

Department Memorandum No. 2023-0131

*Interim Guidelines on the Use of the Harmonized
Hospital Client Experience Survey (HCES) Tool to
Measure Responsiveness*



METRO MANILA CENTER FOR HEALTH DEVELOPMENT
DEPARTMENT OF HEALTH

RATIONALE

DM 2023-0131

- 1. Republic Act (RA) No. 11032, *Ease of Doing Business and Efficient Government Service Delivery Act of 2018*
- 1. Memorandum Circular No. 2022-05, *Guidelines on the Implementation of the Harmonized Client Satisfaction Measurement (CSM)*
- 1. Department Memorandum No. 2023-0068, *2023-2028 Hospital Scorecard Indicators and Metadata*



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 3, 2023

DEPARTMENT MEMORANDUM
No. 2023 - 0131

TO : ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES OF THE FIELD IMPLEMENTATION AND COORDINATION TEAM (FICT); DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT (CHD); MINISTER OF HEALTH - BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM); CHIEFS OF MEDICAL CENTERS, HOSPITALS AND SANITARIA, EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS; AND OTHERS CONCERNED

SUBJECT : Interim Guidelines on the Use of the Harmonized Hospital Client Experience Survey (HCES) Tool to Measure Responsiveness



METRO MANILA CENTER FOR HEALTH DEVELOPMENT
DEPARTMENT OF HEALTH

SCOPE AND COVERAGE

REQUIRED:

All DOH hospitals, medical centers, sanitarium, GOCC hospitals, and LGU hospitals with Malasakit Centers

ENCOURAGED:

Private hospitals and infirmaries and LGU hospitals and infirmaries

FRONTLINE SERVICES:

Emergency Room, Inpatient Services, Outpatient Department, Pharmacy, MSWD/Malasakit Center, Information & Admitting Section, Cashier/Accounting

**NON-FRONTLINE SERVICE AREAS
MAY UTILIZE THE CSM TOOL**



Survey Administration and Collection

- **Unique Control Number for all forms whether printed and electronic survey forms**
- Only given to clients after **COMPLETED TRANSACTIONS**
- Self-administered and voluntary
- January to December each year
- May continue even after the sample size has been reached



Sampling Method

- **Minimum number of responses per service** based on the sample size calculator on the HCES Online Report Generator.
- **Quota Sampling Method**

Total number of respondents required	Q1 Target	Q2 Target	Q3 Target	Q4 Target
1034	258	258	258	258

Service No.	Service Name	Internal or External Service?	No. of Completed Transactions												Total Number of transactions	Number of Responses per Service
			January	February	March	April	May	June	July	August	September	October	November	December		
1	Consultation	External	20	20	20	20	20	20	20	20	20	20	20	20	240	50
2	Admission	External	10	10	10	10	10	10	10	10	10	10	10	10	120	33
3	Laboratory	External	5	5	5	5	5	5	5	5	5	5	5	5	60	28
4	Radiology	External	25	25	25	25	25	25	25	25	25	25	25	25	300	24
5	Discharge	External	3	3	3	3	3	3	3	3	3	3	3	3	36	24
6	Settlement of Fees	External	30	30	30	30	30	30	30	30	30	30	30	30	360	14
7	Requet for Medical Records	External	2	2	2	2	2	2	2	2	2	2	2	2	24	9
8	Request for Psychosocial Assessment or Intervention	External	5	5	5	5	5	5	5	5	5	5	5	5	60	10
9	Request for Financial Assistance	External	15	15	15	15	15	15	15	15	15	15	15	15	180	15
10	Counseling (i.e. Nutrition and Dietetics)	External	12	12	12	12	12	12	12	12	12	12	12	12	144	25
11	Other Services	External	5	5	5	5	5	5	5	5	5	5	5	5	60	0



Report Generation and Submission

- **Quality Improvement Unit** or its equivalent shall be in-charge
- A **Non-Disclosure Agreement** should be signed by the personnel in-charge
- Make use of the **HCES Online Report Generator** in encoding data.
 - Please do not include invalid responses
- Accomplished HCES Online report generators will serve as the facility's Responsiveness Reports
 - To be submitted on or before **January 15th Annually**
 - Link: https://bit.ly/HCES_Submissions

Sample Confidentiality and Nondisclosure Agreement Form

Confidentiality and Nondisclosure Agreement

I, _____, agree with the following statements:

I have read and understood [insert Health Facility's Name] Privacy Policy.

I understand that I may come in contact with confidential information during the course of preparing and consolidating the reports for the Client Experience Survey. As part of the condition as the personnel-in-charge for this report, I hereby undertake to keep in strict confidence any information found in the survey. I will do this in accordance with the [insert Health Facility's Name]'s privacy policy and applicable laws, including those that require mandatory reporting.

I will not divulge any confidential information that may be gathered about the client through the survey form.

I also agree to never remove any confidential material of any kind from the premises of [insert Health Facility's Name], unless, authorized as part of my duties, or with the expressed permission of direction to do so from [insert Health Facility's Name].

(Print Staff Name)

(Signature of Staff)

(Signature above Printed Name of Witness)



Translation of the HCES Tool

- May be translated into the appropriate language or dialect used by the hospital
- A copy of the translated form shall be submitted to the HFDB through the IPCHS Program email at ipchs@doh.gov.ph



Harmonized HCES Tool and Online Report Generator Walkthrough



METRO MANILA CENTER FOR HEALTH DEVELOPMENT
DEPARTMENT OF HEALTH

HCES Tool

Control No: _____

HOSPITAL CLIENT EXPERIENCE SURVEY (HCES) FORM

This survey will serve as a basis to help us to improve our services for you to have a better experience in the facility because you are important to us. Any comments or suggestions you provide through this survey will be highly-appreciated and will be treated with utmost confidentiality.

INSTRUCTIONS: Put a check (✓) mark on the appropriate answers:	
The Respondent of this Survey Form:	<input type="checkbox"/> Patient <input type="checkbox"/> Companion (Family/Relative) <input type="checkbox"/> Business (visited for business purposes) <input type="checkbox"/> Employee
Age: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Muslim <input type="checkbox"/> Others (Specify): _____
Educational Attainment:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Postgraduate/Masters <input type="checkbox"/> No Formal Education
Name of Hospital: _____	Date of Consultation/Visit: _____
Point of Entry Department Visited:	Choose one: <input type="checkbox"/> Emergency Room <input type="checkbox"/> Medical Social Work Department/Malasakit Center <input type="checkbox"/> Inpatient Services <input type="checkbox"/> Information & Admitting Section <input type="checkbox"/> Outpatient Department <input type="checkbox"/> Cashier/Accounting <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other administrative offices (Specify) _____
Service Availed	Choose one: <input type="checkbox"/> Consultation <input type="checkbox"/> Request for Medical Records <input type="checkbox"/> Admission <input type="checkbox"/> Request for Psychosocial Assessment/Intervention <input type="checkbox"/> Laboratory <input type="checkbox"/> Request for Financial Assistance <input type="checkbox"/> Radiology <input type="checkbox"/> Counseling (i.e. Nutrition and Dietetics) <input type="checkbox"/> Discharge <input type="checkbox"/> Other services (Specify) _____ <input type="checkbox"/> Settlement of Fees
How frequent do you visit this facility?	Choose one: <input type="checkbox"/> First Time <input type="checkbox"/> 4-6x a year <input type="checkbox"/> 1-3x a year <input type="checkbox"/> 7-11x a year <input type="checkbox"/> >12x a year

The Citizen's Charter is an official document that reflects the services of a government agency/office including its requirements, fees, and processing times among others.

INSTRUCTIONS: Put a check mark (✓) your answer to the Citizen's Charter (CC) questions.	
CC1	Which of the following best describes your awareness of a CC? <input type="checkbox"/> 1. I know what a CC is and I saw this office's CC. <input type="checkbox"/> 2. I know what a CC is but I did NOT see this office's CC. <input type="checkbox"/> 3. I learned of the CC only when I saw this office's CC. <input type="checkbox"/> 4. I do not know what a CC is and I did not see one in this office. (Answer 'N/A' on CC2 and CC3)
CC2	If aware of CC (answered 1-3 in CC1), would you say that the CC of this office was ...? <input type="checkbox"/> 1. Easy to see <input type="checkbox"/> 4. Not visible at all <input type="checkbox"/> 2. Somewhat easy to see <input type="checkbox"/> 5. N/A <input type="checkbox"/> 3. Difficult to see
CC3	If aware of CC (answered codes 1-3 in CC1), how much did the CC help you in your transaction? <input type="checkbox"/> 1. Helped very much <input type="checkbox"/> 3. Did not help <input type="checkbox"/> 2. Somewhat helped <input type="checkbox"/> 4. N/A

INSTRUCTIONS: Put a check mark (✓) on the column that best corresponds to your rating for each item	Strongly agree 5 	Agree 4 	Neither agree nor disagree 3 	Disagree 2 	Strongly disagree 1 	Not Applicable N/A
A. Infrastructures and Process						
1. The waiting areas were clean, orderly, and comfortable.						
2. The toilets and bathrooms inside the facility were kept clean, orderly and with a steady water supply.						
3. The patients' rooms were kept clean, tidy, and comfortable.						
4. The steps (including payment) I needed to do for my transaction were easy and simple. (SQD3)						
5. The office followed the transaction's requirements and steps based on the information provided. (SQD2)						
6. I easily found information about my transaction from the office or its website. (SQD4)						
7. I spent a reasonable amount of time for my transaction. (SQD1)						
B. Client Engagement and Empowerment						
8. The medical condition, procedures and instructions were discussed clearly.						
9. Our sentiments, cultural background, and beliefs were heard and considered in the treatment procedure.						
10. We were given the chance to decide which treatment procedure shall be performed.						
11. I got what I needed from the hospital, or (if denied) denial of request was sufficiently explained to me. (SQD8)						
12. I paid a reasonable amount of fees for my transaction. (SQD5) ***If service was free, mark the 'N/A' column)						
C. Culture of Responsiveness						
13. I was treated courteously by the staff, and (if asked for help) the staff was helpful. (SQD7) ***NOTE: Put a check mark (✓) on N/A if you did not interact with the staff						
Doctor						

Control No: _____

INSTRUCTIONS: Put a check mark (✓) on the column that best corresponds to your rating for each item	Strongly agree 5 	Agree 4 	Neither agree nor disagree 3 	Disagree 2 	Strongly disagree 1 	Not Applicable N/A
Pharmacy Staff						
Laboratory Staff						
Admitting Staff						
Medical Records						
Billing						
Cashier						
Social Worker						
Food Server						
Janitors/ Orderly						
14. I was treated fairly, or "walang palakasan", during my transaction. (SQD6) ***If online: I am confident my online transaction was secure.						
15. I am satisfied with the service that I availed. (SQD0)						
Suggestions on how we can further improve our services (optional)	If applicable, please the name of any remarkable hospital staff you would like to commend, as well as your reason.					

- Thank you! -



METRO MANILA CENTER FOR HEALTH DEVELOPMENT
DEPARTMENT OF HEALTH

HCES Online Report Generator

Please Read Carefully!

Tab No.	Tab Title	Description	General Instructions
Tab 1	PLEASE READ THIS FIRST	List of Sheets and General Instructions	
Tab 2	Copy of Sample Size Calculator (ARTA)	Contains General Reminders and Instructions Compute for the Target	1. For submissions to HFDB, please do not modify this tool including formatting other than encoding data. 2. For submissions to HFDB, an excess of maximum of 300 respondents from the target is sufficient for validation purposes
Tab 3	DATA 1	Used to Encode Respondents' Demographic Information	1. Before using the Tabs 1-3, clear all data sets in the document 2. Please make use of the dropdowns in order to avoid errors in formulas.
Tab 4	DATA 2	Used to Encode Respondents' answers to the questionnaire	3. For other answers, please select Others. 4. For unanswered questions, leave cells blank. 5. Translate all data to english if answers of respondents are in a different language 6. Please make sure that the number of respondents are the same for DATA 1 & DATA 2
Tab 5	Collated Data	Contains the processed raw data from DATA 2	1. Autogenerated. No need to revise/edit 2. Please make sure that the number of responses from DATA 1& DATA2 corresponds to the processed data 3. Rows with #DIV/0 are invalidated. These should be deleted along with its corresponding row in DATA 1 & DATA 2
Tab 6	Summary Demographics	Analysis and Visualization of demographics of the respondents	1. Autogenerated. No need to revise/edit 2. May check formulas as needed
Tab 7	Responsiveness Analysis	Shows the summary of the respondent's assessment based on the 3 strategies of Integrated People-Centered Health Services Also indicates the Overall Score and the Hospital Scorecard Score for Core Indicator No. 5	
Tab 8	Analysis of Q1-Q7	Analysis for IPCHS Strategy 1: Appropriate Infrastructure and Process	
Tab 9	Analysis of Q8-12	Analysis for IPCHS Strategy 2: Client Engagement and Empowerment	
Tab 10	Analysis of Q13-Q28	Analysis for IPCHS Strategy 3: Culture of Responsiveness	
Tab 11	ARTA Analysis	Analysis of details needed for the ARTA Report	

▶

PLEASE READ THIS FIRST

Copy of Sample Size Calculator

DATA 1

DATA 2

Collated Data



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DEPARTMENT OF HEALTH

Tab 2: Sample Size Calculator

INSTRUCTIONS

1. Please fill in Column D to O the number of completed transactions per month starting from January to December

2. Kindly make sure that all data encoded are correct and all cells are filled up because the computation of the minimum number of respondents for the year will depend on them

3. For technical support or concerns, kindly email ipchs@doh.gov.ph with subject: Technical Asistance | HCES Online Report Generator

NOTES:

- For submissions to HFDB, please do not modify this tool including formatting other than encoding data.

- Column B are the frontline services that are offered by all hospitals regardless of its service capability and ownership. The hospital may add other external services offered by the hospital in row 25 onwards but will not be included in the analysis and will be subject to addition after re-evaluation of the tool

- The health facility may divide the target respondents into 4 quarters as suggested in the Table below

- This is conducted all year round, so health facilities may go beyond the minimum number of respondents

- But for submissions to HFDB, an excess of maximum of 300 respondents from the target is sufficient for

- ELIGIBLE RESPONDENTS are only those who had COMPLETED END-TO-END TRANSACTIONS

- This form is only applicable to frontline areas or with Direct Patient Interaction (External Services)

- The Confidence Interval and Margin of Error are always fixed

- The computation for the '384.16' number is similar to the formula found on this webpage

Total number of respondents required	Q1 Target	Q2 Target	Q3 Target	Q4 Target
1034	258	258	258	258

Service No.	Service Name	Internal or External Service?	No. of Completed Transactions												Total Number of transactions	Number of Responses per Service	
			January	February	March	April	May	June	July	August	September	October	November	December			
1	Consultation	External	20	20	20	20	20	20	20	20	20	20	20	20	20	240	50
2	Admission	External	10	10	10	10	10	10	10	10	10	10	10	10	10	120	33
3	Laboratory	External	5	5	5	5	5	5	5	5	5	5	5	5	5	60	28
4	Radiology	External	25	25	25	25	25	25	25	25	25	25	25	25	25	300	24
5	Discharge	External	3	3	3	3	3	3	3	3	3	3	3	3	3	36	24
6	Settlement of Fees	External	30	30	30	30	30	30	30	30	30	30	30	30	30	360	14
7	Requet for Medical Records	External	2	2	2	2	2	2	2	2	2	2	2	2	2	24	9
8	Request for Psychosocial Assessment or Intervention	External	5	5	5	5	5	5	5	5	5	5	5	5	5	60	10
9	Request for Financial Assistance	External	15	15	15	15	15	15	15	15	15	15	15	15	15	180	15
10	Counseling (i.e. Nutrition and Dietetics)	External	12	12	12	12	12	12	12	12	12	12	12	12	12	144	25
11	Other Services	External	5	5	5	5	5	5	5	5	5	5	5	5	5	60	0
12																	

+ ≡ PLEASE READ THIS FIRST ▾

Copy of Sample Size Calculator (ARTA) ▾

DATA 1 ▾

DATA 2 ▾

Collated Data ▾

Summary Demographics ▾

Responsiveness Analysis ▾

Analysis Q1-Q7 ▾

Analysis < >



Tab 3: Data 1 (Encoding of Respondents' Demographic Information)

HCES Online Report Generator (Updated 03/28/2023) ☆ 📁 ☁

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	A	B	C	D	E	F	G	H	I	J
	Control No.	RESPONDENT	AGE	SEX	RELIGION	LEVEL OF EDUCATION	DATE OF CONSULT/ VISIT	DEPARTMENT/ OFFICE VISITED	SERVICE AVAILABLE	FREQUENCY OF VISIT
1	1	Companion	49	F	CATHOLIC	Secondary	2/1/2021	INPATIENT	CONSULTATION	First Time
2	2	Companion	35	F	CATHOLIC	Secondary	2/1/2021	INPATIENT	CONSULTATION	First Time
3	3	Companion	60	F	CATHOLIC	Secondary	2/1/2021	INPATIENT	CONSULTATION	First Time
4	4	Companion	35	F	CATHOLIC	Primary	2/1/2021	INPATIENT	CONSULTATION	First Time
5	5	Patient	18	F	CATHOLIC	Secondary	2/3/2021	INPATIENT	CONSULTATION	First Time
6	6	Companion	37	M	CATHOLIC	Secondary	2/3/2021	INPATIENT	CONSULTATION	First Time
7	7	Patient	49	F	CATHOLIC	Secondary	2/3/2021	INPATIENT	CONSULTATION	First Time
8	8	Companion	35	F	CATHOLIC	Secondary	2/3/2021	INPATIENT	CONSULTATION	First Time
9	9	Companion	43	F	CATHOLIC	Secondary	2/4/2021	INPATIENT	CONSULTATION	First Time
10	10	Companion	50	F	CATHOLIC	Vocational	2/4/2021	INPATIENT	CONSULTATION	First Time
11	11	Companion	23	F	CATHOLIC	Secondary	2/4/2021	INPATIENT	CONSULTATION	First Time
12	12	Patient	38	M	CATHOLIC	Secondary	2/4/2021	INPATIENT	CONSULTATION	First Time
13	13	Companion	52	F	CATHOLIC	Primary	2/5/2021	INPATIENT	CONSULTATION	First Time
14	14	Companion	60	F	CATHOLIC	Secondary	2/5/2021	INPATIENT	CONSULTATION	First Time
15	15	Companion	35	F	CATHOLIC	College	2/8/2021	INPATIENT	CONSULTATION	First Time
16	16	Patient	53	F	CATHOLIC	Secondary	2/9/2021	INPATIENT	CONSULTATION	First Time
17	17	Patient	24	M	CATHOLIC	Secondary	2/10/2021	INPATIENT	CONSULTATION	First Time
18	18	Companion	24	F	CATHOLIC	College	2/11/2021	INPATIENT	CONSULTATION	First Time
19	19	Companion	46	F	CATHOLIC	Vocational	2/11/2021	INPATIENT	CONSULTATION	First Time
20	20	Companion	59	F	CATHOLIC	College	2/12/2021	INPATIENT	CONSULTATION	First Time
21	21	Companion	69	F	CATHOLIC	Primary	2/12/2021	OPD	CONSULTATION	First Time
22	22	Companion	19	F	CATHOLIC	Primary	2/15/2021	INPATIENT	CONSULTATION	First Time
23	23	Companion	30	F	CATHOLIC	Secondary	2/15/2021	INPATIENT	CONSULTATION	First Time
24	24	Companion	19	F	CATHOLIC	Vocational	2/16/2021	INPATIENT	CONSULTATION	First Time
25	25	Companion	33	F	CATHOLIC	Secondary	2/16/2021	INPATIENT	CONSULTATION	First Time
26	26	Patient	36	F	CATHOLIC	College	2/17/2021	INPATIENT	CONSULTATION	First Time
27	27	Companion	32	F	CATHOLIC	Vocational	2/18/2021	INPATIENT	CONSULTATION	First Time
28	28	Companion	60	F	CATHOLIC	Primary	2/19/2021	INPATIENT	CONSULTATION	First Time
29	29	Companion	64	M	CATHOLIC	Secondary	2/22/2021	INPATIENT	CONSULTATION	First Time
30	30	Companion	31	M	OTHERS	Secondary	2/23/2021	INPATIENT	CONSULTATION	First Time
31	31	Companion	67	F	CATHOLIC	Secondary	2/23/2021	INPATIENT	CONSULTATION	First Time
32	32	Companion	46	F	CATHOLIC	Secondary	2/23/2021	INPATIENT	CONSULTATION	1-3x a year
33	33	Companion	41	F	CATHOLIC	Primary	2/24/2021	INPATIENT	CONSULTATION	1-3x a year

+ ☰ PLEASE READ THIS FIRST | Copy of Sample Size Calculator (ARTA) | DATA 1 | DATA 2 | Collated Data | Summary Demographics | Responsiveness Analysis



METRO MANILA CENTER FOR HEALTH DEVELOPMENT
DEPARTMENT OF HEALTH

Tab 4: Data 2 (Encoding of Answers to the Questionnaire)

HCES Online Report Generator (Updated 03/28/2023)

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1	Control N	CC1	CC2	CC3	Q1	Q2	Q3	Q4 SQD3	Q5 SQD2	Q6 SQD4	Q7 SQD1	Q8	Q9	Q10	Q11 SQD8	Q12 SQD5	Q13 SQD7	Q14 SQD7	Q15 SQD7	Q16 SQD7	Q17 SQD7	Q18 SQD7
2	1	4	5	4	1	5	1	4	3	2	3	3	5	3	3	5	5	4	1	5	4	4
3	2	4	5	4	5	1	5	1	4	3	2	3	4	3	4	5	3	1	4	5	4	4
4	3	4	5	4	4	5	1	1	3	3	5	2	3	5	3	3	3	3	5	3	5	4
5	4	4	5	4	3	4	5	1	1	5	3	3	2	3	5	1	5	4	5	5	5	4
6	5	4	5	4	5	5	4	4	1	1	5	4	4	2	4	3	5	5	3	3	4	3
7	6	4	5	4	3	3	5	3	5	1	1	3	4	1	2	3	4	4	5	4	3	4
8	7	4	5	4	4													4	3	3	5	5
9	8	4	5	4	3													3	5	4	4	4
10	9	4	5	4	3													2	3	3	4	3
11	10	4	5	4	3													5	2	3	4	4
12	11	4	5	4	4													4	3	2	3	4
13	12	4	5	4	5	5	5	1	5	4	5	3						4	5	3	2	3
14	13	4	5	4	0	0	0	0	0	0	0	5						4	1	4	3	2
15	14	4	5	4	3	3	4	5	4	5	3	5						4	3	1	5	3
16	15	4	5	4	1	5	3	4	5	4	3	4						4	1	1	4	3
17	16	4	5	4	5	4	5	5	4	4	5	3						4	3	1	1	1
18	17	4	5	4	3	3	4	5	4	5	3	3						4	5	5	1	1
19	18	4	5	4	4	3	5	1	4	3	4	3						4	5	4	1	1
20	19	4	5	4	4	3	4	4	4	3	5	3						4	4	1	5	3
21	20	4	5	4	5	5	3	3	4	4	5	5						1	1	5	3	3
22	21	4	5	4	4	4	4	3	3	3	4	3						5	4	3	5	3
23	22	4	5	4	5	3	5	5	4	4	5	1						3	3	4	3	5
24	23	4	5	4	3	5	5	3	4	3	4	4						5	5	4	4	3
25	24	4	5	4	3	4	4	5	3	4	3	5						3	4	4	3	4
26	25	4	5	4	3	5	3	5	5	5	3	3						5	3	4	5	5
27	26	4	5	4	4	3	5	5	4	5	4	3						4	5	4	3	4
28	27	4	5	4	5	3	4	5	3	4	5	1						4	3	4	4	4
29	28	1	2	1	5	5	4	4	4	4	1	3						1	3	4	3	1
30	29	1	2	1	3	5	4	4	3	1	3	4						5	4	5	1	5
31	30	1	2	1	5	4	5	5	3	5	1	3						5	5	1	4	3
32	31	1	2	1	5	4	5	3	5	4	4	1						4	1	5	1	5
33	32	1	2	1	3	3	4	4	5	3	5	4						1	3	4	5	4

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PLEASE READ THIS FIRST

Copy of Sample Size Calculator (ARTA)

DATA 1

DATA 2

Collated Data

Summary Demographics

Responsiveness Analysis



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Tab 5: Collated Data

The screenshot shows the HCES Online Report Generator interface. At the top, there's a title bar with the Google Sheets logo and the text "HCES Online Report Generator (Updated 03/28/2023)". Below this is a menu bar with options: File, Edit, View, Insert, Format, Data, Tools, Extensions, and Help. A toolbar with various icons for undo, redo, print, copy, paste, and formatting is visible. The formula bar shows the formula for cell D12: `=IF('Collated Data'!$C12<2,"POOR",IF('Collated Data'!$C12<3,"FAIR", IF('Collated Data'!$C12<4,"SATISFACTORY","OUTSTANDING")))`. The data table has columns A through H. Column A is "Appropriate Infrastructure and Processes", B is "Assessment", C is "Client Engagement and Empowerment", D is "Assessment2", E is "Culture of Responsiveness", F is "Assessment3", G is "Overall", and H is "Assessment4". The table contains 22 rows of data. A red arrow points to cell D12, which displays a "#DIV/0!" error. A tooltip box is open over this cell, displaying the error message: "Error Evaluation of function AVERAGEIF caused a divide by zero error." The bottom of the interface shows a navigation bar with tabs: "PLEASEREAD THIS FIRST", "Copy of Sample Size Calculator (ARTA)", "DATA 1", "DATA 2", "Collated Data" (which is the active tab), and "Summary De".

	A	B	C	D	E	F	G	H
1	Appropriate Infrastructure and Processes	Assessment	Client Engagement and Empowerment	Assessment2	Culture of Responsiveness	Assessment3	Overall	Assessment4
2	2.7	FAIR	3.8	SATISFACTORY	4.0	OUTSTANDING	3.5	SATISFACTORY
3	3.0	SATISFACTORY	3.8	SATISFACTORY	3.7	SATISFACTORY	3.5	SATISFACTORY
4	3.1	SATISFACTORY	3.2	SATISFACTORY	4.0	OUTSTANDING	3.4	SATISFACTORY
5	3.1	SATISFACTORY	2.8	FAIR	4.1	OUTSTANDING	3.4	SATISFACTORY
6	3.6	SATISFACTORY	3.4	SATISFACTORY	4.0	OUTSTANDING	3.7	SATISFACTORY
7	3.8	SATISFACTORY	#DIV/0!	#DIV/0!	3.9	SATISFACTORY	#DIV/0!	#DIV/0!
8	3.2	SATISFACTORY	2.2	FAIR	4.3	OUTSTANDING	3.2	SATISFACTORY
9	3.4	SATISFACTORY	3.0	SATISFACTORY	3.9	SATISFACTORY	3.5	SATISFACTORY
10	3.7	SATISFACTORY	3.0	SATISFACTORY	4.1	OUTSTANDING	3.6	SATISFACTORY
11	2.8	FAIR	3.0	SATISFACTORY	4.1	OUTSTANDING	3.3	SATISFACTORY
12	4.1	OUTSTANDING	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!
13	4.3	OUTSTANDING	3.4	SATISFACTORY			3.7	SATISFACTORY
14	3.6	SATISFACTORY	4.4	OUTSTANDING			3.8	SATISFACTORY
15	3.9	SATISFACTORY	3.6	SATISFACTORY			3.6	SATISFACTORY
16	3.6	SATISFACTORY	4.0	OUTSTANDING			3.6	SATISFACTORY
17	4.6	OUTSTANDING	3.8	SATISFACTORY			3.8	SATISFACTORY
18	3.9	SATISFACTORY	3.6	SATISFACTORY	3.4	SATISFACTORY	3.6	SATISFACTORY
19	3.4	SATISFACTORY	3.8	SATISFACTORY	3.3	SATISFACTORY	3.5	SATISFACTORY
20	3.9	SATISFACTORY	3.6	SATISFACTORY	3.0	SATISFACTORY	3.5	SATISFACTORY
21	4.1	OUTSTANDING	5.0	OUTSTANDING	3.1	SATISFACTORY	4.1	OUTSTANDING
22	3.6	SATISFACTORY	4.2	OUTSTANDING	3.3	SATISFACTORY	3.7	SATISFACTORY

Tab 6: Summary Demographics

HCES Online Report Generator (Updated 03/28/2023)

File Edit View Insert Format Data Tools Extensions Help

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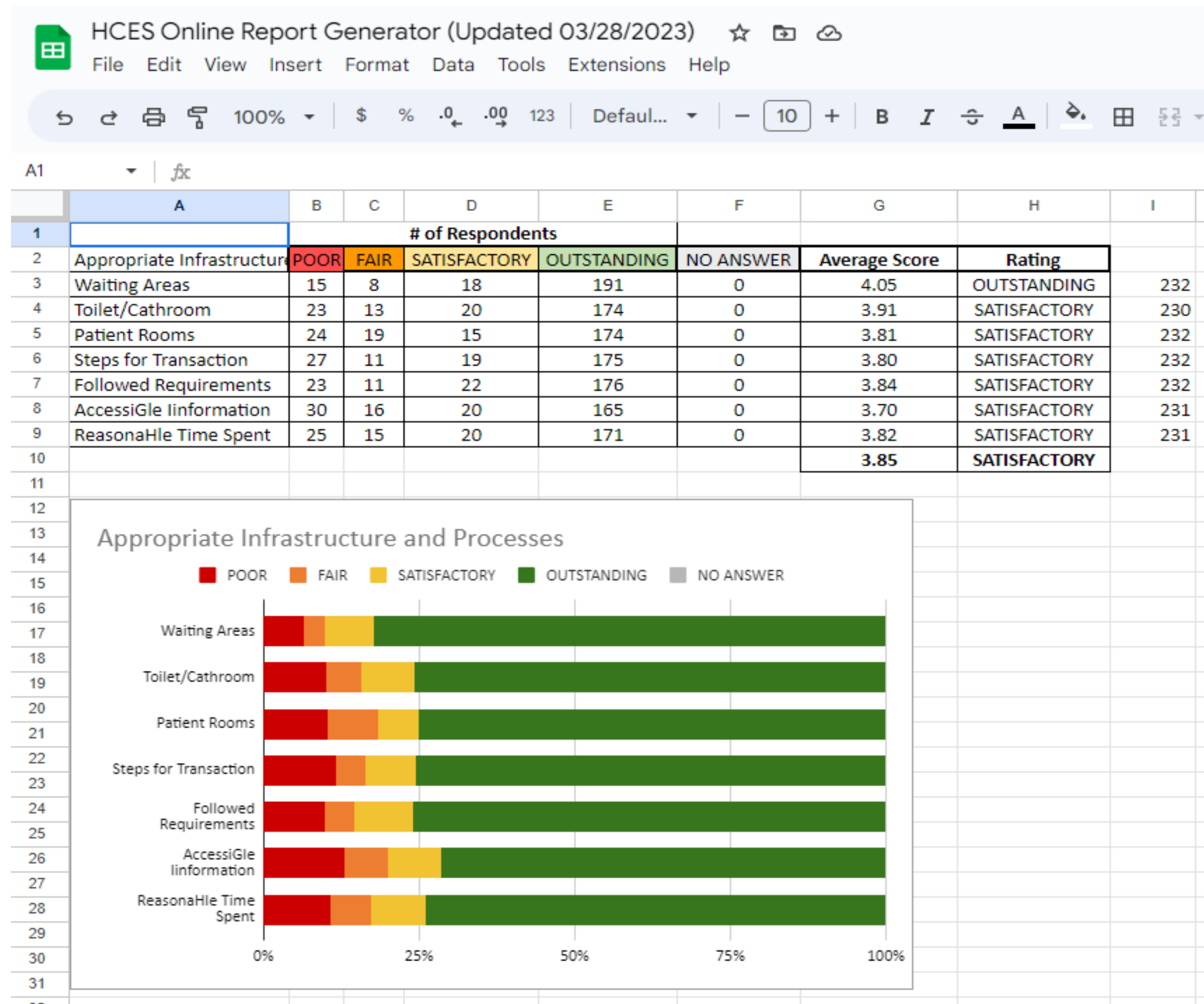
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Tab 7: Responsiveness Analysis

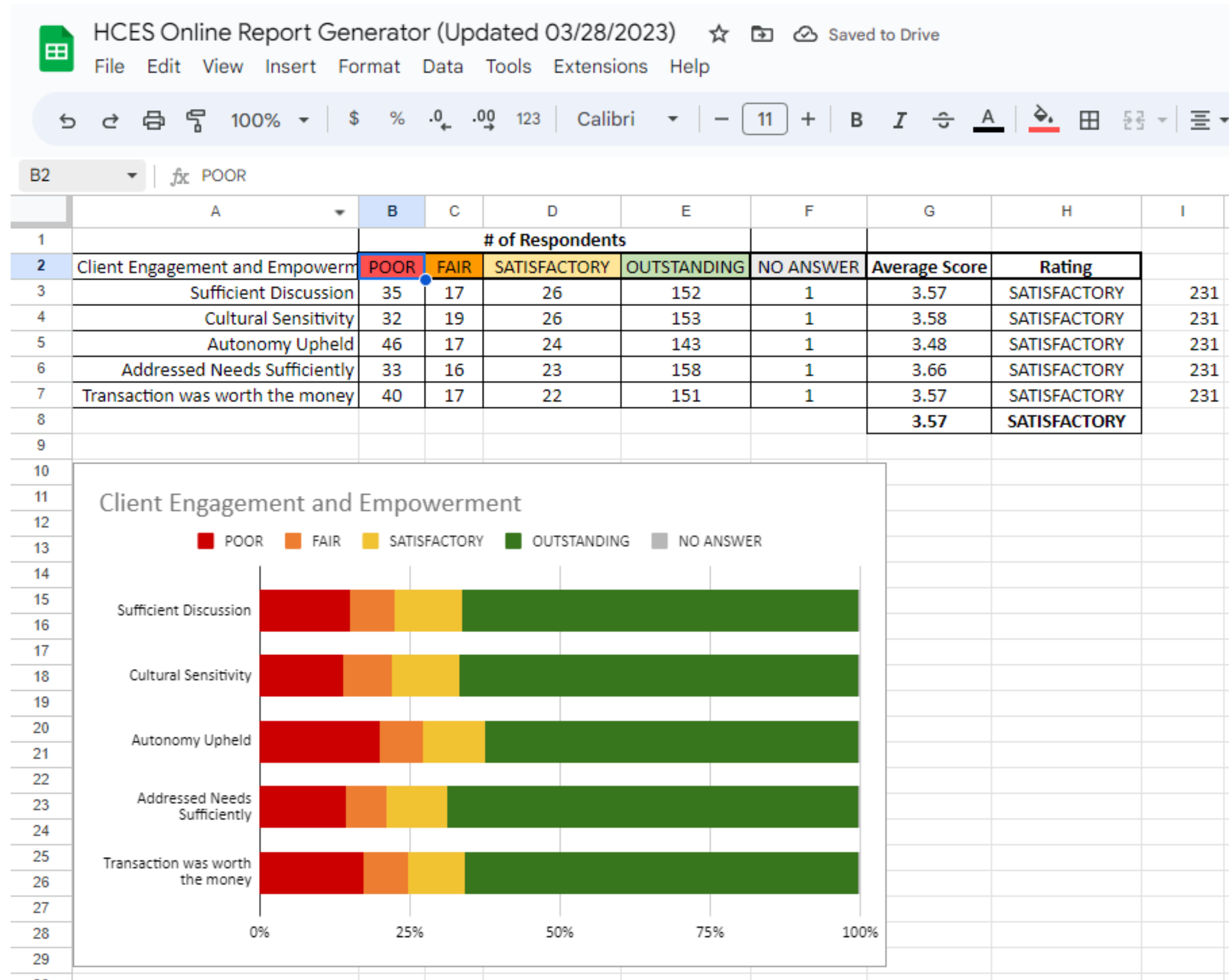
[illegible]

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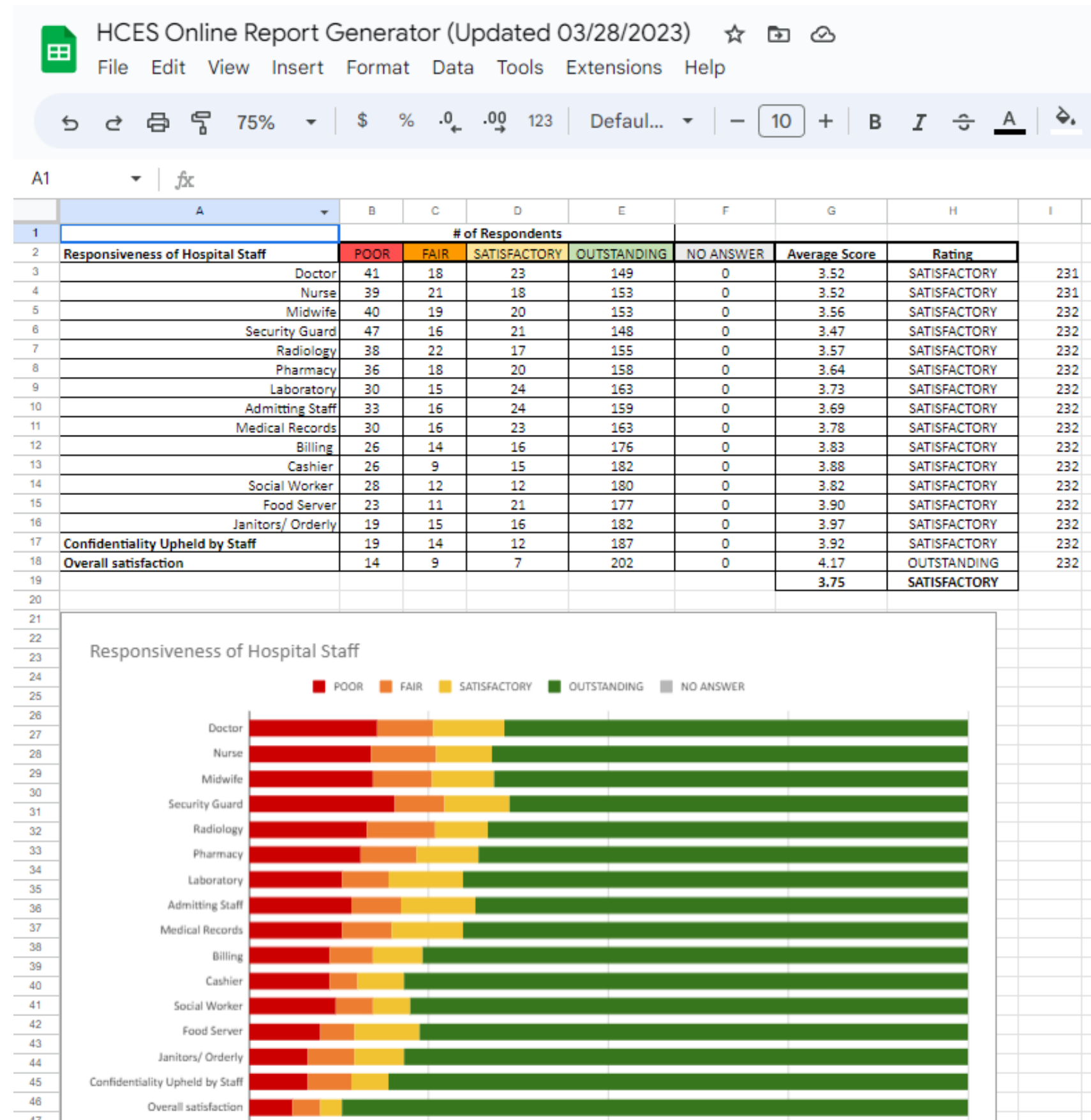
Tab 8: Analysis of Q1-Q7 (Analysis for IPCHS Strategy 1: Appropriate Infrastructure and Processes)



Tab 9: Analysis of Q8-Q12 (Analysis for IPCHS Strategy 2: Client Engagement and Empowerment)



Tab 10: Analysis of Q13-Q28 (Analysis for IPCHS Strategy 3: Culture of Responsiveness)



Tab 11: ARTA Analysis

<div> <div> </div> <div> <div>HCES Online Report Generator (Updated 03/28/2023)</div> <div> <div>☆</div> <div>📁</div> <div>🔗</div> </div> </div> <div> <div>File</div> <div>Edit</div> <div>View</div> <div>Insert</div> <div>Format</div> <div>Data</div> <div>Tools</div> <div>Extensions</div> <div>Help</div> </div> </div> <div> <div>↶ ↷ 🖨 📋 70% \$ % .0 .00 123 Calibri - 12 + B <i>I</i> <u>U</u> <u>A</u> </div> </div>										
A1	fx REFERENCE:									
	A	B	C	D	E	F	G	H	I	J
1	REFERENCE:	PERCENTAGE	RATING							
2		BELOW 60%	POOR							
3		60-79.9%	FAIR							
4		80-94.9%	SATISFACTORY							
5		95-100%	OUTSTANDING							
8			TOTAL				D4. CUSTOMER TYPE	EXTERNAL	OVERALL	
9	NO.	CC QUESTIONS	Responses	%						
10	CC1	I know what a CC is and I saw this office's CC.	120	51.72%			Citizen	232	100.00%	
11	CC1	I know what a CC is but I did NOT see this office's CC.	36	15.52%			Business	0	0.00%	
12	CC1	I learned of the CC only when I saw this office's CC.	49	21.12%			Government	0	0.00%	
13	CC1	I do not know what a CC is and I did not see one in this office (Answer 'N/A' on CC2 and CC3)	27	11.64%			Did not specify	0	0.00%	
14	CC2	Easy to see	90	38.79%						
15	CC2	Somewhat easy to see	85	36.64%						
16	CC2	Difficult to see	11	4.74%						
17	CC2	Not visible at all (Skip question CC3)	19	8.19%						
18	CC2	Not applicable	27	11.64%						
19	CC3	Helped very much	101	43.53%						
20	CC3	Somewhat helped	68	29.31%						
21	CC3	Did not help	36	15.52%						
22	CC3	Not applicable	27	11.64%						
23										
24										
25	BREAKDOWN OF THE RESULTS PER SERVICE QUALITY DIMENSION									
26	SERVICE QUALITY DIMENSIONS		STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE	RESPONSES	OVERALL
27	SQD0	Overall Satisfaction	106	96	7	9	14	0	232	87.00%
28										
29										
30	SERVICE QUALITY DIMENSIONS		STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE	RESPONSES	OVERALL
31	SQD1	Responsiveness	84	87	20	15	26	0	232	74.00%
32	SQD2	Reliability	77	99	22	11	23	0	232	76.00%
33	SQD3	Access and Facilities	75	100	19	11	27	0	232	75.00%
34	SQD4	Communication	72	93	20	16	31	0	232	71.00%
35	SQD5	Costs	78	73	23	17	41	0	232	65.00%
36	SQD6	Integrity	79	108	12	14	19	0	232	81.00%
37	SQD7	Assurance	0	12	2	1	1	0	16	75.00%
38	SQD8	Outcome	76	82	23	17	34	0	232	68.00%



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