Republic of the Philippines
Department of Health
NATIONAL NUTRITION COUNCIL REGION VII

RNC Memorandum No 2022-__
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Subject: **Central Visayas Guidelines for the Conduct of Dietary Supplementation Program**

I. Introduction

The nutritional status of Filipino children under two years of age, according to the recent data from the Expanded National Nutrition Survey in 2018 found that 2 out of 10 children are underweight, and 3 out of 10 are stunted. Malnutrition, especially in the form of stunting, has been found by scientific studies to limit and reduce a child's ability to develop greater cognitive capabilities, and reach their full potential as adults. Stunting can rob them of their chance to succeed in the future.

The Philippine Plan of Action for Nutrition has identified interventions to address the immediate causes of undernutrition including inadequate food and nutrient intake and the undesirable poor feeding practices. One of these programs is through dietary supplementation or referred to as food assistance or supplementary feeding. The Dietary Supplementation Program also termed as Tutok Kainan Supplementation Program (TKSP) aims to supplement the diets of the nutritionally vulnerable groups, particularly pregnant women and infants and young children 6-23 months old in food-insecure households. Dietary supplementation of pregnant women as well as of children in food-insecure households has been identified in several frameworks cited in the Lancet framework and the World Health Organization (WHO) Essential Nutrition Actions, and the WHO Guidelines for Antenatal to achieve optimum fetal, and child nutrition and development. This is an important feature of PPAN 2017-2022 which calls for more dietary supplementation programs for pregnant women and infants and young children 6-23 months old even before they become malnourished.

While efforts have been conducted by the national government, the burden of addressing the gap to cover nutritionally vulnerable groups fall on the hands of local government units. As an attachment to RNC Resolution No. 023-01, the RNC secretariat (NNC 7) has prepared a set of guidelines for local implementation of TKSP both for local governments, non-government organizations and private sectors to ensure that the maximum dietary requirements of target groups are met, and resources are used efficiently and to further enhance the national guidelines.

II. Target Users of the Guidelines

This guideline aims to provide key guideposts in the management of dietary supplementary programs, covering the process of planning, implementation, coordination, monitoring, and evaluation to ensure sustained and effective management of the program and efficient use of resources.

Target users of the guidelines include policy makers, program planners, program managers, implementors of LGUs, NGOs, private sector and other stakeholders that are involved in managing dietary supplementation programs at the local level.

III. Scope and Coverage

The guidelines cover technical and operational concerns in implementing TKSP at the local level primarily to prevent increased incidence of low birth weight, stunting, and wasting cases in the region. It covers dietary supplementation in the first 1000 days of life or the period of pregnancy to the first two years of life. It may be adapted for use in emergency situations.

The guidelines do not cover the management of acute malnutrition, protocols of which are in the National Guidelines on Managing Severe Acute Malnutrition for Children Under Five Years, and the National Guidelines on Managing Moderate Acute Malnutrition for Children Under Five Years.

IV. Objectives of TKSP

As presented in the national guidelines, the Tutok Kainan Supplementation Program aims to contribute to the improved nutrition situation of the country. The general objective is to contribute to the prevention of stunting among children 0-23 months old by improving the quality and quantity of food and nutrient intakes and the utilization of related ECCD F1KD services among nutritionally at-risk pregnant women and children 6-23 months old.

The program specifically aims to:

a. Determine the situation with reference to care of pregnant women and infant and young child feeding,
b. Provide supplemental food to pregnant women for 90 calendar days, and complementary food for children 6-23 months for 180 calendar days prioritizing those who are nutritionally at-risk or undernourished,
c. Ensure the complementation of dietary supplementation with other key interventions,
d. Implement, monitor, and evaluate an integrated nutrition program that helps ensure the delivery of complementary early childhood care and development (ECCD) services in the first 1,000 days pursuant to RA 11148, and
e. Document strategies and experiences employed by program managers and implementers for replication in other local government units of the country.

V. Beneficiaries

❖ Demographics

Malnutrition, particularly stunting remains to be a challenge in our country to date. Based on the DOST-FNRI 2019 National Nutrition Survey, 1 out of 5 under five-years old children are stunted. In Central Visayas, OPT Plus 2020-2022 result showed a still high prevalence with a reduction trend that is aligned with the target, albeit slow at 1.01% per year with 10.5%, 9.66% and 8.50%, respectively.

Of the four provinces, Cebu, ranked first with stunting rate of 10.49%, higher than the 2022 regional prevalence rate. Other provinces in the region include Negros Oriental, Bohol, and Siquijor with still significant stunting rate. This problem on stunting continues to affect children and needs multi-stakeholder action especially in this time of pandemic where malnutrition increases the threat further. This situation brought the four Provinces (Cebu, Bohol, Negros Oriental and Siquijor) to be among the areas under National Nutrition Council's TKSP for 6-23 months old children. Moreover, Republic Act No. 11148 states that the inclusion of pregnant women is ideal for strengthened health and nutrition interventions in the First 1000 Days.

Thus, this guideline is primarily focused on the dietary supplementation of children 6-23 months of age and pregnant and lactating women.

❖ Prioritization Process

Dietary supplementation programs should be implemented in areas (province, city, municipality, or barangay) with the highest need or vulnerability to undernutrition.

In determining these areas, various indices may be used singly or in combination, as follows:

- Population size
- Stunting among children under-five years old
- Presence or recent experience of a natural hazards and human-induced disaster or emergency, e.g. flooding, volcanic eruption, drought, armed conflict, fire
- Poverty incidence
- Subsistence incidence

While covering entire population groups is ideal, the magnitude of resource requirements make prioritization of target groups necessary. Like the prioritization of areas, the selection of priority target groups should consider the group with the highest need or vulnerability.

To the extent possible, data to be used for identifying priority target groups should be validated. Validation can involve checking of records, and if needed, doing a round of measurements.

Target groups that could be considered as priority are as follows:

A. Pregnant Women
   - Pregnant adolescent
   - Nutritionally-at-risk pregnant women identified using the MUAC
   - The presence of any of the following predisposing factors renders a pregnant woman nutritionally-at-risk:
     a. Belonging to families with low income.
     b. With large number of dependents
     c. Narrowly spaced pregnancies and births
     d. Where food purchase is an economic problem
     e. Has previously given birth to a preterm, small for gestational age, or low birth weight infant.
     f. Other unfavorable prognostic factors, such as obesity or anemia, diseases which influence nutritional status such as diabetes, tuberculosis, drug addiction, alcoholism, and mental disorder.
   - Pregnant women of any age, regardless of nutritional status from poor families

B. Young Children
   - Underweight-for-age infants 6-11 months
   - Underweight-for-age young children 12-23 months old
   - Under height-for-age infants 6-11 months
   - Under height-for-age young children 12-23 months old

- Infants and young children 6-23 months old who are normal in weight and height status but come from poor households.

C. Lactating mothers with infants less than 6 months old from poor households

VI. Technical Guidelines

❖ Level of Supplementation

- The level of supplementation is the range of energy and protein content of the dietary supplementation for each day per person.

The table below shows the target level of daily supplementation for the priority target groups in the first 1000 days.

Target level of daily supplementation for target priority groups are as follows:

Target Group	Level of Supplementation per Day
Infants, 6-11 months old	150 – 200 kcal, 5 grams (13%) of protein, preferably with multiple micronutrient powder (This is in addition to what is regularly given in the household, NOT a replacement)
Children, 11-23 months old	200 – 300 kcal, 5-10 grams (10-13%) of protein, preferably with multiple micronutrient powder (This is in addition to what is regularly given in the household, NOT a replacement)
Pregnant Women	4500 – 5700 kcal, 1015-1250 grams (10- 12%) of protein, possibly with multiple micronutrient powder If available, a daily ration of 1 sachet/bar of RUSF providing at least 500 kcal should be given to: a. All adolescent pregnant women. and b. Adult pregnant women with MUAC S21 cm Micronutrient supplementation as recommended by DOH. Multiple Micronutrient Supplements containing 15 vitamins and minerals is recommended particularly for undernourished pregnant women in areas where undernutrition is prevalent.
Lactating women	500 – 700 kcal, 10-20 grams (8-11%) of protein

The level of supplementation is intended to maintain the normal nutritional status of the target population, prevent stunting and wasting and to augment the possible gap in energy and protein intake that may later lead to undernutrition. The gap intake is too big and cannot be eaten by the participants in one sitting. Thus, a reasonable calorie requirement is recommended.

Micronutrient supplements such as micronutrient powder may be added to further improve the quality of the dietary supplementation.

❖ Duration, timing, and time of feeding

For pregnant women, the ideal duration is the entire period of pregnancy. However, with limited resources, dietary supplementation in the last trimester may be done as studies

have shown that supplementation during this period could still have a positive effect on birth weight. For TKSP, the feeding duration is 90 calendar days, including weekends and holidays.

For infants 6-23 months old, the ideal duration is for the whole 6-23 month-period. Again, with limited resources, dietary supplementation may be done for at least 6 months or 180 days.

For center-based dietary supplementation, the time of feeding should not compromise the regular mealtime nor encourage substitution/replacement of meals of the targeted individuals. Depending on the agreement with participants and implementers, the feeding time may be in the morning or afternoon, so that the program participants will not miss any meal.

❖ Complementary services and activities

Dietary supplementation should NEVER be planned and implemented as a stand-alone intervention. It should be implemented with complementary services and activities to ensure that its gains are sustained beyond the supplementation period.

All children, one year old and above, who will be covered by TKSP should be dewormed according to the standards of the Department of Health.

Pregnant women should also be dewormed according to the standards of the DOH. Pregnant women in the first trimester enrolled in dietary supplementation SHOULD NOT be dewormed.

Nutritional status assessment should be done at the start of the dietary supplementation to establish baseline information on the participants. Thereafter, measurement of weight and height should be done monthly to ensure that the participant, especially children, do not become acutely malnourished or overweight.

For the former, immediate referral to an inpatient or outpatient care facility for acute malnutrition (both severe and moderate) should be done.

All dietary supplementation programs should include a nutrition education component to cover the Nutritional Guidelines for Filipinos and the nutritional value of the food products to be used in the dietary supplementation.

Nutrition education can be done through a mix of approaches that include nutrition classes, one-on-one nutrition counseling, conduct of "Idol ko si Nanay" or "Idol ko si Tatay" sessions and distribution of appropriate information and education materials.

Nutrition counselling for pregnant women should also include the following: - increase intake of iron-rich, vitamin A-rich, and iodine-rich foods, and restriction of caffeine intake.

The feeding sessions themselves should be tapped for nutrition education. For instance, food preparation and service can be an opportunity for sharing information on concerns related to nutrition-oriented meal planning as well as food safety. During feeding sessions various videos can be played on nutrition concepts.

Participants or targets of nutrition education activities should include not only the pregnant mother participant or the caregiver of the child participant, but also the husband or father and other members of the family.

In addition, nutrition-sensitive interventions such as home and community gardening, livelihood and income-generating activities are also relevant complementary services. These may help overcome food insecurity by improving the economic access to food.

The table below shows a list of complementary activities that should be implemented with dietary supplementation.

Services and activities complementary to dietary supplementation

	Population Group		
Service/Activity	Pregnant women, including pregnant adolescents	Lactating women	6 -23 mos old (intended for caregivers)
Nutritional status assessment	•*	•*	•*
Nutrition education and counseling	•*	•*	•*
Ante/Post-natal care including family planning	•*	•*	•*
Breastfeeding/Lactation support	•*	•*	•*
Immunization			•* (for ≥1yo only)
Micronutrient supplementation	•*		•*
Growth monitoring and promotion			•*
Monitoring of developmental milestones			•*
Management of childhood illnesses			•
Oral health	•	•	•
WASH	•	•	•
Deworming	at 2nd or third trimester		•
Child protection			•
Home gardening support	•	•	•
Social welfare support	•	•	•

*Priorities

VII. Program Implementation Proper

Steps to be undertaken to ensure proper implementation of the program:

- Social Preparation
  1. Social preparation activities in the implemention areas should be undertaken before the TKSP is implemented such as:
     a. Orientation of program implementers and other nutrition workers who may be involved in the implementation, on the program objectives, technical guidelines and expected output by the Nutrition Action Officer, District/City/Municipal Nutrition Program Coordinator.
     b. Consultative meetings with the Provincial/City/Municipal and Barangay Nutrition Committees to define and agree on their roles and responsibilities.
     c. Prepare a master list of beneficiaries. The master list of beneficiaries must be updated at least monthly to remove over-aged beneficiaries (23 months and above) and replace it with 6-23 months child.
  2. If undergoing a wet feeding, the TKSP's supply partner are the Agrarian Reform Beneficiary Organization or ARBOs under the supervision of the

Department of Agrarian Reform or DAR. Thus, the following steps must be done:

a. Orient and forge a Memorandum of Agreement with DAR
b. Identification of possible suppliers from ARBOs or SLPAs (Most of the food items should be procured locally, preferably from Agrarian Reform Beneficiaries Organizations or ARBOs, or from catering services of beneficiaries of the Sustainable Livelihood Program of the Department of Social Welfare and Development or from recipients of similar livelihood activities of the implementing LGU or NGO)
c. Signing of Memorandum of Agreement between LGU and DAR, to seek support and assistance in identifying ARBOs or SLPAs in the local area.
d. Signing of Marketing Agreement between LGU and ARBOs, so that each party understands their roles and responsibilities as the demand-and-supply part of the program.
e. Preparation of the Purchase request, delivery list and Inspection and Acceptance Receipt (IAR).
f. Planning of delivery schedule to target areas.

❖ Scheme of Food Distribution

1. The planners and managers of the TKSP should decide on the scheme of food distribution, e.g. if center based or if home-based.
2. Center-based feeding may be considered if the intent is to ensure that the target consumes the dietary supplementation. This is also feasible when the following conditions are present:
    a. A facility is available following the guidance given for such feeding centers.
    b. The participants can easily access the location of the feeding.
    c. If for children, a responsible member of the family has the time to bring the child to the feeding center.
    d. Human resources are available for the day-to-day management of the on-site feeding.

3. Home-based feeding can be considered if the beneficiaries will be challenged to come regularly to a feeding center.
    a. For this case, the food ration should be more than the target supplementation to give allowance for food that will be consumed by other members of the household.
    b. The program or project design should also include provisions for home visit to ensure that the food rations are being consumed. The home visit can also be opportunities for nutrition education and delivery of other services as appropriate.
4. A combination of center-based and home-based dietary supplementation can also be considered, e.g. five days for center-based feeding and two days for home-based feeding or any combination as appropriate.

❖ Feeding center/distribution sites

Feeding centers or food ration distribution sites should be identified based on the following criteria:

- Easily accessible to most of the beneficiaries of the program and should be less than an hour's walk to and from the site including distribution time.

- Near the local health facility for easier linkage to routine health/complementary services and activities.
- With adequate shade and ventilation in the area.
- With access to safe drinking water and hand washing facilities.
- With sanitary toilets and areas for proper waste disposal.
- With benches or mats for caretakers and beneficiaries to sit while waiting.
- Ropes may be placed to guide the routes/ flow of services in the site.
- With amenities for food preparation and cooking if center-based operations will be used.
- Physically safe especially for young children

❖ Operational activities

1. LGUs to be able to have baseline anthropometric data among beneficiaries, and to be able to collate endline data by the end of the implementation,
2. Meetings within the LGU level and meeting barangay level implementers for monitoring of implementation,
3. Meeting with program implementers to be able to make sure that the given commodities are utilized by the identified beneficiaries basing on the final master list submitted,
4. Orientation of beneficiaries on the program objectives, expectations, and outcome prior to start of the program. Ensure that informed consent or waiver have been discussed and signed by the beneficiaries and,
5. For the NutriText, assigned program implementers of the BLGUs to be able to disseminate program updates to beneficiaries through SMS.

❖ Feeding proper

1. Actual feeding should ensure the dignity of the participants or beneficiaries as well as of the child caregiver. Thus, the staff should be always polite.
2. Maximum waiting time from the arrival of the participant up to the completion of all the services shall not be more than 2 hours.
3. For take-home ration, the timing of distribution should consider the product being distributed. Thus, if the quality of products being distributed is assured only for say 2 weeks, then distribution should be done every 2 weeks.
4. Start the feeding session with a handwashing session.
5. Use the feeding session as opportunities for highlighting certain concerns:
   a. Responsive feeding, table manners, importance of hand washing, the concepts of color, shape, texture, and taste, as well as the nutritional value of foods served,
   b. Home-food production schemes which may be introduced by partner agencies such as from DSWD or DA,
   c. Growth monitoring activities,
   d. Provision of health and nutrition services such as deworming, immunizations, and counselling activities.

VIII. Monitoring and Evaluation

Monitoring and evaluation is important in the conduct of the TKSP. The process measures the program outcome's effectiveness and efficiency during program implementation.

Monitoring reports should include detail of expenditures and budget utilization for the purpose of transparency and accountability.

In measuring the program's success based on the objectives presented in this paper, local nutrition committees must put up a functional monitoring system that makes use of regular monitoring activities already in place. Thus, the following schemes are recommended to be adopted by the LGUs in monitoring TKSP beneficiaries:

- Pregnant Women
    i. Baseline data may use the data from the first pre-natal visit in their first trimester.
    ii. A master list of pregnant TKSP beneficiaries may be prepared for ease in documentation.
    iii. Monitoring of weight will be conducted monthly.
- Children 6-23 months
    i. Baseline data may use the data from the monthly nutrition assessment of 0-23 months old.
    ii. A master list of TKSP beneficiaries may be prepared for ease in documentation.
    iii. Monitoring of weight will be conducted monthly.

Technical Assistance and Monitoring and Evaluation forms may be used when the provincial/ city/municipality conducts monitoring activities which include key personnel interview and focus group discussions with the beneficiaries.

Monitoring reports as part of program and project implementation should be submitted as prescribed by the respective program guidelines. These monitoring reports should be used in determining adjustments that could be made in the program. All monitoring reports should also be submitted to the local nutrition committee thru the nutrition action officer copy furnished the local chief executive. The report shall include:

- Short description of activities,
- Program accomplishments, in terms of outreach to specific target groups as well as complementary services provided to program targets, and achievement of outcome objectives,
- Issues encountered and actions taken,
- Good practices or lessons learned. and
- Photo Documentation

There is a need for a regular program implementation review to document best practices and make decisions for further implementation.

IX. Exit from the Program

- The woman who has delivered her baby or a child participant who reaches the age of 23 months are considered as having "graduated" from the program.
- On the "last day" of the participant in the program, measure the pregnant woman or the child's weight and height and enter relevant data in the registry record.
- Inform the participant that her (PW) or his//her child's participation in the TKSP is over.
- Link family for continuing services.
- Follow-up after three months and refer to the appropriate service as may be needed.

X. Roles and Responsibilities of Local Government Unit

Implementation of TKSP is the main responsibility and accountability of the local government unit. The local nutrition office will serve as main implementer of the TKSP. They shall be supported by the other members of the local nutrition committee. Specifically, the Province / City / Municipal LGU shall:

- Incorporate programs and projects along dietary supplementation in their respective nutrition action plans.
- Provide funding support for the implementation of dietary supplementation for pregnant women and children 6-23 months old.
- Ensure availability of other resources for the program, e.g. human as well as material resources including weighing scales and height boards.
- Make sure compliance to the technical and operational guidelines for dietary supplementation.
- Initiate complementary activities and other services during the conduct of TKSP.
- Mobilize the NGOs, private sectors, and other partners for the TKSP.
- Submit report of implementation to the LNC Chair copy furnished to DILG.

XI. Roles and Responsibilities of National Government Agencies

Support of the different national government agencies is necessary for the successful implementation of the TKSP at the local level. They are required to provide technical assistance or any other form of support to the LGUs implementing the program.

- Department of Interior and Local Government Region VII
  1. Release issuances encouraging all LGUs to fund and implement local TKSP.
  2. Ensure that the implementation of this program is integrated in the local development plans and investment programs of LGUs.
  3. Collects and consolidate reports from LGUs on their implementation of the program and submit the same to the Regional Nutrition Committee.

- Department of Health Central Visayas Center for Health Development
  1. Provide initial investments to address maternal undernutrition and current gaps for intervention in the health sector, in line with RA 11148, gradually shifting the schemes to local governments through the Universal Health Care Act.
  2. Assist LGUs to ensure that needed health and medical services and other related complementary activities or services are available.

- National Nutrition Council Region VII
  1. Disseminate other guidelines and related references for the LGUs' management of TKSP.
  2. Provide the needed technical support in the formulation of cycle menu.
  3. Make available necessary information and educational materials/ modules for the conduct of nutrition education as a complementary activity.

- Department of Social Welfare and Development Region VII
  1. Provision of child-minding services to children beneficiaries.
  2. Provision of child protection services to children beneficiaries.

3. In areas not covered by the Phil. Multisectoral Nutrition Project, help access augmentation funds to support TKSP.

❖ Department of Education Region VII
1. Allot funds for dietary supplementation of kindergarten to grade 6 school children enrolled in School-Based Feeding Program.
2. Conduct actual implementation of School-Based Feeding Program.
3. Monitor, evaluate, and analyze data from school based dietary supplementation.

❖ Department of Agriculture Region VII
1. Ensure availability of quality and affordable fresh produce to LGUs.
2. Facilitate conduct of complementary activities along food and nutrition security to families enrolled in the program.

❖ Department of Agrarian Reform Region VII
1. Assist participating ARBOs and smallholder farmers in the production and timely delivery of the food items required by the dietary supplementation.
2. Assist ARBOs in documentary preparations when participating in biddings.
3. Provide complementary support services to participating ARBOs and smallholder farmers such as production/technology inputs support and necessary facilities to improve farm productivity and marketing initiatives.

❖ Department of Science and Technology
1. Assist local business/LGUs in putting up complementary and supplementary food production facilities

XII. Review of Implementation

This Guideline should be reviewed after five years and updated as needed. Thereafter, the guidelines can be revisited whenever there is a new cycle of the national and regional plan of action for nutrition.

XIII. Effectivity

This order shall take effect immediately upon approval/signature of the Regional Nutrition Committee. The guidelines of the local implementation of TKSP shall be enforced and implemented by local government units and supporting national government agencies once approved. Its widest dissemination is urgently enjoined.

Approved by:

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