

# **TITLE: GUIDANCE NOTES ON THE MONITORING OF COMPLIANCE TO HEALTH CENTER VISIT PROGRAM CONDITION DURING COVID-19 PANDEMIC OR OTHER SIMILAR HEALTH CRISIS**

## **I. RATIONALE**

The Pantawid Pamilyang Pilipino Program is the national poverty reduction strategy and a human capital program that provides cash subsidies to more than 4.4 million poor households to improve their education, health, and nutrition to help them break the intergenerational cycle of poverty. The program, however, does not promote a culture of mendicancy as the cash grants they received from the program depend on their compliance with the set program conditions.

To date, the program implementation has been drastically affected by the ongoing global health crisis brought about by COVID-19 as our nation including many countries across the globe is still fighting against this deadly disease. In support of various measures implemented by our government to curtail and eliminate the spread of COVID-19, we have been implementing the approved suspension of all program conditions from 2020 P1 [Feb-Mar], P2 [Apr-May], P3 [Jun-Jul] and proactively requested the extension until P4 [Aug-Sep] which has been approved by the Secretary last June 29, 2020.

The NPMO has been closely coordinating with our Development partners [ADB, WB, DFAT, and UNICEF] as well as our key implementing partners: Department of Health and Department of Education to prepare for the new normal in light of program implementation amidst health emergencies/crises.

Taking into account their invaluable recommendations and applicable existing COVID-19 related guidelines, the management has taken a major decision to lift the nationwide suspension of program conditions, particularly to the health center (HC) visits. This is to strike a fine balance between the measures we implement to prevent all our stakeholders from contracting the deadly disease and the program's human development goal to keep our partner beneficiaries healthy to help them break the intergenerational cycle of poverty.

Given that, this guidance notes are being provided to our Field Offices to properly guide them in the transition to the new normal while ensuring the health, safety, and overall well-being of all our field staff as well as our partner beneficiaries. This is through the proper coordination with our local government units down to the health center facilities to determine and adapt the applicable measures in light of their existing interim COVID-19 guidelines/protocol and the current local COVID-19 risk classifications while availing health and nutrition services of our partner beneficiaries.

## **II. OBJECTIVE**

This guidance notes aims to provide proper guidance to all the field implementers in undertaking the compliance verification for health center visit during COVID-19 pandemic or similar situations to ensure that the program implementation is aligned with the existing DOH interim COVID-19 related policies, guidelines as well as the community quarantine protocols/measures currently implemented in the specific program areas, while ensuring the welfare of the field workers as well as beneficiaries, children and pregnant who belong the vulnerable group to address other health-related issues (severe malnutrition, maternal pregnancy complication, mortality and morbidity of infants, vaccine-preventable disease outbreak such as polio, measles, etc.) especially during the national crisis.

### III. SCOPE

This guidance notes shall cover the following:

1. Describe the processes that need to be undertaken to ensure the continuity of program implementation/compliance verification for health center visit while protecting the health and safety of field workers and partner beneficiaries amidst the current pandemic, or other similar situations/emergencies which drastically affect the program implementation.
2. Discuss the innovations i.e., deployment of Offline CV module, enhancement of CV Forms to include the capturing of health services including the scenarios at the Local Government Units (LGUs) and nutrition responses and interventions and compliance of the beneficiaries as applicable on the current scenarios at the LGU during the pandemic.

### IV. LEGAL BASES

The following important provisions in various DOH guidelines of the pandemic reinforced the decision of the management to lift the nationwide suspension of health center visits during the 2020 P4 compliance verification/payment cycle.

#### **March 23, 2020 - Department Circular No. 2020 - 0167 "Continuous Provision of Essential Health Services during the COVID-19 Epidemic"**

1. Under Proclamation No. 922 from the Office of the President, the Local Government Units (LGUs) shall immediately act to prevent serious disruption of the functioning of the government and community during and following the COVID-19 epidemic. Hence, the LGU shall take the lead in the provision of essential health services through the rural/city health centers, satellite health centers, birthing centers, treatment hubs, and infirmaries which shall REMAIN OPEN during the enhanced community quarantine.
2. The following health services shall CONTINUE to be provided:
  - a. *Antenatal and postpartum care services including Basic Emergency Obstetric and Newborn Care (BEmONC). Birthing Facilities shall continue to provide BEmONC services to low-risk pregnancies, while high-risk pregnancies are to be referred to a hospital with Comprehensive Emergency Obstetric and Newborn Care (CEmONC) capacity;*
  - b. *Essential Intrapartum and Newborn Care, especially the promotion of exclusive breastfeeding. Routine immunization for children 0-12 months;*
  - c. *Sexual and Reproductive Health (SRH) services including provision of family planning commodities;*
  - d. *Women and child protection services for gender-based violence;*
  - e. *Management of Malnutrition and micronutrient supplementation;*
  - f. *Tuberculosis screening, testing, and treatment;*
  - g. *HIV screening, testing, and provision of antiretroviral treatment;*
  - h. *Mental health services;*
  - i. *Health services for saving lives (e.g. basic life support, standard first aid) and services to prevent and control disaster-related morbidities including non-communicable diseases; and*



- j. *Health support services for vulnerable population e.g. services for older persons and people with disabilities;*

**March 25, 2020 - DOH Department Memorandum No. 2020 - 0150 "Interim Guidelines for Immunizations Services in the Context of COVID-19 Outbreak"**

Routine immunization of newborns and infants up to 12 months and selective catch-up vaccinations of defaulters under five (5) years old shall be maintained as long as COVID-19 response measures allow. Whenever feasible and where the benefit-risk assessment is positive, routine immunization services shall continue and shall be integrated with other essential health services, uninterrupted. All possible efforts shall be made to maintain high population immunity against vaccine-preventable disease.

**May 11, 2020 - DOH Department Memorandum No. 2020 - 0237 "Interim Guidelines for the Delivery of Nutrition Services in the Context of COVID-19 Pandemic"**

**A. Prevention of Micronutrient Deficiencies**

a. Rural Health Units and Barangay Health Center shall maintain routine Micronutrient Supplementation targeting infants, children, pregnant and lactating women, adolescent girls, and woman of reproduction age aligned with the national guidelines, without compromising the COVID-19 response measures.

b. Mass supplementation campaign, however, is NOT encouraged at this time but shall be integrated in the immunization activities, prenatal and postpartum checkups, family planning, and other outreach services, feeding programs, food packs deliveries, and home visits, where appropriate, following strict infection prevention and control (IPC) guidelines.

**B. Growth and Development Monitoring and Promotion**

Promotion and monitoring of growth and development of infants and children under five years old shall still be done during health facility visits, community outreach, and if the situation allows, with strict observance of infection prevention and control measures

**May 19, 2020 - DOH Department Memorandum No. 2020 - 0260 "Interim Guidelines on Integrated Helminth Control Program and Schistosomiasis Control and Elimination Program During the COVID -19 Pandemic"**

**C. Growth and Development Monitoring and Promotion**

In accordance with the suspension of mass gatherings in areas under enhanced or general community quarantine, routine deworming of children ages 1-19 y/o shall be administered in the community through individual approach. The implementation shall be alongside with other health and nutrition interventions or services (immunization, nutrition, etc.) while maintaining physical distancing and appropriate Infections Prevention Control (IPC) measures.

**May 28, 2020 - DOH Department Memorandum No. 2020 - 0261 "Interim Guidelines on the Continuous Provision of Maternal Health Services during COVID-19 Pandemic"**

Province-wide and city-wide HCPNs, which include both private and public health care providers, facilities and institutions, shall designate facilities where COVID-19 and non-COVID-19 pregnant women can access maternal health services, including delivery

All pregnant women who are about to deliver and those who have delivered but manifesting signs of complication shall not be under any circumstance be refused admission by the health facility. However, infection control protocols shall be strictly followed, including the use of appropriate personal protective equipment (PPE).

**March 30, 2020 - DOH Department Memorandum No. 2020-0146 "Adoption of POGS, PPS, PIDSO, PSMFM, PSNB, and PIDSP Clinical Approach to the Management of COVID-19 in Pregnancy and the Newborn"**

DOH hereby adopts the Clinical Approach to the Management of COVID-19 in Pregnancy and the Newborn by the Philippine Obstetrical and Gynecological Society (Foundation), Inc.(POGS), Philippine Pediatric Society (PPS), Philippine Infectious Disease Society for Obstetrics and Gynecology (PIDSO), Philippine Society for Maternal and Fetal Medicine (PSMFM), Philippine Society for Newborn Medicine (PSNB), and Pediatric Infectious Disease Society of the Philippines (PIDSP).

The abovementioned Clinical Approach to the Management of COVID-19 in Pregnancy and the Newborn shall be used in the clinical management of a PUI, PUM, or COVID-19 positive pregnant and newborn in all hospitals and health facilities, both public and private, subject to continuous update by the societies involved.

**V. IMPLEMENTING GUIDELINES ON THE MONITORING OF COMPLIANCE TO HEALTH CENTER VISIT PROGRAM CONDITION DURING COVID-19 PANDEMIC OR OTHER SIMILAR HEALTH CRISIS**

The following guidelines shall be implemented starting 2020 Period 4 (August-September) CV monitoring to capture the delivery of essential health services and the compliance of the beneficiaries based on the DOH Memorandum Circular No. 2020-0237 Annex I - Scenarios at the Local Government Units and Nutrition Responses and Interventions and subsequent guidelines that may be developed by the DOH in the context of the COVID-19 pandemic.

**1. Preparatory Activity**

**A. Conduct of a thorough Assessment** - the Field Offices (FOs) shall coordinate with the LGUs down to the health facilities for the conduct of a comprehensive assessment to determine the actual situations on the ground to help the FOs determine to determine the following:

- i. Preferred means of transmitting compliance data through e-mail, fax machine, SMS/text messaging and/or recorded phone calls/ screen shots of conversations.



- ii. Specific health and nutrition services that can be availed and various mechanisms by which they can be availed by our beneficiaries per health center facility.
- iii. Availability of transportation to and from the health center facilities.
- iv. The current community quarantine classification being implemented in the area.

**Note:**

In cases when the situation on the ground is not favorable for our field implementers, the assessment activity may be conducted at the Rural Health Center Unit (RHU) instead of concerned Barangay Health Station (BHS).

Also, FOs may opt to print the assessment form or access it through google form, a separate e-mail containing the link of the assessment form will be sent to the Regional Compliance Verification Officers (RCVO) for them to cascade it to our field implementers.

To ensure the safety of all our field implementers during the conduct of any activities related to the program implementation, the FOs should employ appropriate measures and always remind them to always adhere to the DOH's minimum public health standards. Also, FOs should help the field implementers in finding all possible ways/options to minimize the face to face interaction with all the concerned.

The Field Offices may use the Assessment Form (*see Annex I*)

**B. Decision Making based on the Assessment Report** - FOs shall use this comprehensive assessment report to determine the following:

CATEGORY	EXPECTED TASKS TO BE UNDERTAKEN
<p><b>A. Low-Risk Areas/ Health Center Facilities</b></p> <p>These are the health center facilities that can safely provide health and nutrition services to our concerned program beneficiaries, rendering the program implementation feasible and beneficial as the safety and well-being of all concerned (health care providers, field implementers, partner beneficiaries) will not be compromised.</p>	<p>Facilitate the monitoring of compliance-related processes/program implementation.</p> <p>a. The concerned field implementer should properly and immediately notify all the household beneficiaries about the information of health center facilities as well as their available mechanism/s for the availment/provision of health and nutrition services.</p> <p>b. The field implementers shall ensure that all assigned partner beneficiaries are all informed and shall explore and use available platforms (social media, text messages or any other means applicable to the situation on the ground for the timely, efficient and effective Information dissemination of this management directive to require them to avail health services starting 2020 P4.</p> <p>c. The FOs are advised to come up with IEC materials if funds are available for the information campaign to encourage the</p>

	<p>partner beneficiaries to avail health and nutrition services to keep them healthy during COVID 19 - pandemic or similar health crisis. This will also help them overcome their fears and/or stigma associated with COVID-19.</p> <p>d. The field implementers shall remind all the partner beneficiaries under their jurisdiction to carefully observe at all times the minimum health standards and precautions such as wearing of masks, maintenance of social distancing protocol especially when availing the health and nutrition services.</p> <p>e. The field implementers shall closely coordinate with their assigned health center facilities for the distribution and retrieval of accomplished CV forms based on their preferred mechanisms within the prescribed timeline for the said processes.</p> <p><b>Note:</b> In cases when the concerned area/health facility is placed under stricter quarantine classification within the monitoring period, the FOs may still request for the suspension of program condition/monitoring of compliance to health center visits in the said areas/health center facility.</p>
<p><b>B. High Risks Areas/Health Center Facilities</b></p> <p>These are the health facilities validated to be located in high risks areas based on the current local COVID-19 Risk Classification / with strict community quarantine measures due to the increasing number of COVID cases, rendering the program implementation/ CV monitoring process as disadvantageous and risky to both of field implementers and partner beneficiaries.</p>	<p>Facilitate the Request for the Suspension of the Health Center Visit</p> <p>a. The designated field implementer shall secure the necessary certification/s from concerned LGU/ health center facility certifying that the compliance data cannot be provided and/or if the health facility is closed/ nonoperational and endorse them together with the formal request for the suspension of health center visit to the Provincial Operations Office (POO).</p> <p>b. The POOs shall then forward the request to the Regional Office together with the necessary <b>certifications. Following the existing</b> request procedures for the approval</p>



	<p>of the suspension of program conditions, the regional office shall then endorse the formal request together with all the necessary attachments/documents i.e., Certification, Assessment Report to the National Program Management Office (NPMO).</p> <p>c. The NPMO shall then review the request for the suspension of health center visit conditions as well as the assessment report, if found to be valid, facilitate the approval of the said request, if request is found to be lacking of supporting certifications/documents approval of the request may be disapproved. Otherwise provide further instruction/technical assistance to the concerned Regional Office/s.</p>
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### C. Capturing of Compliance and Delivery of Health Services Using the Modified Compliance Verification Form 3 (Health) during COVID-19 Pandemic

In pursuant to the DOH Memorandum Circular No. 2020-0237 *"Interim Guidelines for the Delivery of Nutrition Services in the Context of COVID-19 Pandemic"* the Compliance Verification Form 3 (CV-F3) is modified to capture the delivery of health services including the scenarios at the Local Government Units (LGUs) and nutrition responses and interventions during COVID-19 and compliance of the beneficiaries as applicable on the current scenarios at the LGU.

Pregnant women must still give birth in a health facility attended by a skilled health professional subject to the provisions stated in the (1) Department Circular No. 2020-016 *"Continuous Provision of Essential Health Services during the COVID-19 Epidemic"*, (2) DOH Memorandum Circular No. 2020-0237, DOH Department Memorandum No. 2020-0146 *"Adoption of POGS, PPS, PIDSOG, PSMFM, PSNBm, and PIDSP Clinical Approach to the Management of COVID-19 in Pregnancy and the Newborn"*, and DOH Memorandum Circular No. 2020-2061 *"Interim Guidelines on the Continuous Provision of Maternal Health Services during COVID-19 Pandemic"*, and related guidelines that may be developed by the DOH in the context of the COVID-19 pandemic.

The CV forms shall be transmitted using the preferred means as indicated by the facility during the conduct of assessment.

#### Example 1:

If the current scenario at the LGU/health facility falls under **Scenario 4 (Acceleration Phase) Stage 3 (Community Transmission)**, then the beneficiaries are only required to avail the following health services (as applicable) with the following to be tagged as compliant based on the DOH Memorandum Circular No. 2020-0237 Annex 1 -

*Scenarios at the Local Government Units and Nutrition Responses and Interventions and related guidelines that may be developed by the DOH in the context of the COVID-19 pandemic.*

Health services the beneficiaries may avail if the current scenario at the LGU is under Scenario 4 (Acceleration Phase) Stage 3 (Community Transmission):

1. Visits to non-emergency concerns to primary health care facilities are suspended.
2. Ensure compliance to EO 51, its revised IRR (DOH AO 2006-0012) and DO HAO 2007-0017 and other applicable laws, e.g. RA 11148.
3. Household visits by health and nutrition workers of the barangay health emergency response team (BHERT), with strict observance of infection to provide age appropriate essential nutrition service package:
  - a. Breastfeeding and complementary feeding counselling
  - b. Responsive feeding and response care giving for ECCD.
  - c. Healthy diet and nutrition counselling for PLWs, adolescents and adult household members.
  - d. Nutrition commodities (micronutrient powder sachets and Vitamin A capsules for infants and children, IFA tablets for PLWs and adolescents' girls)
  - e. RUSF and RUTF sachets to existing and newly diagnosed cases of MAM or SAM during household visits. (One [1] month supply for MAM and two weeks supply for SAM). Monitor nutritional status using MUAC measurement.
  - f. Food rations as part of supplemental feeding program.
  - g. Counselling on food safety, hand hygiene and other infection prevention and control measures.

*Refer to Annex II & III - CV F3 and Scenarios at the Local Government Units and Nutrition Responses and Interventions*

#### **D. Interim Mechanism for the Distribution and Collection of Compliance Verification Forms**

In areas/health center facilities where the compliance monitoring for health center visit is feasible, the following interim mechanisms/schemes shall be allowed. The FOs may adopt, whichever is applicable in cases wherein the existing manual distribution and collection of CV forms are not possible while the community quarantine is in effect and/or while face-to-face interaction is not yet viable.

The concerned field implementer shall determine the agreed applicable mechanism/s per health center facility based on the assessment report to easily facilitate/limit the face-face interaction during the distribution and retrieval of the CV forms for a particular period.



AGREED MECHANISM	INTERIM PROCESS DURING THE DISTRIBUTION OF CV FORMS TO BE USED FOR THE MONITORING OF COMPLIANCE	INTERIM PROCESS DURING RETRIEVAL OF ACCOMPLISHED CV FORMS AS THE BASIS FOR THE ENCODING OF COMPLIANCE DATA	FOLLOW-THROUGH ACTIVITIES DURING THE DISTRIBUTION OF CV FORMS
Email / Fax machine	<p>The assigned field implementer shall send the electronic copy of CV forms through the official email or fax machine provided by the concerned Pantawid Coordinator</p> <ul style="list-style-type: none"> <li>• scanned copy of CV forms</li> <li>• image of CV forms</li> <li>• transmit the CV forms through fax machine</li> </ul>	<p>The Pantawid Coordinator shall send the electronic copy through the official email or fax machine</p> <ul style="list-style-type: none"> <li>• scanned copy of accomplished CV forms</li> <li>• image of accomplishment of CV forms</li> <li>• transmit the accomplished CV forms via fax machine</li> </ul> <p>Note: Please ensure that all accomplished CV forms are manually signed or are with electronic signature of the concerned Head of the health facility.</p>	<p>The designated field implementers shall provide the hard copy of CV forms once the situation allows, however, if the health facility opted to print the forms there is no need to provide them with the hard copy/printed CV forms.</p> <p><b>For the Collection of accomplished CV Forms</b></p> <p>Hard copies of the accomplished CV forms shall be compiled by the designated Pantawid Coordinator which shall be retrieved by the concerned field implementer once the situation allows.</p>
<p>SMS/Text Messaging</p> <p>This mechanism is recommended only for those facilities w/ less than 10 monitored beneficiaries</p>	<p>Specify the names of the beneficiaries to be monitored.</p> <p>The concerned field implementer shall screen capture the corresponding text message/s and forward the softcopy to the assigned Compliance Verification Officer (CVO).</p>	<p>The Pantawid Coordinator shall specify the names of all non-compliant beneficiaries</p> <p>The concerned field implementer shall screen capture the corresponding text message and forward the softcopy to the assigned CVO.</p>	

AGREED MECHANISM	INTERIM PROCESS DURING THE DISTRIBUTION OF CV FORMS TO BE USED FOR THE MONITORING OF COMPLIANCE	INTERIM PROCESS DURING RETRIEVAL OF ACCOMPLISHED CV FORMS AS THE BASIS FOR THE ENCODING OF COMPLIANCE DATA	FOLLOW-THROUGH ACTIVITIES DURING THE DISTRIBUTION OF CV FORMS
<p>Phone Call</p> <p>This mechanism is recommended only for those facilities w/ less than 10 monitored beneficiaries</p>	<p>Specify the names of beneficiaries to be monitored.</p> <p>The concerned field implementer shall record the conversation and forward the soft copy of the corresponding recorded conversation to the assigned CVO.</p>	<p>The Pantawid Coordinator shall specify the names of all non-compliant beneficiaries</p> <p>The concerned field implementer shall record the conversation and forward the soft copy of the corresponding recorded conversation to the assigned Cluster Compliance Verification Officer (CCVO).</p>	

## VI. ROLES AND RESPONSIBILITY

The following table describes the roles and responsibilities of each staff to ensure that each activity is performed and completed within the approved timeline.

ROLE	RESPONSIBILITIES
National Program Management Office (NPMO)	<ul style="list-style-type: none"> <li>Assess and validate the submitted request for the suspension of the health center visit condition from the FOs, if found to be valid, facilitate the approval of the said request.</li> <li>Facilitate the generation of CV forms for low risks areas/ health centers which can safely provide health and nutrition services to our partner beneficiaries based on the lists endorsed by the field offices</li> <li>Facilitate issuance of corresponding CRF for the necessary enhancement in the CVS modules</li> <li>Upload encoded SQL data file per period to PPIS. (Offline CV)</li> </ul>
Regional Program Management Office (RPMO)	<ul style="list-style-type: none"> <li>Endeavor all the Field implementers to Conduct a thorough Assessment on viability of program implementation / Monitoring of compliance to health center visit program condition</li> </ul>



ROLE	RESPONSIBILITIES
	<ul style="list-style-type: none"> <li>Review the submitted recommendation/s of POOs. <ul style="list-style-type: none"> <li>once approved endorse the recommendation to the NPMO</li> <li>if disapproved provide further instruction/ guidance to the concerned POO/s</li> </ul> </li> <li>Endorse the official request for the suspension of the health center visit condition together with the attachments for high risks areas /health facilities.</li> <li>Submit the complete encoded Offline CV data on time.</li> </ul>
Regional Information Technology Officer (RITO)	<ul style="list-style-type: none"> <li>Help the Regional Compliance Verification Officer (RCVO) in the deployment of the Offline CV Module.</li> <li>Download Offline CV baseline from Pantawid Pamilya Information System (PPIS) for all Municipalities per period and provide it to RCVO.</li> <li>Upload the complete generated offline CV data in the PPIS</li> </ul>
Regional Compliance Verification Officer (RCVO)	<ul style="list-style-type: none"> <li>Provide orientation to the Cluster Compliance Verification Officers on the use of the Offline CV Module.</li> <li>Consolidate and safely keep all the soft copies of the accomplished CV forms, recorded conversation, screen capture of text messages endorsed by the Cluster Compliance Verification Officer.</li> <li>Disaggregate offline CV baselines and provide them to the corresponding Provincial Operations Office (Offline CV)</li> <li>Ensure all submitted encoded data of the Provincial Operations Office generated from Offline CV module are complete and merged accordingly.</li> <li>Assist in uploading the generated offline CV data in the PPIS.</li> </ul>
Cluster Compliance Verification Officer (CCVO)	<ul style="list-style-type: none"> <li>Provide orientation to field implementers;</li> <li>Compile and safely keep all the soft copies of the accomplished CV forms, recorded conversation, and screen capture of text messages sent by field implementers/Pantawid Coordinator and endorsed to the Regional Compliance Verification Officer.</li> <li>Facilitate the consolidation of the assessment reports and recommendations from the concerned Field Implementers and endorse them to the Provincial Link for the review and decision.</li> <li>Distribute Offline CV baselines to corresponding Municipal Operations Offline.</li> </ul>

ROLE	RESPONSIBILITIES
Information Project Development Officer (IPDO)	<ul style="list-style-type: none"> <li>• Ensure all submitted encoded data of the Provincial Operations Office generated from Offline CV module are complete and merged accordingly.</li> <li>• To closely coordinate with DOH on number of COVID positive cases per LGUs.</li> <li>• To coordinate with LGUs to CHO on the availability/ non-availability of Barangay Health Workers/ Focal Person to facilitate the CV Forms particularly those who are highly mobilized in monitoring COVID in their areas.</li> <li>• To provide updates to Operations Offices any COVID related concerns that may affect the compliance of the beneficiaries.</li> </ul>
Information Officer (IO)	<ul style="list-style-type: none"> <li>• Develop IEC materials to:               <ul style="list-style-type: none"> <li>• Inform the partner beneficiaries on the lifting of the nationwide suspension of program condition (health center visits) starting 2020 P4 CV Monitoring /Payment Cycle for low risks areas;</li> <li>• Inform on the available health services and mechanisms per facility which can provide safe health and nutrition services;</li> <li>• Encourage the partner beneficiaries to avail of the health services /comply with program conditions.</li> <li>• Remind on the deworming requirements for children beneficiaries 1-5 years which should be availed in the health center facility.</li> </ul> </li> </ul>
Provincial Operations Office (POO)	<ul style="list-style-type: none"> <li>• Ensure the conduct of a thorough assessment on the viability of program implementation/monitoring of compliance to health center visit program condition within the prescribed timeline</li> <li>• Consolidate and analyze all the submitted assessment reports.</li> <li>• Submit the recommendation as well as a comprehensive assessment report to RPMO within the prescribed timeline.</li> <li>• Submit Request for the suspension of Program Condition [Health Center Visits] together with the certification/s for high risks areas/health center facilities</li> <li>• Submit the complete encoded Offline CV data on time.</li> </ul>
Field Implementers (C/ML/SWA, or any field staff who will be designated to augment during the distribution and	<ul style="list-style-type: none"> <li>• Facilitate the conduct of assessment activity by closely coordinating with the concerned LGUs, health center facility;</li> <li>• Submit assessment report to the POO, together with their recommendations (i.e. request for suspension of program condition or resume program implementation based on the <b>assessment report</b>;</li> </ul>




ROLE	RESPONSIBILITIES
collection of CV Forms)	<ul style="list-style-type: none"> <li>• Closely coordinate with the health center facility for the distribution and retrieval of CV forms following the approved timeline;</li> <li>• Ensure all the scanned copies, images of accomplished CV forms as well as the screen capture of text message, voice recorded conversation are properly compiled and endorsed to the Regional Compliance Verification Officer (RCVO);</li> <li>• Ensure that all the assigned beneficiaries are informed about the resumption of CV monitoring of compliance in health center visits for low-risk areas.</li> <li>• Obtain necessary certifications from concerned agencies/offices for high-risk areas/health center facilities to be endorsed for the request for the approval of a suspension of Health Program Conditions (Health Center Visit) which shall then be endorsed together with the formal request to the Cluster Compliance Verification Officer (CCVO) at the Provincial Operations Office (POO).</li> <li>• Ensure all submitted encoded data of the Municipal Operations Office (MOO) generated from Offline CV module are complete and merged accordingly.</li> </ul>

## VII. REPEALING, TRANSITORY AND EFFECTIVITY CLAUSES

The copy of this Guidance Notes on the Monitoring of Compliance to Health Center Visit Program Condition During Covid-19 Pandemic or other Similar Health Crisis shall be distributed to the Pantawid Pamilyang Pilipino Program Management Office and Field Offices. This guidance note shall take effect starting 2020 Period 4.

Approved/Disapproved

  
**DIRECTOR GEMMA B. GABUYA**  
 National Program Manager  
 Pantawid Pamilyang Pilipino Program

## **ANNEX: LIST OF ATTACHMENTS**

**ANNEX I: Sample Assessment Forms** (*FOs may use the attached template designed by Field Office 6 or you may design new one*)

**ANNEX II: Modified CV Form 3** (*Health*)

**ANNEX III: Scenarios at the Local Government Units and Nutrition Responses and Interventions**  
(*DOH Memorandum Circular No. 2020-0237 "Interim Guidelines for the Delivery of Nutrition Services in the Context of COVID-19 Pandemic"*)

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**ANNEX I: Sample Assessment Forms** (FOs may use the attached template designed by Field Office 6 or you may design new one)



**Assessment on the Readiness of the Health Workers and Health Facilities in Providing Safe Healthcare Services to Pantawid Pamilyang Pilipino Program Beneficiaries.**

**\*\*To be completed by the Facility Head / HC / RH Officer**  
**\*\*Print legibly. Tick appropriate boxes. Indicate N/A if not applicable**

**Name of the Person Completing the Questionnaire:** \_\_\_\_\_

**Position / Designation:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Name of Facility / HC:** \_\_\_\_\_

**Complete Address of the Facility/ HC:** \_\_\_\_\_

Check Type of Facility: ☐ Barangay Health Station ☐ Birthing Facility ☐ Rural Health Unit  
☐ Municipal Health Office ☐ Hospital

**TOTAL NUMBER OF PANTAWID BENEFICIARIES AVAILING HEALTH SERVICES:**

0-5 years old children: \_\_\_\_\_

Pregnant beneficiaries: \_\_\_\_\_

**HUMAN RESOURCES:**

**1. Availability of the Health Workers for managing and providing healthcare services:**

HEALTHCARE WORKERS	ACTUAL NUMBER	SCHEDULE
A) Physicians		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> specify days _____ Monthly <input type="checkbox"/> specify days _____
B) Nurses		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> specify days _____ Monthly <input type="checkbox"/> specify days _____
C) Midwives		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> specify days _____ Monthly <input type="checkbox"/> specify days _____
D) Brgy. Health Workers		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> specify days _____ Monthly <input type="checkbox"/> specify days _____
E) Others (Auxiliary, Volunteers etc)		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> specify days _____

**ANNEX I: Sample Assessment Forms** (FOs may use the attached template designed by Field Office 6 or you may design new one)

HEALTHCARE WORKERS	ACTUAL NUMBER	SCHEDULE
		Monthly <input type="checkbox"/> specify days _____

**INFRASTRUCTURE AND SERVICES:**

1. Facility category in connection to Covid 19 response/case

- ☐ Low Risk – can safely provide health services  
☐ High Risk – strict measures due to increasing cases

2. Health and Nutrition Services

Available Health and Nutrition Services		Recommended Mechanism	
Health Check-ups/ Consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Facility Visit <input type="checkbox"/> Home Visit	Online Platform : <input type="checkbox"/> FB <input type="checkbox"/> Messenger <input type="checkbox"/> SMS <input type="checkbox"/> Google meet <input type="checkbox"/> <input type="checkbox"/> Telemedicine Others _____
Vaccine/ Immunization	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Facility Visit <input type="checkbox"/> Home Visit	Online Platform : <input type="checkbox"/> FB <input type="checkbox"/> Messenger <input type="checkbox"/> SMS <input type="checkbox"/> Google meet <input type="checkbox"/> <input type="checkbox"/> Telemedicine Others _____
Growth and Development Monitoring (Weight Monitoring)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Facility Visit <input type="checkbox"/> Home Visit	Online Platform : <input type="checkbox"/> FB <input type="checkbox"/> Messenger <input type="checkbox"/> SMS <input type="checkbox"/> Google meet <input type="checkbox"/> <input type="checkbox"/> Telemedicine Others _____
Deworming	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Facility Visit <input type="checkbox"/> Home Visit	Online Platform : <input type="checkbox"/> FB <input type="checkbox"/> Messenger <input type="checkbox"/> SMS <input type="checkbox"/> Google meet <input type="checkbox"/> <input type="checkbox"/> Telemedicine Others _____
Pre and Post Natal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Facility Visit <input type="checkbox"/> Home Visit	Online Platform : <input type="checkbox"/> FB <input type="checkbox"/> Messenger <input type="checkbox"/> SMS <input type="checkbox"/> Google meet <input type="checkbox"/> <input type="checkbox"/> Telemedicine Others _____
Child Delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Facility Visit <input type="checkbox"/> Home Visit	Online Platform : <input type="checkbox"/> FB <input type="checkbox"/> Messenger <input type="checkbox"/> SMS <input type="checkbox"/> Google meet <input type="checkbox"/> <input type="checkbox"/> Telemedicine Others _____
Feeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Facility Visit <input type="checkbox"/> Home Visit	Online Platform : <input type="checkbox"/> FB <input type="checkbox"/> Messenger <input type="checkbox"/> SMS <input type="checkbox"/> Google meet <input type="checkbox"/> <input type="checkbox"/> Telemedicine Others _____
Referral System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Facility Visit <input type="checkbox"/> Home Visit	Online Platform : <input type="checkbox"/> FB <input type="checkbox"/> Messenger <input type="checkbox"/> SMS <input type="checkbox"/> Google meet <input type="checkbox"/> <input type="checkbox"/> Telemedicine Others _____
Other Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Facility Visit <input type="checkbox"/> Home Visit	Online Platform : <input type="checkbox"/> FB <input type="checkbox"/> Messenger <input type="checkbox"/> SMS <input type="checkbox"/> Google meet <input type="checkbox"/> <input type="checkbox"/> Telemedicine Others _____



**ANNEX I: Sample Assessment Forms** (FOs may use the attached template designed by Field Office 6 or you may design new one)

3. Is the facility/ies (health stations) and health workers ready to provide healthcare services safely to Pantawid Familyang Pilipino Program Beneficiaries for their compliance in Health Monitoring during this pandemic?

- ☐ Yes, the facility and health workers are definitely ready to serve and provide healthcare services  
☐ No, pls. specify the reason/s

(Given this answer, the facility head shall issue a certification stating this case as an attachment to request a force majeure/ state of calamity which shall imply a request for no compliance monitoring during the affected period)

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4. If answered "yes" to question number 3, what are your recommended mechanisms for the distribution and collection accomplished CV forms

DISTRIBUTION OF CV FORMS AND COLLECTION OF ACCOMPLISHED CV FORMS / REPORTING OF COMPLIANCE	
Manual <input type="checkbox"/> or Electronic Transmission <input type="checkbox"/>	
<p>If manual distribution, choose your preferred option</p> <p>a. Per Health Facility: <input type="checkbox"/></p> <p>b. Designated office: <input type="checkbox"/> Pls specify _____</p> <p>c. Others: <input type="checkbox"/> pls specify _____</p>	<p>If electronic transmission choose your preferred option</p> <p>a. Fax <input type="checkbox"/></p> <p>b. Email <input type="checkbox"/></p> <p>c. SMS [photos]</p>

ANY HELPFUL MECHANISMS IDENTIFIED:

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RECOMMENDATIONS:

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Respondent's Signature over Printed Name

Date Accomplished: \_\_\_\_\_

# ANNEX II: Modified CV Form 3 (Health)



Department of Social Welfare and Development  
Pantawid Pamilyang Pilipino Program

To be filled out by the Health Center Officer  
For non-attendance only

Name of Health Center/RHU: []

City/Municipality

Province

cv-F3

Health

rev. July 2020

Reporting Period:

AUG TO SEP 2020

Date Generated:

This form serves as a monitoring tool on the compliance on health. It contains the list of children beneficiary with ages 0-5 years old and pregnant women by health center. In pursuant to DOH Memorandum Circular No. 2020-0237 "Interim Guidelines for the Delivery of Nutrition Services in the Context of COVID-19 Pandemic" the Health officer (or Officer-in-Charge) will fill up this form to capture the (1) delivery of essential health services during COVID-19 and also the (2) individual records of the beneficiary.

The Health Officer (or Officer-in-Charge) may refer to *DM 2020-0237-Annex I* on the scenarios at the Local Government Units on the nutrition responses and interventions during COVID-19 and will then consolidate and submit the forms to the Regional Program Management Office through the City/Municipal Link or Social Welfare Assistant.

## Note to the Health Officer:

### \* SCENARIOS AT THE LOCAL GOVERNMENT UNITS AND NUTRITION RESPONSES AND INTERVENTIONS DURING COVID-19

Write the letter (A, B, C, or D) in the right hand corner the current scenario at the LGU (per month) as applicable based on the DOH Memorandum Circular No. 2020-0237-Annex I.

- |   |                                   |
|---|-----------------------------------|
| A. Scenario 1 during Recognition Phase  | Stage 1 Zero Cases or Importation |
| B. Scenario 2 during Recognition Phase  | Stage 1 Zero Cases or Importation |
| C. Scenario 3 Initiation Phase          | Stage 2 Localized Transmission    |
| D. Scenario 4 during Acceleration Phase | Stage 3 Community Transmission    |

1. Household ID No.
2. Household Member ID
3. Name of Pregnant Woman/Child
4. Sex
5. Classification
6. Non-Compliance for the 2 month reporting period
7. Remarks

Number Assigned to the Household by DSWD  
Number Assigned to the Household Member by DSWD  
Sorted by Last Name, First Name, Middle Name  
Refers to biological make up of the Household Member  
Classification of beneficiary as pregnant, child aged 2 to 5 or less than 2 years old  
Refers to the months covered by the report.  
Refer to note at the end of the list  
Remarks for the beneficiary by the HC / RH Officer

### LGU SCENARIO

AUG

SEP

### TOTAL # OF NON COMPLIANT

AUG

SEP

1. Household ID	2. Household Member	3. Name of Pregnant Woman/Child	4. Sex	5. Classification	6. Non-Compliance for the 2 month report period*			7. Remarks
Last, First MI.				1. Pregnant 2. Child 0 to <2 3. Child 2 to 5	FEB	MAR	FOR 2 MONTHS	1. No records in HC 2. Pregnancy not applicable 3. Miscarriage 4. Delivered
Barangay								
0								

### \* No. 6 Non-Compliance for the two-month reporting period

Indicate non-compliance by shading the corresponding circle of the beneficiary for the reporting period as applicable based on the *DOH Memorandum Circular No. 2020-0237 Annex I - Scenarios at the Local Government Units and Nutrition Responses and Interventions during COVID-19 pandemic*.

I hereby certify that the above data are true and correct.

\_\_\_\_\_  
Name and Signature of HC/RH Officer

\_\_\_\_\_  
Name and Signature of City/Municipal Link/SWA

MM	DD	YYYY
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Date Received

MM	DD	YYYY
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Date Encoded



**ANNEX III: Scenarios at the Local Government Units and Nutrition Responses and Interventions**  
(DOH Memorandum Circular No. 2020-0237 "Interim Guidelines for the Delivery of Nutrition Services in the Context of COVID-19 Pandemic")

**ANNEX I – SCENARIOS AT THE LOCAL GOVERNMENT UNITS AND NUTRITION RESPONSES AND INTERVENTIONS DURING COVID-19**

	Food security and Nutritional Status of Mothers, Children and Other Groups	Maternal, Infant and Young Child Health and Nutrition Interventions and Healthy Diet
<b>Scenario 1</b> <b>during</b> <b>Recognition</b> <b>Phase</b> <b>Stage 1</b>  <b>Zero Cases or</b> <b>importation</b>	<ol style="list-style-type: none"> <li>1. Food secure community</li> <li>2. Low incidence of underweight, stunting, wasting and childhood overweight/obesity.</li> <li>3. Low incidence of nutritionally-at-risk pregnant, postpartum or lactating women (maternal undernutrition)</li> <li>4. Low incidence of low birth weight or preterm births</li> <li>5. High rates of exclusive breastfeeding for infants less than six months</li> <li>6. High proportion of infants and children meeting the minimum acceptable diet for complementary feeding practices</li> <li>7. High rates of continued breastfeeding</li> <li>8. Low incidence micronutrient deficiencies (e.g. anemia)</li> <li>9. Adequate sanitation and water facilities</li> <li>10. Low incidence of soil-transmitted helminthiasis or other</li> </ol>	<ol style="list-style-type: none"> <li>1. Ensure compliance to EO 51, its revised IRR (DOH AO 2006-0012) and DO HAO 2007-0017, and other applicable laws, e.g. RA 11148.</li> <li>2. Continue exclusive breastfeeding counselling by facility (RHU or OPD) visits, online support or home visitation (with strict infection prevention and control measures) during provision of routine immunization services.</li> <li>3. Continue diet and nutrition counselling for age-appropriate complementary feeding and continued breastfeeding by facility (RHU or OPD) visits, online support or home visitation (with strict infection prevention and control measures during provision of routine immunization services</li> <li>4. Continue growth and developmental monitoring and promotion through measurement of weight and length/height, or mid-upper arm circumference (MUAC), during facility visit or during routine immunization</li> <li>5. Continue providing Vitamin A capsules and micronutrient powder (MNP) sachets during provision of routine immunization services among infants and young children 6-59 months old</li> <li>6. Continuity of essential maternal nutrition interventions (i.e. iron-folic acid supplementation, dietary supplementation and deworming)</li> <li>7. Continue providing iron and folic acid (IFA) supplements to adolescent girls.</li> <li>8. Continue counselling and support on appropriate nutrition for women during pregnancy and lactation.</li> </ol>

- forms of intestinal parasitism
11. Low incidence of non-communicable diseases, including overweight and obesity
9. Continue responsive feeding and responsive care for early childhood care and development.
  10. Continue counselling on consumption of fortified foods (through MNP sachets)
  11. Consider targeted supplementary feeding programs for infants six (6) months old and above with Moderate Acute Malnutrition (MAM) to prevent wasting.
  12. Continue early identification and appropriate management of infants and children 0-59 months with severe wasting (or Severe Acute Malnutrition) including focused support for their mothers/caregivers to optimize breastfeeding and complementary feeding practices and referral to appropriate medical and social welfare services as needed.
  13. Emphasize hand hygiene and proper use of toilet or sanitary facilities
  14. Provide age-appropriate anti-helminthic drugs
  15. Continue nutrition surveillance and/or consider virtual surveillance (including health and nutrition commodities tracking to ensure utilization and prevent stock outs)
  16. Provide counselling for healthy diets and prevention of NCDs for adolescent and adult members of the household.

<b>Scenario 2</b> <b>during</b> <b>Recognition</b> <b>Phase</b> <b>Stage 1</b>  <b>Zero Cases or</b> <b>importation</b>	1. Mixed food secure and insecure communities	1. Ensure compliance to EO 51, its revised IRR (DOH AO 2006-0012) and DO HAO 2007-0017, and other applicable laws, e.g. RA 11148.
	2. Low to moderate incidences of underweight, stunting, wasting and childhood overweight/obesity.	2. Strengthen exclusive breastfeeding counselling during facility (RHU or OPD) visits (with strict infection prevention and control measures) during provision of routine immunization services.
	3. Low to moderate incidence of nutritionally-at-risk pregnant, postpartum or lactating women (maternal undernutrition)	3. Consider focused breastfeeding support through home visitation or through face-to-face online support.
		4. Continue growth and developmental monitoring and promotion through measurement of weight and length/height, or mid-upper arm circumference (MUAC)



- |  |   |
|--|---|
| 4. Low to moderate incidence of low birth weight or preterm births   | measurements, during facility visit or during immunization.   |
| 5. Moderate to high rates of exclusive breastfeeding for infants less than six months  | 5. Provide diet and nutrition counselling during provision of routine immunization services on complementary feeding for infants who turned six (6) months old and above at the health facility (RHU or OPD) visits (with strict infection prevention and control measures) |
| 6. Moderate to high proportion of infants and children meeting the minimum acceptable diet for complementary feeding practices | 6. Continue face-to-face diet and nutrition counselling on age-appropriate complementary feeding and continued breastfeeding for infants who turned six (6) months old through home visits or online support  |
| 7. Moderate to high rates of continued breastfeeding   | 7. Continuity of essential maternal nutrition interventions (i.e. iron-folic acid supplementation, dietary supplementation and deworming)   |
| 8. Low to moderate incidence micronutrient deficiencies (e.g. anemia) in women and children.                                   | 8. Continue providing iron and folic acid (IFA) supplements to adolescent girls.  |
| 9. Variable access to safe or potable water and sanitation facilities  | 9. Continue counselling and support on appropriate nutrition for women during pregnancy and lactation.  |
| 10. Moderate to high incidence of intestinal parasitism  | 10. Continue responsive feeding and responsive care for early childhood care and development.   |
| 11. Low to moderate incidence of non-communicable diseases, including overweight and obesity                                   | 11. Continue providing Vitamin A capsules and micronutrient powder (MNP) sachets during provision of routine immunization services among infants and young children 6-59 months old   |
|  | 12. Continuity of essential maternal nutrition interventions (i.e. iron-folic acid supplementation, dietary supplementation and deworming)  |
|  | 13. Continue providing iron and folic acid (IFA) supplements to adolescent girls.   |
|  | 14. Continue counselling on hand hygiene and use of sanitary facilities   |
|  | 15. Continue counselling on consumption of fortified foods (through MNP sachets)  |



		<ul style="list-style-type: none"> <li>16. Provide RUST or RUTE for infants and young children 6-59 months old for those with MAM or SAM through house visits or during facility visit and during routine immunization</li> <li>17. Strengthen OTCs and ITCs to ensure early identification and appropriate management of children 0-59 months with severe wasting (or Severe Acute Malnutrition) including focused support for their mothers/caregivers to optimize breastfeeding and complementary feeding practices and referral to appropriate medical and social welfare services as needed.</li> <li>18. Strengthen Health Care Provider Network and include OTCs, ITCs, HMBs and clearly define referral mechanisms</li> <li>19. Consider provision of supplementary food to food insecure households</li> <li>20. Continue nutrition surveillance and/or consider virtual surveillance (whenever the situation allows just to minimize health and nutrition commodities stock outs)</li> <li>21. Provide age-appropriate anti-helminthic drugs</li> <li>22. Provide counselling for health diets and prevention of NCDs for adolescent and adult members of the household</li> </ul>
Scenario 3 Initiation Phase	1. <u>Health and nutrition staff are engaged in COVID-19 response</u>	As routine immunization services may be currently suspended due to non-availability of health staff, continue the following:
STAGE 2 LOCALIZED TRANSMISSION	<ul style="list-style-type: none"> <li>2. Mixed food secure and insecure communities</li> <li>3. Low to moderate, or moderate to high incidences of underweight, stunting, wasting and childhood overweight/obesity.</li> <li>4. Low to moderate or moderate to high incidence of nutritionally-at-risk pregnant, postpartum</li> </ul>	<ul style="list-style-type: none"> <li>1. Ensure compliance to EO 51, its revised IRR (DOH AO 2006-0012) and DO HAO 2007-0017, and other applicable laws, e.g. RA 11148.</li> <li>2. Strengthen exclusive breastfeeding counselling focused on breastfeeding support through home visitation or online support.</li> <li>3. Provide diet and nutrition counselling on age appropriate complementary feeding for infants who turned six (6) months old and continued breastfeeding thereafter from 6 months up to two (2) years and beyond through SMS, telemedicine, online support, social media, radio broadcast or home visits</li> </ul>

- or lactating women (maternal undernutrition)
5. Low to moderate or moderate to high incidence of low birth weight or preterm births
  6. Low to moderate rates of exclusive breastfeeding for infants less than six months
  7. Low to moderate proportion of infants and children meeting the minimum acceptable diet for complementary feeding practices
  8. Low to moderate, or moderate to high rates of continued breastfeeding
  9. Low to moderate, or moderate to high incidence micronutrient deficiencies (e.g. anemia) in women and children.
  10. Variable access to water and sanitation facilities
  11. Low to moderate or moderate to high incidence of intestinal parasitism
  12. Low to moderate, or moderate to high incidence of non-communicable diseases, including
4. Continue responsive feeding and responsive care for early childhood care and development.
  5. Provide enough supply of RUSF or RUTF for infants and young children 6-59 months old for those with MAM or SAM through house visits (One [1] month supply for MAM and two weeks supply for SAM). Monitor nutritional status using the MUAC tape measurement.
  6. Continuity of essential maternal nutrition interventions (i.e. iron-folic acid supplementation, dietary supplementation and deworming) during house-to-house visits
  7. Continue providing iron and folic acid (IFA) supplements to adolescent girls during house-to-house visits.
  8. Include administration of Vitamin A capsules and distribution of micronutrient powder (MNP) sachets during house-to-house visits
  9. Promote hand hygiene and proper use of sanitary facilities through social media or radio broadcast
  10. Promote consumption of fortified foods (through MNP sachets) through social media or radio broadcast
  11. Consider house-to-house provision of supplementary food to food insecure households– if health staff availability is an issue – consider tapping other agency presence like DSWD, Barangay Officials or the BHERT to assist in the house-to-house provision of supplementary food
  12. Continue nutrition surveillance and/or consider virtual surveillance (whenever the situation allows just to minimize health and nutrition commodities stock outs)
  13. Provide age-appropriate anti-helminthic drugs



Scenario 3  
During  
Acceleration  
Phase

STAGE 3  
COMMUNITY  
TRANSMISSION

overweight and  
obesity

- Regardless of food security and nutritional status of infants and young children

- ALL HEALTH AND NUTRITION STAFF AND OTHER HEALTH OFFICE PERSONNEL ARE ENGAGED IN COVID-19 RESPONSE.

14. Provide counselling for health diets and prevention of NCDs for adolescent and adult members of the household

1. Visits to non-emergency concerns to primary health care facilities are suspended
2. Ensure compliance to EO 51, its revised IRR (DOH AO 2006-0012) and DO HAO 2007-0017, and other applicable laws, e.g. RA 11148.
3. Household visits by health and nutrition workers of the barangay health emergency response team (BHERT), with strict observance of infection prevention and control measures, are maximized to provide age-appropriate essential nutrition service package:
  - a. Breastfeeding and complementary feeding counselling
  - b. Responsive feeding and response care giving for ECCD.
  - c. Healthy diet and nutrition counselling for PLWs, adolescents and adult household members
  - d. Nutrition commodities (micronutrient powder sachets and Vitamin A capsules for infants and children, IFA tablets for PLWs and adolescent girls)
  - e. RUSF and RUTF sachets to existing and newly diagnosed cases of MAM or SAM during household visits. (One [1] month supply for MAM and two weeks supply for SAM). Monitor nutritional status using the MUAC measurement.
  - f. Food rations as part of supplemental feeding program
  - g. Counselling on food safety, hand hygiene and other infection prevention and control measures