# PRESCRIPTIONS





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# **COVID-19 Response Checklist for LGUs**

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## **Executive Summary**

We developed a checklist using seven pillars of the health system as categories to group indicators that can assist Local Government Units (LGUs) in assessing their COVID-19 health-related capacities. Indicators were grouped to address the following objectives: to ensure equitable and sustainable health financing, to strengthen public health system capacity, and to improve LGU response on prevention, mitigation and containment. The pillars and indicators were obtained using the Department of Health's LGU Scorecard, the World Health Organization's Joint External Evaluation Tool, the European Commission Joint Research Center's INFORM Global Risk Index, and Harvard Global Health Institute's Global Monitoring Report, aligned with current Philippine policies on the COVID-19 pandemic. Content validation of indicators was done using Lawshe's Content Validity Index with partnered Municipal Health Officers (MHOs) and Doctor to the Barrios (DTTBs). The checklist can be deployed to all LGUs and will be answered monthly by the MHOs and (DTTBs).

#### Recommendations

- Adopt an LGU COVID-19 checklist. A feedback mechanism using specified indicators can monitor the effectiveness of the protocols employed.
- **Improve LGU capacity to create prevalence maps.** Prevalence maps on vulnerable groups can create target-specific health interventions.
- Research on the Usability and Additional Indicators of the tool. LGUs who have adopted the tool can provide feedback on its usability to improve responsiveness.

## **Methodology**

- I. The DOH LGU Scorecard, originally used to assess general public health capacity, was used as the baseline for the indicators as its data are regularly collected by MHOs and Provincial Health Officers (PHOs). New indicators were added from the WHO's Joint External Evaluation Tool¹ and European Commission Joint Research Center's INFORM Global Risk Index², both of which were used for the monitoring and evaluation of health capacities. These were aligned to relevant DOH issuances on LGU scorecards³ and minimum health standards for COVID-19⁴. The original indicators from the various references can be accessed in Annex A.
- II. In order to lessen the workload of health personnel, and ease implementation, the initial checklist was narrowed down to the essential health-related indicators according to DILG

<sup>&</sup>lt;sup>1</sup> World Health Organization. "Joint external evaluation tool: International Health Regulations (2005)." (2018).

<sup>&</sup>lt;sup>2</sup> De Groeve, Tom, K. Poljansek, and L. Vernaccini. "Index for risk management-INFORM." *JRC Sci Policy Reports—Eur Comm* 96, no. 10.2788 (2015): 636388.

<sup>&</sup>lt;sup>3</sup> DOH Department Memorandum 2019-0464: Implementation of LGU Health Scorecard Performance Results.

<sup>&</sup>lt;sup>4</sup> DOH Administrative Order 2020-0015: Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation.

issuances. Lawshe's Content Validity Ratio<sup>5</sup> was used to process responses from an online form answered by partner MHOs and DTTBs to ensure the robustness of the final checklist. The checklist was formulated to frame the indicators as "things to do" rather than "things to know." In this way, the indicators are presented as actionable items instead of mere facts.

#### III. Limitation

- a. While the checklist provides more timely and clearer data on the current public health status of LGUs, it is a self-assessment tool. By itself, it can only show LGUs what they lack and does not prescribe future actions. For recommendations using the CDC's Pandemic Interval Framework, refer to the publication Volume 1 Issue 5 of <u>EpiMetrics' Prescription</u> <u>Series</u>.
- b. Due to the difficulty of gathering respondents during the current pandemic, responses are low (n=6). However, the minimum respondents to process the content validity was still reached.

#### Results

## I. The final LGU COVID-19 Response checklist<sup>6</sup> comprises 46 indicators.

- a. Using the Lawshe's CVR, the threshold whether to keep the indicator is fixed at one, given that the respondent size (n=6) is low. This means 31 indicators were unanimously validated as essential.
- b. Fifteen indicators were kept for compliance with the DILG issuances on COVID-19.
- c. Four indicators were modified based on comments and DOH Administrative Order 2020-0015: Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation.
- d. Four indicators were combined into an indicator that is in line with the DOH 2019 LGU scorecard.

#### **Recommendations**

#### I. Policy

#### a. Adoption of LGU COVID-19 Checklist

1. Upon recommendation from the IATF and the DILG, the checklist can be translated into a DILG issuance for LGUs to adhere to. To monitor the effectiveness of the checklist, a feedback mechanism on the usability of the tool and the indicators is necessary. With the re-opening of the economy, more protocols in the future may be added to ensure minimum health standards are upheld.

#### b. Improve LGU capacity to create prevalence maps

2. Using data from the monitoring of at-risk populations and vulnerable groups, prevalence maps can be created. This can allow LGUs to identify where vulnerable groups are located for better targeting of health interventions on prevention, mitigation, and containment.

#### II. Research

#### a. Usability of the Tool

1. LGUs who have adopted the tool can provide feedback on its usability and its implementability in improving responsiveness.

### b. Additional Indicators to be explored

<sup>&</sup>lt;sup>5</sup> Ayre, Colin, and Andrew John Scally. "Critical values for Lawshe's content validity ratio: revisiting the original methods of calculation." *Measurement and Evaluation in Counseling and Development* 47, no. 1 (2014): 79-86.

<sup>&</sup>lt;sup>6</sup> See page 4.

2. Based on the comments of the respondents, other indicators that may be useful can be accessed in Annex B.

## **Conclusions**

To effectively mitigate the spread of the virus while slowly allowing the economy to re-open, the checklist indicators provide a framework for LGUs on formulating strategies to improve its response in upholding minimum public health standards, ensure equitable financing, and strengthen its public health capacity.

## **Checklist**

Objective	Pillars	Indicator(s)	
Ensuring Equitable and Sustainable Financing	LGU Budget Allocated to Health	Allocated LGU Health Budget for COVID-19 Response	
		Allocated Peace and Order funds for programs, projects, services, and activities (PPSA) of the local COVID-19 task force	
		Complied to guidelines for the realignment and augmentation of Sangguniang Kabataan (SK) budgets to provide funds for programs, projects, and activities (PPAs) related to COVID-19	
Strengthening Public Health System Capacity	Local Health Systems Integration	Established Local Task Force against COVID-19	
		Aligned task force with the national strategy framework	
		Partnership and coordination with a COVID Referral Facility/ies	
		Partnership with COVID-19 Testing Facility/ies	
		Functional Ligtas COVID-19 Center (Community Quarantine Facility)	
		Identified and furbished provincial, city, municipal, and barangay facilities in accordance with the guidelines set forth by DILG Memorandum Circular 2020-64	
		Followed guidelines for provincial, city, and municipal special care facilities and isolation units according to DILG Memorandum Circular 2020-64	
		Assisted the Department of Tourism in identifying hotels and other similar establishments within areas of jurisdiction that may be utilized as quarantine facilities	
		Complied with guidelines on the management of human remains of PUIs and confirmed COVID-19 cases according to DILG Memorandum Circular 2020-63	
		Organized Barangay Health Emergency Response Teams (BHERTs)	
		Reconstituted and reactivated Local Disaster Risk Reduction and Management Councils (LDRRMCs)	

		Operations Officers accomplishes online reporting questionnaire on LGU compliance (bit.ly/UnifiedMonitoringChecklist) every Wednesday of each week	
		City/municipality task force submits daily action report on COVID- 19, following the template of DILG Memorandum Circular 2020-73 to the COVID-19 Provincial/Regional Task Force	
	Health Human Resources	Operational Contact Tracing Teams	
		Operational Diagnostics and Testing Team	
		Increased LGU Trained Personnel to conduct swabbing and specimen collection to assist the Local Epidemiology and Surveillance Unit (LESU)	
		Functional Isolation Facility Management Unit under the Patient Management and Monitoring Team	
		Functional COVID-19 Referral and Liaison Unit under the Patient Management and Monitoring Team	
		Operational Logistics and Resources Support Team under the Patient Management and Monitoring Team	
		Operational Integration and Psychosocial Counselling Unit under the Patient Management and Monitoring Team	
		Provides free, and/or extends assistance in securing temporary shelter/accommodation for health workers deployed in Provincial or City hospitals and other Public Health facilities catering to COVID-19 patients, whether hired by the LGU or by the National Government	
		Provision of full hazard pay and allowances to frontliners	
		Provision of transportation arrangements for essential workers, especially health and emergency frontline service workers	
Improving LGU response on prevention, mitigation, and containment	Assessment of at-risk population	Monitors adults 60 years and older without comorbidities, and adults 20 years old and above who were risk assessed using the PhilPEN protocol for hypertension, COPD, Diabetes, and other comorbidities	
	Prevention	Strictly implements the mandatory wearing of face masks by all residents in public areas whenever they go out of their homes	

		Strictly implements cough etiquette on all residents in public areas whenever they go out of their homes	
		Information dissemination on proper hygiene and ensuring access to clean water and soap with priority to disadvantaged populations	
	Mitigation	Compliance to most recent community quarantine standards set by the government	
		Conducts frequent disinfection within areas of jurisdiction, especially but not limited to, public areas such as public markets provincial/city/municipal/barangay halls and other LGU-owned establishments and facilities	
		Restrict unnecessary mass gatherings	
		Ensured closure of public establishments except for essential services	
		Complies with social distancing in mass public transportation	
		Implements the mandatory physical distancing of at least two meters in public areas	
		Implemented policies or ordinances that protect vulnerable populations (e.g. elderly, PWDs, people with comorbidities)	
	Containment	Follows DOH guidelines for the conduct of contact tracing of close contacts of confirmed COVID-19 cases	
		Follows guidelines for Expanded Testing Procedures for COVID-19	
		Follows DOH's Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies	
		Follows DOH guidelines for the isolation of COVID-19 positive cases	
		Follows DOH guidelines for treatment of COVID-19 cases	
		Monitors the prices of medicine, protective gears and other basic necessities, and penalize hoarding and overpricing	
		Provides all medical staff with PPEs	

Enacted ordinances or other policies that prohibit and penalize discriminatory acts inflicted upon health workers	
Ensures that no violations of human rights are committed by any border patrol staff nor any employee or officer granted authority to perform tasks relative to the implementation and maintenance of community quarantine	