



# MANUAL OF STANDARDS FOR PRIMARY CARE FACILITIES



# **MANUAL OF STANDARDS FOR PRIMARY CARE FACILITIES**

## MESSAGE

The passage of the Universal Health Care (UHC) Law is a breakthrough health reform which ensures that all Filipinos are guaranteed with equitable access to quality and affordable health care services and are protected against financial risk.

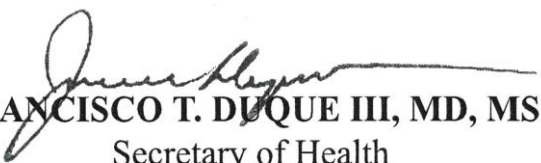
With the revitalized health sector agenda of the Department of Health (DOH) called FOURmula One Plus for Health (F1 Plus), the Department shall contribute to the aspirations of the UHC by instituting a primary care-focused health system. This includes the licensing and implementation of a regulatory system for stand-alone health facilities, including ambulatory and primary care services.

Our initiatives are motivated by challenges brought about by the non-prioritization of health in certain communities and difficulties in the access of health services due to geographic barriers. This is where the DOH hopes to focus and reach-out, in terms of ensuring access to quality and people-centered health services.

Through the UHC Law, DOH together with the local government units (LGUs) can better deliver population and individual-based health services to the communities. This will entail our constant engagement, collaboration, and exchange of information and best practices within the health care provider networks (HCPNs). This will provide our health care system with the vehicle to attain the national health goals.

Through the collective efforts with the Philippine Health Insurance Corporation (PHIC), LGU partners, development partners, and other primary care experts, the DOH issues this Manual of Standards for Primary Care Facilities to serve as a guide for the licensing and regulatory system that primary care facilities and HCPNs may refer to for the upgrading facilities, standard operating procedures, and health promotion and literacy services.

Let us continue to uphold excellence and compassion as we uplift the lives and health of our people!

  
**FRANCISCO T. DUQUE III, MD, MSc.**  
Secretary of Health

## MESSAGE

With the implementation of the Universal Health Care (UHC) Law, the health sector will be progressively enabling Filipinos to have better access to health care services and experience a more responsive health system that protects them from financial hardship. UHC envisions that every Filipino is assigned to a primary care provider and can access appropriate care seamlessly within and across healthcare provider networks. As we strive towards a primary-care focused health care system, Barangay Health Stations, Rural Health Units, and Urban Health Centers must be avenues of clinical quality, operational efficiency, and people-centered processes as the first point of care of every Filipino.

This Manual of Standards for Primary Care Facilities shall serve as a guide for stakeholders in health facility planning and development for these health facilities. Chapters of the manual discusses core functions, service capabilities, staffing structure, infrastructure and equipment requirements, information system, and recommended guide for organizing operational activities and maintenance, reporting, and safekeeping of medical records.

We encourage all health care workers, local government units, national planners, development partners, and other public and private stakeholders to take part in striving towards the realization of the UHC's vision of providing effective and equitable health services for all, through the utilization of this Manual. Health facilities are the face and venue of health care for Juan and Juana, and for a Universal Health Care that is felt by the people, we must work towards building structures, systems, and people in our health facilities.



**LILIBETH C. DAVID, MD, MPH, MPM, CESO I**  
Undersecretary of Health  
Health Facilities and Infrastructure Development Team

## PREFACE

The Department of Health (DOH) moves towards the achievement of the Universal Health Care (UHC) that is centered on the health and well-being of people, ensuring an inclusive health system that is equitable and affordable.


In support of the FOURmula One Plus for Health, the DOH strategic framework to achieve UHC, the Health Facility Development Bureau (HFDB) upholds the thrust through its mandate to formulate policies and develop standards for health care facilities.

True to its mandate, the HFDB spearheaded the development of the “Manual of Standards for the Primary Care Facilities,” in collaboration with the other experts on primary patient care such as the DOH bureaus and offices, Philippine Health Insurance Corporation (PHIC), Local Government Unit (LGU) Partners, and various health care workers.

As the DOH advances toward the delivery of improved public health services, it is indeed a significant step to provide this developmental standard that will serve as guidance for the Primary Care Facilities in a Primary Care Provider Network, a coordinated group of public, private or mixed primary care providers which shall serve as the foundation of the health care provider network.

Correspondingly, it shall serve as a guide for the licensing and regulatory system that will be instituted for the Primary Care Facilities.

With the issuance of this Manual, the Primary Care Facilities, through the integration of public and private primary care providers in its primary care provider network, will help these facilities as primary care gatekeepers, thereby primary care service delivery is improved and strengthened towards a quality responsive health system.

  
**MA. THERESA G. VERA, MD, MSc, MHA, CESO III**  
Director IV  
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## ACKNOWLEDGMENT

The Health Facility Development Bureau the Department of Health (DOH) expresses sincere appreciation to Dr. Francisco T. Duque, III, Secretary of the Department of Health; Dr. Lilibeth C. David, Undersecretary of the Department of Health; Dr. Nestor F. Santiago, Jr., Assistant Secretary of the Department of Health and Dr. Maria Rosario S. Vergeire, Assistant Secretary of the Department of Health and Chairperson, Technical Working Group for Primary Care, for their active supervision and direction in bringing this Manual from concept to its completion.

We are grateful for the immeasurable support, cooperation, and contribution extended by the HFDB family, DOH Centers for Health Development (CHD) Directors and Technical Staff; Provincial Health Officers Association of the Philippines (PHOAP), Association of Health Officers of Metro-Manila (AHOMM); Association of the Municipal Health Officers of the Philippines (AMHOP); Philippine Health Insurance Corporation (PHIC) and other health personnel and experts in primary care.

In the same way, we express our gratitude for the active participation, inputs, comments and full support of the Central Office Directors, Division Chiefs, Program Managers, and Technical Personnel of the following Bureaus:

- Health Facilities and Infrastructure Development Team
- Field Implementation and Coordination Team
- Disease Prevention and Control Bureau
- Bureau of Local Health Systems Development
- Health Human Resource Development Bureau
- Health Facilities and Services Regulatory Bureau
- Knowledge Management and Information Technology Service
- Health Promotion and Communication Service
- Health Policy Development and Planning Bureau
- Pharmaceutical Division
- Health Facilities Enhancement Program

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## Chapter 1

# INTRODUCTION

## 1.1. Background

The Manual of Standards for Primary Care Facilities is guided by the following principles and policies:

- Universal Health Care Act, RA 11223 (2019) – aims to ensure that all Filipinos have equitable access to quality and affordable health care, goods, and services, as well as protection against financial risk. The Act encourages the establishment of health care provider networks, which is a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of health care within the network.
- Alma Ata Declaration (1978) – expressed the “need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world. The declaration identified primary health care as the key to the attainment of the goal of “Health for All.”
- Local Government Code, RA 7160 (1991) – devolved the delivery of health services to the different local government units (provinces, cities, municipalities, and barangays), with the Department of Health providing assistance, policies, guidelines, and standards for health, as well as tertiary and specialized hospital services.
- DOH Administrative Order No. 67-A, 2001 – provision of assistance in the upgrading of devolved local health hospitals and rural health units based on the Sentrong Sigla Standards, PhilHealth accreditation, and DOH Licensing Standards.
- DOH Sentrong Sigla Movement, 2002 – aimed to improve and strengthen the quality of public health services through its Certification and Recognition Program of the local government health facilities, including hospitals, urban health centers, rural health units, and barangay health stations.

## 1.2. Purpose and Intent

The Manual of Standards shall serve as a guide for the licensing and regulatory system that will be instituted for Primary Care Facilities. The standards shall also be utilized as a reference for the contracting agreements between the public primary care facility and the private service provider that delivers individual-based health services.

The standards shall be used by the public and private health sectors, national agencies, local government units, development partners, academe and research partners, civil society, and other relevant stakeholders in the implementation of primary health care.

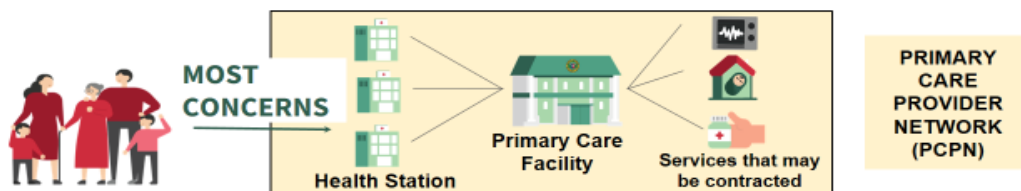


### 1.3. Classification of Primary Care Facilities based on Service Capability

As defined by the Universal Health Care Act, the Primary Care Facility (PCF) is an institution that delivers primary care services and shall be licensed or registered by the Department of Health. These facilities can be public or private and include Urban Health Centers (UHC), Rural Health Units (RHU), and private medical clinics among others.

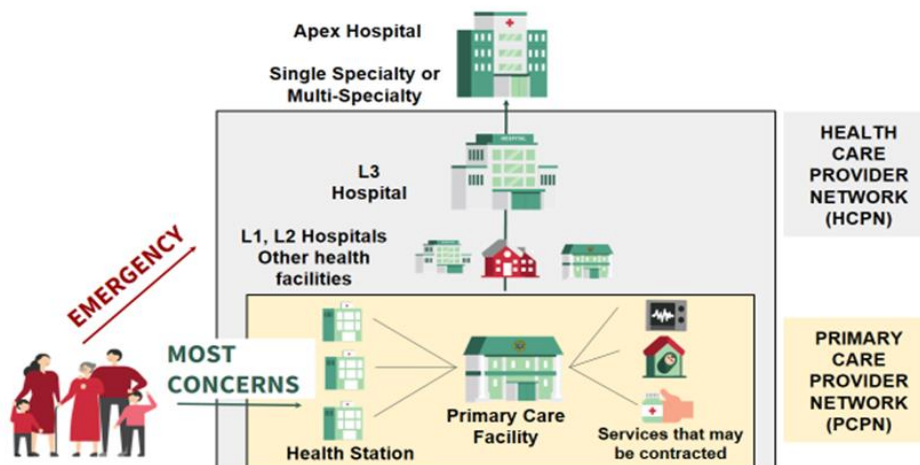
Under the PCF are health stations such as the Barangay Health Stations (BHS). The main functions of the BHS are to augment the UHC or RHU in the provision of primary care services and to coordinate patient transport to the appropriate referral facility when necessary. Other examples of health stations are school clinics, occupational health clinics, office clinics, etc.

### 1.4. Illustration of Primary Care Facilities in a Primary Care Provider Network



The illustration shows the coordination of the group of public primary care facilities wherein services may be outsourced through a contracting agreement between the public primary care facility and the private service provider that delivers individual-based health services.

### 1.5. Illustration of Health Facilities in a Health Care Provider Network



The illustration shows the formation of a Health Care Provider Network (HCPN) that ensures integration and effective and efficient delivery of population-based and individual-based health services. The HCPN is a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of health care within the network. The patients needing specialized care shall be referred by the HCPN to the apex or end-referral hospital.

## Chapter 2

### DEFINITION OF TERMS

- A. **Health Care Provider Network (HCPN)** – a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of health care within the network.
- B. **Primary Care Provider Network (PCPN)** – a coordinated group of public, private, or mixed primary care providers, acting as the foundation of the HCPN.
- C. **Primary Care Facility** – refers to the institution that primarily delivers primary care services which shall be licensed or registered by the Department of Health.
- D. **Primary Care** – refers to the initial-contact, accessible, continuous, comprehensive, and coordinated care that is accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system, when necessary.
- E. **Contracting** – refers to a process where providers and networks are engaged to commit and deliver quality health services at agreed cost, cost sharing, and quantity in compliance with prescribed standards.
- F. **Population-based Health Services** – refer to interventions such as health promotion. Disease surveillance, and vector control, which have population groups as recipients.
- G. **Individual-based Health Services** – refer to services which can be accessed within a health facility or remotely that can be definitively traced back to one (1) recipient, has limited effect at a population level and does not alter the underlying cause or illness such as ambulatory and inpatient care, medicines, laboratory tests and procedures, among others

## Chapter 3

# PRIMARY CARE FACILITY STANDARDS BASED ON SERVICE CAPABILITY

The Primary Care Facility (PCF), such as the Urban Health Center (UHC) and the Rural Health Unit (RHU), shall take the lead in the delivery of primary care services in its defined catchment areas. The Health Station, such as the Barangay Health Station, shall augment the services of the PCF.

Services that are not present in the PCF may be outsourced through a contracting agreement between the UHC/RHU and the private service provider that delivers the individual-based health services. This ensures the delivery of a comprehensive health services for the community.

### 3.1. Summary of Services

Services	Primary Care Facility (UHC/RHU/Medical Clinic)	Health Station
Defined catchment area	Yes	No
Medical services	Yes	Yes
Laboratory services	In-house or outsourced	No
Imaging services	In-house or outsourced	No
Pharmaceutical commodities and services	In-house or outsourced	Distribution of selected public health drugs and medicines
Birthing services	In-house or outsourced	No
Population-based health service	Yes (if government)	Yes
Minor surgeries	Yes	No
Physical, occupational, and/or speech therapy	In-house or outsourced	No
Transportation	Ambulance (dedicated, shared, or outsourced)	Patient transport vehicle (dedicated, shared, or outsourced)
Licensing  <i>Note: laboratory, dental, and birthing services are covered under the license of the UHC/RHU when they are rendered within the facility</i>	Yes	No

## 3.2. Services in a Primary Care Facility

### 3.2.1. Population-based Health Services *(provided by government PCF)*

- Health promotion
- Epidemiologic surveillance
- Health protection (vector control, environmental health, occupational safety, and food safety measures)
- Emergency preparedness and response

### 3.2.2. Individual-based Health Services

- Maternal and Newborn Care
  1. History tracking
  2. Physical examination
  3. Antenatal care (screening, immunization, micronutrient supplementation, preparation of birth plans, counseling on breastfeeding)
  4. Assessment and referral of high-risk patients
  5. Intrapartum management
  6. Essential newborn care
  7. Postpartum care, including breastfeeding support
  8. Counseling and health promotion
  9. Promotion of male involvement in maternal and child care
- Family Planning Services
  1. Counseling and provision of family planning services
  2. Promotion of male involvement in reproductive health and gender and development
- Nutrition Services
  1. Nutritional status assessment, counseling, and recommendation
  2. Provision of micronutrient supplementation
  3. Management of mild to moderate malnutrition
- Dental Services
  1. Oral and dental health check-up
- Rehabilitation Services
  1. Outsourced community-based rehabilitation (physical therapy, occupational therapy, speech therapy, psychology or psychiatry)
  2. Referral to specialists for formal assessment of disability for intervention and rehabilitation
- Health Assessment and Referral Services
  1. Assessment and referral of nicotine addiction level in smokers
  2. Assessment and referral of alcoholism problems
  3. Assessment and referral of addictive substance abuse

- Clinical Laboratory Services
  1. Complete blood count with platelet count
  2. Urinalysis
  3. Fecalalysis
  4. Fecal occult blood test
  5. Lipid profile (total cholesterol, HDL, LDL, triglycerides)
  6. Fasting blood sugar
  7. Oral glucose tolerance test
  8. Sputum microscopy
  9. Pap smear
  10. Visual inspection with acetic acid test
  11. Creatinine
  12. Blood typing
  13. Dengue rapid test
  14. Screening for hepatitis B, syphilis, and HIV
  15. Transport of samples for laboratory testing
  16. Nucleic acid amplification test (1 in every primary care provider network)
- Diagnostic and Imaging Services
  1. Electrocardiogram
  2. Diagnostic ultrasound (can be outsourced)
  3. Chest X-ray (can be outsourced)
- Pharmaceutical Services
  1. Provision of essential drugs and medicines (dispensing, distribution, and advice) and commodities

### 3.2.3 Other Services

- Administrative Services
  1. Management and maintenance of health records (including management of electronic medical records and information system)
  2. Consolidation and analysis of surveillance reports
  3. Issuance of certificates
    - a. Medical certification
    - b. Death certification
    - c. Medico-legal certification
  4. Sanitation inspection and issuance of permits
  5. Maintenance of equipment and facility
- Supervisory Services
  1. Ensures patient navigation in its primary care provider network
  2. Supervision of health stations
  3. Supervision of health workers
  4. Leads the Local Health Board and Nutrition Council
  5. Participates in other committees where health is involved

### 3.3. Services in a Health Station

The services offered in a government health station are also offered in a primary care facility.

#### 3.3.1. Population-based Health Services

- Health promotion, communication, and advocacy
- Counseling and psychological services
- Disease prevention

#### 3.3.2. Individual-based Health Services

- **Medical Services**
  1. Screening of illness (e.g. visual acuity, hearing problems), assessment, and referral of patients to the PCF
  2. Developmental and mental health evaluation of children
  3. Occupational health screening
  4. Physical check-up (including clinical breast examination by a physician or a trained health staff, eye examination by ophthalmological team under the supervision of an ophthalmologist)
  5. Ensure continuum of care (home-based care, navigation, referral)
  6. Case finding, treatment, and monitoring of reportable diseases, including tuberculosis
  7. Trauma, emergency, and transport services
- **Reproductive Health Services**
  1. Provision and counseling on reproductive health services
  2. Promotion of male involvement in reproductive health, gender and development
- **First Aid** for injuries, poisoning, trauma, envenomation, animal bites, malaria cases, chemical hazard exposures
- **Maternal and Newborn Care**
  1. Pregnancy tracking
  2. Antenatal care (assessment, counseling, immunization, micronutrient supplementation, preparation of birth plans, counseling on breastfeeding)
  3. Referral of high-risk patients to the PCF
  4. Postpartum care, including breastfeeding support
  5. Promotion of male involvement in maternal and child care
- **Nutrition Services**
  1. Nutritional status assessment and counseling
  2. Provision of micronutrient supplementation
  3. Promotion of proper nutrition
  4. Promotion of healthy lifestyle

### 3.3.3 Other Services

- **Administrative Services**
  1. Management of health records (including management of electronic medical records and information system)
  2. Collection of health data, including disease surveillance data
  3. Issuance of certificates
    - d. Medical certification
    - e. Death certification
    - f. Medico-legal certification
  4. Monitoring, inspection, and survey of basic sanitation facilities (water, toilet, garbage segregation and disposal)
- **Supervisory Services**
  1. Supervision of barangay health workers and barangay nutrition scholars
  2. Participates in Barangay Nutrition Council and other committees where health is involved

## Chapter 4

### HUMAN RESOURCE FOR HEALTH COMPLEMENT

Human resource for health (HRH) is an essential component of a functional health system. As stipulated in the Universal Health Care (UHC) Act, HRH issues shall be comprehensively addressed through identified mechanisms and tools to ensure that there are enough and appropriate health worker complement in all levels of the health sector. Furthermore, a National Health Workforce Support System shall be established to augment the HRH needs of local public health systems, with priority given to Geographically Isolated and Disadvantaged Areas (GIDA).

Defining the standards to determine the appropriate staffing and skills mix requirements for the health workforce in a healthcare setting is an iterative process. Pending the results of the Workload Indicators of Staffing Needs (WISN) study, the staffing standards is currently based on the health worker to population ratio, as reflected in the National Objectives for Health (NOH) 2017-2022:

- One (1) Urban Health Center/Rural Health Unit physician per 20,000 population
- One (1) public health nurse per 10,000 population
- One (1) public health midwife per 5,000 population
- One (1) public health dentist per 50,000 population

The HRH who will deliver the health services may be employed by the primary care facility or hired through a contracting agreement between the public primary care facility and the private service provider which delivers individual-based health services.

The staffing requirements for birthing homes and diagnostic facilities that offer clinical, laboratory, radiology, and other ancillary services shall follow DOH Administrative Order 2012-0012 or the Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines.

At the barangay level, each barangay shall have one (1) Barangay Health Worker (BHW) per 20 households. The BHW shall act as the first point of contact between the healthcare system and the rest of the community. In addition, there shall also be one (1) Barangay Nutrition Scholar (BNS) per barangay. The BNS shall help identify and monitor malnourished pregnant and lactating mothers and children and shall promote good nutrition practice.

Lastly, all primary care facility HRH must be PhilHealth members.

#### 4.1. Proposed Units in a Primary Care Facility

The UHC/RHU is expected to lead the Primary Care Provider Network (PCPN) and shall have two functional units – the Health Service Delivery Unit and the Health System Support Unit.



#### **4.1.1. Health Service Delivery Unit**

The UHC/RHU shall perform their primary role of providing population and individual-based health services through the Health Service Delivery Unit (HSDU). The HSDU shall also navigate and coordinate referrals to other service providers within the Health Care Provider Network (HCPN).

The standard operating hours of the primary care facility shall not exceed eight (8) hours a day or forty (40) hours a week. For practical purposes, this shall be construed that a health worker shall report to the UHC/RHU from Monday to Friday, 08:00h through 17:00h (with no noon break) except on public holidays. The facility has the option to extend or modify its operating hours depending on the need of its catchment area.

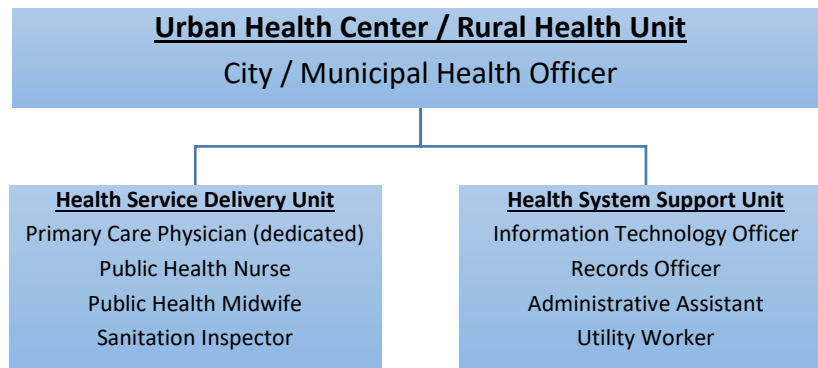
The current UHC/RHU is led by a City or Municipal Health Officer (C/MHO) who is responsible for formulating and implementing the health programs in the whole city or municipality. The C/MHO also supervises, coordinates, and monitors the operations of the UHC/RHU. Under the C/MHO is the Rural Health Physician who takes charge of a small medical team assigned in the RHU and renders preventive and medical services in at least one (1) barangay.

The HSDU shall have a dedicated Primary Care Physician per 20,000 population and must be PhilHealth accredited, one (1) public health nurse per 10,000 population, one public health midwife per 5,000 population, and one (1) sanitation inspector per 20,000 population.

If the primary care facility has a birthing home, it should comply with the licensing requirements. The other health care workers to comply with the licensing requirements are the dentist or dental hygienist, medical technologist or laboratory aide, pharmacist or pharmacy assistant, and ambulance driver. Meanwhile, the social welfare officer shall be under the supervision of the Local Social Welfare Office.

#### **4.1.2. Health System Support Unit**

The other proposed unit is the Health System Support Unit (HSSU) which shall be primarily responsible for rendering administrative services such as management of logistics, equipment, and facilities as well as management of health data and records in the UHC/RHU. The HSSU shall also coordinate with and submit reports to the Provincial Health Office or their respective Health Care Provider Network. The HSSU shall be composed of an information technology officer, records officer, administrative assistant, and utility worker.



## 4.2. Health Station

The Health Station, such as a Barangay Health Station, is a subunit of the UHC/RHU. The main functions of the Health Station are to augment the UHC/RHU in the provision of population-based health services and to coordinate patient transport to the appropriate referral facility when necessary. The Health Station shall be composed of one (1) nurse, one (1) midwife, one (1) BHW per 20 households, one (1) BNS per barangay, administrative assistant, utility worker, and the emergency transport driver. The rural health physician, dentist or dental hygienist, medical technologist or laboratory aide, and sanitation inspector from the UHC/RHU shall rotate on scheduled visits to the Health Stations.

## Chapter 5

# EQUIPMENT AND MEDICAL TRANSPORT VEHICLE REQUIREMENTS

A primary care facility must have the necessary equipment and medical transport vehicle to support the delivery of health services and to ensure quality of care. Effective equipment management leads to provision of high quality patient care and saves costs due to repair and maintenance.

A health facility must have the following equipment in order to function effectively and deliver the essential health services. A health facility may opt to outsource services in case of gaps in equipment and medical transport vehicle.

## 5.1. Primary Care Facility (e.g. Urban Health Center and Rural Health Unit)

No.	Equipment	Quantity
1.	Bed, plain with mattress, 4 inches thick, with IV stand	1 set
2.	BP apparatus, non-mercurial, with adult and pediatric cuff, desk type	1 set
	a. Aneroid	1 piece
	b. Digital	1 piece
3.	Biosafety cabinet	1 piece
4.	Cervical inspection set or vaginal speculum set	1 set
	a. Small	1 piece
	b. Medium	2 pieces
	c. Large	1 piece
5.	Cholesterol meter with strips	1 piece
6.	Dressing set or minor surgery set	1 set
	a. Surgical scissors, straight	1 piece
	b. Surgical scissors, curved	1 piece
	c. Bandage scissors	1 piece
	d. Pick-up or ovum forceps	1 piece
	e. Mosquito forceps	2 pieces
	f. Tissue forceps with teeth	2 pieces
	g. Tissue forceps without teeth	2 pieces
7.	EENT diagnostic set	1 set
	a. Ophthalmoscope	1 piece
	b. Otoscope	1 piece
	c. Laryngoscope	1 piece
8.	Non-contact thermometer, heavy duty	1 piece
9.	Emergency light, battery operated	1 piece
10.	Examining light	1 piece

No.	Equipment	Quantity
11.	Examining table	1 piece
12.	Fetal Doppler	1 piece
13.	Foot stool	1 piece
14.	Height board	1 piece
15.	Hydrocollator machine with 2 hydrocollator packs (optional)	1 set
16.	Instrument table	1 piece
17.	IUD insertion set a. Uterine sound b. Tenaculum forceps c. Ovum forceps	1 set 1 piece 1 piece 1 piece
18.	Minor surgical set or cut down set a. Instrument tray with cover, 18/8, stainless steel, 410 mm x 254 mm x 64 mm b. Mayo scissors straight, 5-3/4" (14.5cm) c. Mosquito hemostatic forceps straight, 5" (12.5 cm), 20 mm jaw with full serrations d. Mosquito hemostatic forceps straight, 4-3/4" (12 cm), 20 mm jaw with full serrations e. Needle holder, bulldog jaw, 6-1/4" (16 cm) f. Surgical knife handle #3, scalpel g. Surgical knife handle #4, scalpel h. Tissue forceps, 1x2 teeth, 5-3/4" (14.5cm) i. Bandage scissors	1 set 1 piece 1 piece 2 pieces 2 pieces 1 piece 1 piece 1 piece 1 piece 2 pieces
19.	Mucus extractor	1 piece
20.	Nebulizer	1 piece
21.	Resuscitator, manual with bag and mask, adult	1 piece
22.	Resuscitator, manual with bag and mask, pediatric	1 piece
23.	Revolving stool	1 piece
24.	Salter scale	1 piece
25.	Safety collector box	1 piece
26.	Sharp waste disposal unit	1 piece
27.	Snellen's eye chart or visual acuity test chart	1 piece
28.	Stethoscope, adult	1 piece
29.	Tape measure	2 pieces
30.	Thermometer and hygrometer (2 in 1)	1 piece
31.	Thermometer, dial	1 piece
32.	Weighing scale with height measuring stick, heavy duty, adult	1 piece
33.	Weighing scale, digital, infant	1 piece
34.	Wheelchair	1 piece
35.	Wheeled detachable stretcher	1 piece

No.	Equipment	Quantity
<b>Laboratory Section</b>		
36.	Cabinet, laboratory	1 piece
37.	Chemistry analyzer for blood chemistry, may be outsourced	1 piece
38.	Clinical centrifuge, 12 placer	1 piece
39.	Cholesterol meter with strips	1 piece
40.	Differential counter	1 piece
41.	Emergency light, battery operated	1 piece
42.	Glucometer, with needle and 100 strips, with expiration of at least 1 year	1 piece
43.	Hemacytometer	1 piece
44.	Hemoglobinometer	1 piece
45.	Microscope, binocular type	1 piece
46.	Non-contact thermometer, heavy duty	1 piece
47.	Nucleic acid amplification test machine	1 unit per network
48.	Oxygen unit, with humidifier and regulator, min. 5 lbs.	2 units
49.	Reagent refrigerator	1 piece
50.	Transport box (if water samples need to be sent to water reference laboratory)	1 piece
51.	Urine analyzer	1 piece
52.	Vaccine refrigerator	1 piece
53.	Vaccine carrier with cold boxes	1 set
54.	Vaccine carrier with foam pads and water packs	1 set
55.	Water quality testing kit, gadget, or equipment, for field	1 set
56.	Effluent, sewage water quality testing kit (optional)	1 set
57.	Sharp waste disposal unit	1 piece
<b>Dental Section</b>		
58.	Autoclave, 20 L	1 piece
59.	Dental unit and chair with compressor and complete accessories, with high and low speed hand pieces	1 set
60.	Light cure machine	1 piece
61.	Dental prophylaxis instrument set <ul style="list-style-type: none"> <li>a. Universal scaler, non-magnetic hollow handle</li> <li>b. Perio curette, non-magnetic hollow handle</li> <li>c. Periodontal probe</li> <li>d. Gracey curette, set of 6 different tips, non-magnetic hollow handle</li> </ul>	1 set
62.	Dental instruments <ul style="list-style-type: none"> <li>a. Mouth mirror</li> <li>b. Cotton plier</li> <li>c. Explorer</li> <li>d. Spoon excavator</li> </ul>	1 set
63.	Basic dental surgery set <ul style="list-style-type: none"> <li>a. Extraction forceps, #16, with cross serration for</li> </ul>	1 set

No.	Equipment	Quantity
	<p>better grip, ergonomic for better comfort designed instrument</p> <p>b. Extraction forceps, #17</p> <p>c. Extraction forceps, #18L</p> <p>d. Extraction forceps, #18R</p> <p>e. Extraction forceps, #44</p> <p>f. Extraction forceps, #69</p> <p>g. Extraction forceps, #150</p> <p>h. Extraction forceps, #151</p>	
64.	Aspirating syringe, stainless steel, with locking mechanism	
65.	Minnesota retractor, stainless steel	
66.	<p>Bone file, stainless steel</p> <p>a. Bone curette, non-magnetic hollow handle</p> <p>b. Gum separator, non-magnetic hollow handle</p> <p>c. Seldon, stainless steel</p> <p>d. Root tip pick, straight, non-magnetic hollow handle</p> <p>e. Root tip pick, left, non-magnetic hollow handle</p> <p>f. Root tip pick, right, non-magnetic hollow handle</p>	
67.	Blade handle, #3, stainless steel	
68.	Elevator, #301, non-magnetic hollow handle	
69.	Elevator, #304, non-magnetic hollow handle	
70.	Surgical mallet, stainless steel	
71.	Iris, straight, stainless steel	
72.	Iris, curved, stainless steel	
73.	Adson tissue forceps, stainless steel	
74.	Molt, #9, stainless steel	
75.	Hemostat mosquito forceps, stainless steel	
76.	Perisoteal elevator, stainless steel	
77.	Bone rongeur, stainless steel	
78.	Allis tissue, stainless steel	
79.	Needle holder, stainless steel	
80.	Apical elevator, right, non-magnetic hollow handle	
81.	Apical elevator, left, non-magnetic hollow handle	
82.	Cryer, east, non-magnetic hollow handle	
83.	Cryer, west, non-magnetic hollow handle	
84.	Pedo forceps, 150, stainless steel	
85.	Pedo forceps, 151, stainless steel	
86.	Pedo forceps, 17S, stainless steel	
87.	Pedo forceps, 16S, stainless steel	
88.	Pedo forceps, 18R, stainless steel	
89.	Pedo forceps, 18L, stainless steel	

No.	Equipment	Quantity
90.	Instrument cassette for sterilization, large, with locking mechanism	
91.	Mouth mirror, stainless steel	
92.	Cotton plier with lock, stainless steel	
93.	Explorer, stainless steel	
94.	Spoon excavator, stainless steel	
95.	Dental suction machine	1 piece
96.	Dental restorative set a. Woodson, non-stick, stainless steel b. Ash, stainless steel c. Cement spatula, stainless steel d. Articulating paper forceps, straight, stainless steel e. Ball burnisher, stainless steel f. Anterior composite filling instrument, thin, non-stick, stainless steel g. Anatomic burnisher, stainless steel h. Posterior occlusal contouring instrument, stainless steel i. Matrix band holder, stainless steel j. Composite burnisher, stainless steel k. Plugger, stainless steel l. Mouth mirror with handle #5, stainless steel m. Cotton plier with lock, stainless steel n. Explorer, stainless steel o. Spoon excavator, stainless steel p. Set of burs, round-10, diamond	1 set
97.	Dental instrument cabinet	1 piece
98.	Instrument table	1 piece
99.	Sterilizing unit, table top	1 piece
100.	Sharp waste disposal unit	1 piece
<b>Others</b>		
101.	Electronic medical record system	
102.	Computer or laptop with internet connection	1 set
103.	Printer	1 piece
104.	Mobile phone	1 piece
105.	Fire extinguisher	1 piece
106.	Generator set, 50 KVA	1 set
107.	Wall clock	1 piece
108.	White board with pens	1 set
<b>Transport</b>		
109.	Ambulance (may be procured by the facility or may be acquired through a contracting agreement with a private service provider)	1 unit

**5.2. Health Station (e.g. Barangay Health Station)**

<b>No.</b>	<b>Equipment</b>	<b>Quantity</b>
1.	Autoclave, 20 L	1 piece
2.	BP apparatus, non-mercurial, with adult and pediatric cuff, desk type <ul style="list-style-type: none"> <li>a. Aneroid</li> <li>b. Digital</li> </ul>	1 set 1 piece 2 pieces
3.	Cervical inspection set or vaginal speculum set <ul style="list-style-type: none"> <li>a. Small</li> <li>b. Medium</li> <li>c. Large</li> </ul>	1 set 2 pieces 2 pieces 2 pieces
4.	Dressing set or minor surgery set <ul style="list-style-type: none"> <li>a. Surgical scissors, straight</li> <li>b. Surgical scissors, curved</li> <li>c. Bandage scissors</li> <li>d. Pick-up or ovum forceps</li> <li>e. Mosquito forceps</li> <li>f. Tissue forceps with teeth</li> <li>g. Tissue forceps without teeth</li> <li>h. Suture removal scissors</li> </ul>	1 set 2 pieces 2 pieces 2 pieces 2 pieces 4 pieces 4 pieces 4 pieces 2 pieces
5.	Vaccine carrier with cold dog	1 piece
6.	Vaccine carrier thermometer	1 piece
7.	Digital thermometer, non-contact	3 pieces
8.	Digital thermometer	3 pieces
9.	Examining light	1 piece
10.	Examining table	1 piece
11.	Glucometer, with needle and 100 strips, with expiration of at least 1 year	3 pieces
12.	Cholesterol meter	1 piece
13.	Instrument table	1 piece
14.	IUD insertion set	1 piece
15.	Uterine sound <ul style="list-style-type: none"> <li>a. Tenaculum forceps</li> <li>b. Ovum forceps</li> </ul>	1 piece 1 piece 1 piece
16.	Nebulizer	1 piece
17.	Oxygen tank, portable	1 set
18.	Oxygen tank with regulator	1 piece
19.	Vaccine refrigerator	1 piece
20.	Revolving stool	1 piece
21.	Salter scale	1 piece
22.	Sharp waste disposal unit	1 piece
23.	Safety collector box	1 piece
24.	Stethoscope, adult	1 piece



No.	Equipment	Quantity
25.	Stretcher	1 piece
26.	Tape measure	2 pieces
27.	Weighing scale with height measuring stick, adult	1 piece
28.	Wheelchair	1 piece
<b>Others</b>		
29.	Electronic medical record system	
30.	Computer or laptop with internet connection	1 set
31.	Printer	1 piece
32.	Mobile phone	1 piece
33.	Fire extinguisher	1 piece
34.	Generator set, 50 KVA	1 set
35.	Wall clock	1 piece
36.	White board with pens	1 set
<b>Transport</b>		
37.	Patient transport vehicle <i>(shall be utilized during emergency and referral of patients to other facilities; may be procured by the facility or may be acquired through a contracting agreement with a private service provider)</i>	1 unit

## Chapter 6

# ESSENTIAL INFRASTRUCTURE REQUIREMENTS AND CONSIDERATIONS

Infrastructure planning, design, and construction should take into account factors that would affect the users, how the structure will be used, and the structure itself. A design is a well thought of solution to a spatial problem of the past, present, and future. In line with this, thoughtful considerations should be made in the planning, design, and construction of facilities. Facility planning and design shall comply with all relevant laws and issuances, as well as with the guidelines set by the Department of Health (DOH) and other government offices.

## 6.1. General Design Parameters and Considerations

After the selection of an appropriate site for the facility, planning and design of the building shall take into consideration the following, but not limited to:

1. Site conditions and context
  - 1.1. Climate
  - 1.2. Environment
  - 1.3. Topography
  - 1.4. Socio-cultural factors
2. Sustainable and green
  - 2.1. Site sustainability
  - 2.2. Indoor environmental quality
  - 2.3. Energy efficiency
  - 2.4. Water efficiency
  - 2.5. Material sustainability
  - 2.6. Healthcare waste management
3. Resilient strategies for structural and other physical components against environmental threats
  - 3.1. Typhoon resistant roofing system, doors, and windows
  - 3.2. Flood resistant – higher than the anticipated flood level; at least 600mm from the finish grade line if the site is not flood prone
  - 3.3. Fire resistant – use of fire resistive building materials
4. Natural light and ventilation
5. Safety and security of occupants and real properties
6. Zoning of spaces in relation to users and services
7. Patient movement and wayfinding
  - 7.1. Clear wayfinding through properly designed and installed signage

- 7.2. Sign board listing facility hours and available services of the health facility, Citizen's Charter, and PhilHealth as a provider
8. Appropriate material specifications based on functional requirements
9. Universal design
  - 9.1. Provision of accessible spaces and features compliant to the Accessibility Law (Batas Pambansa 344) – some of which include but are not limited to, safety fixture to assist users needing support, as well as appropriate finishes and materials
  - 9.2. Properly designed ramps and railings.
10. Visual and acoustic privacy
11. Sanitation and Infection control
  - 11.1. Provision of spaces for Water, Sanitation and Hygiene (WASH) such as, but not limited to, toilets, handwashing facilities, clean up areas, janitor's closet, waste holding area, materials recovery facility, and others
12. Support facilities
  - 12.1. Waiting areas
  - 12.2. Toilets
  - 12.3. Handwashing area
  - 12.4. Materials storage areas
  - 12.5. Designated spaces for waste bins
  - 12.6. Waste collection area
  - 12.7. Housekeeping materials area
13. Cultural sensitivity
14. Therapeutic environment theory
  - 14.1. Reduce environmental stressors such as noise, inappropriate lighting levels, confusing wayfinding, poor indoor air quality, and visual clutter.
  - 14.2. The provision of positive distractions such as access to gardens, views of nature, restorative areas, art, music, and other elements or activities that stimulates a positive response from users.
  - 14.3. Enable social support through the provision of spaces where users can interact with each other.
  - 14.4. Give patients a sense of control on their environment by allowing them to adjust some of the conditions such as privacy, lighting, and temperature. The provision of visual anchors for better wayfinding can also contribute to the patients' sense of control.

## 6.2. Critical Facility Systems

1. Water supply system
  - 1.1. To provide safe drinking water, adequate in volume and pressure (compliant to the minimum pressure as mandated by the National Plumbing Code) of

safe water supply for handwashing, personal hygiene, laundry, cleaning, and food preparation.

- 1.2. The development of a water safety plan for the facility is recommended. For normal and emergency conditions, there should be adequate water supply or water reserve.
- 1.3. The method of collection, storage, and distribution of emergency water should depend on the site of the health facility. This would include the identification of alternate water supply for emergencies and water interruptions of the regular water supply.

## 2. Sanitation System and Environmental Management

- 2.1. Provision of a basic sanitation facility, defined as a toilet facility with a standard size of septic tank for wastewater treatment. (Code on Sanitation of the Philippines; DOH AO 2019-0047 National Standard on the Design, Construction, Operation and Maintenance of Septic Tank System)
- 2.2. Provision of functional and clean toilets for clients, persons with disabilities, pregnant and health staff, hand washing area with water and soap. Design and construction should comply with the requirements of the Code on Sanitation of the Philippines. It is also recommended that toilets be provided with a bidet.
- 2.3. Placenta pit to be provided if birthing services are being offered in the facility. Construction of the placenta pit shall comply with the conditions as stipulated in Annex C (Planning and Design Guidelines for Birthing Home) of DOH AO 2016-0042 (Guidelines in the Application for DOH Permit to Construct)
- 2.4. Provision of waste holding area (located outside the building – within the site).
- 2.5. Covered garbage containers with color-coded segregation for healthcare waste management (collection and disposal/treatment).

## 3. Electrical system

- 3.1. Electrical and alternative energy sources (e.g. solar panel and generator) to address fluctuating electricity or power outage and encourage energy conservation.
- 3.2. The electrical system should be properly installed and regularly checked and maintained in coordination with the LGU Engineering Office.
- 3.3. Health workers are trained on safe handling and basic maintenance of energy- consuming equipment/appliances in coordination with the LGU Engineering Office.

- 3.4. Consider the electrical loading and other specifications of medical and non-medical equipment for appropriate operation.
4. Transportation system
  - 4.1. Ambulance in a primary care facility is shared with its health stations.
  - 4.2. Presence of patient transport vehicles in health stations for emergency response and referrals.
  - 4.3. The use of the health facility's transportation shall be governed by local policy to ensure its 24/7 availability.
  - 4.4. Provision of parking area for ambulance or patient transport vehicle.
  - 4.5. Use of alternative clean energy.
5. Communication system
  - 5.1. Presence of mobile phone and internet connection to assist continuity of care and electronic medical record.
6. Fire Protection System
  - 6.1. Facility layout and emergency plan visibly posted
  - 6.2. Fire exit/emergency exit signage installed
  - 6.3. Fire extinguishers for fire safety

### **6.3. Implementation**

Technical assistance for the Detailed Architectural and Engineering Designs (DAED) for primary care facility and health station shall be provided through the concerned DOH – Center for Health Development.

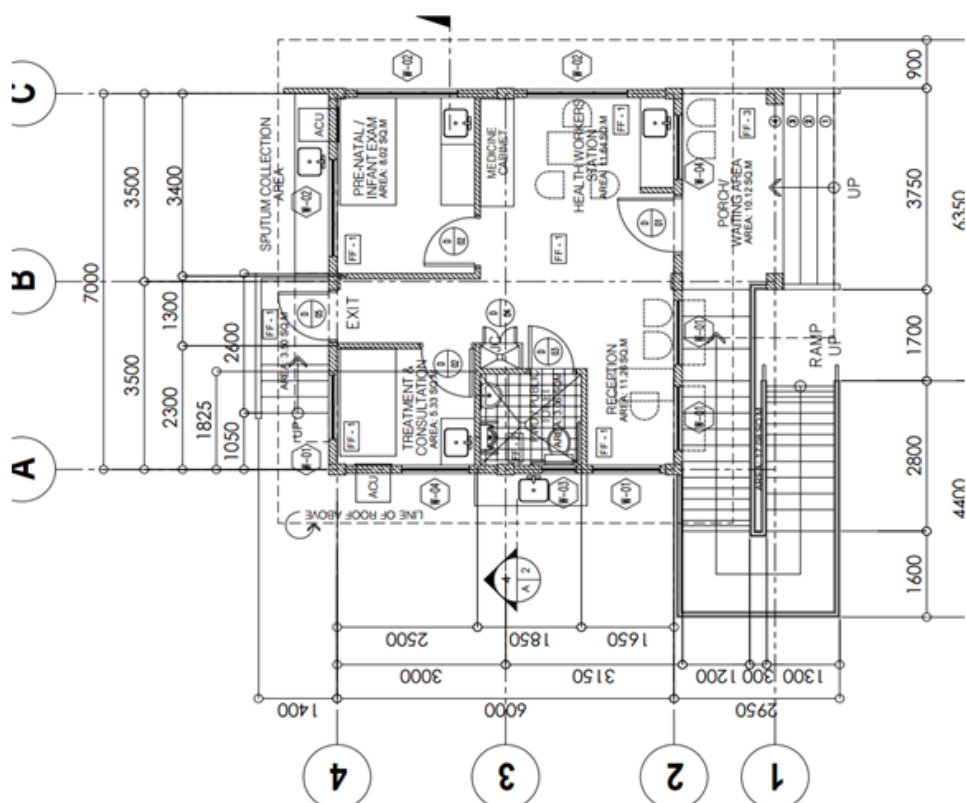
### **6.4. Schematic Plans and Perspectives**

#### **6.4.1. Health Station (e.g. Barangay Health Station)**

## Health Station (e.g. BHS)

SPACES	AREA
PORCH / WAITING AREA	10.12 SQ.M
RECEPTION	11.26 SQ.M
HEALTH WORKERS STATION	11.64 SQ.M
TREATMENT & CONSULTATION	5.33 SQ.M
PRE-NATAL / INFANT EXAM	8.02 SQ.M
PWD / PUBLIC TOILET	3.06 SQ.M
SPUTUM COLLECTION AREA	-
COMMON ACCESS SPACES (EXTERIOR RAMP & STAIRS)	20.58* SQ.M
<b>TOTAL FLOOR AREA</b>	<b>70.01 SQ.M</b>

\* At 0.6 M Finish Floor Elevation, will vary based on identified elevation of finished floor



## Health Station (e.g. BHS)



\*\* Guidelines on the Unified Color and Design of Health Facilities (For Approval)

\*\*\* Provision for Green Building Technology (Optional)

\*\*\*\* Ramps and Stairs (Optional) – depending on site location



## Health Station (e.g. BHS)



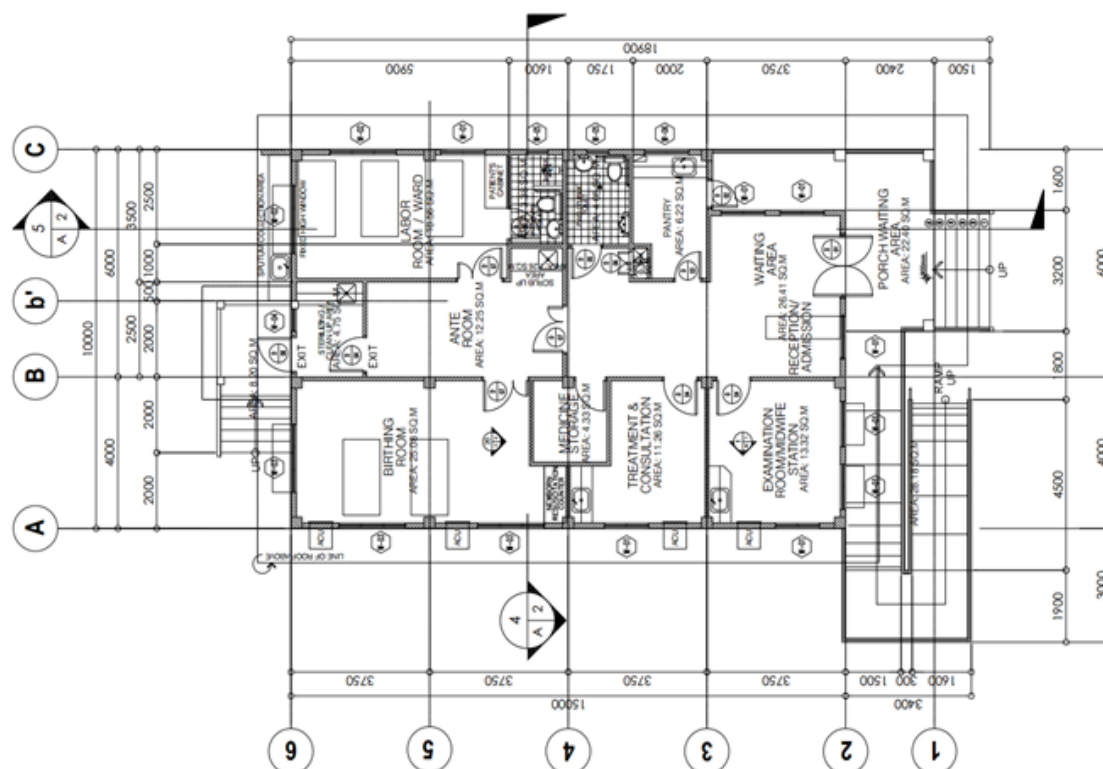
\*\* Guidelines on the Unified Color and Design of Health Facilities (For Approval)

\*\*\* Provision for Green Building Technology (Optional)

\*\*\*\* Ramps and Stairs (Optional) – depending on site location



# 6.4.2. Health Station (e.g. BHS) plus Birthing Home



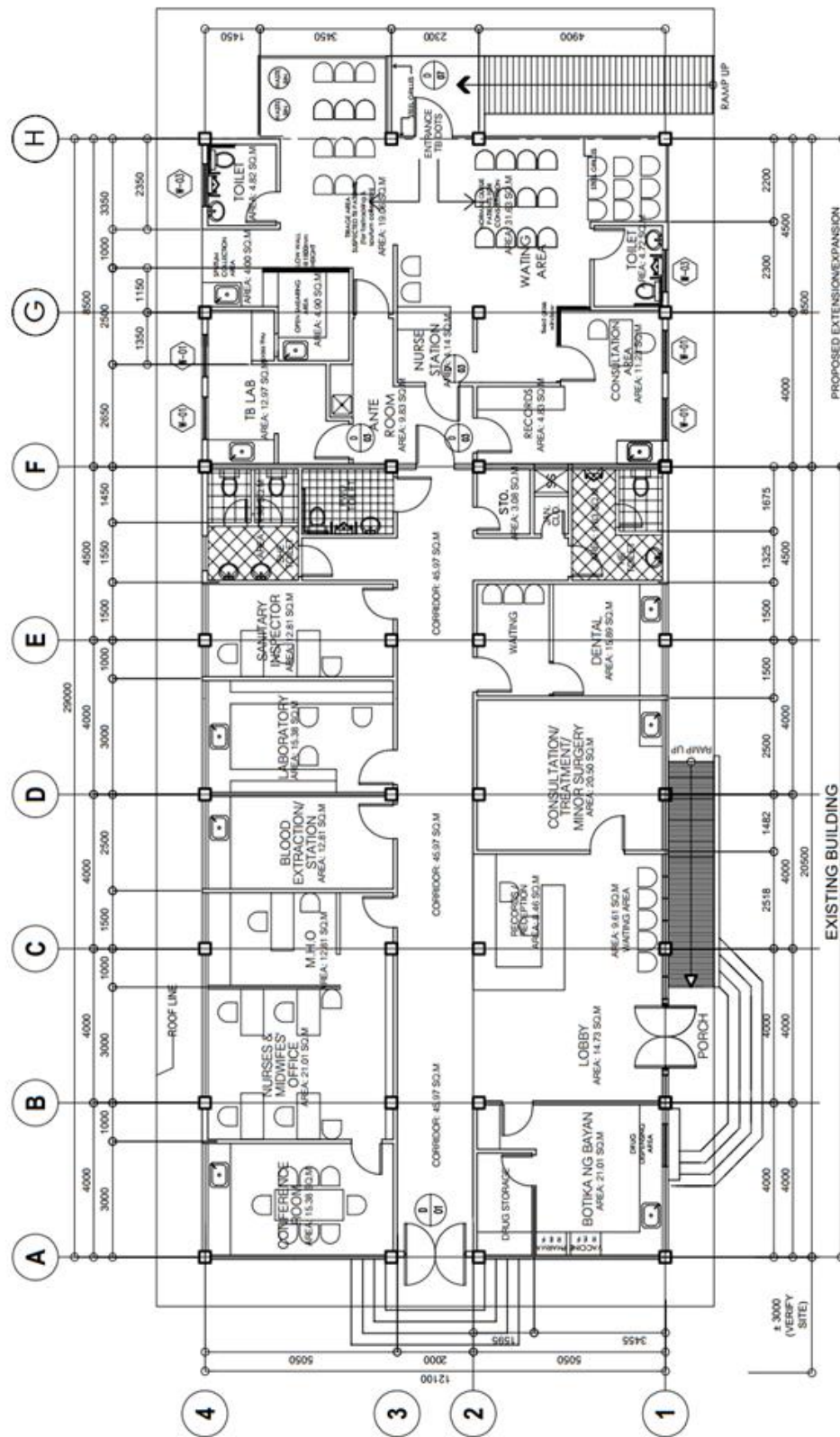
## Health Station + Birthing (e.g. BHS)

SPACES	AREA
PORCH / WAITING AREA	22.40 SQ.M
RECEPTION / ADMISSION	26.41 SQ.M
WAITING AREA	
EXAMINATION ROOM / MIDWIFE STATION	13.32 SQ.M
TREATMENT & CONSULTATION	11.26 SQ.M
PANTRY	6.22 SQ.M
MEDICINE STORAGE	4.33 SQ.M
PWD / PUBLIC TOILET	4.05 SQ.M
JANITOR'S CLOSET	0.38 SQ.M
SCRUB UP AREA	1.26 SQ.M
LABOR ROOM / WARD WITH PATIENTS TOILET	18.56 SQ.M
BIRTHING ROOM WITH NEWBORN RESUSCITATION COUNTER AND STERILE SUPPLY STORAGE	25.08 SQ.M
STERILIZING / CLEAN UP AREA	4.75 SQ.M
SPUTUM COLLECTION AREA	-
ANTE ROOM	12.25 SQ.M
COMMON ACCESS SPACES (EXTERIOR RAMP & STAIRS)	36.38* SQ.M
<b>TOTAL FLOOR AREA</b>	<b>186.65 SQ.M</b>

\* At 0.6 M Finish Floor Elevation, will vary based on identified elevation of finished floor

### 6.4.3. Primary Care Facility (e.g. Rural Health Unit)

#### Primary Care Facility (e.g. RHU)



## Primary Care Facility (e.g. RHU)



- \*\* Guidelines on the Unified Color and Design of Health Facilities (For Approval)
- \*\*\* Provision for Green Building Technology (Optional)
- \*\*\*\* Ramps and Stairs (Optional) – depending on site location



## Primary Care Facility (e.g. RHU)



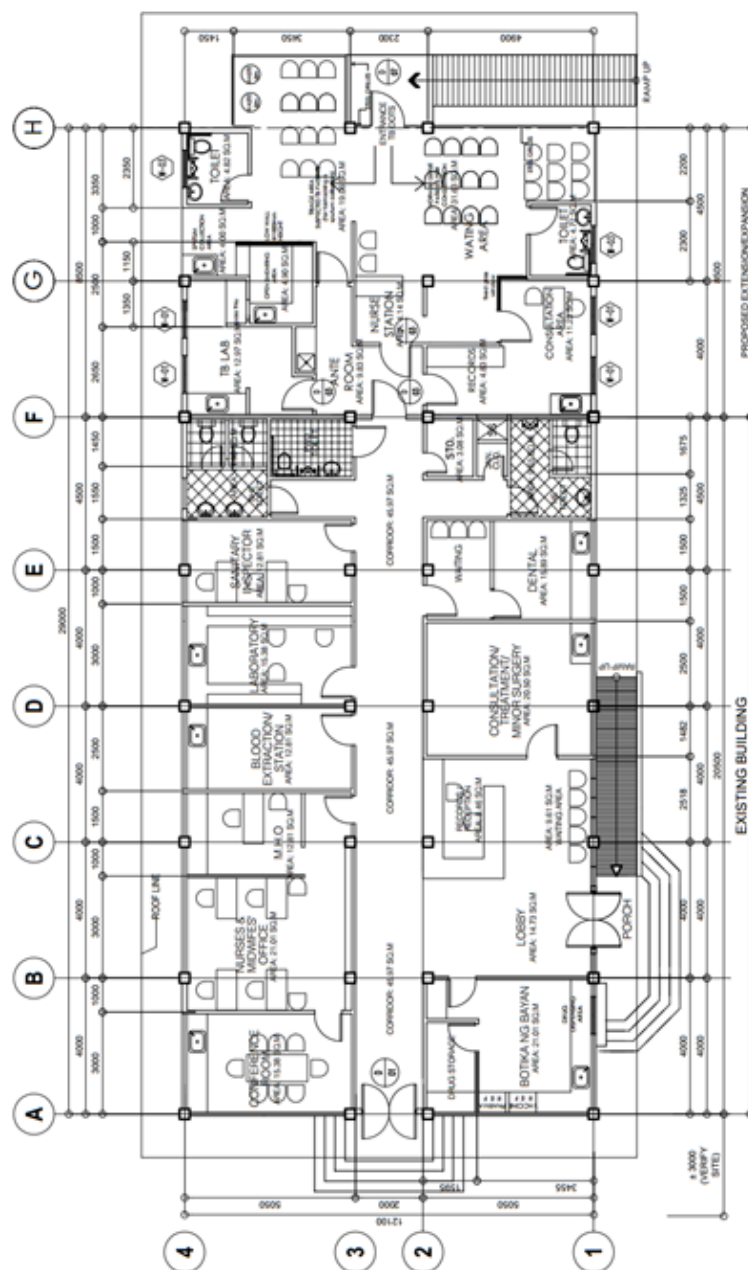
\*\* Guidelines on the Unified Color and Design of Health Facilities (For Approval)

\*\*\* Provision for Green Building Technology (Optional)

\*\*\*\* Ramps and Stairs (Optional) – depending on site location

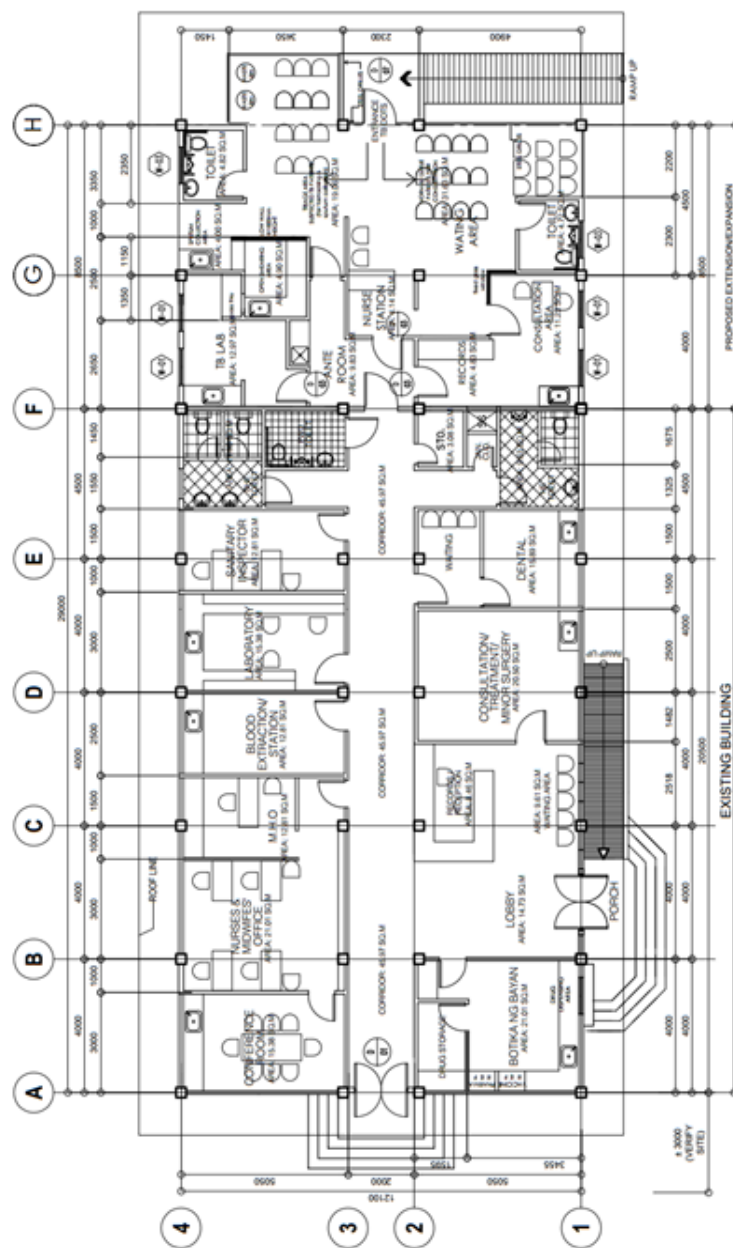
## Primary Care Facility (e.g. RHU)

SPACES	AREA
LOBBY	14.73 SQ.M
RECORDS / RECEPTION	8.46 SQ.M
WAITING AREA	9.61 SQ.M
BOTIKA NG BAYAN W/ DRUG STORAGE	21.01 SQ.M
CONFERENCE ROOM	15.38 SQ.M
NURSES & MIDWIFES' OFFICE (CO-WORKING SPACE WITH MANAGEMENT AND NAVIGATION UNIT)	21.01 SQ.M
M.H.O. OFFICE	12.81 SQ.M
BLOOD EXTRACTION /STATION	12.81 SQ.M
LABORATORY	15.38 SQ.M
SANITARY INSPECTOR	12.81 SQ.M
CONSULTATION / TREATMENT/ MINOR SURGERY	20.50 SQ.M
DENTAL W/ WAITING AREA	15.89 SQ.M
PUBLIC TOILETS & JANITOR'S CLOSET	21.61 SQ.M
PWD TOILET	4.23 SQ.M
STORAGE ROOM	3.08 SQ.M



## Primary Care Facility (e.g. RHU)

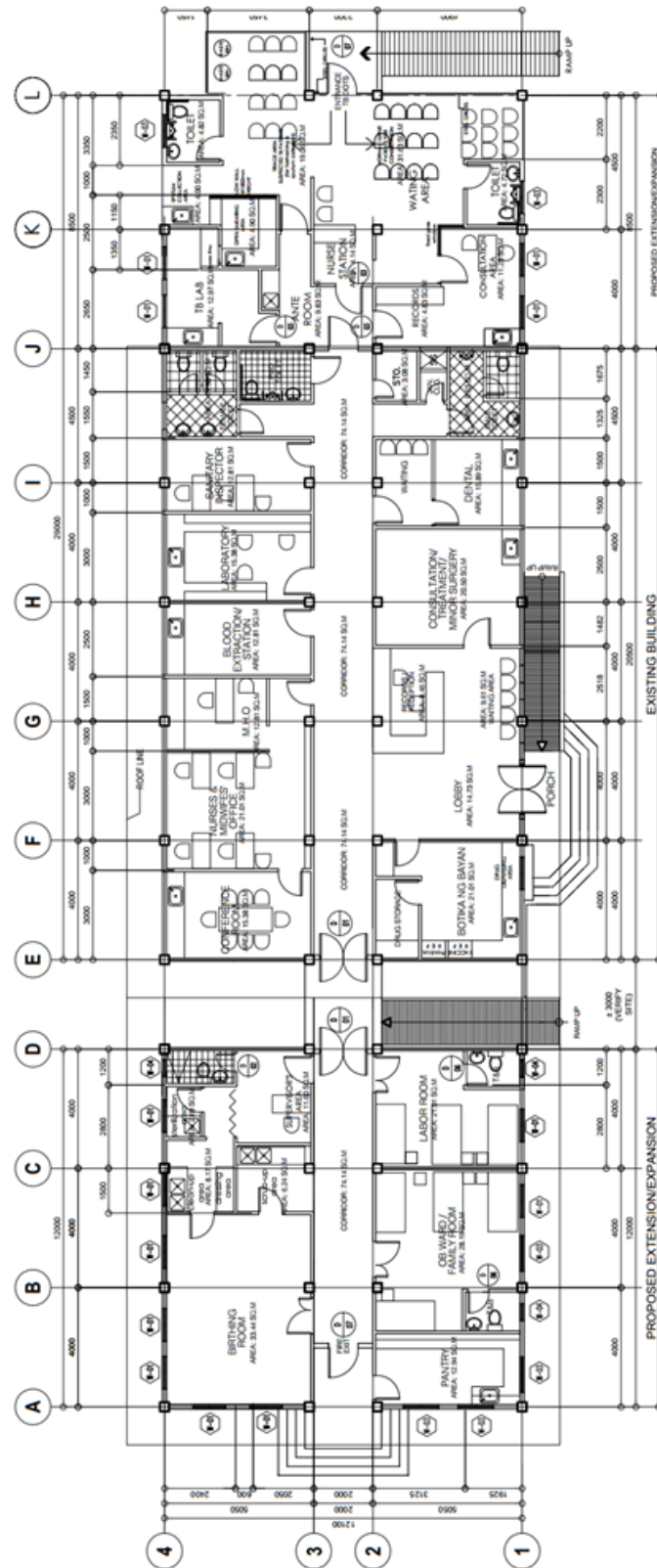
SPACES	AREA
TB LABORATORY	12.97 SQ.M
OPEN SMEARING AREA	4.90 SQ.M
SPUTUM COLLECTION AREA	4.00 SQ.M
TRIAGE AREA SUSPECTED TB PATIENTS (FOR FASTTRACKING & SPUTUM COLLECTION)	19.06 SQ.M
ANTE ROOM	9.83 SQ.M
NURSE STATION	4.14 SQ.M
RECORDS	4.83 SQ.M
CONSULTATION AREA	11.23 SQ.M
WAITING AREA (NORMAL QUEUE PATIENTS FOR CONSULTATION)	31.63 SQ.M
PUBLIC TOILET	9.54 SQ.M
COMMON ACCESS SPACES (CORRIDOR)	45.97 SQ.M
COMMON ACCESS SPACES (EXTERIOR RAMP & STAIRS)	35.13* SQ.M
<b>TOTAL FLOOR AREA</b>	<b>402.55 SQ.M</b>



\* At 0.6 M Finish Floor Elevation, will vary based on identified elevation of finished floor

# 6.4.4. Primary Care Facility (e.g. RHU) with attached Birthing Home

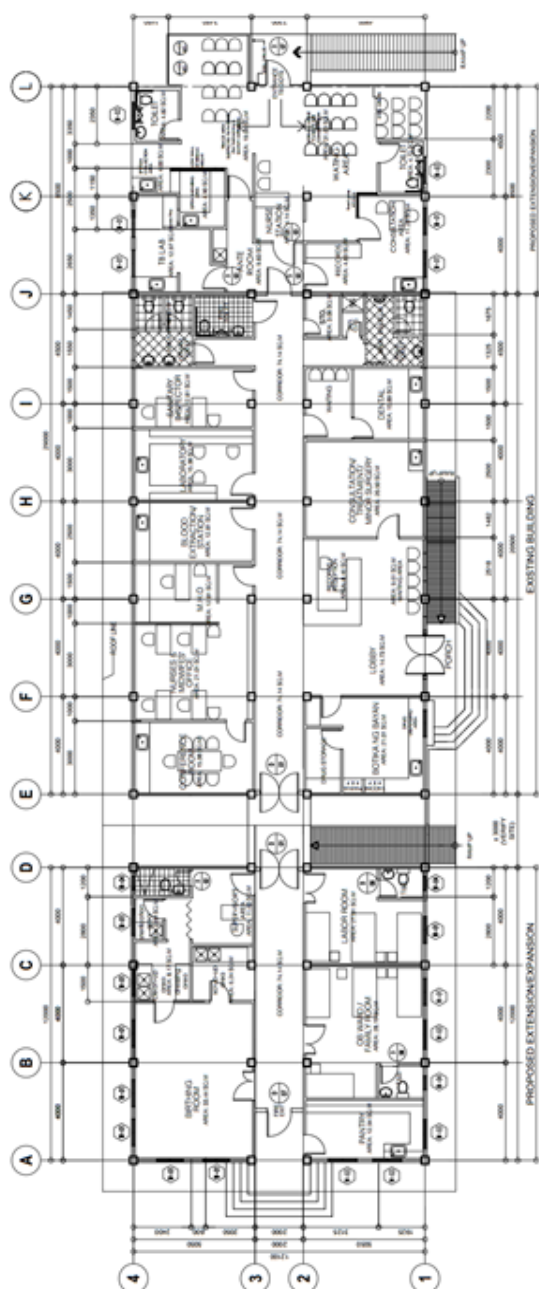
## Primary Care Facility (e.g. RHU) with attached Birthing





## Primary Care Facility (e.g. RHU) with attached Birthing

SPACES	AREA
LOBBY	14.73 SQ.M
RECORDS / RECEPTION	8.46 SQ.M
WAITING AREA	9.61 SQ.M
BOTIKA NG BAYAN W/ DRUG STORAGE	21.01 SQ.M
CONFERENCE ROOM	15.38 SQ.M
NURSES & MIDWIVES' OFFICE (CO-WORKING SPACE WITH MANAGEMENT AND NAVIGATION UNIT)	21.01 SQ.M
M.H.O. OFFICE	12.81 SQ.M
BLOOD EXTRACTION /STATION	12.81 SQ.M
LABORATORY	15.38 SQ.M
SANITARY INSPECTOR	12.81 SQ.M
CONSULTATION / TREATMENT/ MINOR SURGERY	20.50 SQ.M
DENTAL W/ WAITING AREA	15.89 SQ.M
PUBLIC TOILETS & JANITOR'S CLOSET	21.61 SQ.M
PWD TOILET	4.23 SQ.M
STORAGE ROOM	3.08 SQ.M

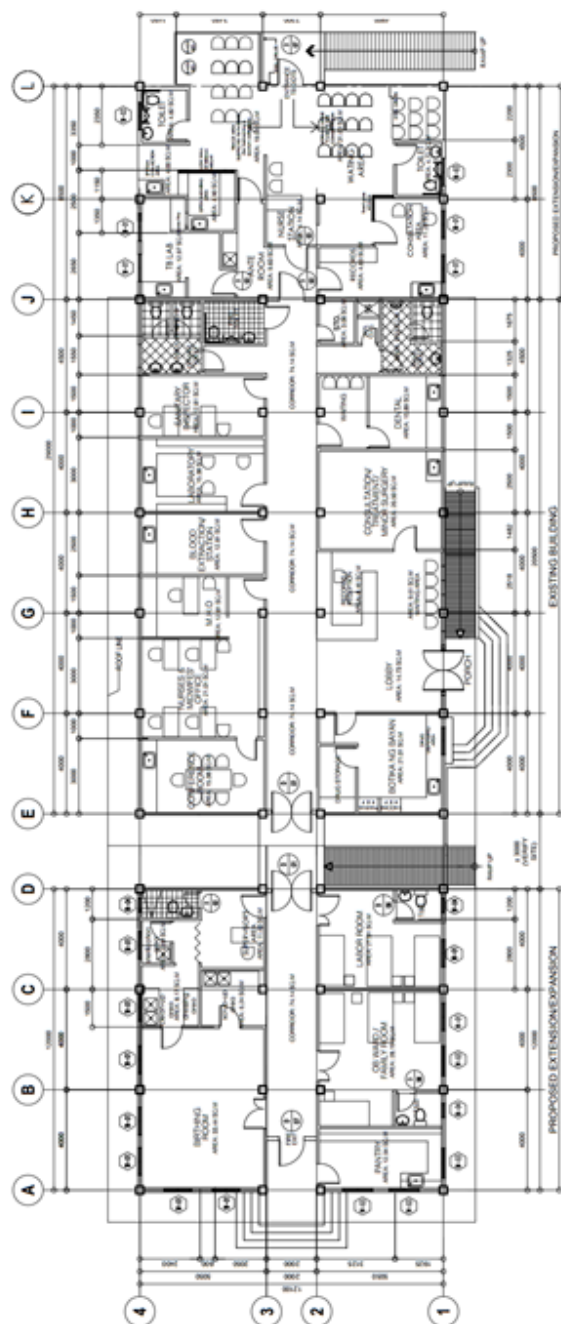




## Primary Care Facility (e.g. RHU) with attached Birthing

SPACES	AREA
TB LABORATORY	12.97 SQ.M
OPEN SMEARING AREA	4.90 SQ.M
SPUTUM COLLECTION AREA	4.00 SQ.M
TRIAGE AREA SUSPECTED TB PATIENTS (FOR FASTTRACKING & SPUTUM COLLECTION)	19.06 SQ.M
ANTE ROOM	9.83 SQ.M
NURSE STATION	4.14 SQ.M
RECORDS	4.83 SQ.M
CONSULTATION AREA	11.23 SQ.M
WAITING AREA (NORMAL QUEUE PATIENTS FOR CONSULTATION)	31.63 SQ.M
PUBLIC TOILET	9.54 SQ.M
COMMON ACCESS SPACES (EXTERIOR RAMP & STAIRS)	35.13* SQ.M
COMMON ACCESS SPACES (CORRIDOR)	45.97 SQ.M
FLOOR AREA (RHU+TB DOTS)	402.55 SQ.M

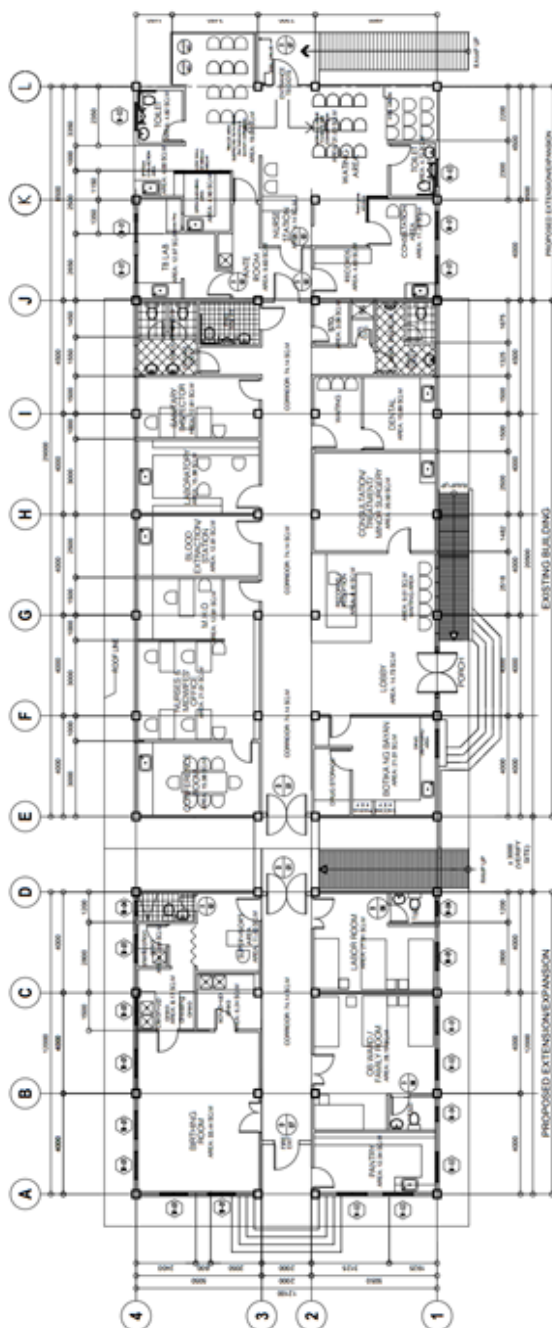
\* At 0.6 M Finish Floor Elevation, will vary based on identified elevation of finished floor



## Primary Care Facility (e.g. RHU) with attached Birthing

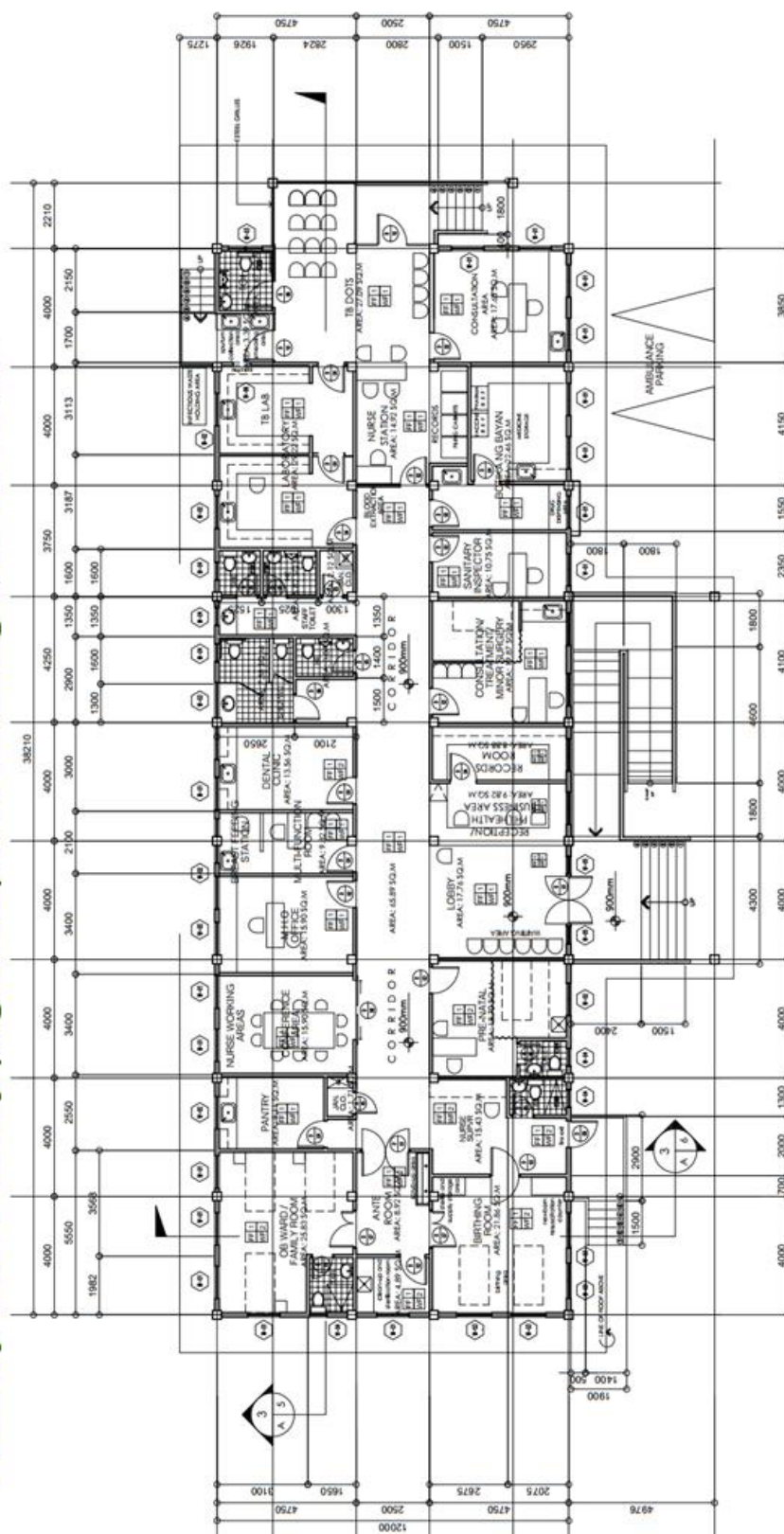
SPACES	AREA
SUPERVISOR'S AREA WITH T&B	11.60 SQ.M
STERILIZATION AREA	2.69 SQ.M
CLEAN UP & DRESSING AREA	8.17 SQ.M
SCRUB UP AREA	6.24 SQ.M
BIRTHING ROOM WITH NEWBORN RESUSCITATION COUNTER AND STERILE SUPPLY STORAGE	33.44 SQ.M
LABOR ROOM WITH TOILET	21.01 SQ.M
OB WARD / FAMILY ROOM WITH TOILET	28.19 SQ.M
PANTRY	12.94 SQ.M
CORRIDOR	28.17 SQ.M
COMMON ACCESS SPACES (EXTERIOR RAMP & STAIRS)	24.00* SQ.M
FLOOR AREA (ATTACHED BIRTHING)	176.45 SQ.M
<b>TOTAL FLOOR AREA</b>	<b>579.00 SQ.M</b>

\* At 0.6 M Finish Floor Elevation, will vary based on identified elevation of finished floor



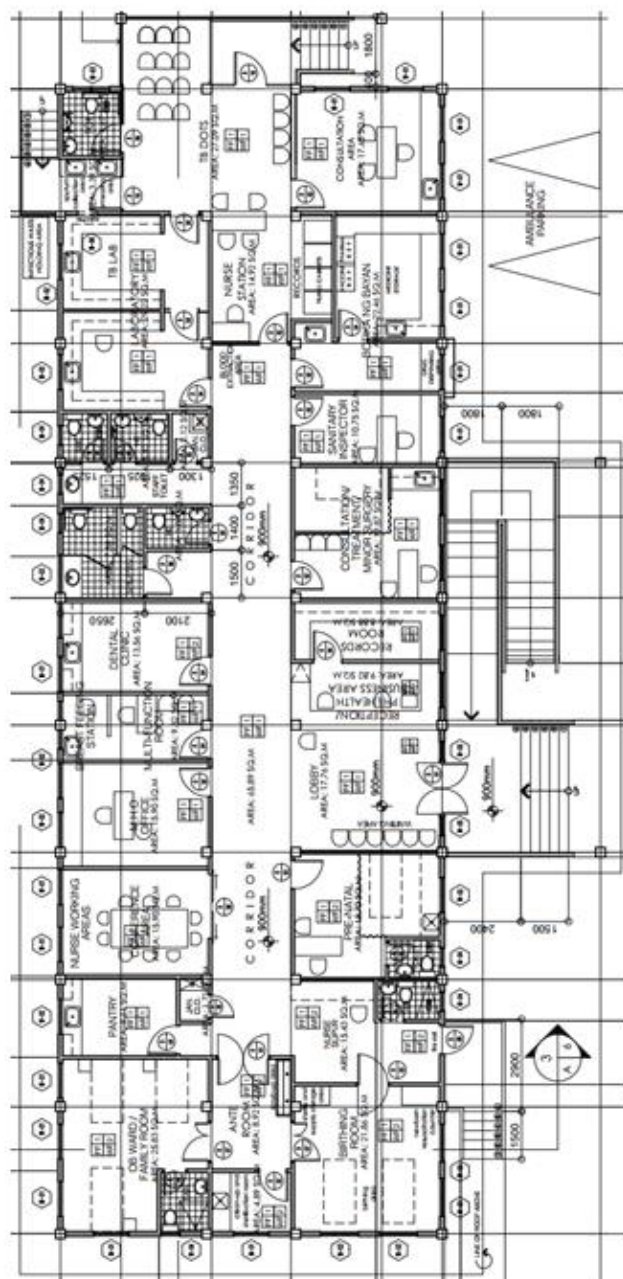
### 6.4.5. Primary Care Facility (e.g. RHU) with attached Birthing Home and TB-DOTS

Primary Care Facility (e.g. RHU) with Birthing and TB DOTS



## Primary Care Facility (e.g. RHU) with Birthing and TB DOTs

SPACES	AREA
LOBBY	17.76 SQ.M
RECEPTION / PHILHEALTH BUSINESS AREA	9.82 SQ.M
RECORDS ROOM	8.88 SQ.M
PRE-NATAL W/TOILET	18.70 SQ.M
NURSE SUPERVISOR W/ TOILET & BATH	15.43 SQ.M
BIRTHING ROOM WITH NEWBORN RESUSCITATION COUNTER AND STERILE SUPPLY STORAGE	21.86 SQ.M
CLEAN UP AND STERILIZATION ROOM	4.89 SQ.M
OB WARD / FAMILY ROOM WITH TOILET & BATH	25.83 SQ.M
ANTE ROOM	8.92 SQ.M
PANTRY / KITCHENETTE	9.11 SQ.M
JANITOR'S CLOSET	3.83 SQ.M
NURSE WORKING AREA / CONFERENCE ROOM (CO-WORKING SPACE WITH MANAGEMENT AND NAVIGATION UNIT)	15.90 SQ.M
MULTI-FUNCTION ROOM	9.82 SQ.M
DENTAL CLINIC	13.56 SQ.M
M.H.O. OFFICE	15.90 SQ.M





## Chapter 7

### HEALTH INFORMATION SYSTEM

- The primary care facility shall maintain an electronic health information system (HIS) and electronic medical record (EMR). The health facility may engage an EMR provider to develop their electronic claims system, which shall be certified by PhilHealth.
- Patient privacy and confidentiality shall be upheld at all times in accordance with the RA 10173 or the Data Privacy Act of 2012.
- RA 9165 or the Comprehensive Dangerous Drugs Act of 2002 states that judicial and medical records of drug dependents under the voluntary submission program shall be confidential and shall not be used against them for any purpose, except to determine how many times they voluntarily submitted themselves for confinement, treatment, and rehabilitation.
- The Field Health Service Information System (FHSIS) shall be used for the reports consolidated by the program managers. Reports from the primary care facilities shall be submitted to the DOH Center for Health and Development (CHD) through the Provincial Health Office (PHO) within the prescribed timeline.
- The health facility shall prepare, review, and submit statistical data and other relevant reports using the electronic HIS to the PHO, DOH-CHD, PhilHealth, as required.
- For document and record control, a logbook of borrowed records shall be properly filled out. There shall be a designated records officer or document custodian, a room to secure the documents, forms, and records, as well as policy and procedure for the retention and storage of documents.
- There shall be a complete and updated inventory of essential drugs, medicines, and commodities using stock cards and supply records.

## Chapter 8

# A GUIDE FOR THE PRIMARY CARE FACILITIES

## 8.1. National Schedule of Public Health Programs

(Source: DOH Monthly Health Events)

Month	Health Events
<b>January</b>	<ul style="list-style-type: none"> <li>• National Deworming Month</li> <li>• Schistosomiasis Awareness and Mass Drug Administration Month</li> <li>• Liver Cancer and Viral Hepatitis Awareness Prevention Month</li> <li>• Zero Waste Month</li> <li>• Autism Consciousness Week (3<sup>rd</sup> week)</li> <li>• National Cancer Consciousness Week (3<sup>rd</sup> week)</li> <li>• Goiter Awareness Week (4<sup>th</sup> week)</li> <li>• World Leprosy Day (last Sunday)</li> </ul>
<b>February</b>	<ul style="list-style-type: none"> <li>• National Down Syndrome Consciousness Month</li> <li>• National Health Insurance Month</li> <li>• Oral Health Month</li> <li>• Philippine Heart Month</li> <li>• Mental Retardation Week (February 14-20)</li> <li>• National Awareness Week for the Prevention of Sexual Abuse and Exploitation (2<sup>nd</sup> week)</li> <li>• Leprosy Control Week (last week)</li> <li>• National Rare Disease Week (last week)</li> <li>• World Cancer Day (February 4)</li> <li>• International Childhood Cancer Day (February 15)</li> </ul>
<b>March</b>	<ul style="list-style-type: none"> <li>• Rabies Awareness Month</li> <li>• Women's Week (1<sup>st</sup> week)</li> <li>• International Ear Care Day (March 3)</li> <li>• National Women's Day (March 8)</li> <li>• World TB Day (March 24)</li> </ul>
<b>April</b>	<ul style="list-style-type: none"> <li>• National Hemophilia Awareness Month</li> <li>• Head and Neck Consciousness Week (last week)</li> <li>• World Immunization Week (last week)</li> <li>• World Health Day (April 7)</li> <li>• World Malaria Day (April 25)</li> <li>• Garantisadong Pambata (regular activity)</li> </ul>
<b>May</b>	<ul style="list-style-type: none"> <li>• International Thyroid Awareness Week (last week)</li> <li>• AIDS Candlelight Memorial Day (3<sup>rd</sup> Sunday)</li> <li>• Health Worker's Day (May 7)</li> </ul>

Month	Health Events
May	<ul style="list-style-type: none"> <li>World Thyroid Day (May 25)</li> <li>World No Tobacco Day (May 31)</li> </ul>
June	<ul style="list-style-type: none"> <li>Dengue Awareness Month</li> <li>National Kidney Month</li> <li>National No Smoking Month</li> <li>National Safe Kids Week (3<sup>rd</sup> week)</li> <li>National Poison Prevention Week (4<sup>th</sup> week)</li> <li>World Blood Donor Day (June 14)</li> <li>ASEAN Dengue Day (June 15)</li> <li>DOH Anniversary (June 23)</li> <li>International Day Against Drug Abuse and Illicit Trafficking (June 26)</li> </ul>
July	<ul style="list-style-type: none"> <li>Filariasis Mass Drug Administration Month</li> <li>National Blood Donors Month</li> <li>National Deworming Month</li> <li>National Disaster Resilience Month</li> <li>Nutrition Month</li> <li>National Disability Prevention and Rehabilitation Week (3<sup>rd</sup> week)</li> <li>National Allergy Day (July 8)</li> <li>World Population Day (July 11)</li> <li>World Hepatitis Day (July 28)</li> </ul>
August	<ul style="list-style-type: none"> <li>ASEAN Month</li> <li>Family Planning Month</li> <li>National Adolescent Immunization Month</li> <li>National Breastfeeding Awareness Month</li> <li>National Lung Month</li> <li>Sight Saving Month</li> <li>Mother-Baby Friendly Hospital Initiative Week (1<sup>st</sup> week)</li> <li>World Breastfeeding Week (August 1-7)</li> <li>National Hospital Week (August 6-12)</li> <li>ASEAN Week (August 7-13)</li> <li>Asthma Week (2<sup>nd</sup> week)</li> <li>Philippine National Research System Week (2<sup>nd</sup> Week)</li> <li>Family Planning Day (August 1)</li> <li>White Cane Day (August 1)</li> <li>National TB Day (August 19)</li> <li>School Based Immunization (Grade 1, 4, and 7)</li> </ul>
September	<ul style="list-style-type: none"> <li>Blood Diseases Month</li> <li>Generics Awareness Month</li> <li>National Epilepsy Awareness Week (1<sup>st</sup> week)</li> <li>Obesity Prevention Awareness Week (1<sup>st</sup> week)</li> </ul>

Month	Health Events
September	<ul style="list-style-type: none"> <li>Alzheimer's Disease Awareness Week (3<sup>rd</sup> week)</li> <li>National Thyroid Cancer Awareness Week (4<sup>th</sup> week)</li> <li>Linggo ng Kabataan (September 25-30)</li> <li>World Suicide Prevention Day (September 10)</li> <li>World Contraception Day (September 26)</li> <li>World Environmental Health Day (September 26)</li> <li>World Rabies Day (September 28)</li> </ul>
October	<ul style="list-style-type: none"> <li>Filipino Elderly Week (1<sup>st</sup> week)</li> <li>National Newborn Screening Week (1<sup>st</sup> week)</li> <li>National Mental Health Week (2<sup>nd</sup> week)</li> <li>Bone and Joint Awareness Week (3<sup>rd</sup> week)</li> <li>Health Education Week (3<sup>rd</sup> week)</li> <li>National Attention Deficit / Hyperactivity Disorder Awareness Week (3<sup>rd</sup> week)</li> <li>Food Safety Awareness Week (last week)</li> <li>World Sight Day (2<sup>nd</sup> Thursday)</li> <li>World Mental Health Day (October 10)</li> <li>Global Handwashing Day (October 15)</li> <li>World Psoriasis Day (October 29)</li> <li>Garantisadong Pambata (regular activity)</li> </ul>
November	<ul style="list-style-type: none"> <li>Filariasis Awareness Month</li> <li>Malaria Awareness Month</li> <li>National Children's Month</li> <li>Traditional and Alternative Health Care Month</li> <li>National Skin Disease Detection and Prevention Week (2<sup>nd</sup> week)</li> <li>Drug Abuse Prevention and Control Week (3<sup>rd</sup> week)</li> <li>National Consciousness Week Against Counterfeit Medicine (3<sup>rd</sup> week)</li> <li>Chronic Obstructive Pulmonary Disease Awareness Day (3<sup>rd</sup> Wednesday)</li> <li>World Day of Remembrance for Road Traffic Victims (3<sup>rd</sup> Sunday)</li> <li>Population and Development Week (November 23-29)</li> <li>National Food Fortification Day (November 7)</li> <li>World Diabetes Day (November 14)</li> <li>World Prematurity Day (November 17)</li> <li>World Toilet Day (November 19)</li> <li>National Consciousness Day for the Elimination of VAWC (November 25)</li> <li>18 Day Campaign to End Violence Against Women (November 5 – December 12)</li> </ul>



Month	Health Events
December	<ul style="list-style-type: none"> <li>• Firecrackers Injury Prevention Month</li> <li>• Linggo ng Kabataan (2<sup>nd</sup> week)</li> <li>• Ear, Nose, and Throat Consciousness Week (December 3-9)</li> <li>• World AIDS Day (December 1)</li> <li>• International Day of Persons with Disabilities (December 3)</li> <li>• National Health Emergency Preparedness Day (December 6)</li> </ul>

## 8.2. Guide on Organizing Operational Activities

The operational activities of a primary care facility (urban health center or rural health unit) shall be based on the guidelines and protocols set by the Department of Health. The facility shall develop policies and systems to ensure proper communication and responsiveness to clients as directed by the following general guidelines:

1. A Citizen's Charter on clinic hours and services being offered shall be posted in a strategic area readable by all clients and service providers.
2. Clients shall be seen by a health staff within 15 minutes of registration or shall follow the Citizen's Charter of the facility.
3. "No Noon Break Policy" shall be observed at all times.
4. The facility shall be available to receive patients during evenings and in case of an emergency to provide initial care and referral to an appropriate health facility when needed.
5. A functional two-way referral system within the health care provider network shall be established, with the primary care facility acting as the navigator and coordinator of care.
6. The primary care facility is mainly responsible for monitoring the population database and profile within its catchment area and identifying the health facilities and providers within its network.
7. There shall be an established priority lane for pregnant women, persons with disabilities, and senior citizens. Priority shall also be given to clients with high-grade fever, difficulty in breathing, high blood pressure, etc.
8. The whereabouts of personnel shall be posted in a strategic area readable by all staff in the facility.

## 8.3. Briefer on the Local Government Unit Health Scorecard

This section on Local Government Unit (LGU) Health Scorecard (HSC) shall only apply to LGU health facilities. The LGU HSC is a component of the FOURmula One (F1) Plus for

Health Monitoring and Evaluation (M&E) System. It uses key performance indicators to monitor and evaluate the performance of the local health system (province-wide and city-wide).

The LGU HSC enables the tracking of national priorities towards responsive local health reforms and the identification of critical areas for improvement to achieve better health outcomes from the local to the national level. The LGU HSC facilitates the reporting of LGU progress in meeting the national health targets based on the priority programs, projects, and activities of the Department of Health.

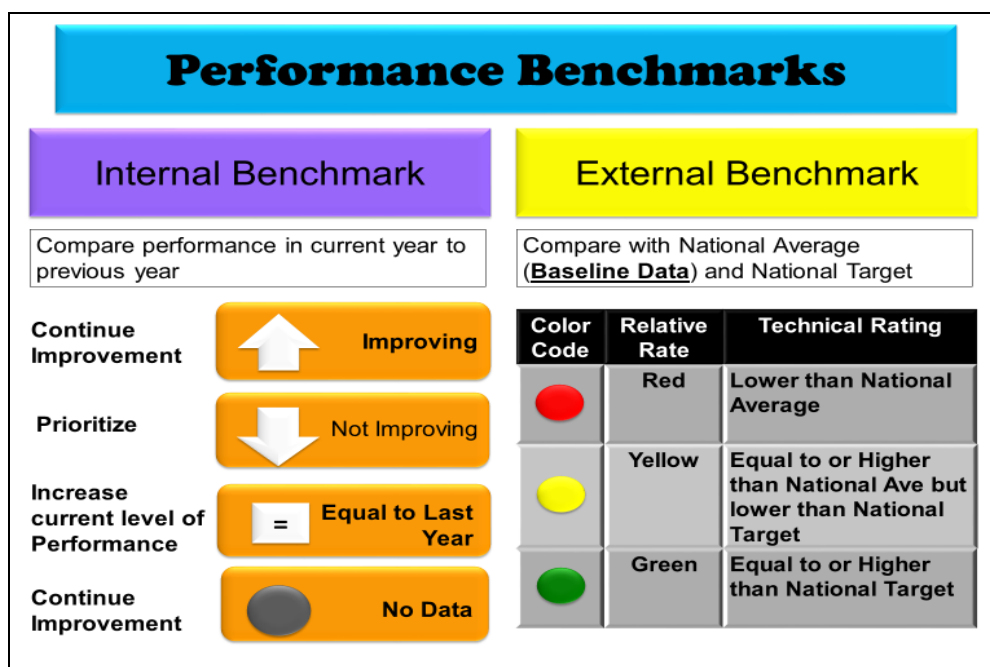
The LGU HSC makes use of directional arrows and color codes to indicate the gaps in the implementation of health programs. It can also identify localities that perform well and are deserving of recognition and incentives. The four (4) general purposes of the LGU HSC are:

1. Report to clients

The LGU HSC reports outcomes valuable and relevant to the stakeholders and the general public.

2. Benchmark performance

The primary concern of the assessment is comparing the province/city-wide health system performance through internal and external benchmarks. Internal performance benchmark shall compare the province/city-wide health system performance with its past performance through the use of directional arrows. External performance benchmark shall compare the province/city-wide health system performance to the national target of the same year and to the national baseline through the use of color codes.



3. Link to financing

The LGU HSC performance results shall be the general basis of performance-based financing, allocations, awards, and other grants. Plans and budget allocations should be consistent with the annual results.

4. Basis for prioritizing actions

According to the LGU HSC color codes, the red performance requires the province or city to intensify its efforts and resources, revise strategies, set a catch-up plan, and seek assistance. The yellow means that the province or city needs to maintain progress geared towards the national target. The green shows that the province or city can maintain the current level of performance, be a model site for other LGUs, or be a pilot site for innovative interventions.

The LGU HSC indicators and targets are periodically reviewed to align with the national health agenda defined through the National Objectives for Health, UHC implementation, Sustainable Development Goals, and the directives of the current administration. It is also harmonized with the Field Health Service Information System and the Philippine Health Information Exchange. Indicators and targets related to Family Health, Non-Communicable Diseases, Communicable Diseases, Environmental Health, Logistics, Nutrition, among others, are included in the LGU HSC.

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