

# **Guidelines on Dietary Supplementation *For comments***

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# Outline

- Issue to address
- Change in “name”
- Content of the guidelines – focus on technical guidelines
- What NAOs can do

# Issue to address

- Hunger and undernutrition still prevalent
- Supplementary feeding an important strategy to address hunger and malnutrition

# Issue to address

- LGUs and NGOs have been implementing supplementary feeding programs

## **BUT**

- Not 120 days
- Not 1/3 of recommendation for energy and protein
- Often done when children are already malnourished

# Change in terminology

- Updates the guidelines on supplementary feeding (1980s)
- Supplementary feeding NOW called **dietary supplementation** - consistent with the term used in the Lancet Series on Maternal and Child Nutrition

# Content of the guidelines

1. Rationale
2. Description
3. Legal basis
4. Preventive approach
5. Curative approach
6. Acute malnutrition
7. Operational guidelines
8. Sustainability
9. Institutional arrangements
10. Monitoring and evaluation
11. Documentation & reporting
12. Repealing clause
13. Effectivity

# Introduction/Rationale

## NUTRITION SITUATION

### Statistics

- 68.3% of Filipino households with inadequate calorie intake (2013 NNS);
- Energy gap of 273 kcal per capita;
- Involuntary hunger per Social Weather Stations survey - 11.7% or about 2.6 million Filipino families

# Introduction/Rationale

## NUTRITION SITUATION

### Statistics

- Prevalence of child (under-five, and 5-10 years old) underweight-for-age, stunting, wasting
- Breastfeeding rates
- Complementary feeding – minimum dietary diversity scores
- Prevalence of nutritionally-at-risk pregnant, and lactating women



# Introduction/Rationale

## -- Gap in intake

Age Group	Mean one-day intake (kcal)	Estimated mean one-day requirements (kcal)	Gap Intake (kcal)
Infants, 6-11 mos old	457*	675	218
Children, 1 – 5 y	868	1,135	267
School Children, 6 - 12y	1,338	1,780	442
Teenage Girls, 13 – 19y	1,735	2,225	490
Pregnant Women, y			
19-29	1,623	2,230	607
30-49	1,623	2,170	547
Lactating Women, y			
19-29	1,632	2,430	798
30-49	1,632	2,370	738
Older persons, 60y & over	1,361	1,815	454

# Scope and coverage

- Provides key standards for dietary supplementation
  - Different age groups
  - Different scenarios
  - Preventive
  - Curative

# Target users

- National government agencies
- NGOs
- Local government units
- Donors

# Definition of terms

- 93 terms defined
- Examples
  - Admission criteria
  - Anthropometry
  - Anthropometric measures
  - Baseline
  - Beam balance
  - Breastfeeding
  - etc

# Preventive Approach

## OBJECTIVE:

To prevent:

- Low birth weight
- Stunting among under two (2) years old

# Preventive Approach/Objectives

For the prevention of low birth weight	For the prevention of stunting
1. To provide sufficient and quality supplementary food among the targeted individuals.	
2. To maintain the normal nutritional status of the targeted individuals.	
3. To teach the value of utilization of local/ indigenous foods in the community.	
4. To provide complementary activities to maximize the effect of dietary supplementation	
5. To attain optimum growth and development of fetus	To provide nutrition counseling -on breastfeeding and proper complementary feeding of their children.

# Preventive Approach

To prevent low birthweight	To prevent stunting
Areas	
<ul style="list-style-type: none"> <li>• High subsistence level (PSA and local data)</li> <li>• With poor complementary feeding practices (NNS and local data)</li> </ul>	
<ul style="list-style-type: none"> <li>• Pregnant women from poorest households</li> </ul>	<ul style="list-style-type: none"> <li>• Infants and young children (6-23 months old) from poorest households</li> </ul>
	<ul style="list-style-type: none"> <li>• Lactating women from poorest households</li> </ul>

# Preventive Approach/Duration and level of supplementation

Category	Duration	Level of supplementation
Prevent low birthweight	At least last trimester of pregnancy; better if earlier	<ul style="list-style-type: none"> <li>• 300 – 500 kcal</li> <li>• 15-20 g protein</li> <li>• MNP</li> </ul>
Prevent stunting	Preferably one year starting 6 months; or <b>AT LEAST</b> for six months	<ul style="list-style-type: none"> <li>• 100 – 200 kcal</li> <li>• 5 – 10 grams</li> <li>• MNP</li> </ul>



# Preventive approach

- Time of feeding – should not compromise regular feeding time; nor encourage substitution/replacement of meals
- **Recommended:** 9:00 am or 3:00 p.m.

# Preventive approach/ Complementary activities

- Assessment of nutritional status
- Nutrition education/counseling
- Breastfeeding promotion, including kangaroo mother care
- Complementary feeding promotion
- Immunization
- Vitamin A, iron-folic acid supplementation
- Growth monitoring and promotion
- Management of childhood illnesses
- WASH
- Deworming (not pregnant women in 1<sup>st</sup> trimester)
- Prevention/cure of parasitism and malaria
- Opportunities for better income

# Curative Approach

## OBJECTIVE:

To rehabilitate the undernourished individual to the next higher or normal nutritional status.

# Curative Approach

Underweight-for-age children	Underweight-for-age pregnant and lactating women	Underweight-for-age older persons	Acutely Mal-nourished Children
1. To provide sufficient and quality dietary supplements among the targeted individuals.			
2. To improve the nutritional status of the recipients by at least 1SD.			
3. To provide complementary activities to maximize the effect of DSP.			
4. To teach the value of utilization of indigenous foods in the community.			
5. To close or narrow down the energy and nutrient gap by 50-100%.			
6. To provide nutrition counseling among the recipients in the proper feeding of their children.			

# Basic guideline

- Use wasting or weight-for-height for admission in program, use guidelines on management of severe or moderate acute malnutrition – guidelines on management of moderate acute malnutrition to be released soon

# Curative/ If use underweight-for-age

- Prioritize areas
  - Highest subsistence incidence
  - Highest magnitude of poverty
  - Large gap in energy and nutrient intake
  - Highest proportion of food insecure households with children
  - With poor complementary feeding practices
  - High levels of underweight-for-age

# Curative/ If use underweight-for-age

Admission criterion:  $<-2SD$  for children under-five

1. Children 6-23 months old
  2. Pregnant women
  3. Lactating women
  4. Preschool children 3-5 years old
  5. School children 6-12 years old
  6. Teenage girls 13-18 years old;
  7. Older persons
- Individuals with the most aggravated nutritional status
  - Those coming from poorest households

# Curative/ Supplementation level

Age group	Level of supplementation
6 – 23 months old, weight-for-age <-2SD	200 – 300 kcal 4 – 5 grams protein
2 – 5 years old, weight-for-age <-2SD	400 – 450 kcal 5 – 10 grams protein
6 – 12 years old	300 – 500 kcal 8 – 12 grams protein
Pregnant/lactating women, nutritionally-at-risk	400 – 500 kcal 15 – 20 grams protein
Older persons, BMI <18.5	300 – 500 kcal 10 – 15 grams protein
May use micronutrient powder	



# Curative Approach/Guideposts

## Kind of supplementation:

- Consider food preferences of targets
- Food should be energy- and nutrient-dense.
  - Could add cooking oil, sugar or skimmed milk powder to increase calorie content
  - MNP may be used to increase micronutrient content.

# Ensuring sustainability

- Better if have legislative cover for budget needed
- Involve the community
- Integration with initiatives for local food production as source of food commodities

# What NAOs can do?

1. NOW, share comments and suggestions
2. Generate comments and suggestions on the draft guidelines – NNC to share full text of guidelines

# What NAOs can do?

3. Once guidelines are approved, **MAKE IT HAPPEN**
  - Ensure compliance
  - Provide technical assistance in designing well-crafted dietary supplementation programs

*“Sugar and salt may be mixed together, but ants reject the salt and carry away only sugar.*

*We are also surrounded with infinite choices and possibilities...*

*The art is to select the right people, right choices in life to make your life sweeter and successful..“*

***As a NAO, I choose to make it happen!***

# Thank you!

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