



A CITIZEN PARTICIPATORY AUDIT REPORT



INGORE and NABITASAN BARANGAY HEALTH CENTERS

CPA Report No. 2018-01
Commission on Audit
Regional Office No. VI

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infection
AusAID	Australian Agency for International Development
BCG	Bacille Calmette-Guérin
BHC	Barangay Health Center
BHW	Barangay Health Worker
BNS	Barangay Nutrition Scholar
BSPO	Barangay Service Point Officer
CDD	Control of Diarrheal Diseases
CHO	City Health Office
COA	Commission on Audit
CPA	Citizen Participatory Audit
CQI	Continuous Quality Improvement
CSO	Civil Society Organization
CSC	Community Score Card
DOH	Department of Health
DPT	Diphtheria/Tuberculosis
DSWD	Department of Social Welfare and Development
GHHHPFI	Golden Heart Helping Hands Philippines Foundation, Inc.
IUD	Intrauterine Device
JASAC	Jaro Archdiocese Social Action Center
LGU	Local Government Unit
MSH	Management Sciences for Health
OPV	Oral Polio Vaccines
ORS	Oral Rehydration Sachets
PhilHealth	Philippine Health Insurance Corporation
PICPA	Philippine Institute of Certified Public Accountants
QAP	Quality Assurance Program
QSL	Quality Standards List
RA	Republic Act
RHU	Rural Health Unit
SSM	Sentrong Sigla Movement
STD	Sexually Transmitted Diseases
TB	Tuberculosis
USAID	United States Agency for International Development
VFM	Value-for-Money
WHO	World Health Organization
WV	World Vision Philippines



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COMMISSION ON AUDIT
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October 17, 2018

Honorable JOSE S. ESPINOSA III

City Mayor
City Government of Iloilo
Iloilo City

Dear Mayor Espinosa:

Pursuant to Commission on Audit (COA) Resolution No. 2006-002 dated January 31, 2006, directing Auditors to “conduct compliance as well as performance or value-for-money (VFM) audits;” complementary to their financial audit and to prepare separate reports for the compliance/VFM audits, while including the gist of the significant findings, observations and recommendations from the said audits in the Annual Audit Report, two (2) Audit Teams composed of selected personnel from COA Region VI conducted performance audit of selected Barangay Health Centers (BHCs) in the City of Iloilo for the period December 2016 to June 2017.

In line with the COA’s response to the call for increased transparency and citizen participation in governance; and, invoking COA’s authority granted by the 1987 Constitution “to define the scope of its audit and examination” and “establish techniques and methods required therefore”, we adopted the Citizen Participatory Audit (CPA) for the purpose. With this approach, citizens (civil society, academic groups, community members, private sector) and the COA work together to audit the processes of delivering public services and government programs. As a result, transparency and accountability in the way government performs its functions is enhanced. As audit tools, we conducted ocular inspection and interviews to determine existing conditions in BHCs, generally based on the Sentrong Sigla Quality Standards List, and administered Survey Questionnaires to validate the same. The survey and inspection were jointly conducted by the COA Audit Teams and members of the Civil Society Organizations (CSOs) namely: World Vision (WV), Philippine Institute of Certified Public Accountants (PICPA), Jaro Archdiocese Social Action Center (JASAC), and Golden Heart Helping Hands Philippines Foundation, Inc. (GHHHPFI) aimed to determine whether BHCs adhered to the Quality Standards of the Sentrong Sigla Movement (SSM).

The survey was also conducted to determine whether the purpose of the BHC which is to bring health services closer to the community, is achieved by the Local Government Unit (LGU) through clients’ satisfaction on the program services, facilities, personnel, medicines and supplies provided by the City.

The details of the audit are embodied in this Report.



CITIZEN PARTICIPATORY AUDIT (CPA)



ILOILO CITY Barangay Health Centers

From December 2016—June, 2017, a Citizen Participatory Audit was conducted on selected barangay health centers (BHCs) in Iloilo City by the Commission on Audit (COA) with the partnered Civil Society Organizations (CSOs).

Audit Focus

The focus of the CPA was the two Barangay Health Centers from Lapaz District of the City of Iloilo: Ingore and Nabitanan Barangay Health Centers.

AUDIT-in-BRIEF

Audit Methodology

1. Understanding the law and rules and regulations on how the BHC should operate;
2. Configuring the Personnel and Patients/Client Survey with the assistance of civil society partners;
3. Ocular inspection/validation;
4. Data processing/analysis;
5. Preparation of working papers and Audit Observation Memoranda; and
6. Conduct of Entrance and Exit Conferences.

Audit Observations/Results

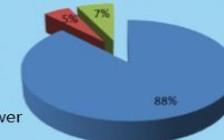
The audit showed partial and non-compliance with certain criteria of the QSL of the SSM of 2000.

Other deficiencies noted were the non-maintenance of adequate records and non-observance of proper internal control in the management of supplies of medicines.

The survey conducted on the respondents / patients disclosed that generally, they feel that the BHCs are of great help in treating their illnesses. Considering that the distance of the BHC from their residential houses is just near, the respondents / patients preferred going to the BHCs for their medical needs, especially that they are benefitted with free treatment, consultations, and medicines.

Was the BHC/BHS helpful?

- YES
- No
- No Answer



Audit Objectives

The CPA was conducted to determine whether:

1. The BHCs operated in terms of the minimum requirements of the DOH ;
2. The general conditions or requirements that were essential in every facility are provided and always available;
3. The BHCs provided primary health services to the members of the community they are serving; and
4. The BHCs were able to cater to patients according to their needs and expectations.

Audit Criteria

Sentrong Sigla Movement Quality Standards List (SSM QSL)

Recommendations

We recommend that management of BHCs comply with the requirements in the SSM Quality Standards List, particularly pertaining to certain criteria which have not been met.

We also recommend that management direct the BHC officials concerned to maintain adequate records and observe proper internal control in the handling of supplies of medicines.



1.0 BACKGROUND

1.1 The Barangay Health Center/Station (BHC/BHS)

Section 17 of Republic Act (RA) No. 7160 also known as the Local Government Code of 1991, prescribes that Local Government Units (LGUs) shall endeavor to be self-reliant and shall continue exercising the powers and discharging the duties and functions and responsibilities of national agencies and offices devolved to them.

LGUs are given the functions and responsibilities to provide basic services and facilities. Pertinent provisions of the RA states that for barangays, such basic services shall include health and social welfare services including maintenance of barangay health center and day-care center (Section 17.1.ii of RA 7160).

1.2 Role of the Department of Health (DOH) and LGU

The Department of Health (DOH) holds the over-all technical authority on health. It is a national health policy-maker and regulatory institution which is responsible for developing health policies and programs, regulation, performance monitoring and standards for public and private sectors, and provision of specialized and tertiary level care. Its Regional Office is the implementing agency in provinces, cities and municipalities, and links national programs to LGUs. They also assist LGUs in the development of ordinances and localization of national policies, provide guidelines on the implementation of national programs at the LGU level and develop support system for the delivery of services by LGUs.

The LGU, on the other hand, implements health programs in the local or barangay level. In Iloilo City, the District Health Centers (DHC) serve as the main health center and is under the administration of the City Health Office of the Iloilo City Government. These DHCs are more structured, offer more services, and is operated by at least one physician, nurse, midwife and sanitary inspector. On the other hand, the BHCs/BHSs, which serve as the primary health care facilities at the barangays, are smaller in terms of services offered, client population, and is operated by a midwife only, and are under the supervision of a DHC.

1.3 Sentrong Sigla Movement (SSM)

The DOH with assistance from the United States Agency for International Development (USAID) and Management Sciences for Health (MSH) formulated the Quality Assurance Program (QAP) with a primary goal to create an active partnership between the DOH and LGUs in providing health services.

QAP used two main strategies:

1. Certification and recognition of rural health units (RHU), Health Centers and BHC based on an established criteria; and
2. Capacity building to internalize Continuous Quality Improvement (CQI) of health services.

Through the DOH Certificate and Recognition Program (CRP), the RHUs, Health Centers and BHCs are given certificates and recognition based on the established criteria for providing quality health services.

In 1999, the DOH renamed QAP into *Sentrong Sigla Movement (SSM)* which ended in 2007. However, its established criteria are still used in defining the standards of quality health service delivery.

The Quality Standards

The following programs and services must be present at the rural health units and health centers based on the Sentrong Sigla Quality Standards List for Rural Health Units and Health Centers Level 1 developed in 2000 in accordance with the existing program guidelines of the DOH:

1. Expanded program on immunization
2. Disease surveillance
3. Control of acute respiratory infections
4. Control of diarrheal diseases
5. Micronutrients supplementation/nutrition
6. Family planning program
7. Tuberculosis control program
8. STD/AIDS prevention and control program
9. Environmental sanitation program
10. Cancer control program-cervical cancer screening program
11. Maternal care

In addition, rural health units and health centers must also have the following:

1. Basic infrastructures/amenities
2. Health human resources, at least:
 - a. One physician
 - b. One nurse
 - c. One midwife; and
 - d. One sanitary inspector
3. Proper attitude and behavior (for health workers)
4. Essential equipment needed for basic services
5. Essential drugs, medicines and supplies
6. Proper health information system; and
7. Proper community intervention

These standards are somehow responsive to World Health Organization's statement that, "people-centered and integrated health services are critical for reaching universal health coverage." People-centered care focuses on health needs and community expectations rather than just curing diseases. It includes raising health awareness and not just merely clinical encounters.

The maintenance of at least one BHC in a barangay or district including the delivery of quality health services is one of the major programs of the DOH to LGUs. It envisions quality health care to be more accessible to the poor and vulnerable population. In this regard, looking into the role of barangays in ensuring a functional BHC led to its selection as the next pilot by the Commission.

2.0 AUDIT FOCUS

For audits which adopt the CPA Approach, the COA selects projects/services of the government that are close to the hearts of the people, like the medical services provided by the BHC. Thus, the Ingore BHC located in Barangay Ingore, Lapaz, Iloilo City and Nabitasan BHC located in Barangay Nabitasan, Lapaz, Iloilo City were the subject of the CPA.

Ingore BHC was selected because it is one of the largest barangays in Iloilo City in terms of its budget. The 2016 annual budget of Barangay Ingore amounted to ₱21,803,673.49. Its estimated population consists of 4,187 residents and serves patients coming from the Barangay itself, as well as from nearby barangays such as Baldoza, Caingin and Ticud. Its distance is 7.5 kilometers away from the City Health Office.

Nabitasan BHC was selected because it is one of the depressed areas in Iloilo City which serves patients with estimated 4,565 residents from the clustered community of Barangays Magsaysay Village, Luna, Bantud and Nabitasan. Its distance is 4.6 kilometers away from the City Health Office. Another consideration why the Nabitasan BHC was selected as the pilot service-provider LGU was because of its proximity to the Iloilo Provincial Capitol – Official station of CPA Auditors, thus maximizing time and people resources in facilitating the management of this CPA audit.



NABITASAN Barangay Health Center



INGORE Barangay Health Center

3.0 AUDIT OBJECTIVES

The Citizen Participatory Audit was conducted to determine whether:

1. The BHCs operated in terms of the minimum requirements of the DOH;
2. The general conditions or requirements that are essential in every facility were provided and always available;
3. The BHCs provided primary health services to the members of the community they are serving; and
4. The BHCs were able to cater to patients according to their needs and expectations.

4.0 AUDIT CRITERIA

Sentrong Sigla Movement: Quality Standards List (SSM-QSL) for Rural Health Units and Health Centers (October 2000) was used the criteria for the basis for the validation/determination of the standards of quality of services as well as infrastructure and amenities, programs, facilities, supplies and health information provided and the behavior / attitude and availability of the health workers and personnel. Although the SSM Program ended in 2007, its established criteria are still being used in defining the standards of quality health service delivery. These established criteria were incorporated in the certification being conducted by the Philippine Health Insurance Corporation (PhilHealth).

5.0 AUDIT METHODOLOGY

The Audit Teams performed the following activities:

1. Understanding the law and rules and regulations on how the BHC should operate;
 - a. Parameters of BHC operations were obtained from existing policies of the DOH, the CPA Project Management Team and the COA's Civil Society Organization (CSO) partners.
2. Configuring the Personnel and Patients/Client Survey with the assistance of civil society partners on:
 - a. Interviews with the BHC personnel, local officials and patients;

- b. Design and administration of Survey Questionnaire;
- c. Briefing of BHC Officials and personnel; and
- d. Field work to administer the Survey Questionnaires whereby:
 - Survey respondents were the BHC administrator, workers and personnel as well as the patients and clients they serve
 - Client expectations on BHC operations were obtained from the results of Survey Questionnaires, personnel and patients interviews and focused group discussions and results were reflected on the CPA Community Score Card (CSC)
 - The CSCs were mainly managed by both the COA Auditors and CSOs.



Administration of Survey Questionnaires to health personnel and patients in December 2016

Consolidation of Survey Results in December 2016

3. Ocular inspection/validation

- a. Preparation of the inspection/validation working paper.
- b. Conduct of the ocular inspection/validation



4. Data processing/analysis

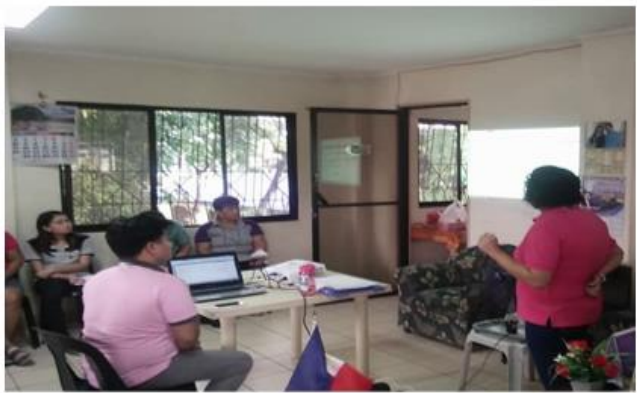
- a. Data on actual BHC operations were obtained using the CSC tool, document analysis and ocular inspection conducted by the COA Auditors.
- b. The processing of data was done jointly by the COA Auditors and the CSO representatives.
- c. Results of the CSC together with the corresponding remarks and observations are in Appendix-B.

5. Preparation of working papers and Audit Observation Memoranda.

6. Conduct of Entrance and Exit Conference.



Entrance Conference on December 5, 2016



Exit Conference with BHC personnel on April 28, 2017



Exit Conference with City of Iloilo and BHC Officials and Personnel

6.0 AUDIT PERIOD

The exploratory meeting was held with civil society organizations (CSOs) and COA auditors on October 28, 2016 to introduce the approach and to invite the CSOs to participate in the audit of the BHCs. This was followed by the CPA Capacity Building Seminar of COA auditors and identified CSO partners, namely, the World Vision (WV), Philippine Institute of Certified Public Accountants (PICPA), Jaro Archdiocese Social Action Center (JASAC), and Golden Heart Helping Hands Philippines Foundation, Inc. held on November 23 to 25, 2016.

The actual fieldwork is from December 5 to 12, 2016 covering the BHC operations for CY 2016. Data processing and analysis, including report writing were conducted from March to June 2017.

7.0 OVERALL RESULTS OF AUDIT

Cognizant of the functions and responsibilities devolved to LGUs as per Section 17 of RA No. 7160, the City Government committed to provide health services to include the maintenance of BHCs.

Two sub-health centers or BHCs of the Lapaz District Health Center, namely Ingore and Nabitasan BHCs, under the administration of the Iloilo City Health Office, were subjected to CPA.

Name of BHC	Population <i>(per 2015 Census of the Philippine Statistics Administration)</i>	Distance to/from City Hall
Ingore	4,187	7.5 kilometers
Nabitasan	4,565 (includes population of catered barangays - Magsaysay Village, Luna and Bantud)	4.6 kilometers

The audit showed that subject BHCs were partially and non-compliant with certain criteria of the QSL of the SSM of 2000 such as insufficient structure area, insufficient seating spaces for patients, incomplete sign board listings, inadequate lighting and ventilation, lacking lighting sources, lacking hand washing area, improper waste management, insufficient storage spaces for supplies and medicines, unavailable cleaning and sterilizing supplies for clinical instruments and no visual and auditory privacy for treatment/examination area for infrastructure amenities.

Other deficiencies noted were the non-maintenance of adequate records such as stock cards and non-observance of proper internal control particularly in the receipt, distribution and inventory of supplies of medicines, thus making it difficult to determine their availability at any given time and may result to possible loss, wastage, or misuse.

The survey conducted on the respondents / patients disclosed that generally, they feel that the BHCs are of great help in treating their illnesses. Considering that the distance of the BHC from their residential houses is just near, the respondents / patients preferred going to the BHCs for their medical needs, especially that they are benefitted with free treatment, consultations, and medicines. They are generally pleased with the quality of services offered. However, the patients are not aware of the benefits from all other programs and services required by the DOH for BHCs. The survey also showed that for the patients / respondents, the availability of medicines and medical equipment and qualified health personnel in the health centers should be primarily considered in delivering quality health service.

8.0 AUDIT OBSERVATIONS / RESULTS

I. COMPLIANCE WITH THE SSM QSL

Certain criteria / standards of the Sentrong Sigla Movement (SSM) of 2000 were either only partially complied or not complied by the BHCs, thus hampering the delivery of quality health service which the patients could have availed of as provided by the facilities.


Among the aims of the SSM is the improvement of quality health services provided by RHUs / BHCs. Although the SSM ended in CY 2007, its established criteria are still used in defining the standards of quality service delivery.


Ocular inspection, interview and survey results disclosed that the BHCs are either fully, partially, or non-compliant to certain criteria identified in the SSM Quality Standards List (QSL). Detailed observations / results are as follows:

1. Infrastructure Amenities

a. Structure




The standards of the SSM QSL require that a BHC should be housed in a permanent structure with an area of at least 43 square meters for non-birthing centers and 138 square meters for BHC with birthing facilities.



BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>INGORE</p>  <p>The structure of Ingore BHC</p>	<p>✓</p>	<p>The Ingore BHC is a concrete structure with an area of approximately 120 square meters and is located within the compound/lot owned by the Barangay. The BHC does not include any birthing facilities.</p>

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>NABITASAN</p>  <p>The structure of Nabitasan BHC</p>	<p>P</p>	<p>The BHC is concrete and a component structure of the Barangay Hall and Day Care Center. (1st Floor- BHC/Day Care Center; 2nd Floor- Barangay Hall). It also does not have any birthing facilities.</p> <p>However, the area per actual measurement is only 37.47 sq. meters (6.34 x 5.91 m), less than the required area of 43 square meters.</p>

b. Cleanliness and Orderliness


The standards of the SSM QSL requires that the BHC should have a generally clean and orderly environment.


BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>INGORE</p>  <p>Entrance of the Incore BHC</p>  <p>Side area of the Incore BHC</p>  <p>Back area of Incore BHC</p>	<p>✓</p>	<p>The Incore BHC has clean and orderly surroundings. All BHC personnel take turns in the daily maintenance of the cleanliness and orderliness of the BHC.</p>

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>NABITASAN</p> <div style="display: flex; justify-content: space-around;">   </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: center;">Entrance of the Nabitasan BHC</div> <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: center;">Inside of the Nabitasan BHC</div> </div>	✓	<p>The BHC is generally clean and orderly. The BHC has an officer of the day who is in-charge of cleaning the area.</p>

c. Seating space for patients

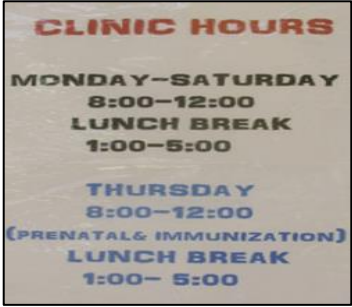
The standards required that the BHC seating spaces for patients should be sufficient which can accommodate average number of patients on a regular basis.

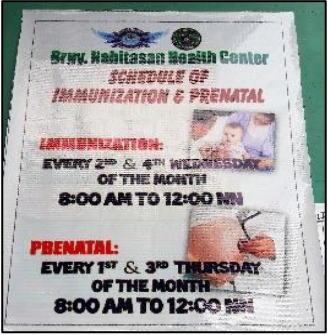
BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>INGORE</p> <div style="display: flex; justify-content: space-around;">  </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> Waiting areas and seating spaces at the entrance and inside Inaore BHC </div>	✓	<p>The Ingnore BHC can accommodate around 15 to 20 persons which may be considered sufficient even during peak hours of immunization/ vaccination days. The waiting area has enough space and additional plastic chairs are available when patients flock during schedules of pre-natal and immunization.</p>

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>NABITASAN</p>  <p>Waiting areas and seating spaces at the entrance and inside Nabitasan BHC</p>	P	<p>While waiting area is provided, seating space for patients is insufficient during peak hours of immunization/ vaccination days due to limited space. The waiting area is quite small especially during schedules of pre-natal and immunization where there are lots of patients. Seating capacity inside the BHC can only accommodate around 10 to 15 persons as such they borrow chairs from the Barangay to accommodate the waiting patients.</p>

d. Sign board listing facility hours and available services


A signboard of schedule of regular facility hours and services is required as per SSM quality standard.


BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>INGORE</p>  <p>Signboard at the entrance area of Ingore BHC</p>	P	<p>In the case of Ingore BHC, while a signboard of schedules for Immunization and Prenatal is posted at the entrance, it was noted that not all of the available services are included in the signboard listing.</p>

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>NABITASAN</p>  <p>Signboard at the entrance area of Nabitasan BHC</p>	P	<p>Only the schedule of services for Immunization and Prenatal, with days and time, are posted outside the BHC.</p>

e. Lighting and ventilation

The SSM Quality standards require the provision of adequate lighting and ventilation.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>INGORE</p>  <p>Lighting and ventilation inside the Ingore BHC</p>	✓	<p>The Ingore BHC sourced its lighting in fluorescent and natural lights, which are sufficient given the center's square area. Large windows are open for ventilation and electric fans are available for use. One examination room, where immunizations were done, was provided with air conditioning unit.</p>

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
NABITASAN  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Lighting and ventilation inside the Nabitasan BHC</div>	P	<p>The BHC lighting and ventilation are inadequate. The BHC is illuminated by a single fluorescent light and only a single stand fan and wall fan are used which are not enough to provide ventilation especially during peak hours.</p>





f. Light source for examinations: goose neck lamp and flashlights

The SSM quality standards require the availability of goose neck lamps and flashlights for use during examinations.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
INGORE	X	<p>There are no goose neck lamps and flashlights available as required by SSM QSL Standard. Only pen lights are used during examinations. Patients needing major examinations are referred to the Lapaz District Health Center.</p>
NABITASAN	X	<p>There are no goose neck lamps available. During examination, only flashlights are used by the volunteer doctors and midwife which they personally own.</p>


g. Water supply

The SSM quality standards require that the BHC should have a covered water supply which is sufficient for hand washing and for comfort rooms or latrines (toilet).

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>INGORE</p> <div style="display: flex; justify-content: space-around;">   </div> <p style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">Water sourced from Deep Well</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;">  </div> <p style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">Water stocked for Comfort Rooms and Lavatory use</p>	<p>✓</p>	<p>The water of Inгоре BHC is sourced from a deep well (with motor pump) and is sufficient for hand washing and for use in comfort rooms and lavatory. The motor pump, however, is defective during time of inspection. Thus, BHC staffs manually fetch water from the deep well for use in lavatory and comfort rooms.</p>
<p>NABITASAN</p> <div style="display: flex; justify-content: space-around;">  </div> <p style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">Additional water sourced from Water Pump</p>	<p>✓</p>	<p>The water source is sufficient for hand washing and comfort rooms and is supplied by NAWASA and water pump.</p>


h. Hand washing area


The SSM quality standards require that the BHC should provide a hand-washing area with soap and towels.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
INGORE  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Hand-washing area inside Ingore BHC</div>	✓	Hand washing area with soap and towel are provided at the Ingore BHC.
NABITASAN	X	The BHC is not compliant with the standards. No hand washing area and no soap and towel were provided.

i. Comfort rooms or latrines (for health staff and clients)



The SSM quality standards require that the BHC should provide a functional and clean comfort rooms with adequate water supply for both BHC staff and clients.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
INGORE  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">2 Comfort rooms inside Ingore BHC</div>	✓	Two comfort rooms of the Ingore BHC were sufficient for use of BHC personnel and patients/clients. They are functional, clean and with adequate water supply.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
NABITASAN  <div data-bbox="409 667 685 709" style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Comfort Room for BHC</div>	P	<p>There is only one comfort room for staff and clients of the Nabitasan BHC. Comfort room is functional but without a lighting system. Cleanliness is not maintained and use is confined for urinating only due to clogged toilet.</p>

j. Waste management

The SSM quality standards require that the BHC should provide properly covered garbage containers and ensure that segregation of garbage particularly the separation of sharp objects.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
INGORE  <div data-bbox="613 1203 808 1329" style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Garbage bins being used at Ingore BHC are not covered.</div>	X	<p>There is no proper segregation of waste materials. Garbage containers being used are not covered. Also, separate garbage bins for sharp objects are not provided. However, according to the personnel of the Health Center, sharp objects such as syringes and needles are disposed of separately.</p>
NABITASAN  <div data-bbox="613 1623 808 1749" style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Garbage bins being used at Nabitasan BHC are not covered.</div>	X	<p>Garbage containers are not covered and there is no proper waste segregation. The BHC, however, provides separate container for sharp objects and are being disposed by the Lapaz District Health Center personnel.</p>


k. Cleaning/sterilizing supplies for clinical instruments


The standards require that the BHC should have available cleaning / sterilizing supplies for clinical instruments.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
INGORE	X	There are no sterilizing supplies available for medical instruments. The staffs reportedly use boiling water to sterilize medical instruments.
NABITASAN	X	There are no sterilizing supplies for medical instruments available in the BHC. The Lapaz District Health Center personnel bring their own medical instruments and sterilizing supplies during prenatal services.

l. Storage space/room for supplies, drugs and medicines

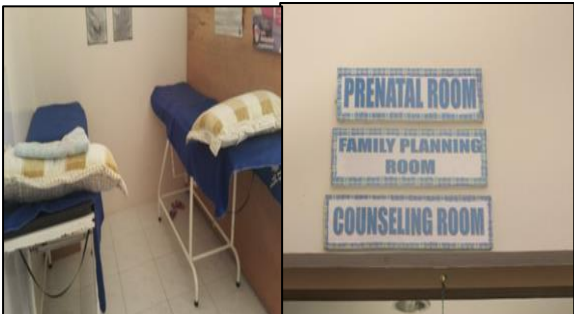

The standards require that the BHC should provide for a storage space or room for safekeeping of supplies, drugs and medicines.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
INGORE 	✓	Ingore BHC is compliant with the storage space requirement for supplies, drugs and medicines. Cabinets are available as storage space/room for regular supplies, drugs and other medicines. A refrigerator is used as storage for vaccines. Other medicines and supplies were kept inside the Barangay Hall.
Cabinets and refrigerator inside Ingore BHC where supplies and medicines are kept		

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>NABITASAN</p>  <p>Cabinets for storage of supplies and medicines in Nabitasan BHC</p>	P	<p>Nabitasan BHC is partially compliant with the standards. Cabinets are available as storage space/room for regular supplies, drugs and medicines but not appropriate for drugs, medicines and medical supplies needing specialized storage requirements</p>

m. A treatment area/examination area with visual and auditory privacy



The standards require that the BHC should provide for a treatment / examination area with visual or auditory privacy.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>INGORE</p>  <p>Pre-natal/ family planning / counselling room inside Ingnore BHC</p>	✓	<p>Ingnore BHC provides an all-in-one Pre-natal / Family Planning / Counselling Room for patients coming for treatment or needing examination.</p>
<p>NABITASAN</p>  <p>Treatment / Examination area inside Nabitasan BHC</p>	P	<p>Nabitasan BHC has no specific room for treatment/ examination.</p> <p>However, in an open area with curtains, used during prenatal services, there is only a treatment/ examination table available but with no linen provided.</p>

2. Health and Human Resources

a. Compliance to minimum personnel requirements

The BHC should have at least one midwife assigned to the facility with the physician and nurse from the mother RHU conducting regular visits.




BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>INGORE</p>  <p>Midwife</p>	<p>P</p>	<p>One Midwife, who is under the Iloilo City Health Office, is assigned to cover the areas of Barangay Baldoza and Barangay Inгоре, both of Lapaz District.</p> <p>One Licensed Physician/Medical Doctor under the Iloilo City Health Office is assigned to cover the area of Lapaz District. She is stationed, however, in Lapaz District Health Center and does not conduct regular visits to the BHC.</p>
<p>NABITASAN</p>  <p>Midwife</p>	<p>P</p>	<p>The medical professionals who are under the City Health Office and have their official station at the Lapaz District Health Center report to the BHC only if they have available schedules. Normally, the Midwife and Nurse are present during immunization schedules which are conducted every 2nd and 4th Wednesday of the month, while pre-natal schedules every 2nd and 4th Thursday of the month.</p> <p>No physician from the Lapaz District Health Center visits the BHC to supervise the Midwife assigned.</p>

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<div data-bbox="272 275 675 541" data-label="Image"> </div> <p data-bbox="418 548 505 579" style="text-align: center;">Nurse</p> <div data-bbox="264 947 662 1234" data-label="Image"> </div> <p data-bbox="310 1241 610 1272" style="text-align: center;">Volunteer Physicians</p>		<p data-bbox="995 239 1373 905">The health professionals especially the doctor, nurse and midwife, in some instances, could not cope in providing full services because they are often called to meetings, conferences, seminars, and the like, usually at a moment's notice. Their absence in the BHC did not create a general impression of absenteeism. Health services are not suspended when the doctor (volunteer), nurse or midwife is out; for simple ailments, other health workers such as the casual nurse and BHWs fill in the gap.</p> <p data-bbox="995 947 1373 1241">In addition, volunteer physicians from the West Visayas State University Medical Center (WVSUMC), administer check-ups and consultations as part of their program and have adopted the Nabitasan BHC for Calendar Year (CY) 2016.</p>

b. Presence and availability of BHC staff/personnel

The midwife should be complemented by a group of organized volunteer health workers to assist in the facility.

Moreover, Section 5 of RA 7883 states that the DOH shall determine the ideal ratio of barangay health workers to the number of households, provided that the total number of barangay health workers nationwide shall not exceed one percent (1%) of the total population.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
INGORE 	✓	<p>The BHC staff is adequate with fourteen (14) BHWs, six (6) Barangay Nutrition Scholars (BNS) and six (6) Barangay Service Point Officers (BSPO) or a total of twenty-six (26) BHC staff.</p>
NABITASAN  BHC Personnel assisting the volunteer physician  BHC Personnel assisting the midwife	X	<p>The BHC is currently manned by two (2) BHWs, one (1) BNS and one (1) BSPO who regularly report to the Center on a daily basis, based on their assigned schedules to assist. Additional of seven (7) BHWs from the clustered Barangays also assists during schedules assigned to their barangays.</p> <p>The BHC Personnel are in adequate to give services to estimated 4,565 residents.</p>


c. Attitude of BHC staff/personnel toward clients


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

The midwife is expected to:

1. Greet the patient verbally as he/she arrives in order to establish rapport.
2. Exhibit technical competence in articulating information to patients by:

- Maintaining 2 way communication
 - Being a good listener Being non-judgmental
 - Not giving false reassurances
 - Giving appropriate instructions to patients by explaining prescriptions clearly and correctly explaining laboratory results and facilitating follow-up of clients.
3. Be women-friendly, by:
 - Being courteous and always explain the procedure
 - Asking permission before proceeding
 - Avoiding gender slurs/insults and discriminating words against women
 - Being careful in examining women patients. This is especially true when examining women during obstetrical and gynecological examinations and as urchin/survivor of abuse/violence.
 - Not blaming a victim or survivor of abuse or violence.
 4. Be caring and gender-sensitive by:
 - Respecting patient's decision without compromising overall patient management
 - Assuring patient's privacy and confidentiality of given information at all times
 - Promptly responding to patient's request for care
 - Speaking politely and with modulated tone.
 5. Be culture-sensitive by:
 - Respecting patients' culture and religion
 - Providing for patients needs that are influenced by culture and religion
 - Offering choices/options to patients

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
INGORE 	✓	Respondents rated their experience with the BHC staff as generally “napakabuti”. Majority of the respondents also rated the same towards their experience with the assigned Midwife. They reasoned that the BHC staff and the assigned Midwife are most of the times present and available at the BHC especially in times of need. They also reasoned out that the BHC staff and assigned Midwife are good and patient in dealing with them whenever they visit the BHC.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
NABITASAN 	✓	The respondents rated the BHC Personnel as “napakabuti” and “mabuti” towards their experience and reasoned that the personnel are always available if in needed.

d. Sufficiency and regularity of trainings for BHWs

Section 6.c.1 of RA 7883 states that the DOH shall provide the BHWs with training, education and career enrichment program opportunities such as educational programs which shall recognize years of primary health care service as credits to higher education in institutions with stepladder curricula that will entitle barangay health workers to upgrade their skills and knowledge for community work or to pursue further training as midwives, pharmacists, nurses or doctors.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
INGORE	X	Ingore BHC’s BHWs, BNSs and BSPOs headed by the Barangay Kagawad In-charge for Health lack trainings on DOH-mandated courses.
NABITASAN	X	<p>The BHC Staff are not regularly trained on specific DOH – mandated courses, hence full range of health services are not competently delivered.</p> <p>The BHC’s BHWs, Barangay Nutrition Scholar (BNS) and Barangay Service Point Officer (BSPO) headed by the Barangay Kagawad In-charge for Health lack trainings on DOH mandated courses.</p>

The health human resource is one of the major determinants of quality service. It is crucial that appropriate staff development program includes continuing education of the staff. Continuing education and updates for RHU / HC staff should be implemented for appropriate / rational use of technology on diagnostic and treatment modalities.

3. Health Services and Programs

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

- a. Expanded Program on Immunization (EPI)
- b. Disease surveillance
- c. Control of Acute Respiratory Infections (ARI)
- d. Control of Diarrheal Diseases (CDD)
- e. Micronutrients supplementation/nutrition
- f. Family Planning Program
- g. Tuberculosis control program
- h. STD/AIDs prevention and control program
- i. Environmental sanitation program
- j. Cancer control program – Cervical cancer screening program
- k. Maternal Care

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
a. Expanded Program on Immunization (EPI)		
INGORE	P	Vaccines provided by the Iloilo City Health Office are properly stored in a refrigerator exclusively used for the purpose by the BHC. Immunizations, however, are done only once a week during Thursdays. The DOH Sentrong Sigla Quality Standards List for BHS require immunizations to be offered daily or at least three (3) times a week (depending on catchment population) for an improved quality of public health service.
NABITASAN	P	The guidelines were followed except that the BHC does not have any supply of vaccines stored inside the Center but rather, the vaccines are provided by the City Health Center, taken by the midwife and the nurse from the Lapaz District Health Center during immunization schedules only, which is scheduled twice a month instead of daily or at least 3X a week. Unused vaccines are stored in the BHC but not in cold chain conditions since the Center has no refrigerator. It was further noted that there were several vaccines that had already expired but were still stored in the cabinets of the BHC. Also, the BHC does not have an EPI Manual and Updated Target Client Lists are not maintained by the BHW.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
b. Disease surveillance		
INGORE	P	Results of disease surveillance procedures such as surveys were not properly recorded and documented. Data on the list of existing diseases in the Barangay were only limited to walk-in patients who availed of free check-ups, immunization and consultation and the record of constituents who asked for medicines. No reports are prepared for submission to the Iloilo City Health Office weekly. The BHC staffs informed that the procedures and documentation is being done at the Lapaz District Health Center.
NABITASAN	P	Results of disease surveillance procedures such as surveys were not properly recorded and documented. Data on the list of existing diseases in the Barangay were only limited to walk-in patients who availed of free check-ups, immunization and consultation and the record of constituents who asked for medicines. No reports are prepared for submission to the RHU weekly.
c. Control of Acute Respiratory Infections (ARI)		
INGORE	X	<p>There was no ARI Chart posted in the BHC. Supplies such as thermometer, tongue depressors, and pen lights are available in the Center.</p> <p>During inspection, it was found out that one (1) box of Cotrimoxazole Diazole which had an expiry date on July 2016 containing 100 strips were still in stock when inventory was conducted on December 5, 2016. The medicines had already expired but was not distributed to beneficiaries and not segregated from those boxes of medicines which were not yet expired.</p>
NABITASAN	X	The BHC could not cater and has no capacity to handle ARI due to lack of trainings and experiences to handle patients. Patients are being referred to the Lapaz District Health Center. Also, no charts are posted.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
d. Control of Diarrheal Diseases (CDD)		
INGORE	P	CDD Case Management Chart and Functional Oral Rehydration Therapy (ORT) are available. However, updated daily record of diarrhea cases was not maintained in the BHC. Patients with severe conditions were referred to the Lapaz District Health Center.
NABITASAN	P	<p>According to the BHWs, CDD Case Management Chart was not available. Oral Rehydration Therapy (ORT) corner was not set up and Oral Rehydration Sachets (ORS) are not available at all times and are being provided by Lapaz District Health Center.</p> <p>For treating patients, they only give ORS, if available and provide instruction to the parents on how to use the medicine to treat the patient. There are also no records available on diarrheal diseases. Patients with severe conditions are being referred to the Lapaz District Health Center.</p>
e. Micronutrients supplementation/nutrition		
INGORE	X	<p>Guidelines for Micronutrient Supplementation were not available in the BHC.</p> <p>Operation Timbang Records were not applied for the whole BHC catchment but for infants only.</p> <p>Target Client List was not updated at least once a week. The BHC used Log book only to record actual clients for the day.</p> <p>Salt Iodization Testing Kit was not available.</p> <p>Iodine micronutrient was not available. It was informed that patients needing this were referred to the Lapaz District Health Center.</p>
NABITASAN	P	There are no updated guidelines for micronutrient supplementation in the BHC. Growth Monitoring Charts were not maintained in the BHC but were given to the parents of the children. Brochures and guidebook are not provided in the BHC and neither are Salt Iodization test kits available. There are also no supplies of Iodine and Vitamin A.

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
f. Family Planning Program		
INGORE	P	<p>Oral contraceptives are available and DMPA is being administered by the Midwife and/or trained BHW. IUD is not available in the BHC so patients are referred to the Lapaz District Health Center.</p> <p>The BHC has no sterilized equipment such as forceps and forceps container. Kelly pad/linen for the examination table and gooseneck lamps/flashlights are likewise, not available.</p> <p>An Updated Target Client List for the program was not maintained. The BHC used Log book only to record actual clients for the day.</p>
NABITASAN	P	<p>The guidelines were followed except that the BHC has no sterilized equipment such as forceps and forceps container. Kelly pad/linen for the examination table and gooseneck lamps/flashlights are likewise, not available.</p>
g. Tuberculosis control program		
INGORE	X	<p>The BHC does not have any target client list or TB Register for TB cases. Sputum cups, glass slides, designated sputum collection and staining area and anti-TB drugs are not available. TB cases, if any, are referred to the Lapaz District Health Center.</p>
NABITASAN	X	<p>The BHC does not have any target client list or TB Register for TB cases. Sputum cups, glass slides, designated sputum collection and staining area and anti-TB drugs are not available. TB cases, if any, are forwarded to the Lapaz District Health Center.</p>
h. STD/AIDs prevention and control program		
INGORE	X	<p>There are no Syndromic Management Charts posted for the STD/AIDs prevention. Patients, if any, are being referred to the Lapaz District Health Center. Referrals were not documented.</p>
NABITASAN	X	<p>There are no Syndromic Management Charts posted for the STD/AIDs prevention. Patients, if any, are being referred to the Lapaz District Health Center. Referrals were not documented.</p>

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
i. Environmental sanitation program		
INGORE	X	<p>The BHC does not have water testing /quality monitoring services. Also, it doesn't have an updated list/record of water sources and food establishment within its catchment areas and no toilet facilities or toilet bowl molds available for distribution. Validation result also showed that the BHC does not have a copy of the Sanitation Code of the Philippines in compliance with the QSL and the records or list of households with or without sanitary toilet facilities are not available.</p> <p>Only the information and education materials on environmental sanitation are available in the BHC.</p>
NABITASAN	X	<p>The BHC does not have water testing/quality monitoring services. Also, it doesn't have an updated list/record of water sources and food establishment within its catchments areas and no toilet facilities or toilet bowl molds available for distribution. Validation result also showed that the BHC does not have a copy of the Sanitation Code of the Philippines in compliance with the QSL and the records or list of households with or without sanitary toilet facilities are not available.</p>
j. Cancer control program – Cervical cancer screening program		
INGORE	X	<p>The BHC does not provide information education campaign materials on Cervical Cancer and Self-Breast Examination, such as posters and leaflets. It neither has equipment and supplies to provide for the Cervical Cancer Screening Program. Patients, if any, are being referred to the Lapaz District Health Center. Referrals were not documented.</p>
NABITASAN	X	<p>The BHC does not have equipment and supplies to provide for the Cervical Cancer Screening Program. Patients, if any, are being referred to the Lapaz District Health Center. Referrals were not documented.</p>

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
k. Maternal Care		
INGORE	P	<p>The BHC maintained a record of pre-natal/natal/postnatal visits conducted. Supplies and medicines needed in administering Tetanus toxoid are also available.</p> <p>Forms such as birth certificates, death/fetal birth certificates, home based maternal records and OB Emergency Manual and Algorithm are however not available.</p>
NABITASAN	P	<p>Vaccines, syringes and needles are being provided by the Lapaz District Health Center. The guidelines were complied with except that the BHC does not have forms such as birth certificates, death/fetal birth certificates, home based maternal records and OB Emergency Manual and Algorithm. No home visits were made by the midwife, and only walk-in patients were catered. Birth certificates are not available.</p>



Immunization-Ingore BHC



Immunization-Nabitanan BHC

4. Equipment: Presence, availability and functionality of BHC Equipment

The BHS should have the following essential equipment to provide basic services	✓ – Compliant P – Partially Compliant X – Non-Compliant	
	INGORE BHC	NABITASAN BHC
a. Stethoscope	✓	✓
b. Weighing scales-adult and infant (beam or Ming scale)	✓	✓
c. Sphygmomanometer with adult and pediatric cuff	✓	✓
d. Vaccine Carrier with ice packs	✓	✓
e. Sterilizer or covered pan and stove	X	X
f. Inventory of equipment and supplies	X	X
g. Examination table with clean linen/paper	P	P
h. Bench or stool for examination table	✓	✓
i. Kelly pad/clean linen/plastic lining	X	X
j. Light source for examination like goose neck lamp with bulb and flashlight with batteries	P	P
k. Speculums-large and small	X	X



Equipment found in the BHCs


5. Drugs, Medicines and Supplies

- a. Availability, completeness and appropriateness of drugs, medicines and supplies inventory

The BHS should have the following eight essential drugs:

- a. Cotrimoxazole – used to treat certain bacterial infections, such as pneumonia (a lung infection), bronchitis (infection of the tubes leading to the lungs), and infections of the urinary tract, ears, and intestines. It is also used to treat 'travelers' diarrhea.

- b. Amoxicillin - used to treat a wide variety of bacterial infections.
- c. INH – isonicotinyhydrazide or isoniazid, is an antibiotic used for the treatment of tuberculosis.
- d. Rifampicin – used to treat or prevent tuberculosis and used to eliminate bacteria from the nose and throat that may cause meningitis or other infections, even if a person does not have an infection.
- e. Pyrazinamide – used with other medications to treat tuberculosis.
- f. Paracetamol – used to treat pain and fever.
- g. ORS – Oral Rehydration Sachet is a type of fluid replacement used to prevent and treat dehydration, especially due to diarrhea. It involves drinking water with modest amounts of sugar and salts.
- h. Nifedipine – used to treat hypertension (high blood pressure) and angina (chest pain).

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
<p>INGORE</p> 	P	<p>Survey results indicated that among the eight (8) reasons why beneficiaries go to the BHC as listed in the questionnaire, the availability of free medicines ranked as the number one reason.</p> <p>Evaluation disclosed that basic drugs, medicines and supplies required in the Sentrong Sigla QSL are generally available in the BHC. These are sourced from purchases of the Barangay, donations from other non-government/private organizations such as the Global Business Power Corporation (GBPC) and supplies coming from the Iloilo City Health Office.</p>
<p>NABITASAN</p>	X	<p>Relative to the operations of the BHC of Barangay Nabitasan, Iloilo City, inquiry revealed that no inventory of eight (8) essential drugs and medicines were maintained.</p>

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
		The Barangay expended ₱50,000.00 for drugs and medicines. Drugs, medicines and supplies purchased by the Barangay as well as those donated are not stored at the Barangay Health Center. Instead such are being distributed to the Barangay Kagawads assigned per zone.

6. Health Information System

As part of the RHU/HC - BHS information system, the following should be in place:

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

BHC	✓ – Compliant P – Partially Compliant X – Non-Compliant	Observations
INGORE	X	Referral forms were not used. Only verbal referrals were made to patients needing treatment at the Lapaz District Health Center. Updated statistical records were not prepared. Field Health Information System and target client lists are not completed/updated.
NABITASAN	X	Referral forms were not used. Only verbal referrals were made to patients needing treatment at the Lapaz District Health Center. Updated statistical records were not prepared. Field Health Information System and target client lists are not completed/updated.

II. RECORD KEEPING AND MANAGEMENT

Adequate keeping of records and internal control in the management of supplies of medicines, particularly on their receipts and issuances, were not observed, thus, making it difficult to determine their availability at any given time and may result to possible loss, wastage, or misuse.

The Presidential Decree (PD) No. 1445 provides that it is the declared policy of the state that all resources of the government shall be managed, expended or utilized in accordance with laws and regulations and safeguarded against loss or wastage through illegal or improper disposition, with a view to ensuring economy, efficiency and effectiveness in the operations of the government. The responsibility to take care that such policy is faithfully adhered to rests directly with the chief or head of the government agency concerned.

Sections 123 and 124 of the same PD also defines internal control as the plan of organization and all the coordinate methods and measures adopted within an organization or agency to safeguard its assets, check the accuracy and reliability of its accounting data, and encourage adherence to prescribed managerial policies. It further states that it shall be the direct responsibility of the agency head to install, implement, and monitor a sound system of internal control.

Section 375 of Republic Act (RA) No. 7160 or the Local Government Code of 1991 likewise provides that the head of a department or office primarily accountable for government property may require any person in possession of the property or having custody and control thereof under him to keep such records and make reports as may be necessary for his own information and protection.

In our audit, it was noted that the supplies of medicines of the Ingore BHC were sourced from 1) purchases of the Barangay, 2) donations from other non-government organizations, and 3) supplies released from the City Health Office. These kept in the storage spaces inside the BHC and Barangay Hall and were released to the patients by any BHW or Barangay personnel, as necessary.

In the case of Nabitasan BHC, each five zones of the Barangay is assigned at least one Barangay Kagawad in-charged of distributing drugs and medicines to their constituents. When the Barangay purchases or receives medicines from donations, these are being divided equally among the five zones and given to the designated Barangay Kagawad in-charge. The remaining inventory of medicines after the allocation per zone is retained by the Punong Barangay for his dispensation. No medicines are stored in the BHC.

Upon evaluation of the internal control and interview with concerned personnel in the handling of supplies of medicines, the following were observed:

1. There were no written guidelines/instructions as to the procedures to be followed in the receipt, custodianship and issuance of medicines.

One of the significant components of internal control is the written policies and procedures to serve as a guide on what should be done by whom.

2. Designation of personnel

There were no officially designated personnel both in the Barangay and the BHC in charge of the receipt, safekeeping and custodianship of supplies of medicine received from purchases and donations.

Issuances/releases of medicines to patients/recipients were done by any of the staff or official of the Barangay or BHWs.

3. Receipts and issuances of supplies of medicines were not properly documented. Stock cards for medicine supplies in their custody were not maintained to account for the receipt and disposition of the same. Also, expiration dates of supplies/stocks were not properly monitored.

➤ For medicine supplies kept in the Barangay Hall:

- Issuances to patients/recipients were documented by recording the quantity, type of medicine released, and name and signature of the patient/recipient. However, their records did not indicate the stock beginning balance, quantity received, quantity issued, and ending balance for each type of medicine. Also, the particular medicine's lot number and expiry date were not indicated in their records.

➤ For medicine supplies kept in the BHC:

- Receipt of medicine supplies transferred from the Barangay Hall or from the City Health Office to the BHC were not properly recorded/documented.
- Receipt of medicine supplies from donations and issuances of the same to patients/recipients were documented through the use of official forms provided by the donor organization which was subsequently submitted to the latter as a requirement.

Thus, inventory or stock balance of medicine supplies cannot be immediately determined due to the absence of stock cards. Likewise, expiration dates of medicines cannot be properly monitored.

Inadequate record-keeping, monitoring and internal control in handling of stocks of medicines of the BHC will not properly safeguard the supplies intended for patients / beneficiaries and may result to their possible loss, wastage or misuse.

9.0 RECOMMENDATIONS FOR EXECUTIVE ACTION

The following are the recommendations made as the result of the CPA:

1. The Punong Barangays are encouraged to make proper representations with the Iloilo City Government for the following:
 - a. Improvement of the Center's facilities to abide with the Sentrong Sigla Movement: Quality Standards List for Rural Health Units and Health Centers;
 - b. Compliance of the provision of regular visits to be made by the Physician for proper supervision and additional services that could be provided to improve the services to the BHC clients;
 - c. Provision of additional drugs and medicines for the beneficiaries; and
 - d. Implementation of other health services/programs not currently carried out in the BHC but required in the DOH SSM QSL for Barangay Health Stations - Level 1.

2. Provision of the following:
 - a. Extension area of the BHC to have enough space for examination, waiting and seating of clients;
 - b. Signboards with schedules of the regular facility hours and listing other available health services/programs provided by the BHC;
 - c. Improvement of the ventilation of the BHC;
 - d. Additional lighting facilities, gooseneck lamp and flashlights for adequate light source during examination;
 - e. A functional/serviceable water motor pump to conveniently provide water supply on lavatories and comfort rooms;
 - f. A hand washing area with soap and towel for proper sanitation;
 - g. Maintenance and improvement of the comfort rooms;
 - h. Covered garbage containers to properly segregate and dispose garbage including sharp objects;
 - i. Cleaning/sterilizing equipment to be used to sterilize supplies;
 - j. Storage space for medicines and supplies needing specialized storage requirements;
 - k. Specific room for treatment/examination area; and
 - l. Provision of equipment and supplies needed to implement programs under the QSL

3. Management and BHC personnel shall:
 - a. Practice proper segregation and disposal of garbage;

- b. Periodically review, validate and ensure the BHC's compliance with the Quality Standards List;
 - c. Update Client List for all programs required under the QSL;
 - d. Prepare all Charts and Visual Aids required under the QSL;
 - e. Maintain a record or logbook of issuance of each inventory of drugs, medicines and supplies for easier monitoring;
 - f. Prepare and submit required reports for all programs required under the QSL; and
 - g. Practice proper and adequate internal control over supplies/inventory of drugs and medicines, particularly:
 - Develop written guidelines/instructions as to the procedures to be followed in the receipt, custodianship and issuance of medicines;
 - Officially designate a personnel who will be accountable in the receipt and custodianship of the supplies of medicines; require proper documentation and recording through the maintenance of Stock Cards indicating the ins and outs, the beginning and ending balances of each type of medicine including their lot numbers and expiry dates;
 - Ensure proper authorization in the issuance/release of medicines to patients/recipients; and
 - Conduct regular physical count of inventories to reconcile with the Stock Cards.
4. The Punong Barangay shall make proper representations with the DOH for the provision of specific trainings of mandated courses to the BHC staff. Regular competency – based assessments of health center staff should be conducted to determine their technical proficiencies in performing their duties and responsibilities as mandated under the QSL.
 5. The Punong Barangay shall ensure that all required health programs and services are available at all times as required under the QSL, for responsive and integrated health services.

10.0 AUDITEE'S / MANAGEMENT'S COMMENTS

The following are the comments of the Barangay and City Health Officials on the audit results mentioned in Section 6 of this Report:

1. Infrastructure/Conditions/Amenities

- a. Cleanliness and orderliness (surroundings, examination area, waiting area)

The Nabitasan BHC agreed on the results of the observations.

- b. Seating space for patients

The Nabitasan BHC insufficient seating space for patients was primarily due to the small area of the Multi-Purpose Building where the BHC is located. A proposal for extension of the MPB was submitted to the Office of the Congressman for approval and implementation.

- c. Sign board listing of facility hours and available services

The signboard listing of Ingore and Nabitasan BHC only shows immunization and prenatal services because these are the only health services the BHC caters.

- d. Lighting and ventilation (Including light source for examination)

Ingore and Nabitasan BHC agreed on the results of the observation.

- e. Water supply, comfort rooms and waste segregation

For water supply of Ingore BHC, the motor pump attached to the deep well was previously functional but was recently damaged. The Barangay will include in its budget the procurement of a new motor pump to be attached to the deep well so that provision of water supply to the BHC and Barangay Hall as well will be convenient.

For water supply of Nabitasan BHC, there is a pump outside the BHC supplied by Metro Iloilo Water District. The comfort room inside the BHC is slightly dysfunctional and only available for urination. It was not repaired before because it was subjected to a 5-year restriction for renovation. Currently, the comfort room can already be repaired but the Barangay lacks budget for its improvement.

For waste segregation of Ingore and Nabitasan BHC, those incurred during immunization and prenatal services are being forwarded to the Lapaz District Health Center.

- f. Cleaning/sterilizing supplies for clinical instruments

There are no supplies for cleaning/sterilizing of clinical instruments because the Ingore and Nabitasan BHCs do not perform operating services. The City Health Personnel only bring the instruments needed during the prenatal services.

Furthermore, the Ingore BHC personnel sterilize the clinical instruments through boiling water, if needed.

g. Storage and treatment area

The Nabitasan BHC has a cabinet available as storage area for medicines. The Barangay officials informed that a refrigerator to be utilized in storing vaccines and drugs used during immunization and other health services was already purchased.

Treatment area is only enclosed by a curtain during prenatal services.

2. Health and Human Resources

a. Compliance to minimum personnel requirements

Two Medical Doctors from the City Health Office cover the BHCs in Lapaz and are stationed at the Lapaz District Health Center.

The assigned Midwife reports to the Ingore BHC once a week during immunization and prenatal services. One BHW is also a midwife by profession, thus, augments her needed services to the patients.

The Nabitasan BHC's manpower is presently composed of five Barangay Health Workers headed by the Chairman of the Committee on Health. Only one BHW is provided by Barangay Nabitasan and the other BHWs come from Barangay Bantud, Luna and Magsaysay, respectively which belong to the same catchment.

The Midwife and Nurses assigned during immunization and prenatal services come from the City Health Office and only report to the BHC during the conduct of the said health services together with the BHWs from other barangays mentioned. In addition, the BHW is being augmented by the BNS, BSPO, and SF Worker of the Barangay.

b. Presence and availability of BHC staff/personnel

According to the City Health Officer, since there is limited number of Medical Doctors from the City Health Office who are assigned to the whole district of Lapaz which is composed of 25 barangays, there is a remote possibility that they can regularly visit every BHC. So, in the meantime that there is no available doctor at the BHC, the City Health Office is requesting the barangays to visit the Lapaz District Health Center instead. However, the City Government had plans on hiring additional contractual physicians to augment the existing Medical Doctors in the City Health Office and hopefully, Ingore and Nabitasan BHCs will be recipients of the said personnel. Moreover, the BHCs can request for the assistance of physicians under training from the City Health Office.

The City Health Officer commented that at the time of audit, the Medical Doctors have not conducted regular visits to BHCs due to limited manpower. There are only 27 of them who covers all the 70 BHCs in Iloilo City. Only 1 medical doctor was assigned in the Lapaz District at that time, hence, stationed only at the District Health Center and has not been able to conduct regular visits to the BHCs.

The audit recommendations were noted and presently, one Medical Doctor assigned in the District roves to BHCs to conduct regular visits and supervision.

c. Sufficiency and regularity of trainings for BHWs

The Barangay Health Workers (BHW) regularly attended seminars and training before, but seldom in the recent years. However, they are being updated of their duties and responsibilities during their monthly meeting every last Thursday of the month at the Lapaz District Health Center wherein they are being asked by the nurses and midwife to recall their daily work.

Moreover, the Barangay suggested that trainings, seminars and meetings of BHW and other health officers shall be made regularly, like quarterly, so as to equip and update them of their knowledge of the basic health services continuously.

3. Health Services

a. Expanded Program on Immunization (EPI)

For Ingore BHC, pre-natal and immunization services are done just once a week since only one Midwife is assigned in the BHC. The record of updated target clients for immunization and prenatal services from start to end is maintained at the Lapaz District Health Center.

For Nabitasan BHC, all vaccines used during immunization were provided by the Lapaz District Health Center brought by the nurse and midwife during the conduct of services because there is no storage available at the BHC. According to the midwife in-charge, the BHC has record of updated target clients for immunization and prenatal services from start to end maintained at the Lapaz District Health Center.

b. Disease Surveillance

Disease surveillance is done per district by the City Health Office and Lapaz District Health Center is the one responsible in its monitoring and investigation in the case of Ingore and Nabitasan BHCs.

c. Control of Acute Respiratory Inspections (ARI) and Diarrheal Diseases (CDD)

Although the Ingore BHC is able to carry out ARI and CDD to patients, records were not maintained. Severe cases were being referred to the Lapaz District Health Center.

The Nabitasan BHC has no capacity to cater this type of service. Patients are being referred to the Lapaz District Health Center and no records are maintained in the Center.

d. Micronutrients Supplementation/Nutrition

For Ingore BHC, weight monitoring was done for infants only during immunization. The BHC conducted weight monitoring for children under 5 years old once a year, particularly in January 2016, monitoring only those who are underweight. In July and September 2016, Vitamin A was given to infants aged 6-11 months, 12-59 months, and 60-71 months. Administering of Iodine was done in Lapaz District Health Center.

The BNS of Nabitasan BHC said that they have recently conducted the Salt Iodization Test on a house to house approach. The test was conducted promptly because the kits are nearing its expiry date. Furthermore, the test was not performed regularly because the kits are only given once a year and are not enough to cater to the whole barangay. As of the last test conducted, more or less 60 kits had been administered and the remaining items had expired.

Records on the administration of Salt Iodization Test were obtained from every household subjected to the test.

e. Family Planning and Tuberculosis Control Program

All records of target clients for family planning and TB control programs are being forwarded to the Lapaz District Health Center for both Ingore and Nabitasan BHCs.

f. STD/AIDS Prevention and Control Program

The health program is being handled by the Lapaz District Health Center for both Ingore and Nabitasan BHCs.

Furthermore, HIV Awareness Program has been conducted recently in Barangay Nabitasan sponsored by the PNP Lapaz. All youth constituents of the Barangay were invited to attend the said program. The HIV Ambassador of the Barangay has also conducted free HIV testing and many constituents have availed. The City Health Officer added that the HIV testing is still ongoing for those who want to avail of the service.

g. Environmental Sanitation Program

The BHW designated Administrator for Ingore BHC informed that the Punong Barangay required every household to provide their own toilets/toilet bowls. Water source of households usually is deep well but purified water is used for drinking. The BHC, however, has not documented or listed the status of water supply in the Barangay. Only information and education materials are shared to residents to encourage them to practice environmental sanitation.

The City Health Officer said that a Sanitary Inspector for environmental protection is assigned to the Barangay. Since the record keeping of CHO is centralized, all the records are maintained at the Lapaz Health Center. He added that the CHO will do its best to help improve the services offered by the BHC.

In addition, he said that the Barangay can request from the Sanitary Inspector to conduct water testing, as well as seminar and training on proper hygiene. He also suggested that the Barangay could conduct survey if every household has comfort room and check if it is sanitary or not.

h. Cancer Control Program- Cervical Cancer Screening Program

The program is being implemented by the Lapaz District Health Center because the Ingore and Nabitasan BHCs have no equipment and supplies needed for the service.

Patients coming to the BHCs needing the said service/program are referred verbally to the Lapaz District Health Center.

i. Maternal Care

Prenatal services records are maintained in the Ingore BHC. Forms for birth certificates were not made available.

Prenatal services are done every 2nd and 4th Thursday of the month for Nabitasan BHC. Records of patients who availed of the service are being kept at the Lapaz District Health Center.

4. Drugs, Medicines and Supplies

a. Availability and completeness of drugs, medicines and supplies inventory

The Chairman of the Committee on Health and the BHW – Administrator for Barangay Ingore and Nabitasan said that some of the antibiotics distributed were Amoxicillin and Cotrimoxazole. These were only issued to residents with doctor's prescription. However, the City Health Officer said that these antibiotics could harm if distributed without proper knowledge as to its usage. In the case of Paracetamol, though generic it does not mean that it is suited to all types of persons because there are individuals who are allergic to the said medicine. Since the Barangay practiced the "No reseta, no medicine" policy, some constituents complained regarding the procedure. In order to address the problem, the Barangay suggested that they will request a representative from the City Health Office during their General Assembly in order to explain to the constituents the standard procedures in dispensing medicines.

In regards to the expired medicines noted during inspection, the BHW in-charge said that these were inadvertently overlooked and were not segregated from the other medicines distributed. However, they have already called the attention of the persons in charge and will dispose the said expired medicines.

b. Dispensation and effectiveness

For Ingore BHC, the Chairman of the Committee on Health for Barangay Ingore explained that the procurement of medicines is included in the annual budget and the need for the year is estimated based on previous year's procurement. The type of medicines and the quantity to be procured for the year are estimated based on what was procured in the prior year.

He likewise informed that medicines procured by the Barangay are kept safe in the Barangay Hall and issuance to recipients is administered by any Barangay staff. No previous approval is required upon issuance of medicine to recipients.

He also informed that supply of medicines are likewise provided / donated to the Barangay by Global Business Power (GBP), a private corporation. The medicines are received and kept inside the Barangay Health Center. Distributions to patients/recipients are taken care of by the Barangay Health Center personnel.

For Nabitasan BHC, according to the Chairman of the Committee on Health, the practice of distributing medicines to the Barangay Kagawad in every zone was patterned from the previous administration. It was done so that residents who needed medicines will only ask the Kagawad assigned in their zone instead of going to the BHC. Besides, the person in charge of the BHC only works for half day and could not be required to stay for the whole day due to less honorarium being paid. Presently, they will continue the same approach only that more medicines will be stored in the BHC than those issued to the Barangay Kagawad per zone.

The City Health Officer suggested that personnel who will be designated by the Barangay in dispensing the medicines should undergo a seminar and training on the basic dispensing of medicines. The Barangay can send a representative to the seminar and echo the discussions to the constituents of the barangay. He said that he will recommend to the Head of City Health Office regarding the situation and the conduct of the said seminar and training.

On the recommended executive actions discussed in Section 9 of this Report, Management disclosed the following:

1. They will conduct regular monitoring on the BHC to review and validate their compliance with the SSM Quality Standards.
2. Updated list of target clients for all health services rendered will be provided.
3. The City Health Officer mentioned that a Sanitary Inspector is assigned in the Barangay for monitoring and investigation on environmental protection. The Barangay can request for water testing and conduct seminar on proper hygiene. Records of the updated list on monitoring water supply and food establishments are being maintained at the Lapaz District Health Center.
4. The City Health Officer suggested the conduct of seminar and training on basic medicine dispensing.

11.0 AUDITOR'S EVALUATION / REJOINER

The CPA Team has noted the management comments on the QSL and appreciate the actions they have taken. The Team looks forward to the implementation of other recommendations in the course of regular monitoring activities.

It is worth mentioning that the BHC staff together with the assigned Midwife sincerely answered the survey questionnaires and independently provided their comments.

The following are the noted positive developments in the operations and delivery of services in the BHCs all throughout the completion of field work and exit conference:

A. For INGORE BHC:

1. Proper waste disposal and segregation will be implemented in the BHC, including the use of covered garbage containers;
2. Water motor pump will be provided for convenience in supplying water to lavatories and comfort rooms of the BHC;
3. Segregation and disposal of expired medicines will be duly acted upon;
4. Proper internal control in handling inventories/supplies of drugs and medicines including the receipt, safekeeping and issuance/dispensing of supplies and recordkeeping will be implemented; and
5. Conduct of health services program other than Immunization and Prenatal services such as HIV Awareness program and HIV Testing.

B. For NABITASAN BHC:

1. Proposal for the improvement of Multi-Purpose Building where the BHC is located has been submitted to the Office of the Congressman for approval and implementation;
2. Request for the purchase of refrigerator to be used as storage for vaccines and other medicines has been made;
3. Segregation and disposal of expired medicines will be duly acted; and
4. Conduct of health services program other than Immunization and Prenatal services such as HIV Awareness program and HIV Testing will be started.

12.0 RESULTS OF THE CITIZEN SURVEY

A Citizen Participatory Audit was conducted using survey questionnaires with community score card (CSC) as a survey instrument designed to extract social and public accountability and responsiveness from the service providers. The objective of the conduct of CSC to the selected barangay health centers (BHCs) of Iloilo City is to determine client satisfaction on the quality of services provided and on whether the client received the medical service sought.

The clients have to answer the questionnaire which consists of seven (7) parts namely:

- I. Background
- II. Reasons for Visiting the BHC
- III. Experiences towards the Services Offered by the BHC
- IV. Experiences towards the Doctor of the BHC
- V. Experiences towards the other Medical Staff and Personnel of the BHC
- VI. Experiences on the Use of the Facilities, Utilities, and other Equipment of the BHC
- VII. Over-all Issues and Concerns

The audit team together with the Civil Society Organization (CSO) partners administered the survey during the period of December CY 2016. A non-probabilistic purposive sampling was conducted for the selection of the BHC in Iloilo City and convenience sampling was conducted for the respondents. The two selected BHCs for the conduct of the Citizen Participatory Audit were Barangay Nabitasan and Barangay Ingore, District of Lapaz, Iloilo City. The sample was set to 100 respondents for each barangay health center with the following details in Table 1:

Barangay Health Centers	Population	Sample	Actual
Barangay Nabitasan	4,565	100	106
Barangay Ingore	4,187	100	100
Total	8,752	200	206

Table 1. Population and Sample

The survey showed that out of the 206 respondents, 86% or 181 are female, 13% or 23 are male and 1% or 2 respondents belongs to the LGBTQ community as shown in Table 2.

Barangay	Male	Female	LGBTQ	Total
a. Nabitasan	14	83	1	98
b. Magsaysay	0	7	0	7
c. Luna	0	1	0	1
d. Bantud	0	0	0	0
e. Ingore	9	90	1	100
Total	23	181	2	206

Table 2. Distribution of Gender and Geographical Location

The Barangay Nabitasan Health Center served as the catchment area for the barangays of Magsaysay Village, Luna and Bantud. Thus, there are patients coming from those barangays to avail of the government-provided health services. Out of the 106 respondents

from the Barangay Nabitasan Health Center, 98 of the patients came from the area, seven from Barangay Magsaysay Village, only one from Barangay Luna and none from Barangay Bantud. Barangay Ingore Health Center has a total of 100 respondents.

Moreover, survey revealed that out of the 206 respondents, patients between 21-40 years old, mostly high school graduates followed by elementary graduates regularly visit the barangay health center as shown in Figures 1 and 2 respectively.

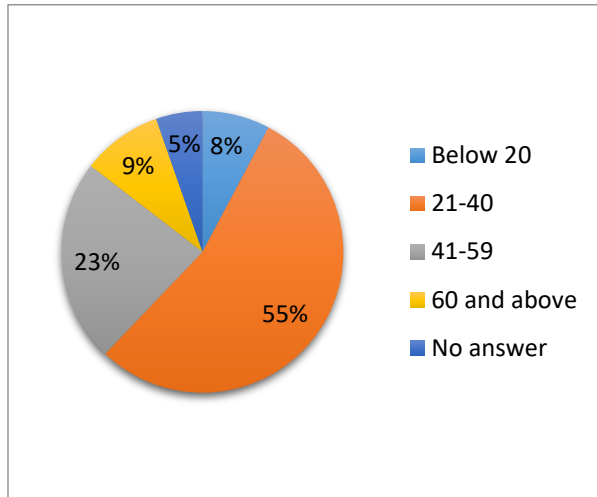


Figure 1. Age Bracket

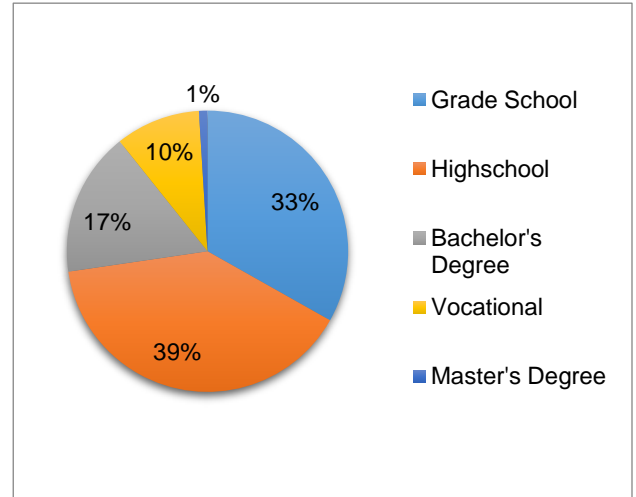


Figure 2. Educational Attainment

Accordingly, respondents regularly visit BHCs to avail of various health care services. These services include child vaccination, consultation, medicine assistance, treatment of illness or wound, pre and post natal care and family planning, among others as shown in Figure 3.

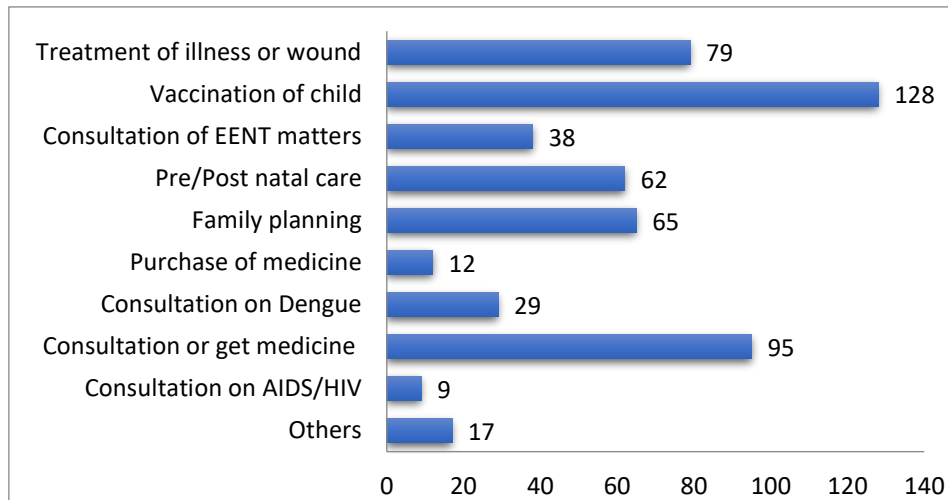


Figure 3. Reasons for Visiting the BHCs

Child vaccination is the most sought health service from the BHCs followed by consultation from the doctor and medicine assistance.

The survey revealed that a majority of the respondents prefer going to BHCs among other available health facilities as shown in Figure 4.

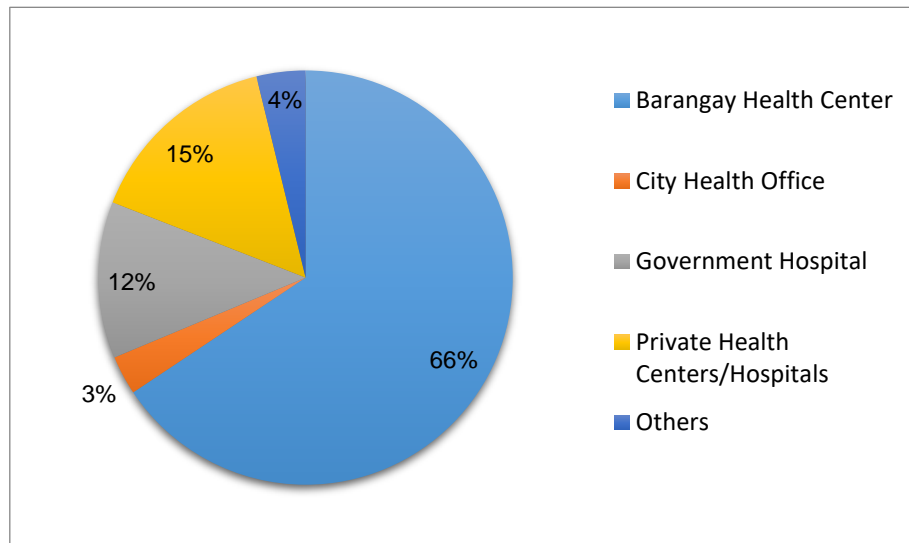


Figure 4. Preferred Health Facility

When asked why some of the respondents prefer availing the services of BHCs, various reasons were cited such as it is near their residence, free consultation and medicine as shown in Figure 5.

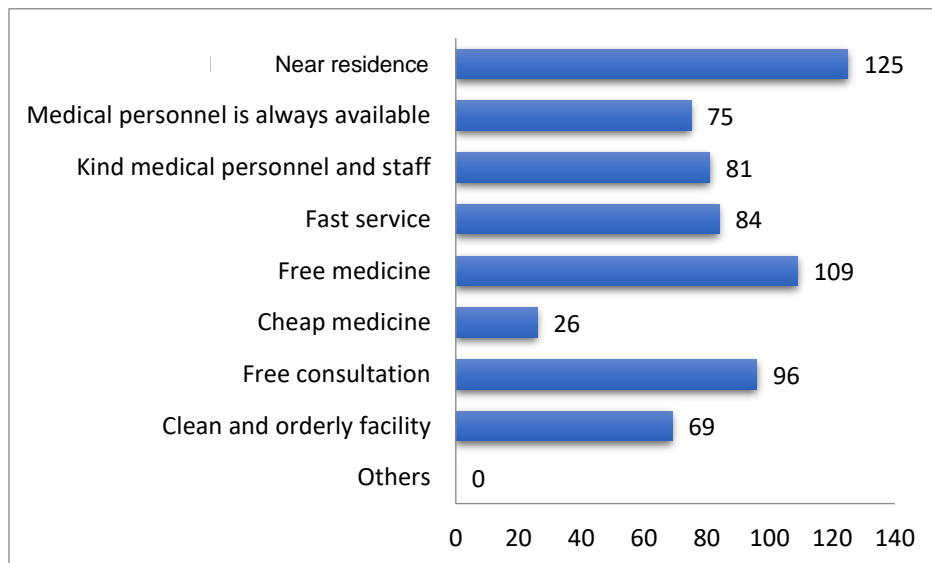


Figure 5. Reasons for Availing Services from

On the other hand, a number of respondents who casually go to BHCs gave reasons why they would rather avail of services from other health facilities, among them, the unavailability of medical personnel in the BHCs, long waiting lines, lack of medicinal supplies and facilities, and far from residence as shown in Figure 6.



Figure 6. Reasons for Not Availing Services from BHC

With regard to accessibility, 94% of the respondents find that the BHCs are easily accessible from their residence. The 6% who did not agree pointed out that the distance they have to travel from their residence is far. Figure 7 shows the result of the survey.

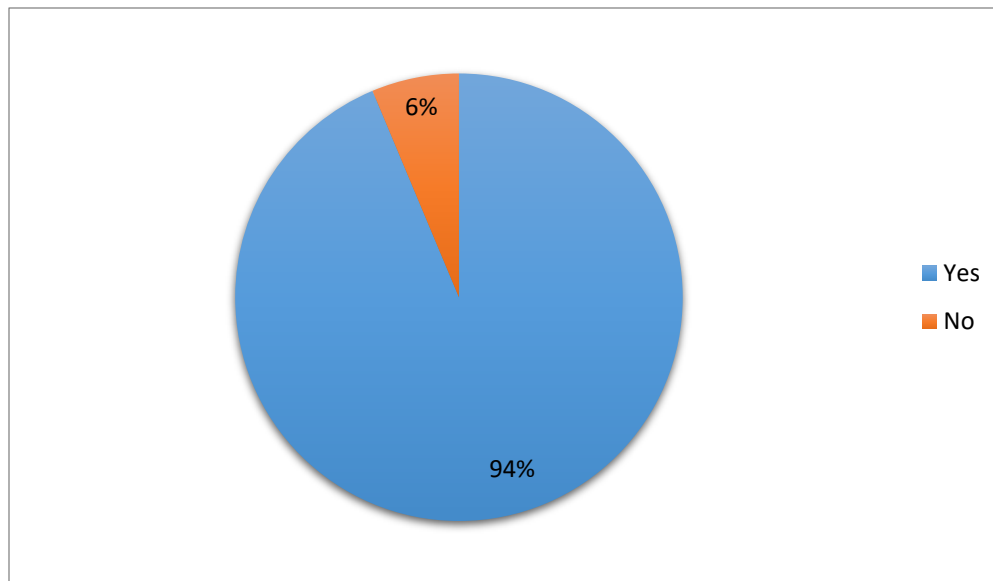


Figure 7. Response on whether the BHCs are easily accessible

Accordingly, the respondents' means of transportation in visiting the BHCs include walking or commuting with public transportation. The BHC has no vehicle of its own as shown in Figure 8.

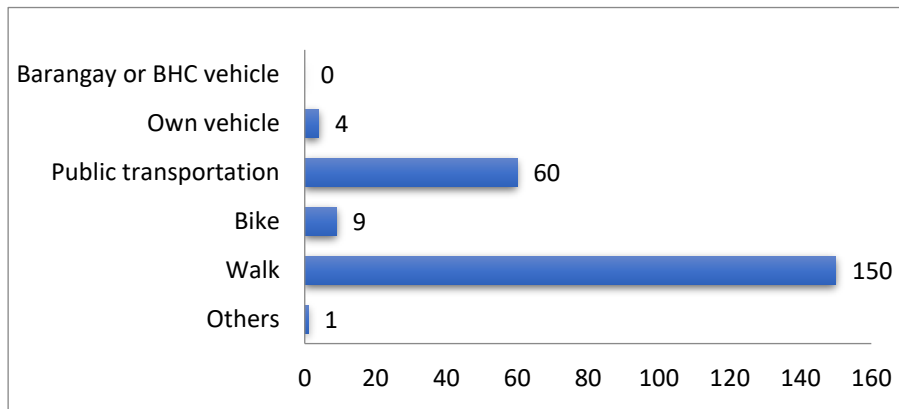


Figure 8. Mode of Transportation going to the BHCs

When asked if the BHC is collecting certain sum of fees for the consultation, 99% of the respondents said there was none as shown in Figure 9. On the other hand, when asked what fees were collected, the remaining respondent did not indicate such, thus no response was generated. Moreover, on the payment of fees, the survey generated that there were no official receipts issued for the collection.

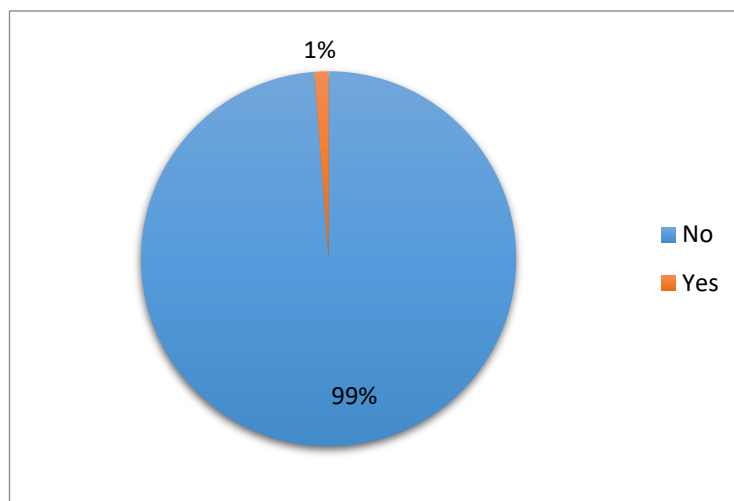


Figure 9. Response on whether the BHCs collect fees

Out of the 206 respondents, 53% often visit the BHCs with majority provided with medical services immediately as soon as they arrived, if not then service time ranges from 15-30 minutes. Figures 10 and 11 show the response on how often the respondents visit the BHCs as well as each facility's waiting time, respectively.

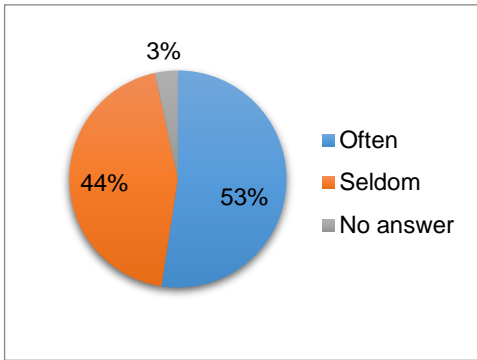


Figure 10. Response on how often the BHCs is visited

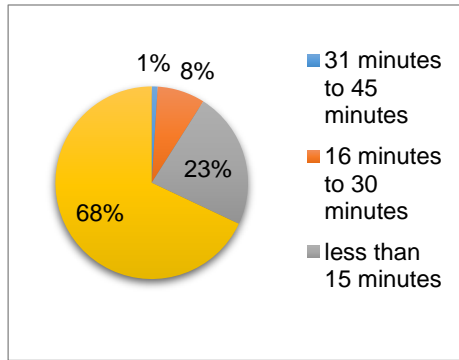


Figure 11. Service Time of the BHCs

Among the various government health programs disseminated by the BHC, the respondents gained more information on family planning, pre-natal/post-natal care, health sanitation, deworming and dengue. While they gained the least information on HIV/AIDS. Figure 12 shows the response on the information dissemination of the various government health programs by the BHC.

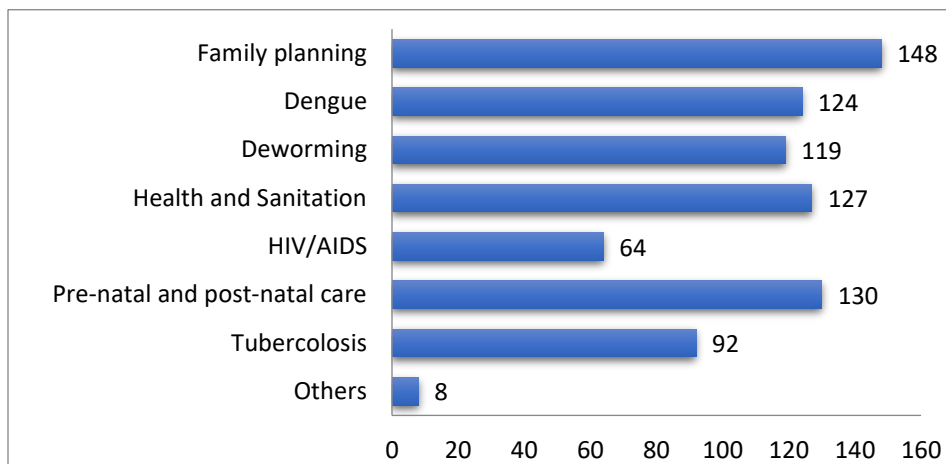


Figure 12. Response on the Information Dissemination of Various Government

A community score card (CSC) was conducted to determine client satisfaction towards the services offered by the BHCs. For ease of interpretation, symbols were used to represent respondent's scoring for each indicator represented as follows:

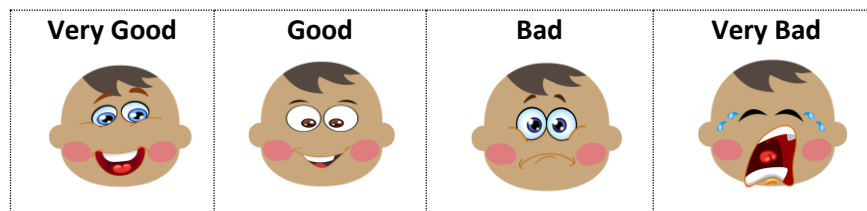


Table 3 shows the responses on how effective government health programs were executed by the BHCs based on each respondent's perspectives.

Health Programs	Very Good	Good	Bad	Very Bad	No Answer	Total
Adolescent and Youth Health Program	55	74	1	0	76	206
Botika ng Barangay	65	61	0	0	80	206
Breastfeeding Program	100	67	0	0	39	206
Blood donation Program	21	46	0	0	139	206
Dental Health Program	55	51	1	0	99	206
Emerging and Re-emerging Infectious Disease Program	39	48	2	0	117	206
Expanded Immunization Program	113	68	0	0	25	206
Family Planning Program	107	62	1	0	36	206
Food and Water-borne Diseases Prevention Program	58	61	1	0	86	206
Food Fortification Program	58	66	1	0	81	206
Health Development Program for Older Persons	72	67	1	0	66	206
Infant and Young Child Feeding Program	102	69	0	0	35	206
Iligtas sa Tigdas ang Pinas/ Knock-out Tigdas	97	69	1	0	39	206
Leprosy Control Program	20	47	2	0	137	206
National TB control Program	66	68	0	1	71	206
Dengue Prevention and Control Program	88	70	0	0	48	206
Smoking Cessation Program	57	63	3	0	83	206
Prevention of Blindness Program	27	57	3	1	118	206
STD/HIV Prevention Program	38	47	1	1	119	206
Women and Children Protection Program	99	61	1	0	45	206

Table 3. Responses on How Effective are the Government Health Programs

It can be gathered from the table that programs such as breast-feeding, expanded immunization, family planning, infant and young child program, knock-out tigdas, dengue prevention and control and women and children program scored a rating of "Very Good" and "Good." However, there is a low rate or no response for the programs such as blood donation, emerging and re-emerging infectious disease, leprosy control, blindness prevention and STD/HIV prevention program.

Moreover, feedback regarding the effectiveness of the BHC personnel was conducted to determine their interaction towards the client. Majority of the health personnel were rated as “Very Good” and “Good” as to the effectiveness in the conduct of their work. However, there is low response rate towards the doctor and dentist as shown in Table 4.

BHC Personnel	Very Good	Good	Bad	Very Bad	No Answer	Total
Doctor	52	42	2	0	110	206
Nurse	54	70	1	0	81	206
Midwife	95	81	3	0	27	206
Barangay Health Worker	123	83	0	0	0	206
Dentist	23	40	1	0	142	206
Others	2	2	0	0	202	206

Table 4. Response on How Effective the BHC Personnel

Furthermore, feedback regarding each of the BHCs’ facilities, utilities and other equipment used in rendering health services to the public were determined to assess client satisfaction. According to the respondents, the facilities of the BHCs are generally satisfactory mostly scored a rating of “Very Good” and “Good.”

Facilities	Very Good	Good	Bad	Very Bad	No Answer	Total
Electricity	93	50	2	0	61	206
Water	83	104	9	0	10	206
Comfort Rooms	79	103	3	0	21	206
Communication Equipment	37	66	3	1	99	206
Medicine	109	80	6	0	11	206
Equipment	69	96	6	1	34	206
Overall Facility	102	99	1	0	4	206
Others	1	1	0	0	204	206

Table 5. Response on Satisfaction towards the Use of the Facilities, Utilities and Other Equipment of the BHC

Respondents were then asked to rank the hindrances in the delivery of proper health services, 1 being the most important factor that affects the effective delivery of the service and 16 the least important. Table 6 shows the ranking.

Rank	Hindrances
1	Lack medical supplies
2	Lack of medical equipment
3	Lack supplies and materials
4	Lack of qualified health workers
5	Lack of non-medical equipment
6	Lack of financial assistance to the BHC
7	Lack of regular training to the staff

Rank	Hindrances
8	Lack of clean water
9	Lack of benefits to the health workers
10	Unmotivated health workers
11	Lack of electricity
12	Lack of IEC materials
13	Lack of supervision
14	Too much supervision
15	Lack of comfort rooms
16	Others

Table 6. Ranking of Hindrances in the Delivery of Health Services of the BHC

Result showed that the most important hindrances that the management should consider in delivering proper health services to the clients is the lack of medical supplies, followed by lack of medical equipment.

Lastly, based on the result of the survey on the overall assessment of the clients towards the BHC in providing quality health care and medical service, 180 respondents or 88% agreed that they were satisfied as shown in Figure 13.

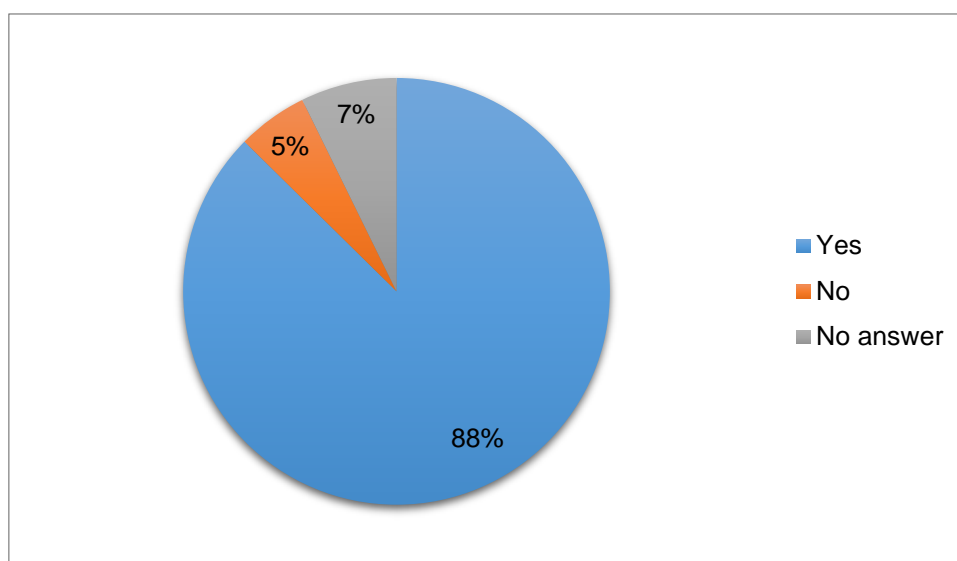


Figure 13. Response on the Overall Assessment towards Providing Quality Health Care and Service by the BHCs

Accordingly, programs of the Department of Health are being implemented and the clients were able to benefit the public health care and medical service that contributed to their well-being. However, 11 respondents or 5% disagreed. They believed that the BHC were not able to provide such services intended by the government. Furthermore, 15 respondents or 7% opted not to answer.

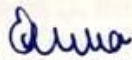
13.0 ACKNOWLEDGMENT

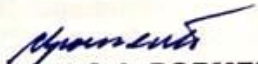



We thank and acknowledge the cooperation extended to us by the City Government of Iloilo, particularly the Iloilo City Health Office Head and staff, the officials and staff of Barangays Ingore and Nabitasan, both of Lapaz District, Iloilo City, particularly the Punong Barangay and the Barangay Kagawad – Chairman of the Committee on Health. We also acknowledge the support and cooperation extended by the assigned Midwife, the BHWs, BNSs, BSPOs, and the patients/clients who gave their full attention and participation during the conduct of survey and validation, particularly in the interface upon which part of the audit results were derived.

We are sending copies of this report to the heads of the Barangay Health Centers audited, the Head of the Iloilo City Health Office, the City Mayor, the World Vision, the Philippine Institute of Certified Public Accountants, the Jaro Archdiocese Social Action Center, and the Golden Heart Helping Hands Philippines Foundation, Inc., our Civil Society Organization associates. We will also make the report available to others through the COA website at <http://www.coa.gov.ph>.

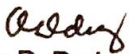
Submitted in compliance with COA Regional Office VI, Office Order No. 2016-175.


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Supervising Auditor



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State Auditor IV
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

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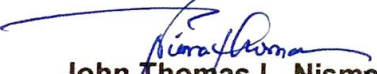
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APPENDIX A: MAPS



Map 1. Lapaz District, Iloilo City



Map 2. Barangay Ingore, Lapaz, Iloilo City



Map 3. Barangays of Nabitasan, Luna, Bantud and Magsaysay Village, Lapaz, Iloilo City



Map 4. Barangay Ingore Health Center



Map 5. Barangay Nabitasan Health Center

APPENDIX B: SUMMARY RESULTS OF INSPECTION

Item	Audit Criteria (Standard)	Barangay Ingore Health Center			
		Audit Condition	Compliant	Partially Compliant	Not compliant
1	Infrastructure/ Conditions/ Amenities				
1.1	Housed in (or within) a permanent structure	Housed within the premises of the Barangay and is a permanent structure	✓		
1.2	Generally clean and orderly environment		✓		
1.3	Sufficient seating space for patients		✓		
1.4	Signboard listing: a. Facility hours b. Available services	Signboard listing placed at the entrance of the BHC.		✓	
1.5	Adequate lighting		✓		
1.6	Adequate ventilation	Adequate windows and a number of electric fans are in place.			
1.7	Light source for examination: a. Gooseneck lamp b. Flashlights	They only uses pen light for examination.			✓
1.8	Water supply: covered/ sufficient for handwashing/ comfort rooms	Motor-generated deep well but currently, the motor is not functioning. Purified water used for drinking.	✓		
		Currently, since the motor pump for the deep well is not functioning, they need to fetch water at the deep well	✓		
		They fetch water from the deep well They have 2 Comfort Rooms, 1 for Staff Use only & 1 for Common Use	✓		
1.9	Handwashing area with:				

	a. soap		✓		
	b. towel		✓		
1.10	Comfort rooms for staff:				
	a. functional		✓		
	b. clean		✓		
1.11	Comfort rooms for clients:				
	a. functional		✓		
	b. clean		✓		
1.12	Garbage containers: a. covered a. segregated b. sharp object container	No segregation of Garbage According to personnel in the BHC, they separate Sharp Object & for used syringe and needles.			✓
1.13	Cleaning/ Sterilizing supplies for medical instruments	BHC sterilizes supplies and medical instruments through boiling.			✓
1.14	Storage space/room for: a. supplies b. drugs c. medicines	Separate room with cabinets for safekeeping and storage of supplies, drugs and medicines.	✓		
1.15	Treatment/Examination area a. with visual privacy b. with auditory privacy	One separate room reserved for pre-natal, family planning, and counselling.	✓		
2	Health Services				
2.1	Posting of: a. clinic hours b. services c. staff whereabouts in area readable by: d. clients e. service providers	Information posted at the entrance of the BHC. All BHW, BSPO & BNS are available in the Center everyday unless there is a need for them to go to field. The Midwife is available every Thursday during PreNatal & Immunization	✓		

2.2	Provides occasional services during: a. evenings b. weekends	They only extended their clinic hours until 5:30PM. During evenings, most of the clients directly go to the nearest hospital in case of emergency, sometimes clients only wait for the following day for the check up. Clinic Hours is until Saturday. Brgy Captain will assign a personnel who will open or provide services on Sunday if there is a need to. That personnel is not required to be at the clinic.	✓		
2.3	Provides services during non-traditional hours (outside of office hours) at least once a week		✓		
3	Expanded Immunization Program				
3.1	Immunization programs:				
	a. schedules of day and time displayed	Signboard is displayed at the entrance of the BHC.	✓		
	b. conducted daily or at least 3x a week	Conducted once a week only (Every Thursday Only)	✓	✓	
3.2	Vaccines available for at least 1 week consumption and stored under proper cold chain conditions:		✓		
	a. BCG	Provided weekly (Every Wednesday). One Bottle only per week	✓		
	b. OPV	Provided weekly (Every Wednesday). One Bottle only per week	✓		
	c. DPT	Provided weekly (Every Wednesday only)- 8Pcs/ Instead of DPT, BHC uses	✓		

	d. Measles	Provided weekly (Every Wednesday). 8pcs available	✓		
	e. Hepatitis B	Provided weekly (Every Wednesday). One Bottle only per week	✓		
	f. Tetanus toxoid	Provided weekly (Every Wednesday). One Bottle only per week	✓		
3.3	EPI Manual (latest version) available		✓		
3.4	Updated Target Client List or Master List (updated at least within the week)		✓		
4	Disease Surveillance				
4.1	Case definitions available				✓
4.2	Notifiable disease reporting forms available	Disease reporting forms not available			✓
4.3	Notifiable disease reporting forms submitted weekly to RHU				✓
4.4	Investigation of all:				✓
	a. acute flaccid paralysis (AFP)				✓
	b. neonatal deaths				✓
	c. measles outbreaks				✓
4.5	Immediate reporting to the RHU/HC in the fastest possible means:				✓
	a. AFP				✓

	b. Neonatal tetanus				✓
4.6	Followed up all reported AFP cases within 60 days				✓
5	Control of Acute Respiratory Infection (ARI)				
5.1	ARI Case Management Chart posted	Not available			✓
5.2	Thermometer available	6 pcs available for use	✓		
5.3	Tongue depressors available	21 pieces, 3 boxes (5 each, 1 box (3 pcs) and 3 sticks	✓		
5.4	Flashlight or pen light available	1 piece available for use	✓		
5.5	Timer or watch with second hand available	Not available			✓
5.6	Cotrimoxazole adult tablets. At least 25 tablets available	32 unused (100 per box), 1 box used (60 strips), 1 box expired (7/16) as of 12/5/16	✓		
5.7	Paracetamol 500 mg. At least 50 tablets available	Zero as of 12/5/16, only Paracetamol liquid/suspensions available	✓		
6	Control of Diarrheal Diseases (CDD)				
6.1	CDD Case Management Chart posted	12 pcs	✓		
6.2	Functional Oral Rehydration Therapy (ORT) corner with:		✓		
	a. Benches		✓		
	b. Table		✓		
	c. Glasses		✓		
	d. Pitcher		✓		
	e. Spoon		✓		
	f. Potable water		✓		

	g. Calibrated container for measuring Oral Rehydration Sachets (ORS)		✓		
6.3	OR Sachets available at all times	3 boxes (100 each), 1 box-	✓		
6.4	Updated daily record of diarrhea cases	No records			✓
7	Micronutrients Supplementation / Nutrition				
7.1	Guidelines for Micronutrient Supplementation	None			✓
7.2	Operation Timbang Records for the whole BHS catchment	Logbook: records is monitored through data sheet given to each infant. Weight monitored for infants only during immunization		✓	
7.3	Updated Target Client List (at least within a week)	Logged clients on that day only			✓
7.4	Under 5 Growth Cards/ Growth Monitoring Charts	Conducted once a year (Jan 2016); monitored only those who are underweight		✓	
7.5	CBPM-NP RHM Guidebook				✓
7.6	Basic Three Food Groups Brochure	Booklet/Magazine displayed in the lobby	✓		
7.7	Salt Iodization Testing Kit	None			✓
7.8	Micronutrients available:				
	a. Iron	Ferrous Sulphate + Folic Acid/Expiry: 10/2018	✓		
	b. Iodine	Not available			✓

	c. Vitamin A	In July and September, given only to infants: 6-11 months; 12-59 months; and 60-71 months old	✓		
7.9	Functional balance beam or other weighing scale		✓		
8	Family Planning Program				
8.1	Updated Target Client List (at least within the week)	Log book for actual clients for the day.	✓		
8.2	Updated FP Form 1 – BHS Worksheet	Does not maintain reports submitted to Lapaz District Health Center			✓
8.3	Contraceptives/ Supplies Available at least 1 month allowed stock level:				
	a. Condoms	Supplied by Barangay Service Point Officer (BSPO), zero stock as of 12/5/16		✓	
	b. Oral contraceptives – combination and progesterone only	5 sets supplied by BSPO for continuing clients	✓		
	c. DMPA (in areas with trained health workers)	Medroxyprogesterone Acetate Expiry: April, 2018	✓		
	d. IUDs (in areas with trained health workers)	None			✓
8.4	Antiseptic solution:				
	a. Povidone iodine	2 liters Expiry: 10/20/18	✓		
	b. Cidex				✓
8.5	Chlorine 75%				✓

8.6	Sterilized equipment available:				
	a. Forceps – alligator				✓
	b. Forceps – pick-up				✓
	c. Forceps – ovum				✓
	d. Forceps – tenaculum				✓
	e. Forceps - uterine				✓
	f. Forceps container				✓
8.7	Kelly pad/linen for examination table				✓
8.8	Examination table:				
	a. With linen or paper	Two examination tables	✓		
	b. Changed between clients		✓		
8.9.	Light source:				
	a. Gooseneck lamp	Uses pen light			✓
	b. Flashlight	Uses pen light			✓
8.10	NFP Charts for distribution – in selected BHS’				✓
8.11	Other leaflets/ handouts on FP for distribution				✓
8.12	Referral form for sterilization				✓
9	Tuberculosis Control Program				
9.1	Updated Target Client List / National Tuberculosis Program (NTB) Register (at				✓
9.2	Supplies:				
	a. Sputum cup				✓
	b. Glass slides				✓
	c. Designated sputum collection and staining area				✓
9.3	Anti-TB Drugs:				
	a. Type I – good for at least 5 patients				✓
	b. Type II – good for at least 5 patients				✓
	c. Ethambutol in blister packs				✓
	d. Streptomycin sulfate				✓

10	STD/AIDS Prevention and Control Program				
10.1	Syndromic Management Chart posted				✓
10.2	Monthly reporting using primary level reporting form accomplished and submitted to the next higher				✓
10.3	Referral mechanism in place so clients not responding to				✓
11	Environmental Sanitation Program				
11.1	Adequate supply of toilet bowls and toilet bowl molds for households without	According to Mrs Faith-Admin of BHC, residents are required by their			✓
11.2	Record of number of toilet bowls distributed or produced using toilet bowl	No toilet bowls distributed or produce. Each household provides			✓
11.3	Adequate chlorine granules for disinfection of water supply facilities				✓
11.4	Copy of updated list of status of water supply and sanitation facilities within	NAWASA and Purified Drinking water are used as drinking water. Deep			✓
11.5	Copy of list of establishments with sanitary permits and their				✓
11.6	Information and education materials on environmental sanitation		✓		
12	Cancer Control Program – Cervical Cancer Screening				
12.1	Updated Target client list / logbook of clients (at least within the week)				✓
12.2	For pap smear collection of specimen:				✓

	a. Glass slides				✓
	b. Wooden spatula (Ayer's spatula or cervical brush)				✓
	c. Fixative (95% ethanol or others)				✓
	d. Pencil				✓
12.3	Referral facility for pap smear reading				
12.4	Referral forms	Catered by Main Health Center			✓
		✓ Patient is referred verbally to Main Health Center by the personnel in the BHC (BNS, BSPO, NHW).			
12.5	Individual patient record of pap smear results	Data c/o Main Health Center			✓
12.6	Information education campaign materials on Cervical Cancer and self-breast examination (SBE), i.e., posters, leaflets	NONE			✓
13	Maternal Care				
13.1	Updated Target client list / book (at least within the week)				✓
13.2	Tetanus toxoid:				
	a. Vaccine	1 BOTTLE ONCE a WEEK ONLY PROVIDED EVERY WEDNESDAY	✓		
	b. Syringes		✓		
	c. Needles		✓		
13.2	Record of pre-natal/natal/post natal visits	Prenatal log book	✓		
13.3	Record of home visits conducted by BHW midwife/CHVW				✓
13.4	Forms for birth certificates				✓
13.5	Home based maternal records (HBMR) for distribution to new clients / replacements				✓
13.6	Information education campaign materials				✓
13.7	OB Emergency Manual and Algorithm				✓

14	Health Care Providers				
14.1	At least 1 midwife	MRS. DELIA PRITOS	✓		
		Senior Midwife			
14.2	Licensed Nurse from mother RHU [Source: Ppt of DOH ASecTayag]	NONE			✓
14.3	Licensed Physician from mother RHU conducting regular visits (rotating) [Source: Ppt of DOH ASecTayag]	NONE			✓
14.4	Licensed Medical Technologist (rotating) [Source: Ppt of DOH ASecTayag]	NONE			✓
14.5	Complement: Group of organized volunteer health	BHW, BNS & BSPO HAVE MONTHLY ALLOWANCES	✓		
15	Equipment				
	[Source: Ppt of DOH ASecTayag]				
15.1	Autoclave 10 L				✓
15.2	BP Apparatus, non-mercurial, with adult and pedia cuff, desk type, digital		✓		
15.3	Cervical Inspection Set/Vaginal Speculum Set:				
	a. Medium size (2 pcs)				✓
	b. Large size (1 piece)				✓
15.4	Dressing set:				
	a. Surgical scissors straight (1 pc)				✓
	b. Surgical scissors curved (1 pc)				✓
	c. Bandage scissors (1 pc)				✓
	d. Pick up (ovum) forceps (1 pc)				✓

	e. Mosquito forceps (2 pcs)				✓
	f. Tissue forceps with teeth (2 pcs)				✓
	g. Tissue forceps without teeth (2 pcs)				✓
	h. Suture removal scissors (1 pc)				✓
15.5	Examining Light				✓
15.6	Examining Table with stirrups				✓
15.7	Generator Set, 5 KVA	There is an agreement between BHC & GBP (Global Business Power) that vaccines will be stored at their office if there is a long power cut off.			
15.8	Glucometer (with 1,000 needles and 1,000 strips with expiration at least 1 year)				✓
15.9	Instrument Cabinet				✓
15.1	Instrument Table				✓
15.1	Instrument tray with cover, 18/8, stainless steel (410mm x 254mm x 64mm)				✓
15.1	IUD Insertion Set				✓
	<i>a. uterine sound</i>				✓
	<i>b. tenaculum forceps</i>				✓
	<i>c. ovum forceps</i>				✓
15.1	Nebulizer (2)		✓		
15.1	Salter Scale (3)		✓		

15.2	Stethoscope Adult		✓		
15.2	Weighing scale with height measuring stick, adult		✓		
15.2	Weighing Scale, Infant				
15.2	Stretcher	none			✓
15.2	Bed, mechanical 2 cranks with IV Pole and mattress (4 inches)				
15.2	Bedside table				✓
15.2	Cord Dressing Set:				
	a. Forceps, straight, 6" (2 pcs.)		✓		
	b. Bandage Scissors, 6" (1pc.)				✓
	c. Kidney Basin, stainless steel, small (1pc.)				✓
15.2	Delivery Table with detachable stirrups, with mattress				✓
15.2	Dressing Cart				✓
15.2	Fetal Doppler				✓
15.3	Foot Stool		✓		
15.3	Maternal Care Instrument Set (2):				✓
	a. Haemostatic forceps, straight 5" (2pcs.)				✓
	b. Needle Holder, 6 inch #1 (1pc.)				✓
	c. Pick-up forceps (1pc.)				✓
	d. Surgical Scissors (1pc.)				✓
	e. Tissue forceps (1pc.)				✓
15.3	Mucus Suction Bulb (considered supply)				✓
15.3	Oxygen Tank 50L				✓
15.3	Oxygen Therapy Set				✓
15.3	Resuscitator, manual, adult				✓

15.3	Resuscitator, manual, neonate				✓
15.3	Revolving Stool (2)				✓
15.3	Stethoscope, Adult (heavy duty)		✓		
15.3	Stethoscope Pedia/Neonate	They have separate blooscope for Pedia	✓		
15.4	Weighing Scale (digital), Infant (dual power)		✓		
15.4	Wheeled detachable stretcher				✓
16	Services				
	Tamang Serbisyo para sa Kalusugan ng Pamilya (TSEKAP)				
	[Source: Ppt of DOH ASec Tayag]				
16.1	Preventive Services:				
	a. Primary consultation	UPDATED LOGBOOKS	✓		
	b. Regular blood pressure and body measurements	C/O B/P TREATMENT/ORS LOGBOOK	✓		
	c. Periodic clinical Breast Examination	NONE			✓
	d. Breastfeeding Program Examination	Counselling for exclusive Breastfeeding conducted during Prenatal	✓		
		Records c/o BHC PRENATAL LOGBOOK only			
	e. Cervical Cancer Screening through visual inspection with acetic acid	Conducted at BHC Last 2014, current screening conducted at Main Health Center. Records c/o Main Health Center			✓

	f. Digital rectal examination				✓
	g. Risk profiling for hypertension and diabetes	Counselling only for hypertension & diabetic clients during check-up. Referral to main health center or to hospital if there is a need to.			✓
		Records c/o BHC LOGBOOK			
	h. Counselling for smoking cessation and lifestyle modification	Counselling conducted during BHC Personnel House Visit.			✓
		No Available Records			
	i. Oral check up and prophylaxis for children 12 years and below	Yearly Oral Check up conducted for Day Care Children Only.			✓
		NO RECORDS AVAILABLE.			
17	For Birthing Homes,				
	Maternity care package (MCP)				
	[Source: Ppt of DOH ASec Tayag]				
	a. Routine Obstetric Care including ante-partum care	They don't have Birthing Clinic. Clients usually directly have their delivery at the nearest hospital.			✓
	b. Vaginal delivery	They don't have Birthing Clinic. Clients usually directly have their delivery at the nearest hospital.			✓

Item	Audit Criteria (Standard)	Nabitasan Barangay Health Center			
		Audit Condition	Compliant	Partially Compliant	Not compliant
1	Infrastructure/ Conditions/ Amenities				
1.1	Housed in (or within) a permanent structure	The BHC is concrete and a component structure of the Barangay Hall and Day Care Center. (1st Floor- BHC/DCC; 2nd Floor- BH)	✓		
	a. Area: 43 square meters (non-birthing) [Source: Ppt of DOH ASec Tayag]	Area of BHC per actual measurement is 37.47 sq. meters (6.34 x 5.91 m)			✓
	b. Area: 138 square meters (birthing) [Source: Ppt of DOH ASec Tayag]	The BHC is non-birthing facility. Such service is being referred to the La Paz District Health Center			✓
1.2	Generally clean and orderly environment	The BHC is generally clean and orderly. The BHC has officer of the day in-charge of cleaning the area.	✓		
1.3	Sufficient seating space for patients	Seating space for patients is insufficient during peak hours of immunization/vaccination days but can accommodate patients during regular consultation days. It extends outside of the premises of the Center.		✓	
1.4	Signboard listing:				
	a. Facility hours	No signboard of regular facility hours.			✓
	b. Available services	Schedule of services were posted outside the BHC indicating date and time. (Immunization & Prenatal only)		✓	
1.5	Adequate lighting	BHC lighting is inadequate.		✓	
1.6	Adequate ventilation	BHC ventilation is inadequate.		✓	
1.7	Light source for examination:				
	a. Gooseneck lamp	Light source for examination is inadequate.			✓
	b. Flash lights				✓
1.8	Water supply:				
	1.8.1 covered	The water source is sufficient for hand washing and comfort room and is supplied by NAWASA and water pump.	✓		
	1.8.2 sufficient for:		✓		
	a. handwashing		✓		
	b. comfort rooms		✓		
1.9	Hand washing area with:				
	a. soap	No hand washing area and no soap and towel were provided.			✓
	b. towel				✓
1.10	Comfort rooms for staff:				
	a. functional	Only one comfort room for staffs and clients. Comfort room is functional but not clean.		✓	
	b. clean			✓	

Item	Audit Criteria (Standard)	Nabitasan Barangay Health Center			
		Audit Condition	Compliant	Partially Compliant	Not compliant
1.11	Comfort rooms for clients:				
	a. functional	Only one comfort room for staffs and clients. Comfort room is functional but not clean.		✓	
	b. clean			✓	
1.12	Garbage containers:				
	a. covered	Garbage container is not covered.			✓
	b. segregated	Garbage is not segregated.			✓
	c. sharp object container	Disposable syringe and vials are being brought to La Paz District Health Center for disposal.			✓
1.13	Cleaning/Sterilizing supplies for medical instruments	No sterilizing supplies for medical instruments available in the BHC.			✓
1.14	Storage space/room for:				
	a. supplies	No storage space/room but the BHC has a cabinet used to store supplies, drugs and medicines.		✓	
	b. drugs			✓	
	c. medicines			✓	
1.15	Treatment/Examination area				
	a. with visual privacy	The BHC has no specific room for treatment/examination with visual or auditory privacy.		✓	
	b. with auditory privacy			✓	
2	Health Services				
2.1	Posting of:				
	a. clinic hours	The BHC has no posting of clinic hours for regular days.		✓	
	b. services	The BHC has posting of services provided (Immunization & Prenatal)	✓		
	c. staff whereabouts	The BHC has no posting of staff whereabouts.			✓
	in area readable by:				
	d. clients	Schedule of services are posted outside the BHC.	✓		
	e. service providers		✓		
2.2	Provides occasional services during:				
	a. evenings	Provide occasional services during emergency cases only.		✓	
	b. weekends			✓	
2.3	Provides services during non-traditional hours (outside of office hours) at least once a week	Provide occasional services during emergency cases only.		✓	
3	Expanded Immunization Program				
3.1	Immunization programs:				
	a. schedules of day and time displayed	Schedule of immunization with date and time is posted outside the BHC.	✓		
	b. conducted daily or at least 3x a week	Immunization is conducted twice a month only.			✓

Item	Audit Criteria (Standard)	Nabitanan Barangay Health Center			
		Audit Condition	Compliant	Partially Compliant	Not compliant
3.2	Vaccines available for at least 1 week consumption and stored under proper cold chain conditions:				
	a. BCG	Vaccines for the following diseases are not available in the BHC.			✓
	b. OPV				
	c. DPT				
	c. Measles				
	d. Hepatitis B				
	e. Tetanus toxoid				
3.3	EPI Manual (latest version) available	Latest EPI Manual is not available in the BHC.			✓
3.4	Updated Target Client List or Master List (updated at least with in the week)	No target Client List or Master List was prepared.			✓
4	Disease Surveillance				
4.1	Case definitions available	The BHC has no available case definitions.			✓
4.2	Notifiable disease reporting forms available	The BHC has no available notifiable disease reporting forms.			✓
4.3	Notifiable disease reporting forms submitted weekly to RHU	The BHC does not submit weekly reports on notifiable disease to La Paz District Health Center.			✓
4.4	Investigation of all:				
	a. acute flaccid paralysis (AFP)	No investigations made by the BHC.			✓
	b. neonatal deaths				
	c. measles outbreaks				
4.5	Immediate reporting to the RHU/HC in the fastest possible means:				
	a. AFP	No report has been submitted to La Paz District Health Center.			✓
	b. Neonatal tetanus				
4.6	Followed up all reported AFP cases within 60 days	No follow-ups made.			✓
5	Control of Acute Respiratory Infection (ARI)				
5.1	ARI Case Management Chart posted	Patients with respiratory problems are being referred to La Paz District Health Center for check-ups. Upon inspection, no record was presented. Also, no charts were posted.			✓
5.2	Thermometer available	There is an infrared forehead and digital thermometer being used for general purpose	✓		
5.3	Tongue depressors available	No tongue depressor available upon inspection			✓

Item	Audit Criteria (Standard)	Nabitanan Barangay Health Center			
		Audit Condition	Compliant	Partially Compliant	Not compliant
5.4	Flashlight or pen light available	No flashlight or penlight available upon inspection			✓
5.5	Timer or watch with second hand available	No timer or watch available upon inspection			✓
5.6	Cotrimoxazole adult tablets. At least 25 tablets available	No medicines were presented upon inspection. Medicines are in the custody of Kagawads assigned in every zone			✓
5.7	Paracetamol 500 mg. At least 50 tablets available	No medicines were presented upon inspection. Medicines are in the custody of Kagawads assigned in every zone			✓
6	Control of Diarrheal Diseases (CDD)				
6.1	CDD Case Management Chart posted	Patients with diarrheal problems are being referred to La Paz District Health Center for check-ups. Upon inspection, no record was presented. Also, no charts were posted.			✓
6.2	Functional Oral Rehydration Therapy (ORT) corner with:	No ORT corner			
	a. Benches				✓
	b. Table				✓
	c. Glasses				✓
	d. Pitcher				✓
	e. Spoon				✓
	f. Potable water				✓
	g. Calibrated container for measuring Oral Rehydration Sachets (ORS)				✓
6.3	OR Sachets available at all times	ORS are not available at all times.			✓
6.4	Updated daily record of diarrhea cases	No records were prepared.			✓
7	Micronutrients Supplementation / Nutrition				
7.1	Guidelines for Micronutrient Supplementation	There are no guidelines for macronutrient supplementation upon inspection. Orientation is done verbally.			✓
7.2	Operation Timbang Records for the whole BHS catchment	Records are updated as of January 2016 only	✓		
7.3	Updated Target Client List (at least within a week)	There is an updated target client list as of 2016	✓		
7.4	Under 5 Growth Cards/ Growth Monitoring Charts	Growth cards are being kept by the parents	✓		
7.5	CBPM-NP RHM Guidebook	No guidebook was presented upon inspection			✓
7.6	Basic Three Food Groups Brochure	No posters/brochures available upon inspection			✓

Item	Audit Criteria (Standard)	Nabitanan Barangay Health Center			
		Audit Condition	Compliant	Partially Compliant	Not compliant
7.7	Salt Iodization Testing Kit	Expired last September, 2016 and no additional supply was given			✓
7.8	Micronutrients available:				
	a. Iron	7 boxes were available upon inspection	✓		
	b. Iodine	No supply was available upon inspection			✓
	c. Vitamin A				✓
7.9	Functional balance beam or other weighing scale	Baby weighing scale and bathroom scale.	✓		
8	Family Planning Program				
8.1	Updated Target Client List (at least within the week)	There is an updated target client list as of 2016	✓		
8.2	Updated FP Form 1 – BHS Worksheet	There is an updated target client list as of 2016	✓		
8.3	Contraceptives/ Supplies Available at least 1 month allowed stock level :				
	a. Condoms	22 boxes available (Exp date 2020)	✓		
	b. Oral contraceptives – combination and progesterone only	12 boxes minogynon (Exp date 2018) 4 boxes lynestrenol (Exp date 2018) 1 box levenorgestrel (Exp date 2020)	✓		
	c. DMPA (in areas with trained health workers)	16 vials Medroxyprogesterone Acetate (Exp date 2018)	✓		
	d. IUDs (in areas with trained health workers)	No supply available. Clients are being referred to La Paz District Health Center			✓
8.4	Antiseptic solution:				
	a. Povidone iodine	No supply available. Clients are being referred to La Paz District Health Center			✓
	b. Cidex				✓
8.5	Chlorine 75%				✓
8.6	Sterilized equipment available:				
	a. Forceps – alligator	No equipment available upon inspection.			✓
	b. Forceps – pick-up				✓
	c. Forceps – ovum				✓
	d. Forceps – tenaculum				✓
	e. Forceps - uterine				✓
	f. Forceps container				✓
8.7	Kelly pad/linen for examination table	No kelly pad/linen available upon inspection			✓
8.8	Examination table:				
	a. With linen or paper	No linen or paper available			✓
	b. Changed between clients	No linens			✓
8.9.	Light source:				
	a. Gooseneck lamp	No equipment available upon inspection			✓
	b. Flashlight				✓

Item	Audit Criteria (Standard)	Nabitanan Barangay Health Center			
		Audit Condition	Compliant	Partially Compliant	Not compliant
8.1	NFP Charts for distribution – in selected BHS'	Available upon inspection	✓		
8.11	Other leaflets/ handouts on FP for distribution	Available upon inspection	✓		
8.12	Referral form for sterilization	No form was presented			✓
9	Tuberculosis Control Program				
9.1	Updated Target Client List / National Tuberculosis Program (NTB) Register (at least within the week)	The BHC does not maintain a record. Patients are referred to La Paz District Health Center.			✓
9.2	Supplies:				
	a. Sputum cup	No supply was available upon inspection			✓
	b. Glass slides	No supply was available upon inspection			✓
	c. Designated sputum collection and staining area	No supply was available upon inspection			✓
9.3	Anti-TB Drugs:				
	a. Type I – good for at least 5 patients	No supply was available upon inspection			✓
	b. Type II – good for at least 5 patients				✓
	c. Ethambutol in blister packs				✓
	d. Streptomycin sulfate				✓
10	STD/AIDS Prevention and Control Program				
10.1	Syndromic Management Chart posted	No Chart posted			✓
10.2	Monthly reporting using primary level reporting form accomplished and submitted to the next higher level	Reports are maintained by La Paz District Health Center			✓
10.3	Referral mechanism in place so clients not responding to treatment at this level will be referred to a designated Social Hygiene Clinic, secondary care level or referral center where a laboratory is available to perform the basic laboratory tests required to diagnose most STDs as well as for HIV testing	Referral mechanism in place		✓	
11	Environmental Sanitation Program				
11.1	Adequate supply of toilet bowls and toilet bowl molds for households without them	No data available for the number of households without toilet bowls and toilet bowl molds.			✓
11.2	Record of number of toilet bowls distributed or produced using toilet bowl molds	No distributions were made.			✓

Item	Audit Criteria (Standard)	Nabitanan Barangay Health Center			
		Audit Condition	Compliant	Partially Compliant	Not compliant
11.3	Adequate chlorine granules for disinfection of water supply facilities	Iloilo Metro Water District provides the water supply for the Barangay.			✓
11.4	Copy of updated list of status of water supply and sanitation facilities within the area of coverage				✓
11.5	Copy of list of establishments with sanitary permits and their updated sanitation condition	List maintained by the Barangay Treasurer was based on the payments made by the establishments		✓	
11.6	Information and education materials on environmental sanitation	Availability of instructional materials	✓		
12	Cancer Control Program – Cervical Cancer Screening				
12.1	Updated Target client list / logbook of clients (at least within the week)	Availability of Listing	✓		
12.2	For pap smear collection of specimen:	No Pap smear collection of specimen was done in BHC			
	a. Glass slides				✓
	b. Wooden spatula (Ayer's spatula or cervical brush)				✓
	c. Fixative (95% ethanol or others)				✓
	d. Pencil				✓
12.3	Referral facility for pap smear reading				✓
12.4	Referral forms				✓
12.5	Individual patient record of pap smear results				✓
12.6	Information education campaign materials on Cervical Cancer and self-breast examination (SBE), i.e., posters, leaflets	Inadequate supplies of Campaigning Materials		✓	
13	Maternal Care				
13.1	Updated Target client list / book (at least within the week)	Availability of client listing	✓		
13.2	Tetanus toxoid:				
	a. Vaccine	Supplies are provided by the La Paz District Health Center.		✓	
	b. Syringes			✓	
	c. Needles			✓	
13.2	Record of pre-natal/natal/post natal visits conducted	Availability of records	✓		
13.3	Record of home visits conducted by BHW midwife/CHWW	No records were prepared.			✓
13.4	Forms for birth certificates	No forms available			✓

Item	Audit Criteria (Standard)	Nabitanan Barangay Health Center			
		Audit Condition	Compliant	Partially Compliant	Not compliant
13.5	Home based maternal records (HBMR) for distribution to new clients / replacements	No records were prepared.			✓
13.6	Information education campaign materials	Limited supply of Campaign Materials		✓	
13.7	OB Emergency Manual and Algorithm	Non-availability of OB Emergency Manual and Algorithm			✓
14	Health Care Providers				
14.1	At least 1 midwife	Availability of the Midwife	✓		
14.2	Licensed Nurse from mother RHU [Source: Ppt of DOH ASec Tayag]	Availability of the nurse	✓		
14.3	Licensed Physician from mother RHU conducting regular visits (rotating) [Source: Ppt of DOH ASec Tayag]	No licensed Physician from La Paz District Health Center			✓
14.4	Licensed Medical Technologist (rotating) [Source: Ppt of DOH ASec Tayag]	No licensed Medical Technologist (rotating)			✓
14.5	Complement: Group of organized volunteer health workers	Availability of volunteer health workers	✓		
15	Equipment [Source: Ppt of DOH ASec Tayag]				
15.1	Autoclave 10 L	Equipment not available			✓
15.2	BP Apparatus, non-mercurial, with adult and pedia cuff, desk type, digital	Availability of BP Apparatus	✓		
15.3	Cervical Inspection Set/Vaginal Speculum Set:	Not provided by the BHC			
	a. Medium size (2 pcs)				✓
	b. Large size (1 piece)				✓
15.4	Dressing set:				
	a. Surgical scissors straight (1 pc)	Not available			✓
	b. Surgical scissors curved (1 pc)	Not available			✓
	c. Bandage scissors (1 pc)	Not available			✓
	d. Pick up (ovum) forceps (1 pc)	Not available			✓
	e. Mosquito forceps (2 pcs)	Not available			✓
	f. Tissue forceps with teeth (2 pcs)	Not available			✓
	g. Tissue forceps without teeth (2 pcs)	Not available			✓
	h. Suture removal scissors (1 pc)	Not available			✓
15.5	Examining Light	Not available			✓
15.6	Examining Table with stir ups	Not available			✓
15.7	Generator Set, 5 KVA	Not available			✓

Item	Audit Criteria (Standard)	Nabitasan Barangay Health Center			
		Audit Condition	Compliant	Partially Compliant	Not compliant
15.8	Glucometer (with 1,000 needles and 1,000 strips with expiration at least 1 year)	Availability of supplies	✓		
15.9	Instrument Cabinet	Availability of supplies	✓		
15.1	Instrument Table	Not available			✓
15.11	Instrument tray with cover, 18/8, stainless steel (410mm x 254mm x 64mm)	Not available			✓
15.12	IUD Insertion Set	Not available			
	a. uterine sound	Not available			✓
	b. tenaculum forceps	Not available			✓
	c. ovum forceps	Not available			✓
15.13	Nebulizer (2)	Available upon inspection	✓		
15.14	Salter Scale (3)	Available upon inspection	✓		
15.15	Stethoscope Adult	Available upon inspection	✓		
15.16	Weighing scale with height measuring stick, adult	Not available			✓
15.17	Weighing Scale, Infant	Available upon inspection	✓		
15.18	Stretcher	Not available			✓
15.19	Bed, mechanical 2 cranks with IV Pole and mattress (4 inches)	Not available			✓
15.2	Bedside table	Not available			✓
15.21	Cord Dressing Set:	Not available			✓
	a. Forceps, straight, 6" (2 pcs.)	Not available			✓
	b. Bandage Scissors, 6" (1pc.)	Not available			✓
	c. Kidney Basin, stainless steel, small (1pc.)	Not available			✓
15.22	Delivery Table with detachable stirrups, with mattress	Not available			✓
15.23	Dressing Cart	Not available			✓
15.24	Fetal Doppler	Available upon inspection	✓		
15.25	Foot Stool	Not available			✓
15.26	Maternal Care Instrument Set (2):	Not available			✓
	a. Haemostatic forceps, straight 5" (2pcs.)	Not available			✓
	b. Needle Holder, 6 inch #1 (1pc.)	Not available			✓
	c. Pick-up forceps (1pc.)	Not available			✓
	d. Surgical Scissors (1pc.)	Not available			✓
	e. Tissue forceps (1pc.)	Not available			✓
15.27	Mucus Suction Bulb (considered supply)	Not available			✓
15.28	Oxygen Tank 50L	Not available			✓
15.29	Oxygen Therapy Set	Not available			✓
15.3	Resuscitator, manual, adult	Not available			✓
15.31	Resuscitator, manual, neonate	Not available			✓
15.32	Revolving Stool (2)	Not available			✓
15.33	Stethoscope, Adult (heavy duty)	Not available			✓
15.34	Stethoscope Pedia/Neonate	Not available			✓

Item	Audit Criteria (Standard)	Nabitanan Barangay Health Center			
		Audit Condition	Compliant	Partially Compliant	Not compliant
15.35	Weighing Scale (digital), Infant (dual power)	Not available			✓
15.36	Wheeled detachable stretcher	Not available			✓
16	Services Tamang Serbisyo para sa Kalusugan ng Pamilya (TSBKAP) [Source: Ppt of DOH ASec Tayag]				
16.1	Preventive Services:				
	a. Primary consultation	Availability of service	✓		
	b. Regular blood pressure and body measurements	Availability of service	✓		
	c. Periodic clinical Breast Examination	Programs are offered at La Paz District Health Center			✓
	d. Breastfeeding Program Examination	Programs are offered at La Paz District Health Center			✓
	e. Cervical Cancer Screening through visual inspection with acetic acid	Services not provided by BHC			✓
	f. Digital rectal examination	Services not provided by BHC			✓
	g. Risk profiling for hypertension and diabetes	Services not provided by BHC			✓
	h. Counselling for smoking cessation and lifestyle modification	Services not provided by BHC			✓
	i. Oral check up and prophylaxis for children 12 years and below	Services not provided by BHC			✓
17	For Birthing Homes, Maternity care package (MCP) [Source: Ppt of DOH ASec Tayag]				
	a. Routine Obstetric Care including ante-partum care	Services not provided by BHC			✓
	b. Vaginal delivery	Services not provided by BHC			✓