



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 11, 2020

DEPARTMENT MEMORANDUM

No. 2020- 0237

TO : ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT, DIRECTORS OF BUREAUS, INSTITUTES AND SERVICES; EXECUTIVE DIRECTORS OF SPECIAL AND SPECIALTY HOSPITALS; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INFIRMARIES; ATTACHED AGENCIES; AND OTHERS CONCERNED

SUBJECT : Interim Guidelines for the Delivery of Nutrition Services in the Context of COVID 19 Pandemic.

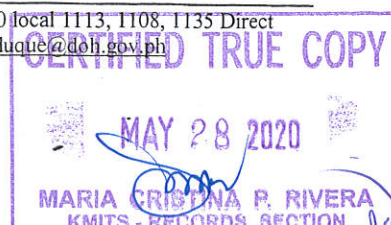
I. BACKGROUND

The COVID-19 pandemic has drastically affected the lives of families in the Philippines and the whole world. Many parents and caregivers have lost their jobs or livelihood. In affected local government units (LGUs), many children are no longer receiving supplementary feeding in day care centers and schools. In addition, many families are experiencing hunger or have difficulty consuming diversified and balanced diets making all vulnerable to all forms of malnutrition, including micronutrient deficiency and obesity.

Malnutrition and other co-morbidities are considered a risk factor for complications in people with COVID-19 due to a compromised immune system. Although available information on COVID-19 infections indicates that infants and children generally present milder symptoms than older groups, there is no known information yet on how it will affect infants and children with moderate or severe acute malnutrition. In relation to this, the nutrition of pregnant, postpartum and/or lactating women, including adolescent girls, and older persons are also of utmost concern during this time of epidemic.

As a result, the enforcement of the Enhanced Community Quarantine (ECQ) and the General Community Quarantine (GCQ) have limited the movement of people; hence, their access to food and basic necessities and provision of essential health and nutrition services are hampered. However, these services should still be made available to protect people of all ages, especially the most vulnerable groups: infants and children 0-5 years old, pregnant, postpartum and/or lactating women.

Pursuant to Department Circular No. 2020-0167 on the Continuous Provision of Essential Health Services During COVID-19 Epidemic, as the Department's measure to minimize the impact of this disease to health and nutrition outcomes, the following guidelines for delivery of essential nutrition services is hereby provided. It includes but is not limited to Infant and Young Child Feeding, Micronutrient Supplementation, Management of Acute Malnutrition, Promotion and Monitoring of a Child's Growth and Development, and Promotion of Healthy Diet.



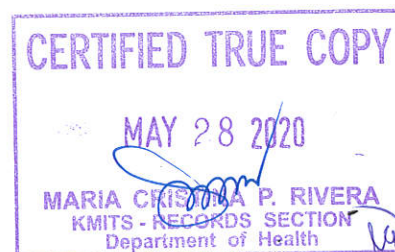
II. IMPLEMENTING GUIDELINES

A. Prevention of Micronutrient Deficiencies

- a. Rural Health Units (RHUs) and Barangay Health Centers shall maintain routine Micronutrient Supplementation targeting infants, children, pregnant and lactating women, adolescent girls, and women of reproductive age aligned with the national guidelines, without compromising the COVID-19 response measures.
- b. The following important commodities shall be provided to prevent micronutrient deficiencies during this time are: Vitamin A (retinol palmitate) capsules, multiple Micronutrient Powder (MNP) sachets among infants and children 6 months to 5 years old and iodized oil capsule for pregnant, postpartum or lactating women.
- c. Likewise, for pregnant, postpartum and/or lactating women, Iron and Folic Acid (IFA) shall be continuously distributed to prevent anemia and the consequent low birth weight of the unborn infant.
- d. Mass supplementation campaign, however, is **NOT** encouraged at this time but shall be integrated in the immunization activities, prenatal and postpartum checkups, family planning and other outreach services, feeding programs, food pack deliveries and home visits, where appropriate, following strict infection prevention and control (IPC) guidelines.
- e. Families and household members are reminded to consume iron-fortified products such as rice, flour and cereals, vitamin A-fortified cooking oil and sugar, and iodized salt. Likewise, the use of these fortified food products and micronutrient powder sachets must be considered in the distribution of food packs.
- f. The procurement, routine use, and distribution of other vitamins and minerals (e.g. vitamin C or ascorbic acid, oral zinc preparations and other combined preparations) for immune boosting purposes is not recommended due to lack of global public health recommendations. Only the use of zinc sulfate oral drops or syrup for the management of diarrhea as part of oral rehydration salt solution is allowed for public health use.

B. Infant and Young Child Feeding (IYCF)

- a. All health care providers (HCPs) shall inform pregnant women of the benefits of breastfeeding, as well as the risks and harm of formula feeding, during prenatal visits done at health facilities or through other means during the ECQ or GCQ.
- b. Both the pregnant woman and her health care provider shall discuss the birth plan, which shall include early initiation of exclusive breastfeeding following the essential intrapartum and newborn care (EINC) protocol (or *Unang Yakap*) and rooming-in after delivery. Concerns related to COVID-19 should be acknowledged by the health care provider and addressed using standardized, evidence-based messaging
- c. HCPs shall advise mothers to practice continuous Kangaroo Mother Care (KMC), which provides warmth, promotes and sustains exclusive breastfeeding, and promotes brain development for preterm, small for age and low birth weight infants. This also assures the preterm and small baby's survival and nutrition from birth, upon discharge and reaching the household.
- d. HCPs shall encourage mothers to exclusively breastfeed or continue breastfeeding their infants and young children because of the immune-protective properties of breastmilk. This is also to ensure food security of the infants and young children during ECQ/GCQ.
- e. Mothers should be encouraged to exclusively breastfeed their infants from birth up to the first six (6) months of age. At six (6) months of age, mothers shall introduce and provide age-appropriate complementary foods to infants with continued breastfeeding up to 2 years and beyond.



- f. Mothers who are asymptomatic, or those who are close contacts, suspect, probable, or confirmed case of COVID-19 who do not have severe illness and/or who are not in respiratory distress, can continue to exclusively breastfeed their infants in the first six (6) months or continue breastfeeding their infants six (6) months old up to two (2) years and beyond, provided that they observe strict infection prevention and control measures (e.g. use of surgical mask, cover her mouth during coughing with disposable wipes and not her elbow, washing of hands with soap and water before breastfeeding or complementary feeding).
- g. If the mother is unable to breastfeed or express milk (e.g. due to severe illness), and pasteurized donor milk is available from a human milk bank, donor human milk can be fed to the baby while the mother is recovering.
- h. LGUs are encouraged to include fruits and green leafy vegetables, rice and other root crops in the provision of additional complementary food in the food pack.
- i. Locally-prepared and commercially-developed complementary foods, such as those developed by the DOST-FNRI, can be considered for procurement by the LGU and be included in the food packs with proper nutrition guidance.
- j. Families are encouraged to use food groups from the raw produce purchased from the market and from the cooked food for the whole family for the source of complementary feeding for infants and children. Household members preparing the menu for the whole family should limit the use of salt, sugar, spices and seasoning which may not be healthy to the infant or young child.
- k. Breastfeeding and age-appropriate complementary feeding counseling shall be integrated in the pre-natal, postpartum and postnatal care visits, and family planning services provision, during immunization activities or health facility visits. If the mentioned services are not permitted due to community quarantine restrictions, SMS or text messaging, telemedicine, virtual counseling through social media platforms, or the use of pre-recorded online videos and other available virtual platforms may be used to provide counseling and support.
- l. Mothers shall practice responsive feeding during breastfeeding and complementary feeding, including responsive infant and child care for early stimulation and learning as part of early childhood care and development (ECCD).
- m. The Barangay Health Emergency Response Team (BHERT) shall provide assistance to women with breastfeeding difficulties/challenges (e.g. breasts conditions, newborn concerns, living with HIV and not on ART, etc.) to access pasteurized donor breastmilk from the nearest human milk banks (HMBs) or LGU/community-managed breastmilk storage facilities. The BHERT shall also refer these women to known lactation support groups in the community, wet nurses and breastmilk donors through SMS or text message and/or through social media platforms.
- n. Individuals, families, and LGUs shall **NOT** accept milk formula, other breastmilk substitutes and breastmilk supplement donations as defined by RA 11148, EO 51 and its revised Implementing Rules and Regulations. Furthermore, LGUs shall monitor compliance of the EO 51 (Milk Code), its rIRR (DOH AO 2006-0012), and the DOH AO 2007-0017, and report violations through the Mother-Baby Friendly Philippines web-based portal <http://mbfp.doh.gov.ph/> or through the mobile app available on iOS or Google Play store.

C. Management of Acute Malnutrition

- a. Similar to infants and young children without malnutrition, parents and caregivers should continue responsive feeding during the administration of RUSF or RUTF, with continued breastfeeding and complementary feeding as appropriate. This also includes

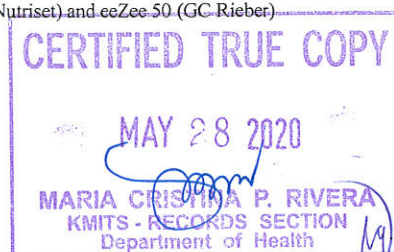


responsive infant and child care for early stimulation and learning as part of ECCD. Infants and young children with moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) have greater need for responsive feeding and stimulation. This ensures a holistic approach of the infant or young child during nutrition rehabilitation.

- b. Ensure the continuity of provision of treatment of MAM and SAM using Ready-to-Use Supplementary Food (RUSF) and Ready-to-Use Therapeutic Food (RUTF), respectively, among infants and children 6 months to 5 years old and nutritionally-at-risk pregnant, postpartum or lactating women, including adolescent girls.
- c. Provide adequate supply of RUTF for infants and children with SAM good for two weeks instead of weekly. Likewise, provide adequate monthly supply of RUSF for MAM infants and children and for nutritionally-at-risk pregnant, postpartum or lactating women, including adolescent girls, instead of bi-monthly, to minimize the contact of health care provider or volunteer to the mother and child. (Refer to **Annex 2 - DM No. 2019-0304** Simplified Guidelines on the Distribution and Utilization of Various Micronutrients and Ready-to-Use Supplementary and Therapeutic Foods)
- d. Instruct the beneficiaries and/or caregivers to individually wash the RUSF/RUTF sachets and their hands before and after eating the ration.
- e. If the RUTF is not available, RUSF may be given to SAM patients. Conversely, if RUSF is not available, RUTF may be provided to MAM cases. This can be done in the interim while awaiting normalcy and availability of supplies. (Refer to **Annex 3 - DM No. 2019-0034** Guidelines on the Distribution and Utilization of Various Micronutrients and Ready-to-Use Supplementary Foods in Exceptional Circumstances)
- f. In the absence of RUSF (or RUTF) for the Management of Moderate Acute Malnutrition, designed local MAM recipes can also be used, provided it is prepared at home and given to the infant or child immediately. This can be accessed at <https://tinyurl.com/ybn54r7j>
- g. If both RUSF or RUTF commodities are not available to treat MAM and SAM without complications, and there is available lipid-based nutrient supplement products that can be accessed and distributed, i.e., LNS-SQ¹ or LNS-MQ², then these products may be given one sachet once a day for at least 30 days as part of expanded targeted supplementary feeding. (Refer to **Annex 4 DM No. 2019-0365** Interim Guidelines on the Use of Lipid-Based Nutrient Supplement-Small Quantity (LNS-SQ))
- h. Nutritionally-at-risk pregnant and chronically-energy deficient lactating women, including adolescent girls and PLHIV not under ARV treatment, shall be provided with RUSF for mothers. If this commodity is not available, supplementary feeding rations may be provided.
- i. MUAC tape measurement will be used instead of the weight and length/height to admit, assess progress of the infant/child or non-response to treatment and discharge from treatment, to minimize contact with patients.
- j. Disinfect MUAC tapes and other anthropometric measurement tools after each use.
- k. Conduct regular follow up of MAM and SAM cases using SMS, messenger and other available virtual platforms and during home visits when re-supply is provided. Refer non-responsive SAM cases or those whose conditions have deteriorated to ITC referral hospital.

¹ LNS-SQ (*Lipid Nutrient Supplement-Small Quantity*), is used for the prevention of micronutrient deficiency and stunting especially for infants and young children aged 6-23 months. It provides 107-110 kcal and contains 2.6 grams protein, 7 grams fat and 20 vitamins and minerals. It comes is 20 grams/sachet, with a dosage of 1 sachet per child per day. Examples: Enov'Nutributter® (Nutraset) and eeZee 20 (GC Rieber)

² LNS-MQ (*Lipid Nutrient Supplement- Medium Quantity*), is used for the prevention of acute malnutrition for infants and young children aged 6-36 months and even older. It provides 250-270 kcal and contains 6 grams protein, 16 grams fat and 20 vitamins and minerals. It comes is 50 grams/sachet, with a dosage of 1 sachet per child per day. Examples: Plumpy'Doz™ (Nutraset) and eeZee-50 (GC Rieber)



D. Growth and Development Monitoring and Promotion

- a. Promotion and monitoring of growth and development of infants and children under five years old shall still be done during health facility visits, community outreach, and if the situation allows, with strict observance of infection prevention and control measures. Parents and caregivers have to be reminded for responsive feeding, infant and child care as part of early stimulation, learning and development.
- b. HCPs shall give positive feedback to parents or caregivers on their breastfeeding and complementary feeding practices, and on maintaining or improving the nutritional status, growth and development of their children.
- c. HCPs shall encourage and guide parents or caregivers who have breastfeeding or complementary feeding difficulties/challenges, and whose infants and children need further support in the management of malnutrition.
- d. HCPs shall emphasize the need to breastfeed more frequently or provide more frequent meals during and after the infant or the child's illness to prevent malnutrition.
- e. HCPs shall encourage parents to promote early childhood development through responsive parenting and caregiving during breastfeeding, complementary feeding and/or administration of RUSF or RUTF.
- f. MUAC tape measurements may be used instead of the weight and length/height measurements to limit health care provider contact with the infant or child.
 - 1) If MUAC tape measurement is 125 mm or higher (12.5 cm or higher) or the **"green"** category and no bilateral pitting edema, the infant or child is considered with **"normal"** nutritional status.
 - 2) If MUAC measurement is between less than 125 mm and more than or equal to 115 mm (<12.5 cm and ≥ 11.5 cm) or the **"yellow"** category, and no bilateral pitting edema, the infant or child is considered with moderate acute malnutrition (MAM). Hence, the infant or child shall be enrolled to the nearest Outpatient Therapeutic Care (OTC) for proper management of MAM.
 - 3) If MUAC tape measurement is between less than 115 mm (<11.5 cm) or the **"red"** category, with or without edema, and passed the appetite test, the infant or child is considered with severe acute malnutrition (SAM) with no medical conditions. Hence, the infant or child shall likewise be enrolled in the nearest OTC for management of SAM.
 - 4) If MUAC tape measurement of the infant or child is more than or equal 125 mm (≥ 12.5 cm, **"green"**) or less than 125 mm and more than or equal to 115 mm (<12.5 cm and ≥ 11.5 cm, **"yellow"**), but the infant or child HAS bilateral pitting edema, then the infant or child also has SAM. If the infant or child has appetite and does not have any medical complications, enroll in the nearest OTC facility.
 - 5) If the infant or child has medical complication(s) and/or IMCI danger signs, severe (+3) bilateral pitting edema, or failed the appetite test, refer to SAM inpatient therapeutic care facility (ITC referral hospital).
- g. When referring patients, HCPs shall fill out referral documents and arrange patient transportation after explaining the reason for referral to the mother/caregiver. Referral of infants and children with SAM shall be done immediately as their conditions can easily deteriorate.
- h. HCPs shall disinfect MUAC tapes and other anthropometric measurement tools after each use in accordance with DOH DM 2020-0167–Interim Guidelines on the Proper Handling and Disinfection of Non-Critical Items Used in the Management of COVID-19 Patients in All Health Facilities and Temporary Treatment and Monitoring Facilities.



E. Promotion of Healthy Diet for the Prevention or Management of Non-Communicable Diseases (NCDs), including Overweight and Obesity

HCPs, through their designated health and nutrition workers, shall practice the following in order to promote healthy diet:

- a. Promote healthy diet following the Nutritional Guidelines for Filipinos (the National Nutrition Council's "Ten (10) Kumainments") and "Pinggang Pinoy" developed by the DOST-Food and Nutrition Research Institute (FNRI) for children, adolescents, pregnant and lactating women, adult, older persons and the elderly.
- b. Assess body mass index (BMI) of children and adolescents 5 years old and above, adult household members, if the situation allows, using standard growth charts and nationally adapted guidelines.
 - i. BMI for age more than 2 or 3 Z Score for children and adolescents are considered overweight and obese, respectively. Likewise, weight for length/height (WFL/WFH) of children less than 59 months more than 2 or 3 Z Score are considered overweight and obese, respectively.
 - ii. BMI of adults, older persons and elderly above 23 up to 24.9 are considered overweight and above 25 to be obese (using WHO Western Pacific Region cut off points).
- c. Promote consumption of at least 400 g (i.e. five portions) of fruits and vegetables per day not only to boost the immune system, and provide fiber and essential micronutrients to better regulate body processes, but also to lower the risk of obesity, heart disease, stroke, diabetes and certain types of cancer. These may be, but not necessarily, included in the purchase or distribution of canned goods and other highly processed foods.
- d. Advise clients of all ages, most especially school age children, adolescents, and adults, to limit the consumption of salty, fatty, and highly sweetened foods and beverages to prevent the onset of NCDs and obesity. Those with high risk conditions like hypertension, diabetes, dyslipidemias, obesity, other cardio-, neuro-vascular and renal diseases, those who are HIV seropositive, and cancer, should likewise be advised to restrict the consumption of these foods so as not to aggravate their current conditions.
- e. Advise and remind patients diagnosed with chronic conditions like hypertension, diabetes mellitus, hypercholesterolemia, renal disease, HIV, those who are immunocompromised, among others, on taking their maintenance medications regularly or daily as prescribed by their doctor. If personal visit to the health facility for provision of free DOH NCD maintenance medicines (or anti-retroviral therapy drugs) is not possible or permitted, a facility staff or BHW can be assigned to deliver the medicines to the patients' household based on the facility registry. Patients can also notify the health facility through SMS or text messages or online messaging if they have low stocks already. Blood pressure or sugar monitoring can also be scheduled by the health facility at least 2 -3 times a week, if possible.
- f. Promote drinking of at least 8 glasses of water per day, apart from other beverages.
- g. Encourage all clients to engage in moderate to vigorous intensity physical activity for at least 150 minutes throughout the week or at least 20 to 30 minutes per day, to achieve and maintain desirable body weight, improve blood circulation and boost the immune system.
- h. Outdoor physical activity may be done with strict precautions using an appropriate surgical mask and maintaining social or physical distancing.



- i. Advise clients to avoid smoking (in all forms, cigarette, tobacco, e-cigarettes, vapes, etc.), alcohol consumption and drug abuse; sleep 7 to 8 hours daily; and manage stress appropriately to maintain health and prevent onset of NCDs.
- j. If face-to-face counseling is not possible or permitted, SMS or text messages, telemedicine, virtual counseling through social media messaging platforms, or pre-recorded online videos and other available virtual platforms may be used to provide counseling and information and education messages.

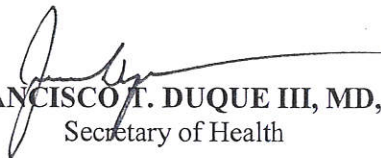
F. Promotion of Hygiene and Food Safety

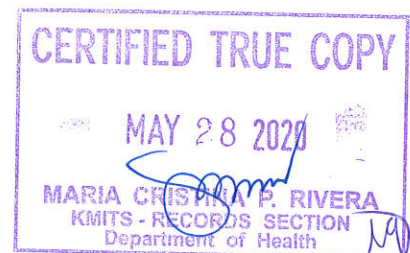
HCPs shall promote hygiene and food safety through the following methods:

- a. Instruct mothers and caregivers to perform hand washing, especially before and after breastfeeding, food preparation, infant and child feeding, and after using the toilet.
- b. Instruct mothers and caregivers to perform hand washing, especially before and after breastfeeding, food preparation, infant and child feeding, and after using the toilet.
- c. Advise mothers to clean the surfaces used for food preparation, play areas of infants and children, and parts of the home frequently touched or used by the household members.
- d. Counsel parents and caregivers to thoroughly wash market produce, cook food properly, re-heat and store cooked food correctly and avoid food wastage.
- e. Observe and practice proper and safe disposal of solid wastes.
- f. Inform clients on proper handwashing, and practice cough and sneeze etiquette.

Refer to **Annex 1** – Scenarios at the Local Government units and Nutrition Responses and Interventions during COVID-19.

For strict compliance and wide dissemination of the above information to all concerned.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health



ANNEX 1 – SCENARIOS AT THE LOCAL GOVERNMENT UNITS AND NUTRITION
RESPONSES AND INTERVENTIONS DURING COVID-19

	Food security and Nutritional Status of Mothers, Children and Other Groups	Maternal, Infant and Young Child Health and Nutrition Interventions and Healthy Diet
<p>Scenario 1 during Recognition Phase Stage 1</p> <p>Zero Cases or importation</p>	<ol style="list-style-type: none"> 1. Food secure community 2. Low incidence of underweight, stunting, wasting and childhood overweight/obesity. 3. Low incidence of nutritionally-at-risk pregnant, postpartum or lactating women (maternal undernutrition) 4. Low incidence of low birth weight or preterm births 5. High rates of exclusive breastfeeding for infants less than six months 6. High proportion of infants and children meeting the minimum acceptable diet for complementary feeding practices 7. High rates of continued breastfeeding 8. Low incidence micronutrient deficiencies (e.g. anemia) 9. Adequate sanitation and water facilities 10. Low incidence of soil-transmitted helminthiasis or other 	<ol style="list-style-type: none"> 1. Ensure compliance to EO 51, its revised IRR (DOH AO 2006-0012) and DO HAO 2007-0017, and other applicable laws, e.g. RA 11148. 2. Continue exclusive breastfeeding counselling by facility (RHU or OPD) visits, online support or home visitation (with strict infection prevention and control measures) during provision of routine immunization services. 3. Continue diet and nutrition counselling for age-appropriate complementary feeding and continued breastfeeding by facility (RHU or OPD) visits, online support or home visitation (with strict infection prevention and control measures during provision of routine immunization services 4. Continue growth and developmental monitoring and promotion through measurement of weight and length/height, or mid-upper arm circumference (MUAC), during facility visit or during routine immunization 5. Continue providing Vitamin A capsules and micronutrient powder (MNP) sachets during provision of routine immunization services among infants and young children 6-59 months old 6. Continuity of essential maternal nutrition interventions (i.e. iron-folic acid supplementation, dietary supplementation and deworming) 7. Continue providing iron and folic acid (IFA) supplements to adolescent girls. 8. Continue counselling and support on appropriate nutrition for women during pregnancy and lactation.

forms of intestinal parasitism

11. Low incidence of non-communicable diseases, including overweight and obesity

9. Continue responsive feeding and responsive care for early childhood care and development.

10. Continue counselling on consumption of fortified foods (through MNP sachets)

11. Consider targeted supplementary feeding programs for infants six (6) months old and above with Moderate Acute Malnutrition (MAM) to prevent wasting.

12. Continue early identification and appropriate management of infants and children 0-59 months with severe wasting (or Severe Acute Malnutrition) including focused support for their mothers/caregivers to optimize breastfeeding and complementary feeding practices and referral to appropriate medical and social welfare services as needed.

13. Emphasize hand hygiene and proper use of toilet or sanitary facilities

14. Provide age-appropriate anti-helminthic drugs

15. Continue nutrition surveillance and/or consider virtual surveillance (including health and nutrition commodities tracking to ensure utilization and prevent stock outs)

16. Provide counselling for healthy diets and prevention of NCDs for adolescent and adult members of the household.

Scenario 2 during Recognition Phase Stage 1 Zero Cases or importation	1. Mixed food secure and insecure communities	1. Ensure compliance to EO 51, its revised IRR (DOH AO 2006-0012) and DO HAO 2007-0017, and other applicable laws, e.g. RA 11148.
	2. Low to moderate incidences of underweight, stunting, wasting and childhood overweight/obesity.	2. Strengthen exclusive breastfeeding counselling during facility (RHU or OPD) visits (with strict infection prevention and control measures) during provision of routine immunization services.
	3. Low to moderate incidence of nutritionally-at-risk pregnant, postpartum or lactating women (maternal undernutrition)	3. Consider focused breastfeeding support through home visitation or through face-to-face online support.
		4. Continue growth and developmental monitoring and promotion through measurement of weight and length/height, or mid-upper arm circumference (MUAC)

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| 4. Low to moderate incidence of low birth weight or preterm births | measurements, during facility visit or during immunization. |
| 5. Moderate to high rates of exclusive breastfeeding for infants less than six months | 5. Provide diet and nutrition counselling during provision of routine immunization services on complementary feeding for infants who turned six (6) months old and above at the health facility (RHU or OPD) visits (with strict infection prevention and control measures) |
| 6. Moderate to high proportion of infants and children meeting the minimum acceptable diet for complementary feeding practices | 6. Continue face-to-face diet and nutrition counselling on age-appropriate complementary feeding and continued breastfeeding for infants who turned six (6) months old through home visits or online support |
| 7. Moderate to high rates of continued breastfeeding | 7. Continuity of essential maternal nutrition interventions (i.e. iron-folic acid supplementation, dietary supplementation and deworming) |
| 8. Low to moderate incidence micronutrient deficiencies (e.g. anemia) in women and children. | 8. Continue providing iron and folic acid (IFA) supplements to adolescent girls. |
| 9. Variable access to safe or potable water and sanitation facilities | 9. Continue counselling and support on appropriate nutrition for women during pregnancy and lactation. |
| 10. Moderate to high incidence of intestinal parasitism | 10. Continue responsive feeding and responsive care for early childhood care and development. |
| 11. Low to moderate incidence of non-communicable diseases, including overweight and obesity | 11. Continue providing Vitamin A capsules and micronutrient powder (MNP) sachets during provision of routine immunization services among infants and young children 6-59 months old |
| | 12. Continuity of essential maternal nutrition interventions (i.e. iron-folic acid supplementation, dietary supplementation and deworming) |
| | 13. Continue providing iron and folic acid (IFA) supplements to adolescent girls. |
| | 14. Continue counselling on hand hygiene and use of sanitary facilities |
| | 15. Continue counselling on consumption of fortified foods (through MNP sachets) |

	16. Provide RUSF or RUTF for infants and young children 6-59 months old for those with MAM or SAM through house visits or during facility visit and during routine immunization
	17. Strengthen OTCs and ITCs to ensure early identification and appropriate management of children 0-59 months with severe wasting (or Severe Acute Malnutrition) including focused support for their mothers/caregivers to optimize breastfeeding and complementary feeding practices and referral to appropriate medical and social welfare services as needed.
	18. Strengthen Health Care Provider Network and include OTCs, ITCs, HMBs and clearly define referral mechanisms
	19. Consider provision of supplementary food to food insecure households
	20. Continue nutrition surveillance and/or consider virtual surveillance (whenever the situation allows just to minimize health and nutrition commodities stock outs)
	21. Provide age-appropriate anti-helminthic drugs
	22. Provide counselling for health diets and prevention of NCDs for adolescent and adult members of the household

Scenario 3
Initiation Phase

STAGE 2
LOCALIZED
TRANSMISSION

- | | |
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| <ol style="list-style-type: none"> 1. <u>Health and nutrition staff are engaged in COVID-19 response</u> 2. Mixed food secure and insecure communities 3. Low to moderate, or moderate to high incidences of underweight, stunting, wasting and childhood overweight/obesity. 4. Low to moderate or moderate to high incidence of nutritionally-at-risk pregnant, postpartum | <p>As routine immunization services may be currently suspended due to non-availability of health staff, continue the following:</p> <ol style="list-style-type: none"> 1. Ensure compliance to EO 51, its revised IRR (DOH AO 2006-0012) and DO HAO 2007-0017, and other applicable laws, e.g. RA 11148. 2. Strengthen exclusive breastfeeding counselling focused on breastfeeding support through home visitation or online support. 3. Provide diet and nutrition counselling on age appropriate complementary feeding for infants who turned six (6) months old and continued breastfeeding thereafter from 6 months up to two (2) years and beyond through SMS, telemedicine, online support, social media, radio broadcast or home visits |
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- or lactating women (maternal undernutrition)
5. Low to moderate or moderate to high incidence of low birth weight or preterm births
 6. Low to moderate rates of exclusive breastfeeding for infants less than six months
 7. Low to moderate proportion of infants and children meeting the minimum acceptable diet for complementary feeding practices
 8. Low to moderate, or moderate to high rates of continued breastfeeding
 9. Low to moderate, or moderate to high incidence micronutrient deficiencies (e.g. anemia) in women and children.
 10. Variable access to water and sanitation facilities
 11. Low to moderate or moderate to high incidence of intestinal parasitism
 12. Low to moderate, or moderate to high incidence of non-communicable diseases, including
4. Continue responsive feeding and responsive care for early childhood care and development.
 5. Provide enough supply of RUSF or RUTF for infants and young children 6-59 months old for those with MAM or SAM through house visits (One [1] month supply for MAM and two weeks supply for SAM). Monitor nutritional status using the MUAC tape measurement.
 6. Continuity of essential maternal nutrition interventions (i.e. iron-folic acid supplementation, dietary supplementation and deworming) during house-to-house visits
 7. Continue providing iron and folic acid (IFA) supplements to adolescent girls during house-to house visits.
 8. Include administration of Vitamin A capsules and distribution of micronutrient powder (MNP) sachets during house-to-house visits
 9. Promote hand hygiene and proper use of sanitary facilities through social media or radio broadcast
 10. Promote consumption of fortified foods (through MNP sachets) through social media or radio broadcast
 11. Consider house-to-house provision of supplementary food to food insecure households– if health staff availability is an issue – consider tapping other agency presence like DSWD, Barangay Officials or the BHERT to assist in the house-to-house provision of supplementary food
 12. Continue nutrition surveillance and/or consider virtual surveillance (whenever the situation allows just to minimize health and nutrition commodities stock outs)
 13. Provide age-appropriate anti-helminthic drugs

Scenario 1
During
Acceleration
Phase

STAGE 3
COMMUNITY
TRANSMISSION

overweight and
obesity

● Regardless of food
security and
nutritional status of
infants and young
children

● ALL HEALTH AND
NUTRITION STAFF
AND OTHER
HEALTH OFFICE
PERSONNEL ARE
ENGAGED IN
COVID-19
RESPONSE.

14. Provide counselling for health diets and
prevention of NCDs for adolescent and adult
members of the household

1. Visits to non-emergency concerns to primary health care facilities are suspended
2. Ensure compliance to EO 51, its revised IRR (DOH AO 2006-0012) and DO HAO 2007-0017, and other applicable laws, e.g. RA 11148.
3. Household visits by health and nutrition workers of the barangay health emergency response team (BHERT), with strict observance of infection prevention and control measures, are maximized to provide age-appropriate essential nutrition service package:
 - a. Breastfeeding and complementary feeding counselling
 - b. Responsive feeding and response care giving for ECCD.
 - c. Healthy diet and nutrition counselling for PLWs, adolescents and adult household members
 - d. Nutrition commodities (micronutrient powder sachets and Vitamin A capsules for infants and children, IFA tablets for PLWs and adolescent girls)
 - e. RUSF and RUTF sachets to existing and newly diagnosed cases of MAM or SAM during household visits. (One [1] month supply for MAM and two weeks supply for SAM). Monitor nutritional status using the MUAC measurement.
 - f. Food rations as part of supplemental feeding program
 - g. Counselling on food safety, hand hygiene and other infection prevention and control measures



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

July 25, 2019

DEPARTMENT MEMORANDUM
NO. 2019 - 0304

TO: DOH CENTERS FOR HEALTH DEVELOPMENT REGIONAL DIRECTORS, MINISTER OF HEALTH BANGSAMORO AUTONOMOUS REGION FOR MUSLIM MINDANAO (BARMM), DOH CHIEFS OF HOSPITALS, MEDICAL CENTER CHIEFS, HOSPITAL EXECUTIVE DIRECTORS, AND OFFICERS OF OTHER CONCERNED UNITS AND OFFICES

SUBJECT: Simplified Guidelines on the Distribution and Utilization of Various Micronutrient Supplements and Ready-to-Use Supplementary and Therapeutic Foods

Malnutrition in all its forms (stunting, wasting, overweight and obesity, micronutrient deficiencies) can cause inter-generational consequences. The level of health care and nutrition that women receive before and during pregnancy, at childbirth and immediately post-partum has significant bearing on the survival, growth and development of their fetus and newborn. Undernourished babies tend to grow into undernourished adolescents. When undernourished adolescents become pregnant, they in turn, may give birth to low-birth weight infants with greater risk of multiple micronutrient deficiencies.

Malnutrition have considerable impact on economic productivity, growth and national development. Widespread iron deficiency is estimated to decrease the gross domestic product (GDP) by as much as 2% per year in the worst affected countries. Conservatively, this translates into a loss of about Php 172 per capita or 0.9% of GDP. Productivity losses for anemic manual laborers have been documented to be as high as 5% for severely stunted workers and 5% and 17% for workers engaged in moderate and heavy physical labor respectively.

The government through the Department of Health has adopted the Strategic Framework for Comprehensive Nutrition Implementation Plan to address the triple burden of malnutrition: undernutrition, obesity and micronutrient deficiencies in the country. The overall policy on MS is contained in DOH AO No. 2010-0010 entitled "Revised Policy on Micronutrient Supplementation" to Support Achievement of 2015 MDG Targets to Reduce Under-Five and Maternal Deaths and Address Micronutrient Needs of Other Population Groups. The DOH has since provided augmentation of nutrition commodities to Local Government Units (LGUs) procurement.

Likewise, the Department of Health has issued Administrative Order No. 2015-0055, National Guidelines on the Management of Acute Malnutrition for Children Under 5 Years of Age last December 18, 2015 and the corresponding Manual of Operations for Management of Severe and Acute Malnutrition. Since then capacity building of health workers to provide both



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

January 7, 2019

DEPARTMENT MEMORANDUM
NO. 2019 - 0034

TO: DOH REGIONAL DIRECTORS, SELECTED DOH HOSPITAL DIRECTORS/MEDICAL CENTER CHIEFS AND CONCERNED PROVINCIAL HEALTH OFFICERS

SUBJECT: Guidelines on the Distribution and Utilization of Ready-to-Use Therapeutic Food (RUTF) and Ready-to-Use Supplementary Food for Exceptional Circumstances

The Department of Health has issued Administrative Order No. 2015-0055, National Guidelines on the Management of Acute Malnutrition for Children Under 5 Years of Age last December 18, 2015 and the corresponding Manual of Operations for Management of Severe and Acute Malnutrition. Since then capacity building of health workers to provide both inpatient and outpatient therapeutic care has been scaled up. Likewise, the Department has procured and issued guidelines on the use of Ready-to-Use Therapeutic Food (RUTF) and Ready-to-Use Supplementary Food (RUSF).

In late 2017, the UNICEF, WFP and six other agencies, with input from technical experts, developed an interim operational guidance on the use of RUTF and RUSF to be applied in exceptional circumstances. These protocol options for Community-based Management of Acute Malnutrition (CMAM) in exceptional circumstances support life-saving measures in acute crisis situations in the absence of either an Outpatient Therapeutic Program (OTP), or a Targeted Supplementary Feeding Program (TSFP) or both.

Thus, based on this interim operational guidance and in the absence of a Supplementary Feeding Program (SFP) or an adequate supply of Ready-to-Use Supplementary Food (RUSF), children with Moderate Acute Malnutrition (MAM) can temporarily be treated with Ready-to-Use Therapeutic Food (RUTF) in the Out-Patient Therapeutic Program (OTP) provided that there are sufficient and qualified staff and supplies to handle the extra patient load:

- Admission criteria into the OTP is expanded to $<125\text{mm}$
- Discharge criteria from the OTP is $\geq 125\text{mm}$ and no edema on two consecutive visits, with a 3-week minimum stay.

ANNEX 4- DM NO. 2019-0365



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

August 8, 2019

DEPARTMENT MEMORANDUM
NO. 2019 - 0365

FOR: DOH CENTERS FOR HEALTH DEVELOPMENT DIRECTORS, MINISTER OF HEALTH BANGSAMORO AUTONOMOUS REGION FOR MUSLIM MINDANAO (BARMM), DOH CHIEFS OF HOSPITALS, MEDICAL CENTER CHIEFS, AND OTHER CONCERNED UNITS AND OFFICES

Subject: Interim Guidelines on the Use of Lipid-Based Nutrient Supplement- Small Quantity (LNS-SQ) for Pregnant and Lactating Women and Young Children Ages 6-23 months to prevent stunting

I. BACKGROUND AND RATIONALE

Globally, stunting affects 159 million children under 5 years old mostly living in 34 countries in Asia, sub-Saharan Africa and Latin America. By 2030, the global target is to reduce this number by 40%. In the Philippines, 3 out of 10 children are stunted making it imperative to address the nutritional deficiencies of pregnant women, improve exclusive breastfeeding (EBF) practices, introduce adequate and timely complementary feeding, along with continued breastfeeding for up to 2 years or beyond to be able to save the lives of 1.5 million children under 5 years of age annually.

The Philippine Plan of Action (PPAN) 2017-2022 has identified supplementary feeding of pregnant and lactating women and children 6-23 months old, along with the treatment of severe and moderate acute malnutrition, as one of the drivers to stunting reduction in its focus areas. Chronically energy deficient (CED) pregnant women have higher chances of giving birth to Low Birth Weight (LBW) infants, thus, the need to address their nutritional deficiencies.

Interest in the use of lipid-based nutrient supplements to combat child malnutrition has grown, accelerated by the success of ready-to-use therapeutic foods (RUTF) for the treatment of severely malnourished children. This has motivated the development of a range of lipid-based products designed for different purposes, including treatment of moderate acute malnutrition (MAM), and the prevention of wasting or stunting (low height-for-age).