

## Self-Assessment/Survey Tool for Outpatient Benefit Package for Severe Acute Malnutrition (SAM)

Name of Health Facility (HF): \_\_\_\_\_

Date of Survey: \_\_\_\_\_ Time started: \_\_\_\_\_ Time ended: \_\_\_\_\_  
(mm/dd/yyyy)

### Directions for HF:

- Put a check (✓) in the box if the service is available or an (x) if the same is not available in the health facility (HF).
- For outsourced services, put an (x) in the “no” box and state in the remarks that the service is outsourced and write the name of the outsourced service provider.

| REQUIREMENTS |  | HF  |    | PHIC |    | REMARKS |
|--------------|--|-----|----|------|----|---------|
|              |  | Yes | No | Yes  | No |         |
| <b>1.</b>    | <b>HF License and Accreditation</b>  |     |    |      |    |         |
| a.           | The HF has updated Department of Health (DOH) License to Operate (LTO)   |     |    |      |    |         |
| b.           | The HF has updated PhilHealth Accreditation  |     |    |      |    |         |
| <b>2.</b>    | <b>Mandatory Ancillary Services</b>  |     |    |      |    |         |
| a.           | Clean consultation, examination, and treatment area  |     |    |      |    |         |
| b.           | Prominently displayed posters or materials on Breastfeeding TSEK or IYCF Materials or EO51 or RA 11148 or Generic Materials on Malnutrition  |     |    |      |    |         |
| c.           | Handwashing sink with water and soap available (liquid soap preferred) and with materials for drying hands (clean towels OR paper towels)  |     |    |      |    |         |
| d.           | Display of pictorial steps of the WHO 1-2-3-4-5 handwashing technique  |     |    |      |    |         |
| e.           | Medical weighing scale<br>(Must be accurate to 100 grams)<br><br><i>Note: Must not show evidence that it was donated by any milk, food industry or Pharmaceutical industry (i.e. No graphics, promotion, advertising)</i><br><br><b>NOT bathroom scale</b><br><br><i>Optional for the first 2 years of implementation: digital scale that allows tared weighing, record of calibration</i> |     |    |      |    |         |
| f.           | Height and Length board OR Stadiometers OR Infantometer OR Microtoise – both pediatric and infant (Tools must be accurate to 10mm)<br><br><i>Note: Must not be industry-donated</i>  |     |    |      |    |         |
| g.           | Mid-upper arm circumference (MUAC) tapes for six (6) to sixty (60) months old<br><br><i>Note: Must not be industry-donated</i>   |     |    |      |    |         |

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|-----------|---|--|--|--|--|--|
| h.        | WHO Child Growth Standards Charts, latest edition for zero (0) to less than twenty-four (24) months (boys and girls) AND twenty-four 24 to sixty (60) months (boys and girls)   |  |  |  |  |  |
| i.        | Pediatric Stethoscope   |  |  |  |  |  |
| j.        | Non-mercury sphygmomanometer with infant and pediatric cuff   |  |  |  |  |  |
| k.        | Non-mercury thermometer   |  |  |  |  |  |
| l.        | Private area for breastfeeding, also for counselling and hand expression (at least curtained off) with at least two seats and a table, with access to handwashing facilities<br><br><i>Note: Optional Breast Model, Doll, Refrigerator for breastmilk storage with internal temperature monitoring (maintaining temp at 40°C), infant feeding cups, reusable plastic sixty (60)ml or two (2) ounce volume</i> |  |  |  |  |  |
| <b>3.</b> | <b>Human Resources</b>  |  |  |  |  |  |
| <b>a.</b> | <b>Physician</b>  |  |  |  |  |  |
| a.1.      | Valid PRC license   |  |  |  |  |  |
| a.2.      | Valid PhilHealth accreditation  |  |  |  |  |  |
| a.3.      | Certification of Completion of Training on the Philippine Integrated Management of Acute Malnutrition (PIMAM) Training of Trainers (TOT) or Service Provider Workshop (SPW)   |  |  |  |  |  |
| a.4.      | Certification of Completion of Training on the Integrated Management of Childhood Illness (IMCI)  |  |  |  |  |  |
| a.5.      | Certification of Completion of Training on the lactation management training course (Optional)<br><br><i>Note: If trained by a TOT certified personnel (trainer), must be issued with a certificate signed by the trainer, and present a copy of the TOT certificate of the trainer</i>   |  |  |  |  |  |
| <b>b.</b> | <b>Nurse or Midwife</b>   |  |  |  |  |  |
| b.1.      | Valid PRC license   |  |  |  |  |  |
| b.2.      | Certification of Completion of Training on the Philippine Integrated Management of Acute Malnutrition (PIMAM) Training of Trainers (TOT)<br><br>Or<br><br>Service Provider Workshop (SPW)   |  |  |  |  |  |
| b.3.      | Certification of Completion of Training on the lactation management training course (Optional)<br><br><i>Note: If trained by a TOT certified personnel (trainer), must be issued with a certificate signed by the trainer, and present a copy of the TOT certificate of the trainer</i>   |  |  |  |  |  |
| <b>c.</b> | <b>Barangay Health Worker (BHW) or Barangay Nutrition Scholar (BNS) or Child Development Worker</b>   |  |  |  |  |  |
| c.1.      | Valid appointment by the MHO (For BHW or BNS)   |  |  |  |  |  |
| c.2.      | Certification of Completion of Training on the SAM SPW/training   |  |  |  |  |  |
| c.3.      | Certification of Completion of Training on;   |  |  |  |  |  |

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|           | <p>c.3.1. (Introduction to PIMAM)<br/> c.3.2. (Identification of GAM)<br/> c.3.3. (Community Mobilization)<br/> c.3.4. (OTC) from instruction of PIMAM trained nurse/midwife or doctor</p> <p><i>Note: If trained by a TOT certified personnel (trainer), must be issued with a certificate signed by the trainer, and present a copy of the TOT certificate of the trainer</i></p> |  |  |  |  |  |
| <b>4.</b> | <b>Laboratory</b>   |  |  |  |  |  |
| a.        | Glucometer  |  |  |  |  |  |
| b.        | Glucose strips  |  |  |  |  |  |
| <b>5.</b> | <b>Medicines</b>  |  |  |  |  |  |
| a.        | Ferrous sulfate syrup   |  |  |  |  |  |
| b.        | Albendazole 400mg chewable tablet   |  |  |  |  |  |
| c.        | Mebendazole 100mg tablet  |  |  |  |  |  |
| d.        | Vitamin A 100,000 IU  |  |  |  |  |  |
| e.        | Vitamin A 200,000 IU  |  |  |  |  |  |
| f.        | Ready to Use Therapeutic Food (RUTF), FDA-registered  |  |  |  |  |  |
| g.        | Folic acid 5mg/tab OR Folic acid with iron  |  |  |  |  |  |
| <b>6.</b> | <b>Supplies</b>   |  |  |  |  |  |
| a.        | Lancets, individual use (optional)  |  |  |  |  |  |
| b.        | Glucose Water or Table sugar  |  |  |  |  |  |
|           | <i>Note: (for mixing sugar water) Sugar water: 10 grams of sugar in 100 ml of clean potable water</i>   |  |  |  |  |  |
| c.        | Cotton balls  |  |  |  |  |  |
| d.        | Alcohol   |  |  |  |  |  |
| <b>7.</b> | <b>Forms and Records</b> ( <i>printed or electronic copies are acceptable</i> )   |  |  |  |  |  |
| a.        | SAM Registration Book   |  |  |  |  |  |
|           | <i>Note: Details include: patient's SAM registration number, date of admission, anthropometrics on the date of admission, transfer and/or discharge, diagnosis, and outcome</i>   |  |  |  |  |  |
|           | <i>Output: SAM Registry</i>   |  |  |  |  |  |
| b.        | ITC/OTC referral form   |  |  |  |  |  |
| c.        | OTC treatment record or chart   |  |  |  |  |  |
| d.        | RUTF ration card  |  |  |  |  |  |
| e.        | Annual census   |  |  |  |  |  |
|           | <i>Note:<br/> *Total number of SAM admissions for patients 0-59 months, age and sex and also outcomes<br/> **Discharged/Cured, Defaulted, Died</i>  |  |  |  |  |  |
| <b>8.</b> | <b>Policies</b> ( <i>printed or electronic copies are acceptable</i> )  |  |  |  |  |  |
| a.        | National Guidelines in the Management of SAM under 5 Years, latest edition  |  |  |  |  |  |
| b.        | Community Management of Acute Malnutrition in Infants (C-MAMI), latest edition (Optional)   |  |  |  |  |  |
| c.        | Integrated Management of Childhood Illness (IMCI) Flipchart or Algorithm or Booklet   |  |  |  |  |  |

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| d.  | Code of Marketing Breastmilk Substitutes, Breastmilk Supplements and Related Products (Executive Order 51, 1986)             |  |  |  |  |  |
| e.  | Administrative Order 2015-055: National Guidelines on the Management of Acute Malnutrition for Children under five (5) Years |  |  |  |  |  |
| f.  | Republic Act 11148: First 1,000 Days of Life   |  |  |  |  |  |
| <i>Note: Even if with electronic copy is acceptable</i> |  |  |  |  |  |  |

**PhilHealth Survey Team**

| Surveyors' Names | Designation | Signature |
|------------------|-------------|-----------|
|                  |             |           |
|                  |             |           |
|                  |             |           |
|                  |             |           |

**HF Management Team**

| Names of Management Team | Designation | Signature |
|--------------------------|-------------|-----------|
|                          |             |           |
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**Agreements with HF / Notes of PhilHealth after Pre-contracting survey (PCS)**

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