

April 17, 2020

MEMORANDUM ORDER

No: 21
Series of 2020

TO : ALL DA Central, Regional and BAI Officials

FROM : THE SECRETARY

SUBJECT : SUPPLEMENTARY GUIDELINES TO EXPEDITE GRANTING CASH ASSISTANCE TO AFRICAN SWINE FEVER (ASF)-AFFECTED HOG RAISERS

WHEREAS, Section 2 of Article 1 under DA ADMINISTRATIVE ORDER No. 14 Series of 2019 with SUBJECT: GUIDELINES FOR GRANTING CASH ASSISTANCE TO ASF-AFFECTED SWINE FARMS asserts that cash assistance shall be implemented to alleviate production losses and to encourage early reporting by animal farmers of actual or suspected cases of diseases of their animals, thus avoiding further spread;

WHEREAS, the DA MEMORANDUM ORDER No. 31, Series of 2019 with SUBJECT: EMERGENCY GUIDELINES TO MANAGE, CONTAIN AND CONTROL THE INCREASED SWINE MORTALITIES has laid-out the basic requirements and procedures in granting cash assistance, specifically Pre-culling information about Cash Assistance (Section 4), Culling arrangements (Section 5), and Processing and releasing the cash assistance (Section 6);

WHEREAS, the details of the compensation have been provided in DA MEMORANDUM ORDER No. 32, Series of 2019 with SUBJECT: ENHANCING ANIMAL DISEASE REPORTING AND CONTROL THROUGH PROVISION OF COMPENSATION FOR SWINE CULLED DURING GOVERNMENT-ORGANIZED DEPOPULATION, specifically Eligibility to compensation (Section 2), Establishment of the Special Account (Section 3), Financing (Section 4), Compensation Procedure Manual (Section 6), Nature and Extent of Compensation (Section 8), Compensation Rates (Section 9) and Payment Procedures (Section 10);

WHEREAS, during the cash assistance implementation there were observed reports on delayed payments and non-uniform format of financial reports;

NOW, THEREFORE, I, WILLIAM D. DAR, Secretary of the Department of Agriculture, by virtue of the powers vested in me by the Constitution and existing laws, do hereby order the promulgation of the following guidelines:

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Section 1. Form of Payment. Compensation payments from the special account shall be made preferably in cheques, or as recommended by the government finance unit;

Section 2. Required Documents and Signatories. To ensure uniformity in document submission, the list of required reports and documents must be submitted to the Office of the DA Regional Executive Director. The template shown in Annexes 1- 3 should be adopted by the concerned regional office;

Each depopulation activity shall be witnessed by Barangay Officials, representatives of the local government unit veterinary/agriculture authorities (Municipal Agriculture Office, Municipal/City Veterinary Office and Provincial Veterinary Office) and the DA Regional Field Office. The DARFO shall be responsible for documenting the activity using a culling form (Annex 2) and shall be filled up in triplicate (Owner's Copy, LGU copy, DARFO Copy) and signed/validated by representatives of the barangay, LGU (Municipality, Province) and the DARFO;

A Consolidated Depopulation Form (Annex 3) for each barangay shall summarize depopulation activities. This form shall as well be signed by the Chairman of the respective barangay, local government unit veterinary/agriculture authority (Municipal Agriculture Office, Municipal/City Veterinary Office and Provincial Veterinary Office) and the Regional Executive Director of the DA Regional Field Office.

Section 3. Cash Assistance Process Flow. The process flow for detection, reporting, diagnostic validation, culling and compensation of affected farmers is summarized through the schematics below, further details are in the following sections of this Order.

Steps	Required Document	Responsible office or person
Step 1. Technical validation	1. Disease Investigation Report 2. Laboratory result 3. BAI Confirmation letter addressed to the Regional Director	1. PVO, CVO/MVO, Private veterinarians or DA veterinarians 2. ASF Accredited Lab 3. BAI
Step 2. Culling validation	4. ASF Indemnification Claim Form (Form 1) 5. ASF Consolidated Depopulation Form (with digital copy of photo and video documentation submitted to DARFO)	DARFO Field Representative
Step 3. Document consolidation and initial validation	6. Letter of request for indemnification with the attachments (Documents 1-5 as listed above)	DARFO Regional Executive Director

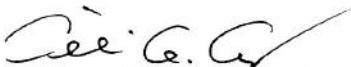
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Step 4. Submission of consolidated documents for technical review	Documents 1-6 (BAI to determine if the listed recipients are from the ASF affected areas and to attach DA OASL Endorsement Letter addressed to OSEC)	BAI Director
Step 5. DA OASL endorsement to OSEC through the DA Finance Group	Documents 1-6 with DA OASL Endorsement Letter (with BAI Director initials under the name of OASL)	DA OASL
Step 6. Financial review and processing	Documents 1-6 with DA OASL Endorsement letter (with DA Secretary approval)	DA Finance Group
Step 7. Allotment of funds		DA Finance Group
Step 8. Release to regional offices and then to farmers		DARFO

Section 4. Random Validation. The DA Office of the Assistant Secretary for Livestock (DAOASL) with BAI shall create its own validation team to conduct random validation of documents submitted by the local government units and by the DA Regional Field Offices.

This ORDER shall take effect immediately.


WILLIAM D. DAR, PhD
Secretary

DEPARTMENT OF AGRICULTURE

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Annex 1. Sample Disease Investigation Form



Republic of the Philippines
Department of Agriculture
BUREAU OF ANIMAL INDUSTRY
Visayas Ave., Diliman, Quezon City

DISEASE INVESTIGATION FORM

Status New On-going No. of visit: _____

Date Reported: _____ Date of Visit: _____
Date Started: _____ Investigator: _____
Place Affected: _____
Barangay Municipality Province

Longitude: _____ Latitude: _____

Farmer's Name: _____
First Name Surname

Premises Affected Backyard Farm Commercial Farm Semi-commercial Holding Yard
 Slaughterhouse Auction Market Stockyard Others

DETAILS

No	Species	Sex	Age	Pop'n	Cases	Deaths	Destroyed	Slaughtered	Vacc'n History	Remarks

History /Clinical Signs

No	Description

Movement (for tracing)

No	Date	Mode (In or Out)	Type (human, animal, vehicle, equipment, animal pdts and by pdts)	Barangay	Municipality	Province

Probable Source of Infection:

- Unknown or inconclusive Introduction of new animal(s) Contact with infected animal(s)
 Swill Feeding Fomites (humans, vehicles, feed, etc.) Vectors (flies, insects, rodents, etc.)

Control Measures:

- No Control Measures Quarantine/Mov't Control Vacc'n in response to outbreak
 Disinfection of infected premises Stamping out Modified stamping out Control of vectors

Remarks: _____

Tentative Diagnosis: _____ Final Diagnosis: _____

Nature of Diagnosis: Farmer's Report Clinical Signs/Lesions History Laboratory test

Head/Supervisor

Signature over Printed Name

RF AHWD-73 Disease Investigation Survey for Sample collection
Rev. No. 00
October 16, 2017

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Annex 2. Form 1- ASF Indemnification Claim Form

OATH OF UNDERTAKING

1. We have personal knowledge of the actual **culling** of the hogs hereunder stated in compliance with the protocol laid down by the Department of Agriculture (DA), to wit;

	Total number of hogs culled	Estimated Amount of Indemnification
Boar		
Sow		
Gilt		
Fattener		
Piglets		

2. The number of culled hogs stated herein with the corresponding amount of indemnification, are true and correct;

3. We are executing this Oath of Undertaking to attest to the truth of the foregoing.

IN WITNESS WHEREOF, we have set our hands this _____ 2020 at _____.

Farmer/Owner
(Government-issued I.D.)
(Signature over Printed Name)

Municipal/City Veterinary/Agriculture Officer
(Signature over Printed Name)

Provincial Veterinary/ Agriculture Officer
(Signature over Printed Name)

BAI/RFO Representative
(Signature over Printed Name)

Notes:

1. Accomplish in three (3) copies for distribution to Farmer-Owner, DARFO and DA Central Office;
2. This form should be accomplished during the culling operation and consolidated by the DARFO.

GPS Coordinates:

Lat: _____

Long: _____

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ASF Depopulation Form 2

Province: _____
 Municipality: _____
 Barangay: _____
 Date: _____

No.	Name of Recipient	Address and Contact Number	Sow		Boar		Fattener/Grower		Weanlings		Total Amount Received	GPS Coordinates	Signature
			No. of heads	Amount	No. of heads	Amount	No. of heads	Amount	No. of heads	Amount			
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

Conducted by:

Certified by:

Attested and Verified by:

 Barangay Representative
 Signature over Printed Name

 City/Municipal Veterinary Office/
 City/Municipal Agriculture Office
 Signature over Printed Name

 Provincial Veterinary Office/
 Provincial Agriculture Office
 Signature over Printed Name

 DA Regional Executive Director
 Signature over Printed Name

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