

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

Name of HF: _____ Level: _____

Date of Survey:	Time started:	Time ended:
(MM/DD/YY)	(hrs:mm)	(hrs:mm)
(For PhilHealth Survey Team use only)		

Directions for the HF:

- Put a check (✓) in the “Yes” column if the service is available or an (X) in the “No” column if the same is not available in the HF.
- For outsourced services, put an (X) in the “No” column and indicate the name of the outsourced service provider in the remarks.

REQUIREMENTS		HF		PHIC		REMARKS
		Yes	No	Yes	No	
1.	HF PhilHealth Accreditation					
	a. The HF has updated the PhilHealth Accreditation					
2.	Mandatory Ancillary Services					
	a. Clean consultation, examination, and treatment area					
	b. Prominently displayed posters or materials on Breastfeeding TSEK or IYCF Materials or EO51 or RA1148 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*					
	f. (Must be accurate to 100 grams)					
	g. Height and Length board OR Stadiometers OR Infantometer OR Microtoise – both pediatric and infant (Tools must be accurate to 10mm)*					
	h. Mid-upper arm circumference (MUAC) tapes for six (6) to sixty (60) months old*					
	i. 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)					
	j. Pediatric Stethoscope					
	k. Non-mercury sphygmomanometer with infant and pediatric cuff					
	l. Non-mercury thermometer					

	m. 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					
3	Human Resources					
	a. Physician					
	i. Valid PRC license					
	ii. Valid PhilHealth accreditation					
	iii. Certification of Completion of Training on the Philippine Integrated Management of Acute Malnutrition (PIMAM) Training of Trainers (TOT) or Service Provider Workshop (SPW)					
	b. Nurse or Midwife or Nutritionist-Dietitian					
	i. Valid PRC license					
	ii. Certification of Completion of Training on the Philippine Integrated Management of Acute Malnutrition (PIMAM) Training of Trainers (TOT) or Service Provider Workshop (SPW)					
	c. Barangay Health Worker (BHW) or Barangay Nutrition Scholar (BNS) or Child Development Worker					
	i. Attendance to orientation regarding updates on community mobilization and identification of patients with SAM					
4.	Laboratory					
	a. Glucometer					
	b. Glucose strips					
5.	Medicines					
	a. Amoxicillin 100mg/ml					
	b. Amoxicillin 125mg/5ml or 250mg/5ml					
	c. Ferrous sulfate syrup					
	d. Albendazole 400mg chewable tablet					
	e. Mebendazole 100mg tablet					
	f. Vitamin A 100,000 IU					
	g. Vitamin A 200,000 IU					
	h. Ready to Use Therapeutic Food (RUTF), FDA-registered					
	i. Folic acid 5mg/tab OR Folic acid with iron					
6.	Supplies					
	a. Lancets, individual use (optional)					
	b. Glucose Water or Table sugar					
	c. Note: (for mixing sugar water) Sugar water: 10 grams of sugar in 100 ml of clean potable water					
	d. Cotton balls					
	e. Alcohol					
7.	Forms and Records					
	a. SAM Registration Book Note: Details include: patient's SAM registration number, date of admission, anthropometrics on the date of admission, transfer and/or discharge, diagnosis, and outcome					
	b. ITC/OTC referral form					

	c. OTC treatment record or chart					
	d. RUTF ration card					
	e. Annual census					
	Note: <ul style="list-style-type: none"> • Total number of SAM admissions for patients 0-59 months, age and sex and also outcomes • Discharged/Cured, Defaulted, Died 					
8.	Policies (electronic or hard copy is acceptable)					
	a. National Guidelines in the Management of SAM under 5 Years, latest edition					
	b. Integrated Management of Childhood Illness (IMCI) Flipchart or Algorithm or Booklet					
	c. Code of Marketing Breastmilk Substitutes, Breastmilk Supplements and Related Products (Executive Order 51, 1986)					
	d. Breast feeding policy of the health facility					
	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					

* Must not show evidence that it was donated by any milk, food industry, or Pharmaceutical industry (i.e. No graphics, promotion, or advertising)

PhilHealth Survey Team

Surveyors' Names	Designation	Signature

HF Management Team

Names of Management Team	Designation	Signature