIME PERIOD	
HEALTH SERVICE ACTIVITIES					
150	INPATIENT CONSULTATION			HOURS _____ MINS _____ PER PATIENT	
151	OUTPATIENT CONSULTATION			HOURS _____ MINS _____ PER PATIENT	
152	IMMUNIZATION			HOURS _____ MINS _____ PER PATIENT	
153	WARD ROUNDS			HOURS _____ MINS _____ PER PATIENT	
154	DISCHARGING PATIENTS			HOURS _____ MINS _____ PER PATIENT	

155	REFERRAL OF PATIENTS			HOURS _____ MINS _____ PER PATIENT	
156	MAJOR OPERATIONS (E.G. CESAREAN SECTION, OPEN CHOLECYSTECTOMY, HYSTERECTOMY, HIP/KNEE REPLACEMENT, ETC.)			HOURS _____ MINS _____ PER PATIENT	
157	MINOR OPERATIONS (E.G. SUTURING, CYST REMOVAL, LAPAROSCOPIC SURGERIES, DEBRIDEMENT)			HOURS _____ MINS _____ PER PATIENT	
ADMINISTRATIVE AND SUPPORT ACTIVITIES					
158	RECORDING AND REPORTING (E.G. DAILY SOAP, OPERATION NOTES)			HOURS _____ MINS _____ PER DAY	
159	FINISHING ADMINISTRATIVE PAPERS (E.G. FORMS, DEATH CERTIFICATES)			HOURS _____ MINS _____ PER DAY	
160	ENDORSEMENTS / HANDING OVER SHIFTS			HOURS _____ MINS _____ PER DAY	
161	MEETINGS			HOURS _____ MINS _____ PER WEEK	
162	ATTENDING CONTINUING EDUCATION ACTIVITIES (E.G. TRAININGS, REFRESHER COURSES, SEMINARS)			HOURS _____ MINS _____ PER MONTH	
163	STAFF EVALUATION / APPRAISAL			HOURS _____ MINS _____ PER MONTH	

PLEASE RATE THE FOLLOWING STATEMENTS FROM 1 - STRONGLY DISAGREE TO 4 - STRONGLY AGREE.

#	QUESTIONS & FILTERS STATEMENT	RESPONSE Strongly Disagree	Disagree	Agree	Strongly Agree	SKIP
164	I have the necessary equipment to perform my duty and provide good quality care to my patients	1	2	3	4	
165	There are enough facilities in our community to meet patients' needs.	1	2	3	4	
166	There are sufficient medications to administer appropriate treatment and manage patients' conditions effectively.	1	2	3	4	
167	I have enough time in my schedule and workload to provide comprehensive care to my patients.	1	2	3	4	
168	I feel confident that our patients can get the medical care that they need without being set back financially	1	2	3	4	
169	Our patients have easy access to the medical specialists that they need	1	2	3	4	
170	In our community, there is a safe and supportive environment for both me and the patients I serve.	1	2	3	4	

IN THE PAST 12 MONTHS, HAVE YOU EVER DONE THE FOLLOWING TO REDUCE FINANCIAL OBSTACLES TO DISADVANTAGED PATIENTS:

TICK THE APPROPRIATE BOX (YES OR NO).

#	STATEMENT	YES	NO	SKIP
171	Provide free samples of medication			
172	Prescribe the cheapest equivalent medicine			
173	Not charge the patient			
174	Offer financial support through personal out-of-pocket expense			

The next questions will focus on assessing the prescribing beliefs and practices of healthcare providers which directly influence the quality of care received by patients.

#	QUESTIONS & FILTERS	RESPONSE	SKIP

	AFFORDABILITY			
175	Are you aware of the cost advantages of generic medicines? *IF YES, PLEASE PROCEED TO QUESTION 176.* *IF NO, SKIP TO QUESTION 177.*	YES	NO	
176	If so, do you educate patients on the cost advantages of generic medicines?	YES	NO	
177	Do you believe the cost of medicines in the Philippines is a significant barrier to patient care (e.g., impact patient adherence to prescribed treatments)?	YES	NO	
178	How often do patients express concerns to you about the affordability of their (prescribed) medications?	ALWAYS OFTEN RARELY NEVER		
179	How frequent do you prescribe (for physicians) or recommend (for nurses and midwives) generic medicines?	ALWAYS OFTEN RARELY NEVER		
	QUALITY OF MEDICINES			
180	Do you believe that generic medicines have similar safety, efficacy, and quality as their branded counterparts?	YES	NO	
181	How confident are you in the safety, efficacy, and quality of generic medicines available in your facility?	VERY CONFIDENT CONFIDENT NOT CONFIDENT NOT AT ALL CONFIDENT		
182	Do you think that switching from branded to generic medicine may change the therapeutic outcome?	YES	NO	
183	How often do patients report issues with the effectiveness or safety of their medicines (both branded and generic) in your practice?	ALWAYS OFTEN RARELY NEVER		
	OTHER GENERAL QUESTIONS			
184	Do you think the current system for regulating medicine prices in the Philippines is effective?	YES	NO	
185	Do you think there are sufficient measures in place to ensure the quality of medicines in your facility?	YES	NO	
186	Are you aware of the advocacy programs provided by the government to promote the usage of generic medicines among healthcare providers and patients?	YES	NO	
187	Do you feel that increasing the availability of generic medicines would benefit patient (care)?	YES	NO	

PART 5 | CONTINUITY OF CARE

QUESTIONS FOR THIS PORTION SHOULD ONLY BE ANSWERED BY A PHYSICIAN.

#	QUESTIONS & FILTERS	RESPONSE	SKIP
188	Out of 10 patients, how many of your patients come back for follow-up visits?	__ / 10	
189	What do you do when a patient misses a follow-up check-up?	__ Reach out to the patient via phone or email __ Visit the patient's home __ None __ Others (please specify): _____	

To ensure your patients understand the treatment process well, we would like to know what information or topics are discussed with them before and after discharge.

FOR EXAMPLE, YOU HAVE ALREADY EXAMINED AND ADMITTED A PATIENT TO THE HOSPITAL. WHAT INFORMATION DO YOU PROVIDE TO YOUR PATIENTS UPON ADMISSION /

BEFORE DISCHARGE? Please describe and walk me through this scenario with the patient and indicate if you communicate this information verbally, written, or both.

PLEASE ENSURE THE RESPONDENT IS AWARE THAT THEY CAN ANSWER FREELY WITHOUT FEELING CONSTRAINED.

#	QUESTIONS & FILTERS	RESPONSE	SKIP
	UPON ADMISSION / BEFORE DISCHARGE		
190	Explanation of the causes of the patient's condition and preceding events	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
191	Non-urgent and urgent symptoms to watch out for	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
192	Primary impression / working diagnosis ***PRIMARY IMPRESSION / WORKING DIAGNOSIS*** *IS A PRELIMINARY DIAGNOSIS MADE BY A HEALTHCARE PROVIDER BASED ON THE INITIAL EVALUATION OF A PATIENT'S SYMPTOMS, HISTORY, AND EXAMINATION FINDINGS. IT SERVES AS A STARTING POINT FOR FURTHER TESTING, TREATMENT, OR OBSERVATION AND MAY BE ADJUSTED AS NEW INFORMATION BECOMES AVAILABLE.*	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
193	Prognosis ***PROGNOSIS*** *IS A MEDICAL TERM USED TO PREDICT THE LIKELY COURSE, DURATION, AND OUTCOME OF A DISEASE OR CONDITION. IT INVOLVES ESTIMATING THE CHANCES OF RECOVERY, POTENTIAL COMPLICATIONS, AND EXPECTED QUALITY OF LIFE, OFTEN BASED ON FACTORS LIKE THE PATIENT'S CURRENT HEALTH STATUS, THE NATURE OF THE ILLNESS, AND RESPONSE TO TREATMENT.*	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
194	Laboratories and diagnostics that need to be done for the patient	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
195	Complete information on their medications (e.g., type, purpose how given, when, how often for how long, how much, side effects, drug interactions, nature, and frequency of blood work)	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
196	Ongoing treatment that may be required before discharge (e.g., purpose, how, when)	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
197	Referrals to other healthcare provider	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	

FOR EXAMPLE, THE PATIENT IS ALREADY FOR DISCHARGE FROM THE HOSPITAL. WHAT INFORMATION DO YOU PROVIDE TO YOUR PATIENTS AFTER DISCHARGE? Please describe and walk me through this scenario with the patient and indicate if you communicate this information verbally, written, or both.

PLEASE ENSURE THE RESPONDENT IS AWARE THAT THEY CAN ANSWER FREELY WITHOUT FEELING CONSTRAINED.

#	QUESTIONS & FILTERS	RESPONSE	SKIP
	AFTER DISCHARGE		
198	Final Diagnosis ***FINAL DIAGNOSIS*** *IS THE DEFINITIVE DETERMINATION OF A PATIENT'S CONDITION OR ILLNESS, REACHED AFTER COMPLETING ALL NECESSARY EXAMINATIONS, TESTS, AND EVALUATIONS. IT REPRESENTS THE MOST ACCURATE DIAGNOSIS BASED ON THE TOTALITY OF EVIDENCE, SUCH AS LABORATORY RESULTS, IMAGING STUDIES, CLINICAL FINDINGS, AND THE PATIENT'S RESPONSE TO INITIAL TREATMENTS. THE FINAL DIAGNOSIS GUIDES THE SPECIFIC TREATMENT PLAN AND ONGOING MANAGEMENT OF THE PATIENT'S CONDITION.*	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
199	Prognosis ***PROGNOSIS*** *IS A MEDICAL TERM USED TO PREDICT THE LIKELY COURSE, DURATION, AND OUTCOME OF A DISEASE OR CONDITION. IT INVOLVES ESTIMATING THE CHANCES OF RECOVERY, POTENTIAL COMPLICATIONS, AND EXPECTED QUALITY OF LIFE, OFTEN BASED ON FACTORS LIKE THE PATIENT'S CURRENT HEALTH STATUS, THE NATURE OF THE ILLNESS, AND RESPONSE TO TREATMENT.*	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
200	Laboratories and diagnostics that need to be done for the patient	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
201	Complete information on their medications (e.g., type, purpose how given, when, how often for how long, how much, side effects, drug interactions, nature, and frequency of blood work)	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
202	Ongoing treatment that may be required after discharge (e.g., purpose, how, when)	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
203	Non-urgent and urgent symptoms to watch out for	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
204	Instructions and follow-up appointments	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
205	Referrals to other healthcare provider	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	

#	QUESTIONS & FILTERS	FREQUENCY	SKIP
206.	Do you ask about the patient's preferences and expectations when it comes to his/her treatment?	__ ALWAYS __ SOMETIMES	

		__ NEVER	
207. 207	Do you ask about any clarifications or concerns that your patients might have?	__ ALWAYS __ SOMETIMES __ NEVER	
208.	Do you communicate with other healthcare providers who are involved in your patient's care?	__ ALWAYS __ SOMETIMES __ NEVER	

PART 6 COORDINATION & REFERRAL PATHWAYS

The next questions will focus on assessing the coordination and referral pathways in place between healthcare providers and healthcare facilities.

A. CLINICAL INFORMATION COORDINATION

#	QUESTIONS & FILTERS	RESPONSE		SKIP
		YES	NO	
209	Is clinical information from another facility and/or healthcare providers available to you once collaboration/referral has been made? *IF YES, PROCEED TO QUESTION 210.* *IF NO, SKIP TO QUESTION 211.*			
210	If yes, is the information sufficient enough to continue to provide effective and accurate care to the patient?			

B. CLINICAL MANAGEMENT COORDINATION

#	QUESTIONS & FILTERS	RESPONSE		SKIP
211	Do you form an interprofessional team composed of healthcare providers from different positions and specialties involved in the patients' care to provide healthcare interventions for specific patient cases? *IF YES, PROCEED TO QUESTION 212.* *IF NO, SKIP TO QUESTION 218.*	YES	NO	
	Team Leadership			
212	Do you have a designated team leader for each patient? *IF YES, PROCEED TO QUESTION 213.* *IF NO, SKIP TO QUESTION 218.*	YES	NO	
213	Do you have briefs or short sessions before starting to share the patient's care plan and goals?	YES	NO	
214	Do you get an assigned task and role assigned by your team leader?	YES	NO	
215	Do you have huddles or ad hoc meetings to monitor and modify the plan to ensure continual progression of care?	YES	NO	
216	Do you have debriefing sessions to review the team's performance?	YES	NO	
217	Does your team leader communicate clear expectations of what each team members need to do?	YES	NO	
	Situation Monitoring & Awareness			
218	Do you do situation monitoring wherein you actively identify potential issues or deviations that may pose harm to the patient? *MENTION THAT SITUATION MONITORING IS DEFINED THE PROCESS OF ACTIVELY SCANNING AND ASSESSING ELEMENTS OF THE SITUATION TO GAIN INFORMATION OR MAINTAIN AN ACCURATE UNDERSTANDING OF THE TEAM'S SITUATION. IT IS A SKILL WHICH IMPLIES THAT IT CAN BE TRAINED AND DEVELOPED.*	YES	NO	
219	Do you share information with the team members?	YES	NO	
220	Do you include the patient and/or family caregivers in relevant discussions?	YES	NO	
221	Do you make sure documentation is adequate, complete, and timely?	YES	NO	
222	Do you know and understand the treatment plan for your patient?	YES	NO	

22	Do you inform the team members when the plan or team composition has changed?	YES	NO	
22	Do you use any situation monitoring tools? *IF YES, PLEASE PROCEED TO QUESTION 225.* *IF NO, SKIP TO QUESTION 226.*	YES	NO	
22	Please name one (1) situation monitoring tool that you use.			
	Mutual support			
22	Please check all the types of support that you receive from your team members.	__ TASK ASSISTANCE __ FORMATIVE FEEDBACK __ TWO-CHALLENGE RULE (STOP THE LINE IF THEY SENSE OR DISCOVER SAFETY BREACH)		
	Partnerships			
22	Are there existing partnerships between your facility with other healthcare providers and institutions in the area? *IF YES, PROCEED TO QUESTION 228.* *IF NO, SKIP TO QUESTION 229.*	YES	NO	
22	What type of partnerships? *PLEASE SELECT ALL THAT APPLY.* *MENTION THE FOLLOWING:* *AN **INDEPENDENT PRACTICE**, ALSO KNOWN AS PRIVATE PRACTICE, IS TYPICALLY A SMALLER-SCALE BUSINESS WITH AN ESTABLISHED PATIENT BASE AND A LIMITED NUMBER OF STAFF MEMBERS.* *A **GENERAL PARTNERSHIP** IS A MEDICAL PRACTICE MODEL WHERE TWO OR MORE ENTITIES COMBINE THEIR RESOURCES TO OPERATE COLLABORATIVELY. IN THIS ARRANGEMENT, THE PHYSICIANS SHARE BOTH THE PROFITS AND LIABILITIES OF THE PRACTICE AND ARE JOINTLY RESPONSIBLE FOR ALL MANAGEMENT DECISIONS.* *A **LIMITED LIABILITY PARTNERSHIP (LLP)** OFFERS A SIMILAR STRUCTURE TO A GENERAL PARTNERSHIP BUT WITH ADDED PROTECTION FOR THE PARTNERS. IN AN LLP, EACH PARTNER IS SAFEGUARDED AGAINST PERSONAL LIABILITY FOR THE PROFESSIONAL MALPRACTICE OF THE OTHER PARTNERS.*	__ INDEPENDENT PRACTICE __ GENERAL PARTNERSHIP __ LIMITED LIABILITY PARTNERSHIP __ OTHERS (Please specify): _____		
	Referral System			
22	Do you refer patients to another health facility/healthcare provider?	YES	NO	
23	Do you receive patients referred from another health facility/healthcare provider?	YES	NO	
23	What referral center do you refer to the most? Please specify. *NOTE: ONLY ONE ANSWER IS ALLOWED; Please search for the health facility name in the registry given and tag the appropriate NHFR Code.*			
23	What referral center do you receive referrals from the most? Please specify. *NOTE: ONLY ONE ANSWER IS ALLOWED; Please search for the health facility name in the registry given and tag the appropriate NHFR Code.*			
23	What percentage of these patients do you see again after they have been seen by a specialist or in the facility you referred them to?	_____ %		
23	In the case of a referral, who usually decides where the patient is referred to?	HEALTHCARE PROVIDER		
		PATIENT/PATIENT'S FAMILY		

		SHARED DECISION BETWEEN PATIENT AND PROVIDER	

IN CASE OF A REFERRAL, TO WHAT EXTENT DO YOU TAKE INTO ACCOUNT THE FOLLOWING:

#	QUESTIONS & FILTERS	RESPONSE			SKIP
		ALWAYS	SOMETIMES	NEVER	
23	The patient's preference where to go				
23	The travel distance for the patient				
23	Your previous experiences with the medical specialist you referred to				
23	Comparative performance information on medical specialists				
23	Waiting time for the patient				
24	Costs for the patient				

FOR THE NEXT TWO QUESTIONS REGARDING THE MODE OF REFERRAL COMMUNICATION, YOU MAY SELECT MULTIPLE RESPONSES THAT MAY APPLY.

#	QUESTIONS & FILTERS	RESPONSE					SKIP
24	How do you send out a referral to another health facility?	ENDORSEMENT LETTER / REFERRAL FORM	TELEPHONE CONVERSATION / MESSAGE / SOCIAL MEDIA APPLICATIONS	SENT PHOTOCOPIED RECORDS	ELECTRONIC MEDICAL RECORD (EMR)	NO COMMUNICATION	
24	How do you send out a referral to another physician or specialist?	ENDORSEMENT LETTER / REFERRAL FORM	TELEPHONE CONVERSATION / MESSAGE / SOCIAL MEDIA APPLICATIONS	SENT PHOTOCOPIED RECORDS	ELECTRONIC MEDICAL RECORD (EMR)	NO COMMUNICATION	

#	QUESTIONS & FILTERS	RESPONSE				SKIP
24	How long does it take for a referred patient to be seen at the institution to which they were referred?	LESS THAN 1 WEEK	MORE THAN 1 WEEK	MORE THAN 2 WEEKS - 1 MONTH	MORE THAN 1 MONTH	
24	Is there a waiting time for the patient to be seen at the institution to which they were referred to?	YES		NO		
24	How long does it take for a patient you sent to another institution for laboratory tests able to have their tests done?	LESS THAN 1 WEEK				
		MORE THAN 1 WEEK - 2 WEEKS				
		MORE THAN 2 WEEKS - 1 MONTH				
		MORE THAN 1 MONTH				
		DON'T KNOW				
24	Is there a waiting time for tests done at the referred hospital / diagnostic clinics?	YES		NO		
24	Are referral rejections frequent?	YES		NO		
24	Are inappropriate referrals frequent?	YES		NO		

VII CONCLUDING QUESTION

#	QUESTIONS & FILTERS	RESPONSE	SKIP
24	As a healthcare provider or health worker, what are the three most important things that could be done to improve your ability to provide high-quality care to your patients?	1. _____ 2. _____ 3. _____	

Annex D-3.2. HCP for RHUs

PSA Survey Clearance Number:	PIDS-DOH-2424-01
Expiration Date:	31 JULY 2025

HEALTHCARE PROVIDER SURVEY
FOR RURAL HEALTH UNITS

INSTRUCTIONS TO INTERVIEWER / ENUMERATOR

Please give this tool to the **healthcare providers (physicians, nurses, and midwives)** in facilities located within the following places: **La Union, Benguet, Batangas, Laguna, Iloilo, Aklan, Davao de Oro, and Sarangani.**

Approach one of the clinic staff, introduce yourself and ask him/her if s/he is willing to answer questions about their work as a healthcare provider. Thank them for agreeing to answer this tool about their work as a healthcare provider. Explain that the tool will take **1.5 to 2.5 hours to complete.** Each section will contain its specific instructions. Please answer the questions by **encircling the said choice or filling out the necessary information** in the **greyed spaces**. As much as possible, please do not leave anything blank. Mention that the investigators may contact them for questions to clarify about any blank questions.

There are no right or wrong answers. Please answer this tool as truthfully as possible. Their answers in this tool will be kept confidential and they will not be named personally in any report/publication.

If they agree, tell them you have some preliminary questions. To ensure that the provider meets the criteria for the study, please obtain the following information to screen for eligibility:

ELIGIBILITY SCREENING QUESTIONS

#	QUESTIONS AND FILTERS	RESPONSE		SKIP
1. 01	Do you work as a doctor, nurse, or midwife? *IF YES, PROCEED TO QUESTION 2.*	YES	NO	
2. 02	Have you been working at this facility for more than 6 months?	YES	NO	

If either of the screening questions is No or No response, the provider is NOT eligible for this study. Thank them and find the next available staff member.

If the provider is eligible for the study (i.e. both screening questions are YES), it is essential that you gain their informed consent before beginning the interview. Read the service provider consent form to the provider and record their response below.

#	QUESTIONS AND FILTERS	RESPONSE		SKIP
3. 03	Did s/he give his/her consent to be interviewed?	YES	NO	

	IF YES, PROCEED TO FILL OUT THE VISIT INFORMATION TABLE AND START WITH QUESTION 4			

VISIT INFORMATION				
4.	**Name of Enumerator**			
5.	**Date of Visit**	mm/dd/yyyy	**6. Time of Visit**	: AM/PM
LGU DETAILS				
7.	**Region**		**8. Province**	
9.	**City/Municipality**		**10. Barangay**	
DETAILS OF PERSONNEL INTERVIEWED				
11.	**Name**	Last Name, First Name MI		
12.	**Designation/Title**			
13.	**Contact (email or cellphone)**			

PART 1 KNOWLEDGE AND COMPETENCY

The following questions will be about your education, experience, training, and skills as a healthcare provider.

PART 1.1 EDUCATION & EXPERIENCE

#	QUESTIONS & FILTERS	RESPONSE		SKIP
14.	What is your birthday?	MM/DD/YYYY		
15.	What is your sex?	1	MALE	
		2	FEMALE	
16.	What is your current occupational category or qualification?	1	GENERALIST MEDICAL DOCTOR	
		2	SPECIALIST MEDICAL DOCTOR	
		3	NURSE	
		4	MIDWIFE	
17.	What year did you graduate (or complete studies) with this qualification?	YEAR _____		
18.	What school did you graduate from?	SCHOOL NAME _____		
19.	Are you board-certified?.	YES	NO	
20.	What is your specialty? *SKIP TO QUESTION 22 IF YOU ARE NOT A SPECIALIST MEDICAL DOCTOR.*	20.a. SPECIALTY (Drop down of choices) _____	20.b. SUBSPECIALTY (Drop down of choices) _____	
21.	Where did you finish your residency training?	NAME OF INSTITUTION (Drop down with all names of the hospitals) _____		
22.	In what year did you start working in this facility?	YEAR _____		

23.	When did you start working in your current position?	YEAR _____ MONTH _____	

PART 1.2 CERTIFICATIONS

DO YOU HAVE THE FOLLOWING CERTIFICATIONS? IF THE CERTIFICATION DOES NOT APPLY TO YOU, PLEASE ANSWER N/A.

#	QUESTIONS & FILTERS CERTIFICATION	RESPONSE YES	 NO	 N/A	SKIP
24.	Basic Life Support (BLS)				
25.	Advance Cardiovascular Life Support (ACLS)				
26.	Good Standing from PMA or local component society *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
27.	Completed Residency Training *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
28.	Specialty Board Certificate *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
29.	Training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of the Professional Regulation Commission (PRC) *ASK ONLY IF RESPONDENT IS A MIDWIFE*				
30.	Training Certificate from a DOH-recognized training program *ASK ONLY IF RESPONDENT IS A MIDWIFE*				
31.	Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologists or an accredited midwife done in an accredited facility *ASK ONLY IF RESPONDENT IS A MIDWIFE*				
32.	Basic Emergency Obstetric and Newborn Care (BEmONC) from a DOH-recognized training center for BEmONC skills *ASK ONLY IF RESPONDENT IS A NURSE OR MIDWIFE*				
33.	Family Planning Competency Based Training (FPCBT) Level 2 / Comprehensive Family Planning Course *ASK ONLY IF RESPONDENT IS A NURSE OR MIDWIFE*				
34.	Post-Partum Training Course *ASK ONLY IF RESPONDENT IS A NURSE OR MIDWIFE*				
35.	Post-Partum IUD Training Course *ASK ONLY IF RESPONDENT IS A NURSE OR MIDWIFE*				
36.	Subdermal Implant Insertion and Removal *ASK ONLY IF RESPONDENT IS A NURSE OR MIDWIFE*				

PART 1.3 GENERAL TRAINING

HAVE YOU RECEIVED ANY FORMAL IN-SERVICE TRAINING, TRAINING UPDATES, OR REFRESHER TRAINING IN ANY OF THE FOLLOWING TOPICS?

#	QUESTIONS & FILTERS TRAINING TOPICS	RESPONSE HAVE YOU RECEIVED ANY TRAINING? YES, WITHIN THE PAST 24 MONTHS	 YES, OVER 24 MONTHS AGO	 NO IN-SERVICE TRAINING OR UPDATES	SKIP

37.	Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick, and sharp injury prevention?				
38.	Any specific training related to injection safety practices or safe injection practices?				
39.	Health Management Information Systems (HMIS) or reporting requirements for any service? *PROVIDE EXAMPLES: FHSIS FOR PRIMARY CARE, IHOMP FOR HOSPITAL, EQUIVALENT REPORTING SYSTEM FOR PRIVATE HOSPITAL*				
40.	How to care and/or refer victims of gender-based violence (GBV)?				
41.	Use of personal protective equipment (PPE) to prevent infection at work?				
42.	Triage and isolation of patients with suspected or confirmed infectious diseases?				
43.	Health education and promotion?				
44.	Nutritional promotion?				
45.	Clinical Practice Guidelines?				
46.	World Health Organization (WHO) Cardiovascular disease risk-based assessment and management? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
47.	Evaluation and management of hypertension? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
48.	Evaluation and management of diabetes? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
49.	Evaluation and management of asthma and exacerbation? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
50.	Evaluation and management of Chronic Obstructive Pulmonary Disease (COPD) and exacerbation? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
51.	Screening and early diagnosis of cervical cancer? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
52.	Screening and early diagnosis of breast cancer? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
53.	Counseling on tobacco cessation? *ASK ONLY IF RESPONDENT IS A PHYSICIAN OR NURSE*				
54.	Planning and implementation of palliative care services? *ASK ONLY IF RESPONDENT IS A PHYSICIAN*				
55.	Electronic Medical Record Usage (including International Classification of Diseases (ICD) Coding)? *PROVIDE EXAMPLES: iCLINICSYS, CHITS, SHINE FOR PRIMARY CARE, IHOMIS FOR HOSPITALS*				
56.	Proper referral? *MENTION THE OPERATIONAL DEFINITION: A PROPER REFERRAL IS DEFINED AS AN APPROPRIATE TRANSFER OF PATIENT CARE FROM ONE CLINICIAN OR HEALTH FACILITY TO ANOTHER*				
57.	Team management? *MENTION THE OPERATIONAL DEFINITION: TEAM MANAGEMENT REFERS TO ACTIONS, STRATEGIES, OR METHODS THAT BRINGS A GROUP OF PEOPLE TOGETHER TO WORK EFFECTIVELY AS A TEAM AND ACHIEVE A COMMON GOAL*				

58.	Project management? *MENTION THE OPERATIONAL DEFINITION: PROJECT MANAGEMENT IS THE APPLICATION OF PROCESSES, METHODS, SKILLS, KNOWLEDGE, AND EXPERIENCE TO ACHIEVE SPECIFIC PROJECT OBJECTIVES ACCORDING TO PROJECT ACCEPTANCE CRITERIA WITHIN AGREED PARAMETERS. IT HAS FINAL DELIVERABLES THAT ARE CONSTRAINED TO A FINITE TIMESCALE AND BUDGET,*				
59.	Financial / Budget management? *MENTION THE OPERATIONAL DEFINITION: FINANCIAL MANAGEMENT REFERS TO THE STRATEGIC PLANNING, ORGANISING, DIRECTING, AND CONTROLLING OF FINANCIAL UNDERTAKINGS IN AN ORGANISATION OR INSTITUTE. IT ALSO INCLUDES APPLYING MANAGEMENT PRINCIPLES TO THE FINANCIAL ASSETS OF AN ORGANISATION, WHILE ALSO PLAYING AN IMPORTANT PART IN FISCAL MANAGEMENT.*				

PART 1.4 SKILLS

DO YOU HAVE ANY OF THE REQUIRED SKILLS BELOW AND HAVE EXPERIENCE USING THEM IN YOUR WORK?

#	QUESTIONS & FILTERS SKILLS	RESPONSE YES	 NO	 N/A	SKIP
60.	Health education on prevailing health problems, including methods to prevent and control them *PROVIDE EXAMPLES: NATIONAL IMMUNIZATION PROGRAM, PREVENTION OF DENGUE (5S STRATEGY), TB-DOTS, HIV PREVENTION AND CONTROL, MALARIA CONTROL, RABIES CONTROL PROGRAM, LIFESTYLE-RELATED DISEASES PREVENTION AND CONTROL*				
61.	Nutritional promotion, including food supply				
62.	Maternal and child health care				
63.	Immunization against major infectious diseases				
64.	Prevention and control of locally endemic diseases				
65.	Appropriate treatment of common diseases and injuries *PROVIDE EXAMPLES: COMMON COLD, DENGUE, ACUTE GASTROENTERITIS, INFLUENZA, ANIMAL BITES, BURNS, BRUISES, FRACTURES, SPRAINS AND STRAINS, HYPERTENSION, DIABETES*				
66.	Administration of medications to the patient *ADMINISTRATION OF MEDICATIONS REFERS TO THE PROCESS OF DELIVERING MEDICATION TO A PATIENT. THIS CAN BE DONE THROUGH VARIOUS METHODS, DEPENDING ON THE TYPE OF DRUG AND THE CONDITION BEING TREATED.*				
67.	Wound care management (including animal bites and post-exposure prophylaxis)				
68.	Pain management				
69.	Triaging				
70.	Proper referral				
71.	Interpretation of Basic Laboratories (e.g. Complete Blood Count, Blood Chemistry, Urinalysis, ECG, Xray)				
72.	Suturing				
73.	Delivery of newborn via normal spontaneous delivery (NSD)				
74.	Foreign body removal (for physicians and nurses)				
75.	Newborn screening				

PART 2 COMPENSATION

The next set of questions will be about the compensation and incentives you receive as a healthcare provider.

#	QUESTIONS AND FILTERS	RESPONSE	SKIP
76.	In an average week, how many hours do you work in this facility, not including overtime hours?	HOURS _____ MINUTES _____	
77.	In an average week, how many hours do you work overtime in this facility?		

	NOTE: REGARDLESS OF WHETHER OVERTIME IS PAID	HOURS _____ MINUTES _____		
78.	Are you paid a salary for the work you do in your current position at this facility? *IF YES, PROCEED TO QUESTION 79.* *IF NO, SKIP TO QUESTION 83.*	YES	NO	
79.	How much is your gross basic monthly salary for your current position?	LESS THAN 9,520 PHP		
		9,520 – 19,040 PHP		
		MORE THAN 19,040 – 38,080 PHP		
		MORE THAN 38,080 – 66,640 PHP		
		MORE THAN 66,640 – 114,240 PHP		
		MORE THAN 114,240 – 190,400 PHP		
		MORE THAN PHP 190,400		
80.	Have you had a salary increase in the past 5 years?	YES	NO	
81.	Do you experience delays in your salaries? *IF YES, PROCEED TO 82.* *IF NO, SKIP TO QUESTION 83.*	YES	NO	
82.	If yes, how long is the delay?	___ A FEW DAYS TO A WEEK ___ 2-3 WEEKS ___ A MONTH ___ 2-5 MONTHS ___ 6 MONTHS AND ABOVE		

DO YOU RECEIVE ANY OF THE FOLLOWING MONETARY SALARY SUPPLEMENTS? PROVIDE THE AVERAGE NUMBER, NOT A RANGE.
READ OPTIONS ALOUD.

#	QUESTIONS AND FILTERS	RESPONSE				SKIP
		YES	NO	AMOUNT IN PHP	FREQUENCY / TIME PERIOD	
83.	PER DIEM WHEN ATTENDING TRAINING			**83.A**	PER MONTH	
84.	HAZARD PAY			**84.A**	PER MONTH	
85.	PHILHEALTH SHARING			**85.A**	PER YEAR	
86.	CLOTHING ALLOWANCE			**86.A**	PER YEAR	
87.	DUTY ALLOWANCE			**87.A**	PER MONTH	
88.	CASH GIFT			**88.A**	PER YEAR	
89.	13TH MONTH PAY			**89.A**	PER YEAR	
90.	OTHERS (PLEASE SPECIFY):			**90.A**	PER _____ WEEK / MONTH / YEAR	

DO YOU RECEIVE ANY OF THE FOLLOWING NON-MONETARY SALARY SUPPLEMENTS? PROVIDE THE AVERAGE NUMBER, NOT A RANGE.
READ OPTIONS ALOUD.

#	QUESTIONS AND FILTERS	RESPONSE	SKIP

		YES	NO	NUMBER / AMOUNT (IF APPLICABLE)	FREQUENCY / TIME PERIOD	
91.	TIME-OFF / VACATIONS (*IN DAYS*)			**91.A**	PER YEAR	
92.	CLOTHING (*IN SETS*)			**92.A**	PER YEAR	
93.	DISCOUNT MEDICINES *(IN PIECES)*			**93.A**	PER MONTH	
94.	TRAINING *(IN NUMBER)*			**94.A**	PER YEAR	
95.	CERTIFICATES / AWARDS / RECOGNITIONS *(IN NUMBER)*			**95.A**	PER YEAR	
96.	FOOD RATION / MEALS *(IN NUMBER)*			**96.A**	PER MONTH	
97.	SUBSIDIZED HOUSING *(IN NUMBER OF MONTHS)*			**97.A**	PER YEAR	
98.	OTHERS (PLEASE SPECIFY):			**98.A**	PER _____ WEEK / MONTH / YEAR	

#	QUESTIONS AND FILTERS	RESPONSE		SKIP
99.	Do you charge professional fees? *ONLY ASK IF THE RESPONDENT IS A DOCTOR.* *IF YES, PROCEED TO QUESTION 100.* *IF NO, PROCEED TO QUESTION 102.*	YES	NO	

DO YOU CHARGE PROFESSIONAL FEES FOR ANY OF THE FOLLOWING?
READ OPTIONS ALOUD.

#	QUESTIONS AND FILTERS	RESPONSE			SKIP
		YES	NO	NUMBER / AMOUNT (IF APPLICABLE)	
100	OUTPATIENT CONSULTATION			**100.A**	
101	NORMAL SPONTANEOUS DELIVERY *ONLY ASK IF THE RHU HAS A BIRTHING HOME FACILITY* *ONLY ASK IF THE RESPONDENT IS A DOCTOR / OB-GYNE*			**101.A**	

PART 3 | PROVIDER EFFORT & MOTIVATION

In the next portion, we will be asking questions that may touch on personal or confidential topics, including your future plans. Please remember that you have the right to skip any question you feel uncomfortable answering. Your individual responses will remain strictly confidential, and the data collected will not be shared with your management or used to assess individual performance. Instead, the information will be analyzed at the provincial level to help us understand broader trends and insights.

TO EXPLORE YOUR EFFORTS AND MOTIVATIONS AS A HEALTHCARE PROVIDER, PLEASE RATE THE FOLLOWING STATEMENTS FROM 1 - STRONGLY DISAGREE TO 4 - STRONGLY AGREE.

#	QUESTIONS AND FILTERS STATEMENT	RESPONSE Strongly Disagree	Disagree	Agree	Strongly Agree	SKIP
102	I am satisfied with the income that I receive from this job	1	2	3	4	

103	External incentives such as bonuses and provisions are essential for how well I perform my job	1	2	3	4	
104	I see myself working this job for a long time.	1	2	3	4	
105	I am dedicated to my work because I find deep meaning and purpose in my role as a healthcare provider, committed to delivering exceptional care to my patients.					
106	I am not often at risk of burnout because of the demanding workload and emotional strain involved in the job.	1	2	3	4	
107	I am able to notice signs of burnout, allowing me to prioritize self-care and seek support to ensure I can keep on providing good care to my patients while preserving my own well-being.					
108	There are opportunities for promotion in my current job	1	2	3	4	
109	I can suggest and disagree with my supervisors without fear of negative consequences	1	2	3	4	
110	I receive continued professional development opportunities and training in this facility to facilitate my professional development and improve my skills	1	2	3	4	
111	I have been recognized and rewarded for the work that I do.	1	2	3	4	
112	I feel valued as a member of my organization	1	2	3	4	
113	I have the freedom to decide on the action I should take with a case.	1	2	3	4	
114	I am given adequate rest between work shifts to recharge and deliver optimal patient care.	1	2	3	4	
115	My relationship with local authorities and government agencies does not affect my work.	1	2	3	4	

#	QUESTIONS & FILTERS	RESPONSE		SKIP
116	Do you have plans to leave the country and go abroad? *IF RESPONDENT REFUSED TO ANSWER, SKIP TO QUESTION 119.*	YES	NO	
117	Why or why not? *PLEASE EXPLAIN YOUR ANSWER IN QUESTION 116.*			
118	How long do you plan on staying in the country?	____ MONTHS		

PART 4 QUALITY OF CARE

This category encompasses the standards and practices that ensure patients receive effective, safe, and personalized treatment. The next questions will focus on assessing the factors that affect the quality of care that patients receive such as workload of healthcare providers, effectiveness of treatment, and overall satisfaction with the healthcare outcomes.

#	QUESTIONS & FILTERS	RESPONSE	SKIP
119	How many patients do you have on a normal working day?	NUMBER OF PATIENTS _____	
120	How many hours per week do you spend on direct patient care (consultations, home visits, telephone consultations)? *NUMBER OF HOURS SHOULD NOT EXCEED WORK HOURS DECLARED IN QUESTION 76.*	HOURS _____	
121	How long does a regular patient consultation in your office usually take? *ONLY ASK IF THE RESPONDENT IS A DOCTOR.*	HOURS _____ MINUTES _____	
122	What is the queue time of the patient before he/she is seen?	HOURS _____ MINUTES _____	

DO YOU DO ANY OF THE FOLLOWING ACTIVITIES IN YOUR CURRENT JOB? IF YES, HOW MANY HOURS OR MINUTES DO YOU DEDICATE PER ACTIVITY? PROVIDE THE AVERAGE NUMBER, NOT A RANGE. ***READ OPTIONS ALOUD. TICK THE APPROPRIATE BOX (YES OR NO) AND INPUT THE FREQUENCY AND TIME DEDICATED TO THE ACTIVITY. PLEASE EMPHASIZE THAT HEALTH SERVICE ACTIVITIES DO NOT INCLUDE PAPERWORK.***

QUESTIONS #123-135 SHOULD BE ANSWERED BY MIDWIVES:

#	QUESTIONS AND FILTERS	RESPONSE			SKIP
		YES	NO	FREQUENCY / TIME PERIOD	
HEALTH SERVICE ACTIVITIES					
123	PRENATAL CARE			HOURS _____ MINS _____ PER PATIENT	
124	ANTENATAL CARE			HOURS _____ MINS _____ PER PATIENT	
125	POSTNATAL CARE			HOURS _____ MINS _____ PER PATIENT	
126	DELIVERIES			HOURS _____ MINS _____ PER PATIENT	
127	FAMILY PLANNING			HOURS _____ MINS _____ PER PATIENT	
128	IMMUNIZATION			HOURS _____ MINS _____ PER PATIENT	
129	BLOOD PRESSURE MONITORING			HOURS _____ MINS _____ PER PATIENT	
130	CONSULTATIONS AT THE BARANGAY HEALTH CENTER			HOURS _____ MINS _____ PER PATIENT	
131	OUTREACH SERVICES OUTSIDE OF THE FACILITY			HOURS _____ MINS _____ PER MONTH	
132	REFERRAL OF PATIENTS			HOURS _____ MINS _____ PER PATIENT	
ADMINISTRATIVE AND SUPPORT ACTIVITIES					
133	RECORDING AND REPORTING			HOURS _____ MINS _____ PER DAY	
134	MEETINGS			HOURS _____ MINS _____ PER WEEK	
135	ATTENDING CONTINUING EDUCATION ACTIVITIES (E.G. TRAININGS, REFRESHER COURSES, SEMINARS)			HOURS _____ MINS _____ PER MONTH	

DO YOU DO ANY OF THE FOLLOWING ACTIVITIES IN YOUR CURRENT JOB? IF YES, HOW MANY HOURS OR MINUTES DO YOU DEDICATE PER ACTIVITY? PROVIDE THE AVERAGE NUMBER, NOT A RANGE. ***READ OPTIONS ALOUD. TICK THE APPROPRIATE BOX (YES OR NO) AND INPUT THE FREQUENCY AND TIME DEDICATED TO THE ACTIVITY. PLEASE EMPHASIZE THAT HEALTH SERVICE ACTIVITIES DO NOT INCLUDE PAPERWORK.***

QUESTIONS #136-153 SHOULD BE ANSWERED BY NURSES:

#	QUESTIONS AND FILTERS	RESPONSE			SKIP
		YES	NO	FREQUENCY / TIME PERIOD	
HEALTH SERVICE ACTIVITIES					
136	RECEIVING AND REGISTERING PATIENTS			HOURS _____MINS _____ PER PATIENT	
137	PATIENT EDUCATION			HOURS _____ MINS _____ PER PATIENT	

138	DAILY WARD ROUNDS			HOURS _____MINS _____ PER PATIENT	
139	SPECIMEN COLLECTION			HOURS _____ MINS _____ PER PATIENT	
140	WOUND DRESSING ROUND			HOURS _____MINS _____ PER PATIENT	
141	MINOR PROCEDURES IN THE WARD (E.G., CATHETERIZATION, EVACUATION)			HOURS _____ MINS _____ PER PATIENT	
142	DRUG ADMINISTRATION			HOURS _____MINS _____ PER PATIENT	
143	IMMUNIZATION			HOURS _____ MINS _____ PER PATIENT	
144	DISCHARGE PLANNING			HOURS _____MINS _____ PER PATIENT	
145	OUTREACH SERVICES OUTSIDE OF THE FACILITY			HOURS _____MINS _____ PER MONTH	
ADMINISTRATIVE AND SUPPORT ACTIVITIES					
146	RECORDING AND REPORTING			HOURS _____ MINS _____ PER DAY	
147	GENERAL CLEANING			HOURS _____ MINS _____ PER DAY	
148	ENDORSEMENT/HANDLING OVER SHIFTS			HOURS _____ MINS _____ PER DAY	
149	MEETINGS			HOURS _____ MINS _____ PER WEEK	
150	ATTENDING CONTINUING EDUCATION ACTIVITIES (E.G. TRAININGS, REFRESHER COURSES, SEMINARS)			HOURS _____MINS _____ PER MONTH	
151	SELF EVALUATION / APPRAISAL			HOURS _____MINS _____ PER MONTH	
152	SUPERVISION OF OTHER TEAM MEMBERS			HOURS _____MINS _____ PER MONTH	
153	REQUISITION OF SUPPLIES AND DRUGS FROM THE STORE			HOURS _____ MINS _____ PER MONTH	

DO YOU DO ANY OF THE FOLLOWING ACTIVITIES IN YOUR CURRENT JOB? IF YES, HOW MANY HOURS OR MINUTES DO YOU DEDICATE PER ACTIVITY? PROVIDE THE AVERAGE NUMBER, NOT A RANGE. ***READ OPTIONS ALOUD. TICK THE APPROPRIATE BOX (YES OR NO) AND INPUT THE FREQUENCY AND TIME DEDICATED TO THE ACTIVITY. PLEASE EMPHASIZE THAT HEALTH SERVICE ACTIVITIES DO NOT INCLUDE PAPERWORK.***

QUESTIONS #154-166 SHOULD BE ANSWERED BY PHYSICIANS:

#	QUESTIONS AND FILTERS	RESPONSE			SKIP
		YES	NO	FREQUENCY / TIME PERIOD	
HEALTH SERVICE ACTIVITIES					
154	OUTPATIENT CONSULTATION			HOURS _____ MINS _____ PER PATIENT	
155	IMMUNIZATION			HOURS _____ MINS _____ PER PATIENT	

156	REFERRAL OF PATIENTS			HOURS _____ MINS _____ PER PATIENT	
157	PATIENT EDUCATION			HOURS _____ MINS _____ PER PATIENT	
158	DISCHARGING PATIENTS			HOURS _____ MINS _____ PER PATIENT	
159	MINOR OPERATIONS (E.G. SUTURING, CYST REMOVAL, LAPAROSCOPIC SURGERIES, DEBRIDEMENT)			HOURS _____ MINS _____ PER PATIENT	
160	OUTREACH SERVICES OUTSIDE OF THE FACILITY			HOURS _____ MINS _____ PER MONTH	
ADMINISTRATIVE AND SUPPORT ACTIVITIES					
161	RECORDING AND REPORTING (E.G. DAILY SOAP, OPERATION NOTES)			HOURS _____ MINS _____ PER DAY	
162	FINISHING ADMINISTRATIVE PAPERS (E.G. FORMS, DEATH CERTIFICATES)			HOURS _____ MINS _____ PER DAY	
163	MEETINGS			HOURS _____ MINS _____ PER WEEK	
164	ATTENDING CONTINUING EDUCATION ACTIVITIES (E.G. TRAININGS, REFRESHER COURSES, SEMINARS)			HOURS _____ MINS _____ PER MONTH	
165	STAFF EVALUATION / APPRAISAL			HOURS _____ MINS _____ PER MONTH	
166	SUPERVISION OF OTHER TEAM MEMBERS			HOURS _____ MINS _____ PER MONTH	

PLEASE RATE THE FOLLOWING STATEMENTS FROM 1 - STRONGLY DISAGREE TO 4 - STRONGLY AGREE.

#	QUESTIONS & FILTERS STATEMENT	RESPONSE Strongly Disagree	Disagree	Agree	Strongly Agree	SKIP
167	I have the necessary equipment to perform my duty and provide good quality care to my patients	1	2	3	4	
168	There are enough facilities in our community to meet patients' needs.	1	2	3	4	
169	There are sufficient medications to administer appropriate treatment and manage patients' conditions effectively.	1	2	3	4	
170	I have enough time in my schedule and workload to provide comprehensive care to my patients.	1	2	3	4	
171	I feel confident that our patients can get the medical care that they need without being set back financially	1	2	3	4	
172	Our patients have easy access to the medical specialists that they need	1	2	3	4	
173	In our community, there is a safe and supportive environment for both me and the patients I serve.	1	2	3	4	

IN THE PAST 12 MONTHS, HAVE YOU EVER DONE THE FOLLOWING TO REDUCE FINANCIAL OBSTACLES TO DISADVANTAGED PATIENTS:

TICK THE APPROPRIATE BOX (YES OR NO).

#	STATEMENT	YES	NO	SKIP
174	Provide free samples of medication			
175	Prescribe the cheapest equivalent medicine			
176	Not charge the patient			
177	Offer financial support through personal out-of-pocket expense			

The next questions will focus on assessing the prescribing beliefs and practices of healthcare providers which directly influence the quality of care received by patients.

#	QUESTIONS & FILTERS	RESPONSE		SKIP
	AFFORDABILITY			
178	Are you aware of the cost advantages of generic medicines? *IF YES, PLEASE PROCEED TO QUESTION 179.* *IF NO, SKIP TO QUESTION 180.*	YES	NO	
179	If so, do you educate patients on the cost advantages of generic medicines?	YES	NO	
180	Do you believe the cost of medicines in the Philippines is a significant barrier to patient care (e.g., impact patient adherence to prescribed treatments)?	YES	NO	
181	How often do patients express concerns to you about the affordability of their (prescribed) medications?	ALWAYS OFTEN RARELY NEVER		
182	How frequent do you prescribe (for physicians) or recommend (for nurses and midwives) generic medicines?	ALWAYS OFTEN RARELY NEVER		
	QUALITY OF MEDICINES			
183	Do you believe that generic medicines have similar safety, efficacy, and quality as their branded counterparts?	YES	NO	
184	How confident are you in the safety, efficacy, and quality of generic medicines available in your facility?	VERY CONFIDENT CONFIDENT NOT CONFIDENT NOT AT ALL CONFIDENT		
185	Do you think that switching from branded to generic medicine may change the therapeutic outcome?	YES	NO	
186	How often do patients report issues with the effectiveness or safety of their medicines (both branded and generic) in your practice?	ALWAYS OFTEN RARELY NEVER		
	OTHER GENERAL QUESTIONS			
187	Do you think the current system for regulating medicine prices in the Philippines is effective?	YES	NO	
188	Do you think there are sufficient measures in place to ensure the quality of medicines in your facility?	YES	NO	
189	Are you aware of the advocacy programs provided by the government to promote the usage of generic medicines among healthcare providers and patients?	YES	NO	
190	Do you feel that increasing the availability of generic medicines would benefit patient (care)?	YES	NO	

PART 5 | CONTINUITY OF CARE

QUESTIONS FOR THIS PORTION SHOULD ONLY BE ANSWERED BY A PHYSICIAN.

#	QUESTIONS & FILTERS	RESPONSE	SKIP
191	Out of 10 patients, number of patients who go back for follow-up visits?	___ / 10	
192	What do you do when a patient misses a follow-up check-up?	__ Reach out to the patient via phone or email __ Visit the patient's home __ None __ Others (please specify): _____	

To ensure your patients understand the treatment process well, we would like to know what information or topics are discussed with them before and after discharge.

FOR EXAMPLE, YOU HAVE ALREADY EXAMINED A PATIENT FOR CONSULTATION. WHAT INFORMATION DO YOU PROVIDE TO YOUR PATIENTS DURING THE CONSULTATION? Please describe and walk me through this scenario with the patient and indicate if you communicate this information verbally, written, or both.

PLEASE ENSURE THE RESPONDENT IS AWARE THAT THEY CAN ANSWER FREELY WITHOUT FEELING CONSTRAINED.

#	QUESTIONS & FILTERS	RESPONSE	SKIP
	DURING THE CONSULTATION		
193	Explanation of the causes of the patient's condition and preceding events	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
194	Non-urgent and urgent symptoms to watch out for	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
195	Primary impression / working diagnosis ***PRIMARY IMPRESSION / WORKING DIAGNOSIS*** *IS A PRELIMINARY DIAGNOSIS MADE BY A HEALTHCARE PROVIDER BASED ON THE INITIAL EVALUATION OF A PATIENT'S SYMPTOMS, HISTORY, AND EXAMINATION FINDINGS. IT SERVES AS A STARTING POINT FOR FURTHER TESTING, TREATMENT, OR OBSERVATION AND MAY BE ADJUSTED AS NEW INFORMATION BECOMES AVAILABLE.*	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
196	Prognosis ***PROGNOSIS*** *IS A MEDICAL TERM USED TO PREDICT THE LIKELY COURSE, DURATION, AND OUTCOME OF A DISEASE OR CONDITION. IT INVOLVES ESTIMATING THE CHANCES OF RECOVERY, POTENTIAL COMPLICATIONS, AND EXPECTED QUALITY OF LIFE, OFTEN BASED ON FACTORS LIKE THE PATIENT'S CURRENT HEALTH STATUS, THE NATURE OF THE ILLNESS, AND RESPONSE TO TREATMENT.*	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
197	Laboratories and diagnostics that need to be done for the patient	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
198	Complete information on their medications (e.g., type, purpose how given, when, how often for how long, how much, side effects, drug interactions, nature, and frequency of blood work)	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
199	Ongoing treatment that may be required before discharge (e.g., purpose, how, when)	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
200	Instructions and follow-up appointments	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN __ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	
201	Referrals to other healthcare provider	__ MENTIONED, VERBALLY __ MENTIONED, WRITTEN	

		__ MENTIONED, BOTH VERBAL AND WRITTEN __ NOT MENTIONED	

#	QUESTIONS & FILTERS	FREQUENCY	SKIP
202.	Do you ask about the patient's preferences and expectations when it comes to his/her treatment?	__ ALWAYS __ SOMETIMES __ NEVER	
203.	Do you ask about any clarifications or concerns that your patients might have?	__ ALWAYS __ SOMETIMES __ NEVER	
204.	Do you communicate with other healthcare providers who are involved in your patient's care?	__ ALWAYS __ SOMETIMES __ NEVER	

PART 6 COORDINATION & REFERRAL PATHWAYS

The next questions will focus on assessing the coordination and referral pathways between healthcare providers and healthcare facilities.

A. CLINICAL INFORMATION COORDINATION

#	QUESTIONS & FILTERS	RESPONSE		SKIP
		YES	NO	
205	Is clinical information from another facility and/or healthcare providers available to you once collaboration/referral has been made? *IF YES, PROCEED TO QUESTION 206.* *IF NO, SKIP TO QUESTION 207.*			
206	If yes, is the information sufficient enough to continue to provide effective and accurate care to the patient?			

B. CLINICAL MANAGEMENT COORDINATION

#	QUESTIONS & FILTERS	RESPONSE		SKIP
207.	Do you form an interprofessional team composed of healthcare providers from different positions and specialties involved in the patients' care to provide healthcare interventions for specific patient cases?	YES	NO	
	Situation Monitoring & Awareness			
208.	Do you do situation monitoring wherein you actively identify potential issues or deviations that may pose harm to the patient? *MENTION THAT SITUATION MONITORING IS DEFINED THE PROCESS OF ACTIVELY SCANNING AND ASSESSING ELEMENTS OF THE SITUATION TO GAIN INFORMATION OR MAINTAIN AN ACCURATE UNDERSTANDING OF THE TEAM'S SITUATION. IT IS A SKILL WHICH IMPLIES THAT IT CAN BE TRAINED AND DEVELOPED.*	YES	NO	
209.	Do you share information with the team members?	YES	NO	
210.	Do you include the patient and/or family caregivers in relevant discussions?	YES	NO	
211.	Do you make sure documentation is adequate, complete, and timely?	YES	NO	
212.	Do you know and understand the treatment plan for your patient?	YES	NO	
213.	Do you inform the team members when the plan or team composition has changed?	YES	NO	
214.	Do you use any situation monitoring tools? *IF YES, PLEASE PROCEED TO QUESTION 215* *IF NO, SKIP TO QUESTION 216.*	YES	NO	
215.	Please name one (1) situation monitoring tool that you use.			

	Mutual support			
216.	Please check all the types of support that you receive from your team members.	__ TASK ASSISTANCE __ FORMATIVE FEEDBACK __ TWO-CHALLENGE RULE (STOP THE LINE IF THEY SENSE OR DISCOVER SAFETY BREACH)		
	Partnerships			
217.	Are there existing partnerships between your facility with other healthcare providers and institutions in the area? *IF YES, PROCEED TO QUESTION 218* *IF NO, SKIP TO QUESTION 219.*	YES	NO	
218.	What type of partnerships? *PLEASE SELECT ALL THAT APPLY.* *MENTION THE FOLLOWING:* *AN **INDEPENDENT PRACTICE**, ALSO KNOWN AS PRIVATE PRACTICE, IS TYPICALLY A SMALLER-SCALE BUSINESS WITH AN ESTABLISHED PATIENT BASE AND A LIMITED NUMBER OF STAFF MEMBERS.* *A **GENERAL PARTNERSHIP** IS A MEDICAL PRACTICE MODEL WHERE TWO OR MORE ENTITIES COMBINE THEIR RESOURCES TO OPERATE COLLABORATIVELY. IN THIS ARRANGEMENT, THE PHYSICIANS SHARE BOTH THE PROFITS AND LIABILITIES OF THE PRACTICE AND ARE JOINTLY RESPONSIBLE FOR ALL MANAGEMENT DECISIONS.* *A **LIMITED LIABILITY PARTNERSHIP (LLP)** OFFERS A SIMILAR STRUCTURE TO A GENERAL PARTNERSHIP BUT WITH ADDED PROTECTION FOR THE PARTNERS. IN AN LLP, EACH PARTNER IS SAFEGUARDED AGAINST PERSONAL LIABILITY FOR THE PROFESSIONAL MALPRACTICE OF THE OTHER PARTNERS.*	__ INDEPENDENT PRACTICE __ GENERAL PARTNERSHIP __ LIMITED LIABILITY PARTNERSHIP __ OTHERS (Please specify): _____		
	Referral System			
219.	Do you refer patients to another health facility/healthcare provider?	YES	NO	
220.	Do you receive patients referred from another health facility/healthcare provider?	YES	NO	
221.	What referral center do you refer to the most? Please specify. *NOTE: ONLY ONE ANSWER IS ALLOWED; Please search for the health facility name in the registry given and tag the appropriate NHFR Code.*			
222.	What referral center do you receive referrals from the most? Please specify. *NOTE: ONLY ONE ANSWER IS ALLOWED; Please search for the health facility name in the registry given and tag the appropriate NHFR Code.*			
223.	What percentage of these patients do you see again after they have been seen by a specialist or in the facility you referred them to?	_____ %		
224.	In the case of a referral, who usually decides where the patient is referred to?	HEALTHCARE PROVIDER PATIENT/PATIENT'S FAMILY SHARED DECISION BETWEEN PATIENT AND PROVIDER		

IN CASE OF A REFERRAL, TO WHAT EXTENT DO YOU TAKE INTO ACCOUNT THE FOLLOWING:

#	QUESTIONS & FILTERS	RESPONSE			SKIP
		ALWAYS	SOMETIMES	NEVER	
225	The patient's preference where to go				
226	The travel distance for the patient				

227	Your previous experiences with the medical specialist you referred to				
228	Comparative performance information on medical specialists				
229	Waiting time for the patient				
230	Costs for the patient				

FOR THE NEXT TWO QUESTIONS REGARDING THE MODE OF REFERRAL COMMUNICATION, YOU MAY SELECT MULTIPLE RESPONSES THAT MAY APPLY.

#	QUESTIONS & FILTERS	RESPONSE					SKIP
231	How do you send out a referral to another health facility?	ENDORSEMENT LETTER / REFERRAL FORM	TELEPHONE CONVERSATION / MESSAGE / SOCIAL MEDIA APPLICATIONS	SENT PHOTOCOPIED RECORDS	ELECTRONIC MEDICAL RECORD (EMR)	NO COMMUNICATION	
232	How do you send out a referral to another physician or specialist?	ENDORSEMENT LETTER / REFERRAL FORM	TELEPHONE CONVERSATION / MESSAGE / SOCIAL MEDIA APPLICATIONS	SENT PHOTOCOPIED RECORDS	ELECTRONIC MEDICAL RECORD (EMR)	NO COMMUNICATION	

#	QUESTIONS & FILTERS	RESPONSE				SKIP
233	How long does it take for a referred patient to be seen at the institution to which they were referred?	LESS THAN 1 WEEK	MORE THAN 1 WEEK - 2 WEEKS	MORE THAN 2 WEEKS - 1 MONTH	MORE THAN 1 MONTH	
234	Is there a waiting time for the patient to be seen at the institution to which they were referred to?	YES		NO		
235	How long does it take for a patient you sent to another institution for laboratory tests able to have their tests done?	LESS THAN 1 WEEK MORE THAN 1 WEEK - 2 WEEKS MORE THAN 2 WEEKS - 1 MONTH MORE THAN 1 MONTH DON'T KNOW				
236	Is there a waiting time for tests done at the referred hospital / diagnostic clinics?	YES		NO		
237	Are referral rejections frequent?	YES		NO		
238	Are inappropriate referrals frequent?	YES		NO		

CONCLUDING QUESTION

#	QUESTIONS & FILTERS	RESPONSE	SKIP
239	As a healthcare provider or health worker, what are the three most important things that could be done to improve your ability to provide high-quality care to your patients?	1. _____ 2. _____ 3. _____	