



Republic of the Philippines
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
DILG-NAPOLCOM Center, EDSA corner Quezon Avenue, Quezon City
www.dilg.gov.ph



**MEMORANDUM CIRCULAR
NO. 2021-057**

TO : ALL PROVINCIAL GOVERNORS, CITY AND MUNICIPAL MAYORS, HEADS OF LOCAL SANGGUNIANs, PUNONG BARANGAYS, DILG REGIONAL DIRECTORS, THE BARMM MINISTER OF LOCAL GOVERNMENT, AND ALL OTHERS CONCERNED

SUBJECT : GUIDELINES TO FAST-TRACK COVID-19 VACCINATION ROLLOUT IN LOCAL GOVERNMENT UNITS

DATE : 31 MAY 2021

1. BACKGROUND AND RATIONALE

- 1.1.** President Rodrigo Roa Duterte in his Talk to the People on Coronavirus Disease 2019 (COVID-19) last May 18, 2021, called for a faster implementation of the vaccination program and ensure its accessibility throughout the various socio-economic sectors.
- 1.2.** Presidential Directive No. 2020-225, directed the Department of Health (DOH), DILG, and the Chief Implementer of the National Task Force Against COVID-19 to ensure the crafting of protocols in the administration of COVID-19 vaccines once available.
- 1.3.** The Philippines is expecting the arrival of 176 Million doses of vaccines this year as part of the efforts to obtain herd immunity by vaccinating at least 60-70% of the population by the last quarter of the year. The utilization of available vaccines can be maximized if local government units (LGUs) do their share in ensuring that a higher percentage of the population is fully vaccinated.

- 1.4. In order to meet the target of the national government, it is crucial to fast-track the LGU vaccination process by simplifying existing mechanisms (i.e., master listing); adopting faster ways of obtaining and relaying information to the people; partnering with non-government and civic organizations; and replicating best practices of the LGUs and from other countries relating to inoculation.

2. PURPOSE

This Memorandum Circular is issued to provide guidelines to: a) fast-track the vaccination process in the LGUs and for them to adopt strategies that will meet such objective; and b) reduce vaccine hesitancy and increase vaccine confidence of the people.

3. POLICY AND GUIDELINES

To speed-up the inoculation in LGUs, all local chief executives are enjoined to develop and/or enhance measures that will provide for the swift administration of vaccine to eligible population in all phases of National Vaccination Program implementation (pre, during and post-implementation) to include, but not limited to:

3.1 Strict Adherence to COVID-19 Vaccination Prioritization

LGUs should abide by existing protocols or guidelines issued by the national government in the conduct of vaccination, including prioritization, as follows:

Priority Group	Population
A1	Frontline workers in health facilities both national and local, public and private, health professionals and non-professionals like students, nursing aides, janitors, barangay health workers, etc.
A2	Senior citizens aged 60 years old and above

Priority Group	Population
A3	Persons with Comorbidities (18-59 years old) Comorbidities Included: Chronic Respiratory Disease, Hypertension, Cardiovascular Disease, Chronic Kidney Disease, Cerebrovascular Accident, Malignancy, Diabetes, Obesity, Neurologic Disease, Chronic Liver Disease, Tuberculosis, Chronic Respiratory Tract Infection, Immunodeficiency State, and Others
A4	Frontline personnel in essential sectors including uniformed personnel and those in working sectors identified by the IATF as essential during the ECQ
A5	Indigent population not otherwise included in the preceding categories
B1	Teachers, Social Workers
B2	Other Government Workers
B3	Other essential workers
B4	Socio-demographic groups at significantly higher risk other than senior citizens and indigenous people
B5	Overseas Filipino Workers
B6	Other Remaining Workforce
C1	Rest of the Filipino population not otherwise included In the above groups

3.2 Putting Premium on Communications and Advocacy

Critical to boosting people's confidence on the vaccines and the vaccination process itself is the conduct of an effective communications program of the LGUs, employing various strategies such as, but not limited to, inviting people to be included in the masterlist, providing means or platforms, i.e., Hotlines, and combining traditional and IT- or social-media-based methodologies to provide and/or obtain information and feedback from their LGUs for

the entire inoculation process. Hence, LGUs are encouraged to increase their vaccination awareness and advocacy campaigns.

3.3. Adoption of Best Practices in Vaccination Rollout and Administration

To speed-up the vaccination process, LGUs are encouraged to adopt best practices in the vaccination rollout that have been proven effective in the swift administration of vaccines to the eligible population, to include, but not limited to:

- Expedite masterlisting activities to encourage vaccine registration by revisiting existing methods in gathering information from their constituents, streamlining the data requirements and use of combined technology- or social media-based platforms and traditional means.
- To ensure widespread immunization, undertake aggressive vaccination drive through combined use of social and traditional means of providing information and explore partnerships with the private sector, religious leaders, and other sectors to boost vaccine acceptance and confidence.
- Optimize the use of technology in vaccine registration and appointment by using mobile applications. Manual services may be utilized as well in some cases to ensure accessibility and inclusiveness, particularly for those with no capacity for and access to electronic devices and IT-based platforms.
- Establish mass vaccination sites by building partnerships with various sectors, such as government agencies, private/business sectors, non-government organizations (NGOs), university campuses, and religious organizations, among other groups, which have the capacity to accommodate considerable vaccination activities.
- Conduct simulation exercises prior to the vaccination proper to address issues and concerns beforehand, so as to prevent delays in the actual administration of vaccine.
- For the speedy facilitation of the vaccine rollout, explore deployment of mobile units to deliver and administer vaccines to areas close to and accessible to eligible recipients, especially

for vulnerable groups (*e.g. elderly and people with special needs / disabilities and with limited mobility*) and communities in remote areas to avoid overcrowding and long exposure in vaccination sites.

- Partner with private hospitals and clinics, and mobilize volunteers to augment the needed manpower requirements to ensure sufficient health care professionals to supervise and oversee the vaccination activity to ensure smooth operations throughout the entire event. The workforce may include licensed pharmacists, midwives and those from allied profession such as teachers, social workers and medical students.
- Establishment of well-coordinated contingency plan and strategies in the event there will be an emergency during the actual vaccination day, including Quick Substitution List to minimize vaccine wastage.
- Strict monitoring and swift response on Adverse Effects Following Immunization (AEFI), through active and passive surveillance, well-trained AEFI team that will fast-track the monitoring of AEFI conditions and coordinate the same with the Food and Drug Administration (FDA) and DOH for appropriate medical attention.

The following are suggested strategies to hasten the implementation of the National Vaccination Program that LGUs are encouraged to adopt, if not yet practiced, in order to speed up and boost their vaccination efforts:

CATEGORY	BEST PRACTICES AND STRATEGIES	PHASE
Masterlisting, Vaccine Registration and Appointment	<p>Simplify data requirements to include only basic information:</p> <ul style="list-style-type: none"> • Name • Birth Date • Address • Contact details • Valid ID with address (for verification of residency) • Category (senior citizen, with comorbidity, public / private health worker, government personnel, front liner, private employee, unemployed, or student) • Checklist for any comorbidities / illnesses and declaration of medications taken • Question if pregnant or not 	Pre-implementation
	Use of mobile applications and social media.	
	House-to-house distribution and submission of registration forms and schedules of vaccine appointment for senior citizens, people with special needs, PWDs and the Indigent sector.	
	Use of existing data bases such as those from OSCA, NHTS, 4Ps, SAP, etc.	

CATEGORY	BEST PRACTICES AND STRATEGIES	PHASE
	<p>In situations when the people do not have access to social media or platforms being used by the LGU:</p> <ul style="list-style-type: none"> a. perform manual listing at designated sites at the barangay level through the Punong Barangay or through Homeowners Associations in case of Subdivisions b. perform actual house to house "census" by barangay personnel or volunteers 	
	Provide incentives to early registrants to be considered in the Quick Substitution List, who may be provided with vaccine ahead of schedule	
Vaccination site	<p>Establishment of mass vaccination sites</p> <p>Building partnerships with various sectors, such as government agencies, private / business sectors, academe, non-government organizations (NGOs) and religious organizations and utilizing their buildings and premises to be converted into vaccination facilities (e.g. covered basketball courts, schools, auditoriums, malls, and churches)</p>	Pre-implementation
Actual Administration of Vaccines	<p>Deployment of mobile vaccination units to areas accessible to eligible vaccine recipients and communities in remote areas.</p> <p>Drive-thru vaccine sites</p>	Implementation

CATEGORY	BEST PRACTICES AND STRATEGIES	PHASE
	House-to-house vaccine administration to vulnerable groups <i>(e.g. elderly and people with special needs / disabilities and with limited mobility)</i>	
	Mobilization of medical practitioners in the private sector to augment the needed manpower requirements.	
	Mobilization of security personnel, barangay staff, and civilian volunteers to impose minimum public health standards, assist and manage the crowd.	
	Deployment of sign language translators on-site for the deaf-mute community.	
	Well-coordinated Contingency Plan to include the early communication to those in the Quick Substitution List to minimize wastage (with appointment letter 1-2 days prior to the indicative schedule)	
	Provision of incentives to vaccinees such as freebies, gift cards, etc.	
	Promote volunteerism and as a way of incentive, include volunteers in the priority list in the vaccination, along with relatives (with specific number of slots for family members).	

CATEGORY	BEST PRACTICES AND STRATEGIES	PHASE
Communication and Advocacy	<p>Combined use of electronic and traditional means of information dissemination for wider public reach.</p> <ul style="list-style-type: none"> • Traditional: press conferences and media appearances; town hall meetings and orientation especially in areas without access to the Internet (with strict observance of minimum health protocols) • Electronic: regular posting of IEC materials and vaccination updates on the LGU's social media platforms; use of hotlines; and social media pages as consultation or feedback mechanism • Dissemination of printed and electronic IEC Materials that contain relevant information from pre- to post-vaccination stages • Information dissemination strategies are inclusive to all, especially to vulnerable sectors such as Persons with Disabilities (PWDs) and the Indigent Sector. • Interview or documentation of vaccinated individuals to inspire or "pull" hesitant neighbors, etc. to register and be inoculated • Posting in the facebook account 	All phases

CATEGORY	BEST PRACTICES AND STRATEGIES	PHASE
	<p>(personal and official) of local officials and other members of the community in order to influence the members of the community to avail of the vaccines</p> <ul style="list-style-type: none"> • Platform for sharing LGU best practices 	

CATEGORY	BEST PRACTICES AND STRATEGIES	PHASE
	Explore partnerships with private sector, civil society organizations (CSOs), NGOs, religious organizations, academe and other sectors to boost vaccine acceptance and confidence	
	Printed and electronic IEC materials to include Frequently Asked Questions	
	Enhancement and maintenance of databases, social media platforms, and mobile applications.	
	Establishment of Hotline for any COVID-related concerns and recruitment of additional hotline agents, and social media managers to effectively address and respond to the queries and concerns of the constituents.	
	Constant communication to the public on observing minimum public health standards at all times	
Adverse Effects Following Immunization (AEFI)	Establishment of Hotline, and sufficient manpower to receive calls on concerns about the AEFI for swift coordination and referral to the FDA and DOH	Post-implementation
	Provide encoders to the AEFI team to fast-track the monitoring of AEFI conditions	
	Provide assistance (medical assistance, medicine, vitamins, financial, etc) to constituents with AEFI	

3.4 Coordination and Engagement with Relevant Agencies to Address Workforce Shortage

Moreover, the LGUs may engage the Philippine National Volunteer Service Coordinating Agency (PNVSCA), the coordinative body created under Section 8 of R.A. No. 9418, to allow volunteers under the national volunteer service program to be trained in vaccine logistics, including in the storing, warehousing, transporting, handling, and distribution of vaccines, without prejudice to the necessary standard training that the procedure requires.

Coordination may also be done with the Philippine National Police (PNP), Bureau of Fire Protection (BFP) and other agencies of the government (Armed Forces of the Philippines, etc.) which have medical staff and other personnel that could augment existing LGU workforce for the purpose.

LGUs may also refer to the National Deployment and Vaccination Plan (NDVP), particularly its Chapter 6, for the appropriate manpower and infrastructure they may organize for the efficient and speedy conduct of inoculation (vaccination team, AEFI team, etc.)

3.5. Standardized Data Submissions from Registered Vaccination Sites

To assist in speeding up the processes related to vaccination, LGUs are directed to adhere to the reportorial requirements issued by the NVOC regarding the encoding of relevant data to the Philippine COVID-19 Vaccine Information Monitoring System (VIMS).

For the daily encoding in the VIMS, LGUs shall observe the following guidelines in the uploading of data, in relation to relevant NVOC issuances, to wit:

- 1) Per **NVOC Advisory No. 10, dated February 28, 2021**: ***"ALL registered vaccination sites are REQUIRED to submit their daily vaccination report to the Vaccine Information Management System (VIMS) team of the Department of Information and Communications Technology (DICT) by submitting/uploading their files to <http://bit.ly/VIMSVASupload>";***

2) Moreover, per **NVOC Advisory No. 15, dated March 5, 2021**:
"ALL registered vaccination sites are REQUIRED to submit the following information to the NVOC:

a. COVID-19 Vaccination Quick Count

i. Report the running total for the day of the following:

- 1. Number of vaccinated for the First Dose*
- 2. Number of vaccinated for the Second Dose*
- 3. Number of refusals*
- 4. Number of deferrals*
- 5. Number of Adverse Effects Following Immunization (AEFI) cases*

ii. ALL registered vaccination sites can access and submit their reports through the website <https://cbcr.doh.gov.ph> using the credentials provided for the COVID-19 Bakuna Center Registry.

iii. ALL registered vaccination sites are required to submit their latest data at least twice daily, at 11:00 AM (1100H) and at 6:00 PM (1800H). Sites that will temporarily halt their vaccination will also need to confirm via the COVID-19 Vaccination Quick Count application that they did not have any operations."

3) Per NVOC Advisory No. 30, dated April 13, 2021: "To ensure accountability and compliance, ALL the governance structures (the LVOCs and RVOCs) are mandated to submit end-of-day reports:

- a. Reporting deadline for LVOCs and Implementing Units/Vaccination Sites: **8PM Daily**;
- b. Reporting and validation deadline for Centers of Health Development / RVOCs: **10 PM daily**; and
- c. Reporting of the NVOC released as the National Daily Bulletin Report: **12 Noon, the following day**

4) Focal persons, in all levels (LVOCs/RVOCs), who are in charge of encoding data in the VIMS shall ensure that all verified


information are encoded daily, in the time periods prescribed above.

4. DISSEMINATION

All DILG Regional Directors and the BARMM Minister of Local Government shall cause the immediate and widest dissemination of this Memorandum Circular to all LGUs under their respective areas of jurisdiction. Appropriate coordination with DOH-CHDs, RVOCs, and other concerned agencies shall also be made for this purpose.

5. EFFECTIVITY

This Memorandum Circular shall take effect immediately.


EDUARDO M. AÑO
Secretary



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