



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre Building, 709 Shaw Blvd., Pasig City
 Healthline 441-7444 www.philhealth.gov.ph



ANNEX A

Self Assessment Form for PRevEnTS

 Name of Healthcare Facility

 Municipality/City, Province

Example only

Name of RHU Staff	Essential Skills for the Delivery of Primary Care Benefit 1 Package						Optional Skills: for delivery of Maternity Care and Newborn Care Packages			
	Visual Inspection w/ Acetic Acid	Clinical Breast Examination	Counselling for Smoking Cessation	PEN Risking Assessment (for PCB2)	Breastfeeding Education Program	Promotion of Healthy Lifestyle	BeMONC	Family Planning Competency-Based Training Level 2	Newborn Screening Training	TB CAT
1.										
2.										
3.										
4.										
5.										
6.										

Instructions: Place “1” on the applicable skills column if the PCB1 provider staff had adequate training and write “0” if the said staff does not. Place “NA” if not applicable.

Recommended By:

Approved By:

 Printed Name and Signature of Head of Facility

 Printed Name and Signature of LCE/ Owner