2016 NUTRITION MONTH

TALKING POINTS

ni baby pahalagahan para sa malusog na kinabukasan!

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1. What is Nutrition Month?

Nutrition Month is a campaign held every July to create greater awareness among Filipinos on the importance of nutrition. Presidential Decree 491 (1974) or the Nutrition Act of the Philippines mandates the National Nutrition Council (NNC) to lead and coordinate the nationwide campaign. Now on its 42nd year, the Nutrition Month celebration has been institutionalized by schools and local government units as well as other stakeholders.

2. What is the theme of the 2016 Nutrition Month?

A theme is chosen each year to highlight an important and timely concern on nutrition which is approved by the NNC Technical Committee. For 2016, the Technical Committee selected the First 1000 Days to be the focus of the campaign with the resulting theme selected from entries of a nationwide contest. This year's theme is "**First 1000 Days ni baby pahalagahan para sa malusog na kinabukasan!**". It highlights the **First 1000 Days** of life - starting from the first day of conception until the 2nd birthday of the child - globally considered as the "golden window of opportunity" for interventions that aim to achieve maximum potential of a child's growth and development. The theme is based on the winning entry of Ms. Desiree Reyes of Laguna.

3. What are the objectives of the 2016 Nutrition Month?

The campaign aims to create awareness on the significance of good maternal nutrition and proper infant and young child feeding practices, particularly, exclusive breastfeeding for the first 6 months and giving of appropriate complementary foods on the 6th month while continuing breastfeeding, and the continuum of services in early childhood care and development. Specifically, this year's campaign aims to:

a. increase awareness on the importance of proper nutrition and early childhood care and development during the First 1000 Days of life;

b. promote collaboration among various stakeholders both at the national and local levels for programs serving families with pregnant women and children less than 2 years old; and

c. advocate for increased investment in nutrition to enable the scaling up of nutrition and related interventions for the First 1000 Days of life.

4. What are the key messages of 2016 Nutrition Month?

a. Good nutrition in the First 1000 Days of life prepares the child for better quality of life in his/her lifetime.

b. Multisectoral, evidence-based interventions that aim to prevent undernutrition, particularly stunting, and overnutrition and delay the onset of noncommunicable diseases should focus on the First 1000 Days of life.

c. Promote and support good maternal nutrition before and during pregnancy, and lactation.

d. Promote, support and protect exclusive breastfeeding for the first 6 months.

e. Give appropriate complementary feeding to babies starting at 6 months while continuing breastfeeding up to 2 years and beyond.

f. Scale up nutrition actions both at the national and local levels.

5. What is the First 1000 Days of life?

The First 1000 Days is the period between conception until the child's 2nd birthday. The 1000 days comprise 270 days of pregnancy, 365 days for the first year of life of the child and another 365 days for the 2nd year of his/her life. The First 1000 Days is the period of rapid growth where nutrient deficiencies can have long-term consequences. Good nutrition during this period can help maximize the child's ability to grow, learn and develop that has profound effect in his/her health, well-being and success later on in adulthood. The quality of nutrition during the First 1000 Days can have a significant impact on the achievement of national and global development goals.

6. Why is the First 1000 Days of life important?

The First 1000 Days is globally recognized as the "golden window of opportunity" for nutrition and related interventions to have a positive impact on the child's physical and mental development. Good nutrition of both the mother and the child is an important driver for a child to achieve maximum growth and development potential that has lasting, profound effect in the life course.

It is during the First 1000 Days of life when growth faltering happens. Studies have shown a link between undernutrition, especially stunting, in the early years of life and overnutrition in the child's later years and consequent development of non-communicable diseases. Stunting is defined as height or length-for-age below 2 z-score line based on the WHO Child Growth Standards. Stunted growth, or *bansot* in Filipino, means that the child is short compared to other children of the same age.

Stunting is an irreversible outcome of poor nutrition and repeated bouts of infection during the First 1000 Days. Children who are stunted have diminished cognitive and physical development, reduced productive capacity and poor health.

The First 1000 Days journey

a. Pregnancy (270 days)

The First 1000 Days of life starts on the day of conception. During pregnancy, the baby is solely dependent on the mother for nourishment that he/she needs in order to grow and develop properly.

The mother should get a balanced and varied diet together with right amounts of vitamins and minerals (iron or ferrous sulfate, folate or folic acid and iodine) to provide the needs of the growing child in her womb. This lays the foundation for the child's cognitive, motor and social skills that will eventually affect future school performance, employment and productivity. Evidence shows that a mother's diet during pregnancy can affect the disposition of a child towards developing non-communicable diseases such as diabetes and heart diseases.

Prior to conception, a woman should maintain a normal weight to give birth to a child with normal weight. A pregnant woman should also have healthy weight gain throughout her pregnancy, about 1-1.5 kilograms for the first trimester and 0.5 kilogram per week during the rest of the pregnancy.

Consequences of poor nutrition during pregnancy

1) Women who are underweight before and during pregnancy and those that have short stature are at risk of maternal deaths and are likely to give birth to low birth weight infants. Fetal growth restriction is one of the causes of stunting early in life and an underlying cause of about 1 in every five deaths of children under five. Low birth weight infants have compromised mental and motor development and are at greater risk for developing non-communicable diseases later in life.

2) Iron deficiency anemia among pregnant women increases risk of death due to excessive blood loss at delivery and increased postpartum hemorrhage. Anemic pregnant women are also likely to have stillbirth or give birth to an anemic infant.

3) Folate deficiency during pregnancy causes neural tube defects in infants such as anencephaly (absence of brain) and *spina bifida* or opening in the spine, leaving the spinal cord unprotected against infections which may lead to paralysis and subsequent death.

4) Iodine deficiency during pregnancy, especially when severe, can cause stillbirth or if the child was born alive, chances are the child has physical deformity and mental retardation.

5) Overweight and obesity pose risk to pregnant women of maternal complications such as gestational diabetes and pre-eclampsia and premature delivery. Pregnant women who are overweight or obese are likely to give birth to babies who tend to be overweight as a child and later as an adult.

b. Birth to 6 months (1-180 days)

Pregnant women should give birth in a birthing facility with the help of a trained health professional. This is to ensure that the protocol in giving birth is followed and possible maternal complications are managed. Adoption of a birthing protocol improves child survival and affects health and nutrition outcome later on. The Department of Health issued the Essential Newborn Care Protocol (*Unang Yakap*) in 2009 that includes four key elements:

1) immediate and thorough drying of the newborn for 30-60 seconds to warm the newborn and stimulate breathing;
2) early skin-to-skin contact between the newborn and the mother and delayed washing for at least 6 hours to prevent infection, hypothermia and hypoglycemia;
3) properly-timed cord clamping and cutting to prevent anemia among newborns; and
4) early initiation of breastfeeding within the first hour after birth and continuous non-separation of the newborn from the mother to defend the newborn against infections.

Starting from the first hour after giving birth, the mother should exclusively breastfeed the infant for the first 6 months of life. This means that the infant should receive only breastmilk from the mother or a wet nurse or expressed breastmilk, and should be given no other solids or liquids, except **doctor-prescribed** oral rehydration solution, drops or syrups consisting of vitamins, mineral supplements or medicines.

Advantages of Breastmilk

1) Breastmilk is a complete food for the baby for the first 6 months. It provides the perfect nutrition and everything the infant needs for healthy growth.

2) It contains essential nutrients needed for the baby's cognitive development as well as good bacteria and immunoglobulin for strong immunity.

3) Breastfeeding protects the baby from respiratory infections, diarrhea and other diseases. Studies have shown that breastfeeding may protect the baby against obesity later in life, especially if exclusively breastfed for the first 6 months, and delay the onset of diabetes and heart diseases.

4) Evidence also shows that fatty acids uniquely found in breastmilk can increase the intelligence quotient (IQ) of babies up to 7 points, leading to better performance in school or at work later in life.

Breastfeeding mothers need additional food and water to ensure good nutrition as well as preserve the quality of breastmilk that is produced. Breastfeeding mothers should be supported and given an enabling environment for them to continue breastfeeding. Common breastfeeding problems should be managed immediately at the community or in the health center.

Consequences of non-exclusive breastfeeding from birth to 6 months

1) Babies who are not exclusively breastfed will not be able to achieve their full potential for physical growth and cognitive development, and are exposed to short- and long-term health risks.

2) Infant formula increases babies' risk to infections, allergies, digestive problems, as well as obesity, cancers, diabetes and heart diseases in childhood or later in life.

3) Formula-fed infants are shown to have lower IQs compared to breastfed infants and may experience iron-deficiency anemia, which is also related to impaired cognitive development.

4) If a mother did not breastfeed her infant, it increases her risk to being overweight and obese and predisposes her to having diabetes, certain types of cancer (breast, ovarian and uterine) and cardiovascular diseases.

5) Mixed feeding (combined breastfeeding and formula-feeding) can decrease breastmilk production since breastmilk supply is driven by frequent, effective breastfeeding in response to the feeding cues of the baby. In addition, the baby may prefer bottle-feeding over breastfeeding. Feeding bottles release the milk formula without stopping until these are empty; whereas in breastfeeding, the baby has to continue suckling until milk let-down. Emptying the bottle and improper appetite regulation by the baby increases the risk for childhood obesity.

c. 6 -23 months (181-550 days)

At 6 months, the baby should start to receive appropriate complementary feeding while continuing breastfeeding in order to meet his/her nutritional requirements for growth and development. Six months to 2 years of age is a critical period of a child's life because deficiencies and illnesses during this period can contribute significantly to undernutrition, particularly stunting. Appropriate complementary feeding is a proven intervention to significantly reduce stunting during the first two years of life.

Appropriate complementary feeding has four components:

1) Timing – Introduction of complementary foods should be properly timed, at 6 months, because at this age the baby is ready to receive foods as evidenced by the visual cues the baby will start to show.

2) Adequacy of amount – The infant should receive a variety and adequate amounts of foods to provide sufficient energy, protein and other nutrients to meet the needs for growth and development. In addition to breastmilk, the diet should include adequate amounts of four or more of these seven food groups of 1) grains, roots and tubers; 2) legumes and nuts; 3) dairy products; 4) meat, fish, poultry, liver/organ meats; 5) eggs; 6) vitamin A-rich vegetables and fruits; and 7) other fruits and vegetables every day.

3) Safety – Complementary foods should be prepared and stored hygienically and the infant should be fed with clean hands using clean utensils.

4) Active feeding – Complementary foods should be given upon the child's signals of appetite and satiety. The caregiver should actively encourage the child to consume food using fingers, spoon or self-feeding. The baby should be fed slowly and patiently. Feeding times should be periods of learning and love, and distractions should be minimized.

As the infant grows, the consistency of complementary foods should gradually change from semi-solid to solid foods and diet should be more varied. Breastfeeding should be continued up to 2 years and beyond. By 8 months, the infant can eat finger foods and by 12 months, the child can eat almost the same type of foods that the family eats.

Consequences of poor complementary feeding practices from 6 months to 2 years

1) Too early introduction of complementary food (at 4 or 5 months) can lead to decreased demand for breastmilk and less supply from the

mother which results to poor infant nutrition, while late introduction (at 7 or 8 months) exposes the child to increased risk for being stunted, underweight and/or wasted.

2) Improper amounts of food, infrequent feeding and poor diet quality cause undernutrition that leads to growth and development retardation.

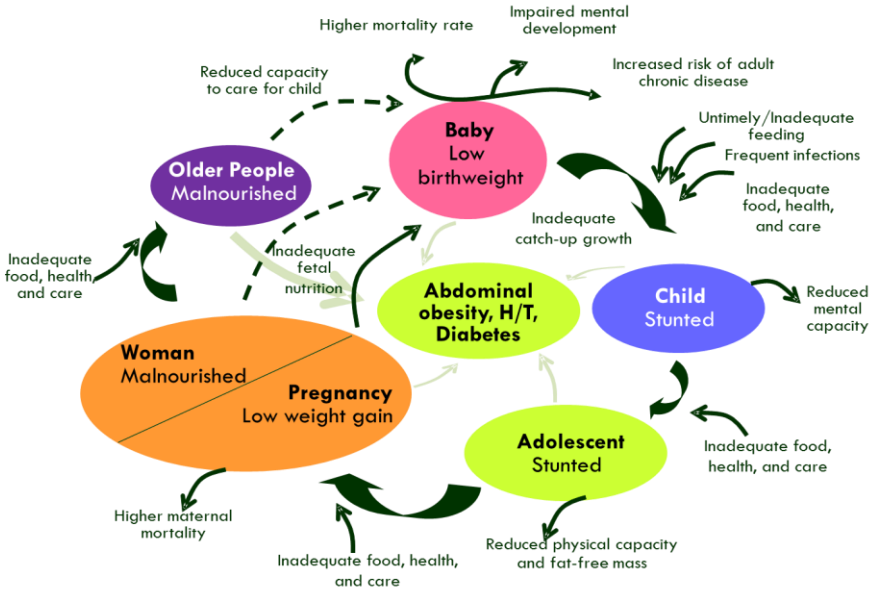
3) Unsafe and contaminated complementary food and water as well as poor hygiene and sanitation increase the risk for infections and diarrhea that can significantly affect nutritional status of children.

Inter-generational cycle of malnutrition

Figure 1 below shows the inter-generational cycle of malnutrition which illustrates how growth failure can be transmitted across generations through the mother. Malnourished pregnant women, coupled with low weight gain during pregnancy, are likely to give birth to low birth weight babies, who are more likely to have growth failure during childhood resulting to stunting. Stunted women, most especially teenage girls who get pregnant, who have narrower pelvis can retard the growth of a baby in the womb, leading to an undernourished infant and the cycle continues. These factors are woven inside service delivery inequalities and socio-economic and political issues. The figure also relates undernutrition to subsequent development of non-communicable diseases.

In order to break this vicious cycle, nutrition-specific and nutrition-sensitive interventions and scaled up actions on nutrition should focus on the First 1000 Days.

Figure 1. The Inter-generational Cycle of Malnutrition



Source: Darnton-Hill, Nishida and James. ACC/SCN 2000.

7. What is the current nutritional status of Filipino children 0-2 years old, pregnant women, and lactating mothers?

Birth weight is a significant indicator of a newborn's nutritional status, growth, health and survival. Low birth weight can be a result of preterm birth or restricted fetal growth due to poor maternal care and undernutrition. Low birth weight babies have increased risk for morbidity and mortality. The World Health Organization (WHO) defines low birth weight as weight at birth of less than 2.5 kilograms.

Data from the 2013 National Demographic and Health Survey (NDHS) (Table 1) shows that 1 out of 4 (25.1%) newborns of mothers less than 20 years old is low birth weight, 1 out of 5 (20.2%) newborns of mothers 20-34 years old is low birth weight and 1 of 4 (24.2%) newborns of mothers 35-49 years old is low birth weight. The number of low birth weight babies across all age groups increased in 2013 as compared to 2008. The average prevalence of low birth weight babies of mothers of different age groups increased from 21.0% in 2008 to 23.2% in 2013, which means that 1 in 4 babies has low birth weight.

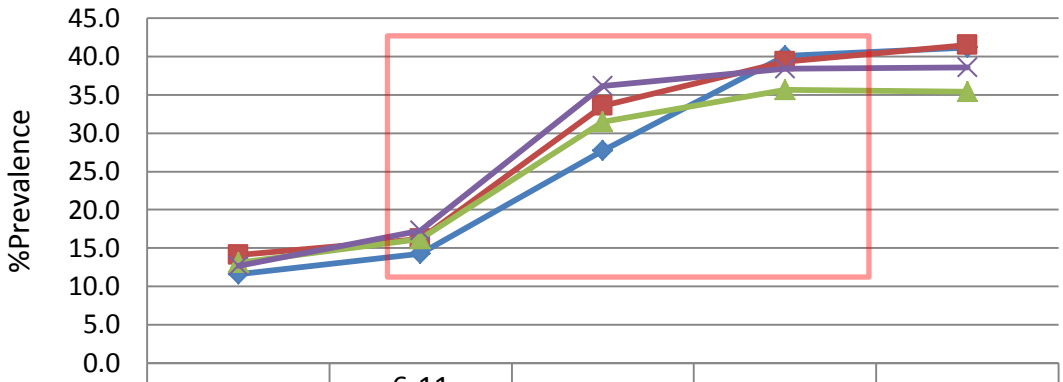
Table 1. Percentage of newborns that have low birth weight, 2008 and 2013

Mother's age at birth (in years)	2008		2013	
	Actual number of births	% less than 2.5kg (LBW)	Actual number of births	% less than 2.5kg (L BW)
<20	457	22.9	705	25.1
20-34	3,463	18.9	4,021	20.2
35-49	691	21.2	907	24.2
Average	-	21.0	-	23.2

Source: Philippine Statistics Authority and USAID. 2008 and 2013 National Demographic and Health Survey (NDHS).

Data in 2008, 2011, 2013 and 2015 National Nutrition Survey (NNS) (Figure 2) consistently showed that the prevalence of stunting shoots up from 6-11 months old to 2 years old, then plateaus from 2 years onwards. Latest data from 2015 updating of NNS showed that the prevalence of stunting in the country among infants 0-5 months is 12.7% (1 of 10), among babies 6-11 months is 17.3% (1 of 10), among children 1 year old is 36.2% (1 of 3), and among children 2 years old is 38.4% (2 of 5).

Figure 2. Prevalence of stunting among children 0-3 years old.



	0-5 months	6-11 months	1 year old	2 years old	3 years old
2008	11.6	14.3	27.7	40.1	41.2
2011	14.1	16.2	33.6	39.3	41.5
2013	13.1	16.2	31.5	35.7	35.4
2015	12.7	17.3	36.2	38.4	38.6

Source: FNRI-DOST. 2008, 2011, 2013 and 2015 National Nutrition Surveys.

Table 2 shows the 2015 prevalence of stunting among children 0-5 years old by region. Eleven of the 17 regions in the country have stunting prevalence higher than the Philippine prevalence of 33.4% (1 of 3 children). These include regions CAR, 4B, 5, 6, 7, 8, 9, 10, 12, Caraga and ARMM which are mostly in Visayas and Mindanao. The region that registered the highest prevalence of stunting among children 0-5 years old with about 2 of 5 children being stunted is ARMM (45.2%), followed by Region 8 (41.7%), and Region 4B (40.9%).

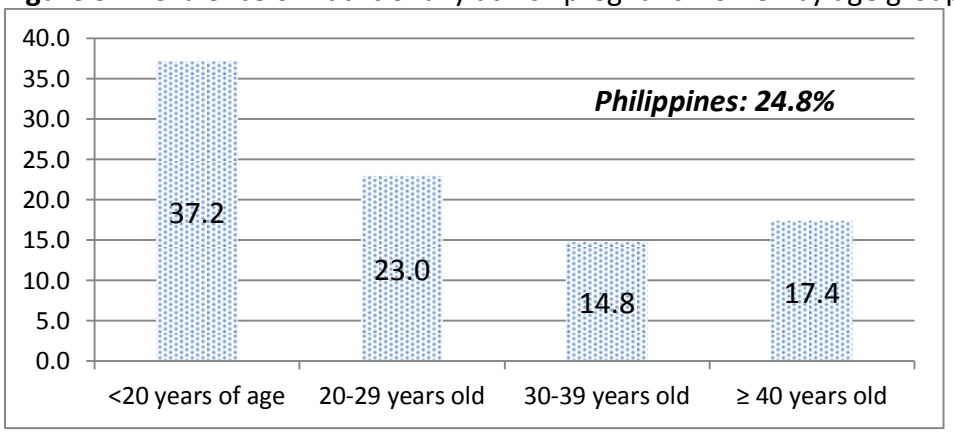
Table 2. Prevalence of stunting among children 0-5 years old by region, 2015

Region	**% prevalence of stunting**
PHILIPPINES	**33.4**
Ilocos Region	31.3
Cagayan Valley	29.0
Cordillera Administrative Region	36.7
Central Luzon	23.1
National Capital Region	24.9
CALABARZON	27.7
MIMAROPA	40.9
Bicol Region	40.2
Western Visayas	39.8
Central Visayas	37.7
Eastern Visayas	41.7
Zamboanga Peninsula	38.0
Northern Mindanao	36.5
Davao Region	31.7
SOCCSKSARGEN	40.0
Caraga	36.4
Autonomous Region in Muslim Mindanao	45.2

Source: FNRI-DOST (2015). National Nutrition Survey.

Pre-pregnancy weight and weight gain during pregnancy are important indicators of pregnancy and delivery outcomes. Women who are underweight before and during pregnancy and those that have short stature are at risk of pregnancy-related complications and may give birth to low birth weight infants. Figure 3 shows that the prevalence of nutritionally at-risk pregnant women in the country is 24.8%. This means that around 1 in 4 pregnant mothers are nutritionally at-risk. Conception before the age 20 poses increased risk and 1 in 3 pregnant women (37.2%) aged 20 years old below is nutritionally at-risk.

Figure 3. Prevalence of nutritionally at-risk pregnant women by age group, 2013.



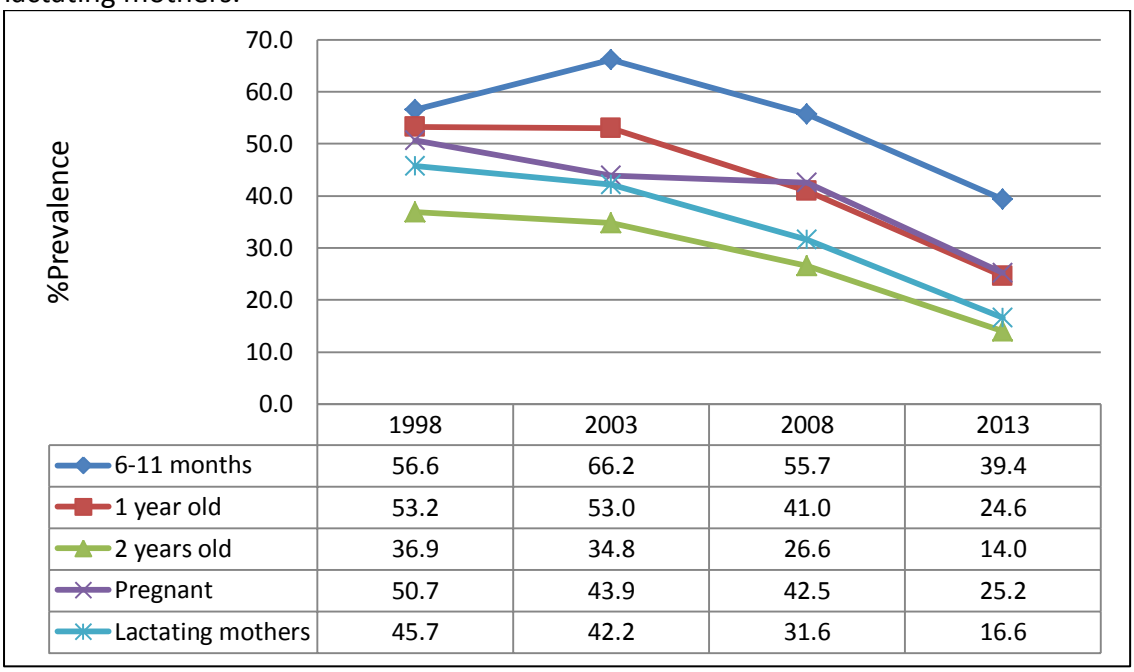
Source: FNRI-DOST (2013). National Nutrition Survey.

Figure 4 shows the prevalence of anemia among children 6 months to 2 years old, pregnant women and lactating mothers. There had been drastic reductions in the prevalence of anemia across all the age groups in the past decade. However, anemia among 6-11 months (39.4%) and pregnant women (25.2%) still fall under the category of moderate public health significance based on WHO classification.

Starting from birth, the baby should solely depend on his/her mother for nourishment until 6 months through exclusive breastfeeding. The nutritional status of a lactating mother may affect the quality of breastmilk that she produces. Being underweight can compromise the health of a lactating mother, while being overweight increases risk of the mother to develop noncommunicable diseases.

Figure 5 shows the trends in the prevalence of chronic energy deficiency (CED) and overweight/obesity among lactating mothers. Prevalence of CED among lactating mothers slightly increased from 12.5% in 2013 to 13.6 in 2015, as well as an increase in the prevalence of overweight and obesity among lactating mothers from 21.7% in 2013 to 22.4% in 2015.

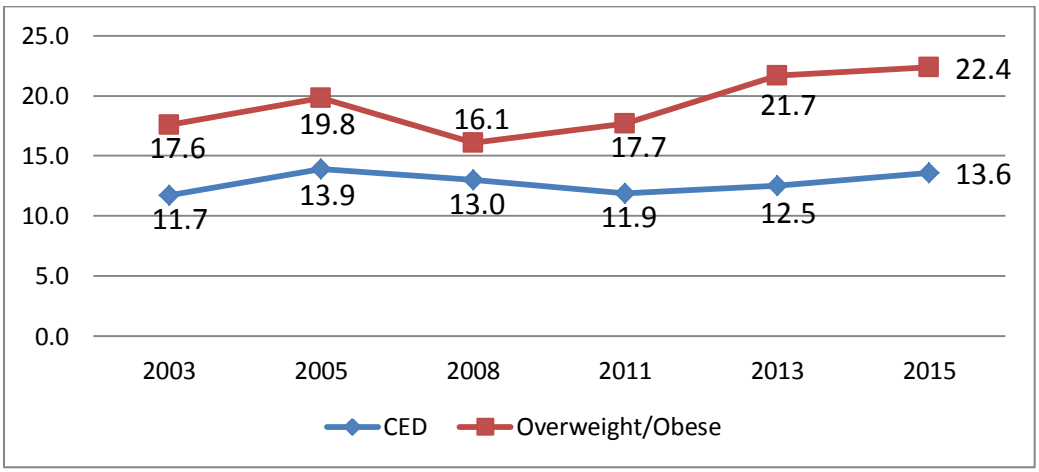
Figure 4. Prevalence of anemia among children 6 months to 2 years, pregnant and lactating mothers.



	1998	2003	2008	2013
6-11 months	56.6	66.2	55.7	39.4
1 year old	53.2	53.0	41.0	24.6
2 years old	36.9	34.8	26.6	14.0
Pregnant	50.7	43.9	42.5	25.2
Lactating mothers	45.7	42.2	31.6	16.6

Source: FNRI-DOST. 1998, 2003, 2008 and 2013 National Nutrition Surveys.

Figure 5. Trends in the prevalence of malnutrition among lactating mothers, 2015.



Source: FNRI-DOST (2015). National Nutrition Survey.

8. What are the current infant and young child feeding practices in the country?

Breastfeeding should be initiated within the first hour after birth, as per DOH Essential Newborn Care Protocol adopted in 2009. Table 3 shows the following data from the 2013 National Demoraphic and Health Survey on the initial breastfeeding: percentage of children ever breastfed, started within 1 hour after birth and started within 1 day (includes those started within 1 hour after birth). Data showed that about 94% of children under age two had been breastfed at some time or had ever breastfed. About 50% of newborns were breastfed within one hour of birth and around 82% were breastfed within one day of birth.

The survey further revealed that babies delivered with assistance from health professionals (doctor, nurse or midwife) are less likely to be breastfed within 1 hour of birth (48.8%) than those assisted by other birth attendants (53.2%). Those babies born at home are also more likely to be put to breast within one hour of birth and start breastfeeding (51.6%) than those born in a health facility (48.8%).

Table 3. Initial breastfeeding, 2013

Characteristic	% ever breastfed	% started breastfeeding within 1 hour of birth	% started breastfeeding within 1 day of birth
Sex			
Male	93.8	49.3	81.7
Female	93.7	50.2	82.1
Assistance at delivery			
Health professional	93.0	48.8	81.0
Other	96.7	53.2	85.5
Place of delivery			
Health facility	92.7	49.0	80.6
At home	96.5	51.6	85.1

Source: Philippine Statistics Authority and USAID (2013). National Demographic and Health Survey.

Table 4, on the other hand, shows the breastfeeding status, duration of breastfeeding and minimum diet diversity and frequency of complementary feeding in the country. NDHS revealed that there had been slight decrease in the prevalence of infants 0-1 month old that were currently breastfeeding from 91.6% in 2008 to 90.4% in 2013. The same was observed among infants 2-3 months old with prevalence of 85.2% in 2008 to 82.8% in 2013. On the other hand, prevalence of currently breastfeeding across all age groups starting from 4 months to 23 months old increased in 2013 compared to data in 2008. Looking at the data in 2013, a trend can be observed that there is decreasing number of infants currently breastfeeding as the child grows. This means that although many infants have been breastfed early in life (91.6% at 0-1 month old), breastfeeding is not continued to two years and beyond (38.3% at 18-23 months).

The 2008 NDHS also revealed that the prevalence of exclusive breastfeeding among infants 0-1 month old is 49.6%, 34.3% among infants 2-3 months old and 22.6% among 4-5 months old. This means that breastfeeding stopped before babies reach 6 months. Among all those that were breastfed, data in 2008 showed that the median duration of any breastfeeding is 15.1 months and 16.6 months in 2013. This means that half of the babies included in the survey are no longer breastfed starting at 15 months in 2008 and at 17 months in 2013.

Data from the 2013 National Nutrition Survey showed that the prevalence of exclusive breastfeeding at 5 months was 28.3% which is higher than the data from NDHS in 2008.

Table 4 also shows the prevalence of babies fed with minimum diet diversity and frequency. Minimum diet diversity for children 6-23 months is 4 or more food groups. Minimum times or frequency of feeding should be at least 2 times a day for infants 6-8 months, 3 or more times for breastfed infants and 4 or more times for non-breastfed infants.

Data from 2008 NDHS showed that among infants 6-8 months old, only 45.8% got the minimum diet diversity and only 58.3% were fed with minimum meal frequency. The prevalence of infants fed with minimum diet diversity and frequency increased as babies grow. While diet diversity increased to around 90%, the number of infants fed with minimum frequency remained at around 66%. This means that although babies' diet may be varied, they do not get the right amount of complementary food appropriate for their age due to infrequent feeding.

Table 4. Breastfeeding status, duration of breastfeeding and minimum diet diversity and frequency of complementary feeding, 2008 and 2013

Age in months	% currently breastfeeding		% exclusively breastfed	% fed with minimum diet diversity[1]	% fed with minimum times or more[2]
	2008	2013	2008	2008	2008
0-1	91.6	90.4	49.6	-	-
2-3	85.2	82.8	34.3	-	-
4-5	74.2	83.9	22.6	-	-
6-8	62.6	69.4	-	45.8	58.3
9-11	63.7	64.1	-	79.2	62.6
12-17	53.9	57.6	-	85.4	68.1
18-23	38.3	44.0	-	89.6	67.6
Median duration of any breastfeeding in 2008: 15.1 months in 2013: 16.6 months					

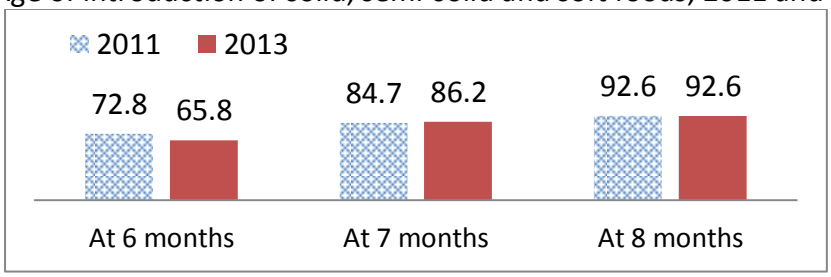
[1] 3+ food groups for breastfed infants, 4+ groups for non-breastfed infants

[2] At least twice a day for infants 6-8 months, 3+ times for breastfed infants, 4+ times for non-breastfed infants

Source: Philippine Statistics Authority and USAID. 2008 and 2013 National Demographic and Health Survey.

Figure 6 shows the age in which other foods are introduced to babies from 2011 to 2013. It can be seen that more babies are given complementary food at a later age instead of 6 months.

Figure 6. Age of introduction of solid, semi-solid and soft foods, 2011 and 2013



Source: FNRI-DOST (2013). National Nutrition Survey.

Table 5 shows the complementary feeding practices among children 6-23 months old. The number of children 6-23 months meeting the minimum dietary diversity (consumption of ≥4 food groups in a day) is very low at 15.4%. However, the prevalence of children that met the minimum meal frequency (for breastfed infants: 2 times for infants 6-8 months and 3 times for children 9-23 months; for non-breasfed infants: 4 times for children 6-23 months) is high at 94.1%. This means that children below 2 years old are given frequent meals that are not varied. This is why the percentage of children meeting the Minimum Acceptable Diet (combined dietary diversity and feeding frequency) is very low at 15.5%.

Across regions, Ilocos region had the highest minimum dietary diversity and minimum acceptable diet while Region 8 had the lowest. Region 7 had the minimum meal frequency while Region 4B had the lowest.

Table 5. Complementary feeding practices among children 6-23 months old, by region, 2013

Region	Minimum Dietary Diversity	Minimum Meal Frequency	Minimum Acceptable Diet
PHILIPPINES	**15.4**	**94.1**	**15.5**
Ilocos Region	22.0	93.2	22.0
Cagayan Valley	18.9	93.1	18.9
Cordillera Administrative Region	16.0	88.6	16.0
Central Luzon	13.5	94.6	13.5
National Capital Region	15.9	95.2	15.9
CALABARZON	14.4	94.9	14.4
MIMAROPA	18.1	86.3	18.1
Bicol Region	14.0	92.7	14.0
Western Visayas	11.2	90.9	11.2
Central Visayas	19.2	97.4	19.2
Eastern Visayas	7.0	92.0	7.0
Zamboanga Peninsula	12.8	92.5	12.8
Northern Mindanao	21.0	96.5	21.0
Davao Region	14.9	95.4	14.9
SOCCSKSARGEN	18.6	96.0	18.6
Caraga	17.4	95.0	17.4
Autonomous Region in Muslim Mindanao	13.8	91.9	13.8

Source: FNRI-DOST. 2013 National Nutrition Survey.

9. What are the ways to ensure proper nutrition in the First 1000 Days?

a. Promote optimum weight gain during pregnancy. Pregnant women should eat a varied diet to get all nutrients needed by the body. Increase amount of food eaten by the pregnant woman by the 2nd to 3rd trimester to support optimal growth and development of the fetus. Birth preparedness should include education and support for mothers to breastfeed.

b. Prevent anemia among pregnant women, women of reproductive age and teenage girls. Use iron-folic acid supplements. Children should also receive vitamin A supplementation to prevent vitamin A deficiency disorders. Use iodized salt.

c. Give birth in a birthing facility to ensure safe delivery for mother and child. Pregnant women should receive pre-natal and post-natal services.

d. Initiate breastfeeding within the first hour after birth. Protect optimal breastfeeding practices and promote and support exclusive breastfeeding for the first 6 months. Lactating mothers should be provided with support, adequate food and rest.

e. Give appropriate complementary feeding starting at 6 months while continuing breastfeeding. Children 6-23 months old should consume foods 4 or more food groups including staple (rice, corn, tubers), flesh meat (fish, meat, poultry, organ meats), legumes and nuts, eggs, vitamin A-rich vegetables and fruits and other vegetables and fruits every day. Feed breastfed infants 6-8 months old at least twice a day and feed breastfed children 9-23 months old at least three times a day. Non-breastfed infants 6-23 months old should be fed four times a day. Use micronutrient powders to enhance the quality of the complementary food.

f. Regularly monitor the growth of children and ensure inclusion in coverage of routine services such as immunization or the *Garantisadong Pambata* (GP) and micronutrient supplementation. Weight and height of children below 2 years old should be obtained monthly and assessed and plotted in the child's Early Childhood Care and Development (ECCD) card with developmental milestones.

g. Provide adequate care and feeding of sick children to prevent acute malnutrition and stunting.

h. Manage acute malnutrition. Department of Health Administrative Order 2015-0055 provides for the national guidelines on the management of acute malnutrition for children under 5 years.

i. Prevent infection through proper hygiene and sanitation. Use dafe drinking water, wash hands with soap regularly, safe waste disposal and eat clean and safe food.

j. Provide psychosocial stimulation to the child.

10. What are some of the current efforts to ensure good nutrition in the First 1000 Days?

a. Policies and Plans

1) Philippine Plan of Action for Nutrition (PPAN) 2011-2016

A key feature of the 2011-2016 PPAN is the strategic focus on pregnant women and children below 2 years old. It targets the reduction in the prevalence of stunted under-five children to 20.9% and pregnant mothers who are nutritionally at-risk to 22.3%, as well as no increase in the prevalence of low birth weight infants. The PPAN recommends the promotion of optimum infant and young child feeding practices, integration and strengthening of nutrition services in ante-natal care services and increasing the supply and consumption of micronutrients.

The following are interventions recommended by the PPAN:

a) Organization and capacity building on infant and young child feeding of community-based support groups composed of peer counsellors or mothers
b) Training of health and nutrition workers on infant and young child feeding
c) Setting up and maintaining human milk banks in selected regional hospitals and medical centers, as well as establishing lactation stations in the workplaces
d) Nutrition counselling
e) Iron-folic acid and other micronutrients supplementation of pregnant women, as well as consumption of fortified food items
f) Prevention and management of infections and diarrhea
g) Multimedia campaign on desirable nutrition behaviors
h) Regular growth monitoring of weight and height

2) Infant and Young Child Feeding Strategic Plan of Action 2011-2016

The main goal of the plan is to reduce child mortality and morbidity through optimal feeding of infant and young children. Its main objective is to ensure and accelerate the promotion, protection and support of good infant and young child feeding practices.

3) Executive Order 51 or the Milk Code and its Revised Implementing Rules and Regulations

EO 51 recognizes the need to ensure the safe and adequate nutrition for infants and protect and promote exclusive breastfeeding. The Milk Code regulates any form of marketing of breastmilk substitutes, breastmilk supplements and related products. The DOH Food and Drug Administration coordinates the implementation and enforcement of the Milk Code.

4) Republic Act 10028 or the Expanded Breastfeeding Promotion Act of 2009

Republic Act 10028 mandates all health facilities and non-health facilities, establishments or institutions to establish milk banks, lactation stations and grant 40-minutes of paid lactation breaks in addition to the regular break times to breastfeed or express breastmilk. It also orders government agencies to inform and educate the stakeholders on the importance, benefits, methods or techniques of breastfeeding and change of social attitudes towards breastfeeding. It also provides incentives to all government and private health institutions with rooming-in and breastfeeding practices. The law amends Republic Act 7600 or the Rooming-In and Breastfeeding Act of 1992.

5) DOH Administrative Order 2009-0025 or Essential Newborn Care

AO 2009-0025 outlines specific policies and principles for health care providers regarding essential newborn care to address health risks known to cause neonatal deaths.

b. Programs

1) Regular health services

A package of health and nutrition services at each life stage is provided by the health units that cover both the preventive (health centers and barangay health stations) and curative interventions (hospitals). The package includes preconception care; perinatal services; micronutrient supplementation; immunization; integrated management of childhood illness; water, sanitation and hygiene and reproductive health.

2) Promotion of optimum infant and young child feeding practices

Trainings on infant and young child feeding are provided to local health and nutrition workers to ensure that they have the knowledge and skills necessary to promote and protect breastfeeding and appropriate complementary feeding. Infant and young child feeding support groups are also being established at the

community level which mobilize mothers with successful breastfeeding and young child feeding experience as peer counsellors to help pregnant women and mothers with infants in the community.

Promotion of breastfeeding and appropriate complementary feeding is also done in multi-media (TV, radio, print and social media) to inform the public about the benefits of breastfeeding and teach about optimum young child feeding practices. Hospitals are enjoined in the promotion through the Mother-Baby Friendly Hospital Initiative.

3) Micronutrient supplementation and food fortification

Iron-folic acid supplements are routinely given to pregnant women which are taken for 180 days for the whole duration of pregnancy. Lactating women are given iron-folic acid, vitamin A and iodine supplements at determined periods after delivery. Children 0-23 months old are also given elemental iron drops, vitamin A and micronutrient powders.

Staple foods are fortified with iron, vitamin A and iodine consistent with Republic Act 8976 or the Philippine Food Fortification Act of 2000, and Republic Act 8172 or An Act Promoting Salt Iodization Nationwide (ASIN). Food items that are mandated to be fortified are rice (with iron), wheat flour (with vitamin A and iron), refined sugar (with vitamin A), cooking oil (with vitamin A) and salt (with iodine).

4) Early child learning and psychosocial stimulation

The Department of Social Welfare and Development (DSWD), as mandated by RA 6972 or the Barangay-Level Total Development and Protection of Children Act, establishes day care centers in every barangay. The day care center is an avenue for early child learning and psychosocial stimulation as well as for growth monitoring and supplementary feeding.

The Early Years Act of 2013 or Republic Act 10410 provides for the institutionalization of a National System for Early Childhood Care and Development (ECCD) to ensure services for 0-4 years old children are available and accessed. This is managed by the ECCD Council

11. What are the imperatives for action on the First 1000 days?

The focus on the First 1000 days will contribute to the achievement of various global targets and international commitments that the Philippines has committed to.

a. Global Nutrition Targets 2025

In 2012, the World Health Assembly Resolution 65.6 endorsed a Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition that specified a set of six global nutrition targets of Member States that, by 2025, aim to:

1. achieve a 40% reduction in the number of children under-5 who are stunted;
2. achieve a 50% reduction of anemia in women of reproductive age;
3. achieve a 30% reduction in low birth weights;
4. ensure that there is no increase in childhood overweight;
5. increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%; and
6. reduce and maintain childhood wasting to less than 5%.

b. 2nd International Conference on Nutrition, 2014

UN Member States reaffirmed their commitment to eradicate all forms of malnutrition and transform food systems to make nutritious diets available to all. Participating governments, including the Philippines, endorsed the Rome Declaration on Nutrition and the Framework For Action at the 2nd International Conference on Nutrition to ensure that development is improving people's nutrition in a sustainable way, particularly that of women and children.

The Framework For Action outlines 60 recommended actions towards eradication of all forms of malnutrition including recommended actions to promote, protect and support breastfeeding; to address stunting; to address anemia in women of reproductive age and in health services to improve nutrition.

c. Sustainable Development Goals (SDGs)

The 17 Sustainable Development Goals of the 2030 Agenda for Sustainable Development was adopted by world leaders in September 2015 to mobilize country efforts to end all forms of poverty, fight inequalities and tackle climate change, while ensuring that no one is left behind. **Goal 2** focuses on hunger and malnutrition and by 2030 the goal is to "**end hunger, achieve food security and improved nutrition and promote sustainable agriculture**", and one of its targets is "by 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address nutritional needs of adolescent girls, pregnant and lactating women and older persons."

12. What are the gaps that need to be addressed?

a. Maternal nutrition – Improving maternal nutrition and reduction of nutritionally at-risk pregnant women has continued to be a challenge. Although coverage of health services for pregnant women is good, compliance of pregnant women may be weak (i.e. do not religiously take iron-folic acid supplements, adequately iodized salt not available in the locality, etc.). There are still a few *hilot* or traditional birthing attendants who assist births especially in far-flung areas. Increase in the prevalence of teenage pregnancy has also become a big challenge since teenagers who become pregnant are at higher risk of maternal complications and giving birth to low birthweight infants.

b. Maternity leave – One of the major reasons why mothers with infants stop breastfeeding is that they have to return to work after a 60-day maternity leave. Despite the anticipated progress, the length of paid maternity leave is still short of the recommended 18-week (136-day) as per International Labour Organization's Maternity Protection Convention (2000) Recommendation No. 191 practiced by other countries. There is a pending bill in Congress that aims to increase maternity leave to 100 days.

c. EO 51 or the Milk Code – Even though the law has been enacted since 1986, implementation has not been very strong until the recent years. Milk companies try to find loopholes in the law and continue to do marketing activities that undermine efforts to promote, protect and support exclusive breastfeeding and appropriate complementary feeding.

d. Implementation of RA 10028 or Expanded Breastfeeding Promotion Act of 2009 – Compliance to the law has been slow. Establishment of lactation stations has not been done in workplaces as mandated.

e. Promote a supportive environment for breastfeeding at the level of the mother – The 10th Step to Successful Breastfeeding provides for the organization of support groups in the community to ensure that lactating mothers are provided breastfeeding support once discharged from the health facility. Some communities have been able to organize IYCF support groups but the coverage needs to be widened and their functionality sustained.

f. Anemia – Despite the gains that the country had in the past years in terms of reduction in the prevalence rates of anemia among all age groups, the prevalence among 6-11 months old infants and pregnant women is still of moderate public health significance. Higher coverage of iron-folic acid supplementation should be achieved and compliance should be monitored.

g. Emergency situations – During emergency situations, pregnant women, lactating mothers, infant and young children are most vulberable. Evacuation sites should include mother and child-friendly areas, promote breastfeeding and disallow milk formula donations. Family food packs should also consider the special dietary needs of 6-23 months old children.

13. What are ways to protect, support and promote nutrition in the First 1000 Days?

a. Individual

1) Pregnant women should have at least four pre-natal check-ups during the entire pregnancy period; take iron-folic acid supplements for 180 days; use adequately iodized salt in food preparation; and give birth in a birthing facility assisted by trained health worker.
2) Encourage expectant women and mothers with babies to breastfeed their child immediately upon birth and continue to do so for 2 years and beyond.
3) Women of reproductive age should achieve normal body weight prior to pregnancy.
4) Exclusively breastfeed newborn infants up to six months.
5) At the child's 6^{th} month, give appropriate complementary foods while continuing breastfeeding up to two years and beyond. The child should consume 4 or more of the 7 food groups, at least 3 times a day with snacks.
6) Regularly monitor the growth (weight and height) of infants and young children.

b. Family

1) Provide nutritious and balanced meals to pregnant women and lactating mothers; give additional water to lactating women.
2) Family members of breastfeeding mothers can help build her confidence. Help care for the baby and carry the load of doing household chores to enable the mother to breastfeed the child and provide enough rest to the mother.
3) Fathers and grandparents and other key influencers should help support breastfeeding and complementary feeding.
4) Prepare safe, nutritious and adequate amounts of complementary food for the baby.
5) Practice frequent and proper handwashing and use clean toilet facility.
6) Establish and sustain home vegetable gardens.
7) Facilitate social and behavioral development of young children.
8) Protect and uphold rights of children.

c. Community

1) Encourage lactating mothers to breastfeed their infant.
2) Form infant and young child feeding support groups in the community. Encourage volunteers as peer counsellor/mother leader for those that have experienced successful breastfeeding.
3) Protect breastfeeding during emergencies and disasters. Do not accept any milk donations. Report violations of EO 51 or the Milk Code to the Food and Drug Administration to prevent illegal marketing of formula milk and breastmilk substitutes and other products covered under EO 51.
4) Refer and treat children with acute malnutrition to health facilities.
5) Provide access and support to health and nutrition workers in order to monitor and promote the growth of infants and young children.
6) Participate in the conduct of nutrition counselling and nutrition education classes. Develop programs to educate fathers and grandparents about breastfeeding and complementary feeding.

d. National government agencies

1) Department of Health to strengthen health systems and continue promotion of universal health coverage or Kalusugan Pangkalahatan through primary health care to enable national health systems to address malnutrition especially among pregnant women, lactating mothers, infant and young children. The DOH to also ensure implementation of DOH Strategic Framework for Comprehensive Nutrition Implementation Plan 2014-2025.

2) The DOH, Department of Labor and Employment (DOLE), Department of the Interior and Local Government (DILG), and private employers to ensure that workplaces establish lactation stations and provide paid breastfeeding breaks for working mothers in addition to regular break times as manadated under RA 10028.

3) DILG to engage local governments in the design of plans to expand nutrition actions and ensure their integration in existing local programs.

4) DOLE to work for the maternity protection through increased lengthe of maternity leave.
5) Different sectors should include nutrition-specific and nutrition-sensitive interventions as part of routine programs.
   - Department of Agriculture to promote diversification of crops including underutilized traditional crops, more production of vegetables and fruits, and appropriate

production of animal-source products, applying sustainable food production and natural resource management practices.

- Department of Social Welfare and Development to utilize the Conditional Cash Transfer or Pantawid Pamilyang Pilipino Program to link receipt of cash to bringing children to health centers and schools; breastfeeding up to 6 months by lactating mothers and giving of complementary feeding, as appropriate, to have positive impact on the mother's and children's nutritional status.

- Department of Budget and Management to increase responsible and sustainable investment in nutrition and to generate additional resources through innovative financing tools and private partnerships as appropriate. Excise taxes on tobacco and alcohol can be used to finance expansion of nutrition programs.

- Department of Education to establish policies and strengthen interventions to improve maternal nutrition by beginning with adolescent girls. DepEd to establish lactation stations in schools and encourage teenage mothers in schools to continue breastfeeding their baby.

- Department of Science and Technology to engage in researches on breastfeeding and complementary feeding, economic impact of breastfeeding, lactation management, etc. to come up with local evidence.

- Early Childhood Care and Development Council to expand coverage of National Child Development Centers and promote psychosocial stimulation among children below 2 years old.

e. Local Government Units

1) Pass local resolutions and ordinances to strengthen enforcement of EO 51 or the Milk Code and RA 10028.

2) Increase support to nutrition programs and implement programs that address the needs of pregnant women and lactating mothers, infant and young children. Stunting should be seen as a problem by the locality and interventions to address it should be in place (e.g. provision of basic health services, promotion of exclusive breastfeeding and appropriate complementary feeding, etc.).

3) Invest in growth monitoring tools such as weighing scales, height boards, early childhood care and development cards with developmental milestones.

4) Organize and sustain infant and young child feeding support groups.

f. Private/business sector

1) Establish lactation stations with necessary equipment and facilities for lactating employees as well as for clients. Provide paid breastfeeding breaks for working mothers in addition to regular break times.

2) Provide additional maternity leave and when possible, allow extended maternity leave or allow work-from-home arrangement to enable mother to continue to breastfeed her child.

3) Manufacturers of infant formula should comply with EO 51 or the Milk Code.

g. Institutions

1) Hospitals with birthing facilities to be certified as Mother-Baby Friendly. Follow the 10 Steps to Successful Breastfeeding. Implement the Essential Newborn Care protocol. Doctors, nurses and midwives should comply with EO 51 or the Milk Code and encourage early initiation of breastfeeding.

2) Set up human milk banks or milk storage and pasteurization facilities for breastmilk donated by lactating mothers.

3) For schools: Integrate concepts on proper infant and young child feeding in school curriculum. Stress importance of good nutrition before pregnancy in high school and college students.

4) Nongovernment organizations can support government initiatives toward achievement of national targets.

5) For the academe: Conduct and increase funding of research on breastfeeding and complementary feeding, economics of breastfeeding and management of lactation.

14. What are ways to celebrate Nutrition Month?

The 2016 Nutrition Month celebration should be able to highlight the importance of proper nutrition during the First 1000 Days of life. The celebration should not only be done in July, but should be done year-round to ensure the good nutrition of

pregnant women, infants and children below 2 years old.

a. Hang streamers on the Nutrition Month celebration (design can be downloaded from www.nnc.gov.ph).
b. Conduct seminars and other fora to discuss the First 1000 Days.
c. Help promote and disseminate correct information on breastfeeding and appropriate complementary feeding.

For comments, suggestions and more information, contact
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