

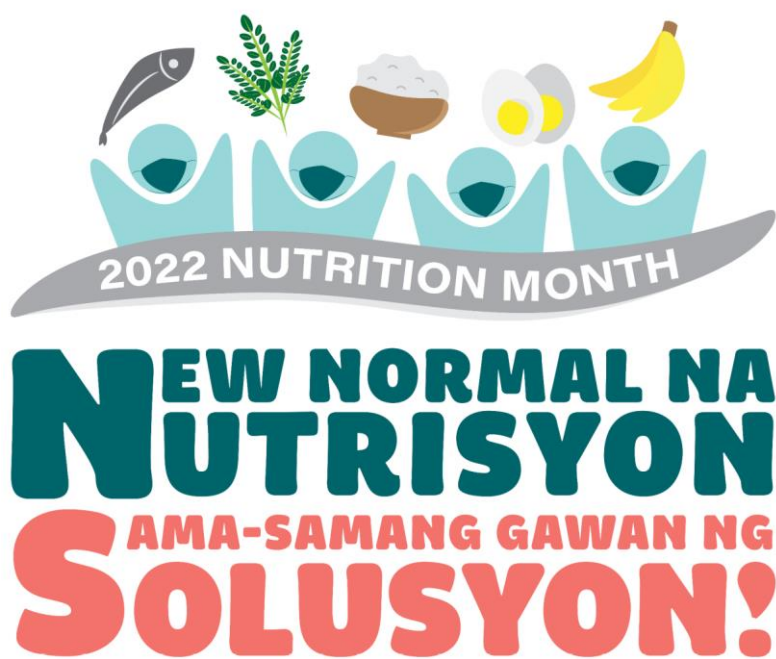


Republic of the Philippines
Department of Health
NATIONAL NUTRITION COUNCIL



2022 NUTRITION MONTH

TALKING POINTS



#2022NutritionMonth
#NutrisyongSapatParaSaLahat
#NewNormalNaNutrisyon

JULY 1, 2022

NATIONAL NUTRITION COUNCIL
2332 Chino Roces Avenue Extension, Taguig City

TALKING POINTS

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I. What is Nutrition Month?

Nutrition Month is an annual campaign held every July to create greater awareness among Filipinos on the importance of nutrition as provided under Presidential Decree 491, or the Nutrition Act of the Philippines. The law also mandates the National Nutrition Council (NNC) to lead and coordinate the nationwide campaign.

II. What is the theme of the 48th Nutrition Month?

The NNC Technical Committee approved, through ad referendum, the theme for this year's Nutrition Month campaign which is "***New normal na nutrisyon, sama-samang gawan ng solusyon!***" The theme calls for strengthened nutrition interventions and solidarity towards nutrition improvement as the country shifts towards living with the COVID-19 virus. The theme signifies the key role of nutrition in building resilience from pandemic to endemic paradigm. The term "new normal" was adopted to indicate a transition to a better normal while bringing the positive impacts of the pandemic to become more resilient and prevent future pandemics. The pandemic has made a huge impact on nutrition, such as disruptions in delivering nutrition and related services, increased hunger incidence, etc. But there are also positive impacts such as innovation in service delivery, home food production, increased awareness of one's health and consuming healthy diets, and solidarity amongst the people to help each other.

III. What are the objectives of the 48th Nutrition Month?

The campaign calls for a collective effort to improve nutrition as we move forward to a better new normal. The campaign aims to:

1. Raise the awareness of the importance of nutrition in building resilience and recovery from the pandemic;
2. Stimulate discussions among stakeholders on how to build back better the design, delivery, and scale-up of nutrition interventions; and
3. Engage various sectors and the public in activities that promote nutrition.

IV. What are the key messages of the 48th Nutrition Month?

The Nutrition Month campaigns promotes these key messages:

1. Good nutrition is key to building immunity, protecting against illness and infection, and supporting recovery. Efforts to preserve and promote proper nutrition must be part of pandemic resilience strategies.
2. Promote and adopt health-enhancing nutrition behaviors, including the consumption of sustainable healthy diets.
3. Call for continued solidarity to support food and nutrition security, especially for the most vulnerable
4. Expand multi-sectoral engagements to scale-up nutrition interventions

5. Strengthen leadership and governance in nutrition across all levels to achieve nutritional outcomes of the Philippine Plan of Action for Nutrition.

The campaign aims to reach specific target groups whose behavior or actions can support nutrition improvement with these messages:

Audience	Key Messages
Individuals and families	<ul style="list-style-type: none"> • Ensure proper nutrition to build body resistance against disease. (<i>Siguruhin ang tamang nutrisyon para sa malakas na resistensya laban sa sakit</i>) • Let us work together to end hunger and malnutrition for all families. (<i>Magtulungan tayo para labanan ang kagutuman at makamit ng bawat pamilya ang sapat na pagkain at nutrisyon.</i>) • Continue to follow health protocols as prescribed by authorities. (<i>Sundin natin ang health protocols ayon sa itinakda ng autoridad.</i>)
Local chief executives and councilors and members of the local nutrition committees	<ul style="list-style-type: none"> • Ensure the continued and scaled-up delivery of nutrition services through: <ul style="list-style-type: none"> ○ Establish a nutrition office with staff complement including a permanent full-time nutrition action officer ○ Prepare your three-year local nutrition action plan and include in your local development plan and annual investment plans ○ Provide support to Barangay Nutrition Scholars including basic and continuing trainings and incentives; Add more BNS in barangays that are geographically isolated and have higher population ○ Issue ordinances that support nutrition (can refer to compilation of local ordinances at www.nnc.gov.ph/compendium)
Non-government organizations, private sector, academe	<ul style="list-style-type: none"> • Join the Scaling Up Nutrition Movement Philippines as the platform for engagement to scale up nutrition actions in the country
National government agencies	<ul style="list-style-type: none"> • Ensure that nutrition is integrated in sectoral policies and programs • Promote nutrition among workforce and clientele
Congress and the President	<ul style="list-style-type: none"> • Enact legislation towards efforts to eliminate all forms of malnutrition including these priority legislation: <ul style="list-style-type: none"> ○ Strengthening the nutrition program by amending PD 491 (Nutrition Act of the Philippines)

Audience	Key Messages
	<ul style="list-style-type: none"> ○ Amending PD 1569 or Strengthening the Barangay Nutrition Program and providing for Barangay Nutrition Scholars in every barangay ○ Providing for a Nutrition Office and Nutrition Action Officer in every Province, City and Municipality ○ Protecting children from harmful marketing of unhealthy food and beverages ● Issue an executive order to implement the Philippine Plan of Action for Nutrition 2023-2028 and provide budgetary cover for nutrition and on Addressing Obesity

V. How has the COVID-19 pandemic affected nutrition?

The COVID- 19 pandemic has undermined nutrition across the globe as governments imposed various restrictions. In the Philippines, the lockdowns and restrictions limited movement of the people, goods and services which essentially slowed the economy. These consequences are bound to impact on nutrition.

- A. **Likely increase in malnutrition.** The Rapid Nutrition Assessment Survey (RNAS) conducted by the Department of Science and Technology – Food and Nutrition Research Institute in 2020 reported that loss of weight among children was observed with 2 in every ten children, with a higher proportion among children from severely food insecure households [1].
- B. **Disruption in delivery and availment of nutrition services.** The 2020 RNAS revealed that at the time of the survey infants and pre-school children were highly affected by the disruption of nutrition services and delivery of nutrition interventions. Results have shown that the number of children who received nutrition services such as OPT plus, deworming, supplementary feeding, and vitamin A supplements significantly decreased. Children who were able to participate in OPT plus went down from 83% in 2019 to 51% in 2020 due to lockdowns and limited movement of health care workers. The number of children who received dietary supplementation such as family food packs, cooked foods, and dry rations also decreased from 21.6% in 2020 to 11.9 in 2021, with a mean duration of only twelve (12) days. Most children who did not receive supplementary feeding were in high-risk areas. Vitamin A supplementation also decreased from 65.4% in 2020 to 35.3% in 2021.

Aside from children, older adults were also highly affected. The quarantine may have maintained people safe but presented a health risk due to a decline in physical activity, increased risk of overeating, staying up late and not getting adequate sleep, or even increasing tobacco and alcohol use. The lockdown has also led older

Filipinos to have very limited or no access to healthcare services due to the diversion of most healthcare efforts to respond to COVID 19 [2].

- C. **Hunger.** The hunger incidence surveys conducted by the Social Weather Station (SWS) showed increases in the percent of families who reported to suffer from hunger since the COVID-19 pandemic began. The first quarter 2022 survey revealed a that 12.2% of Filipinos or an estimated 3.1 million families experienced hunger during the survey period.
- D. **Food security.** Many overlapping dynamics that emerged during the pandemic have affected food security and nutrition. These include disruptions to food supply chains, loss of income and livelihoods, a widening of inequality, disruptions to social protection programs, altered food environments, and uneven food prices [3].

Food availability. Due to lockdowns and quarantines, food mobility was hindered, resulting in the consumers' unavailability of staple commodities [4]. To address this concern, populations with access to the Internet, smart mobile phones, and a steady income to purchase food have shifted from physical shopping to online shopping. The disruption to the food supply chains affected food availability where food commodities could not reach markets, creating low supply and high demand and resulting in a higher price of some basic goods [5]. Households living in poverty rely largely on food aid in food packs distributed by local governments and private donors. An evaluation of these commonly distributed food items uncovers that a diet does not contain sufficient nutrients to promote proper nutrition, eventually putting low-income households at greater risk of acute and chronic disease [4].

Accessibility. Food accessibility refers to an individual's access to adequate resources for acquiring appropriate foods for a nutritious diet.[5] Based on the 2020 RNAS, there are about 56.3% of Filipinos have problems accessing food due to limited or no budget (22.1%), limited public transportation (21.6%), loss of job (19.5%), or limited food stores in their respective areas (10.8%), and no other members in the family to buy food (5.1%) [2].

Further studies by Palo, et al. showed that quarantine restrictions reduced business operations and increased unemployment, leading to low income and limited food access [6]. SWS surveys also reported increased adult joblessness, more Filipinos who felt poorer and worse quality of life.

Food Utilization. There are two major influences on food utilization during the pandemic: staying at home and stockpiling food due to grocery shopping restrictions. Staying at home results in boredom associated with a greater energy intake [7]. The stress from the constant anxiety also causes overeating, especially of those "comfort foods" usually high in fats, sugars, and salt and less of fresh foods like fruits and vegetables due to the limited access to grocery stores and wet

markets. Reward and gratification were also physiologically associated with food consumption, even overriding other signals of satiety and hunger [8]. However, some studies have shown that as people stay at home, others still prefer fresh foods, cooking at home daily, and making healthier food choices [9,10].

As many food and beverages outlets were prohibited from opening for dine-in customers, COVID-19 has opened a significant market for food delivery services. Online food delivery service refers to the Internet-based process of ordering food via online platforms that connect customers with partner foodservice via their websites or mobile applications. Reasons for opting for food deliveries primarily involve avoiding human interaction to lessen the risk of getting the virus and the convenience it offers its customers. Other motivations include a lack of time and cooking skills to prepare meals.

However, the convenience brought by virtual food service deliveries is positively associated with a high body mass index, thus a threat to health [11]. Consumption of restaurant and takeaways foods was associated with a significant increase in the daily energy, sugar, saturated fat, and sodium intake. Common food items were burgers, pizzas, fries, fried chickens, and sugar-sweetened beverages. Frequent consumption of these items has led to non-communicable diseases such as obesity, type 2 diabetes, and certain cancers [12]. These meals were also a big contributor to weight gain [13].

VI. What are the positive impacts brought by the pandemic?

The negative impact of COVID-19 on health and nutrition has been pervasive and undeniably challenging to different sectors. However, there are still positive changes that have been made by living with the virus that can be brought as we shift from pandemic to endemic paradigm.

A. Innovation in service delivery and capacity building

- 1) Innovation in the mode of health and nutrition consultations, such as telemedicine, paved the way to easier access for patients to healthcare, especially those with physical disabilities.
- 2) Digital technology has also facilitated accelerated communication and greater access to information and knowledge to keep people updated on health protocols and standards.
- 3) Capacity building activities shifted from face-to-face trainings to online trainings; webinars were also organized to deliver to a wider audience. The technology allowed for recording which enabled participants to view the webinars at their own pace and time.
- 4) Vertical and horizontal communication using various online applications facilitated faster relay of messages.

B. Attitude towards health and nutrition

As society changed, attitudes towards health and nutrition also shifted to boost health and prevent getting the virus.

- 1) The World Health Organization emphasized the benefit of proper nutrition to boost immunity and lessen the risk of severe infection amidst the pandemic [14]. Thus, most people were moved to become more concerned and improve their health.
- 2) Families have had more opportunities to spend time together, especially with their children.
- 3) People became more health-conscious, leading them to develop healthy habits
- 4) The importance of physical and mental fitness was brought to the forefront of people's consciousness, giving them time and attention.
- 5) Food security was recognized as a primordial need of the country.
- 6) Home food gardening emerged, and many became "*plantito/plantito*" or plant lovers and nurturers to connect with nature, a psychological experience, and an interest, aside from providing additional source of food for the family.
- 7) Solidarity among neighbors was also seen as all citizens were asked to act responsibly, following preventive measures to slow down and contain the spread of the virus. One example was the emergence of community pantries organized by volunteers who provided free food produce and products to families in communities.

VII. How did the pandemic change delivery of nutrition and related interventions?

As a result of the enforcement of the quarantine measures nationwide starting in 2020, the movement of food and necessities was affected, and the delivery of various health and nutrition services. To ensure that these services will continuously be provided to ensure the health and nutrition of the people, the Department of Health and other government agencies have issued various guidelines on the delivery of essential nutrition services. DOH issued Department Circular 2020-167 on the continuous provision of essential health services during the COVID-19 pandemic including intrapartum and newborn care especially promotion of exclusive breastfeeding, management of malnutrition and micronutrient supplementation. Infection prevention and control practices are to be observed. Similarly, the Department of Social Welfare and Development issued Memorandum 12 Series 2020 for the continued implementation of its supplementary feeding program despite the pandemic.

Below are examples of nutrition and related programs and how these were tweaked to conform to quarantine guidelines.

A. Micronutrient Supplementation Program

Due to limited food supply and availability, the risk of micronutrient deficiencies went up during the pandemic. According to DOH Memorandum No. 2020 – 0237, the delivery of micronutrient supplementation during the pandemic was maintained following strict infection prevention and control measures. Based on the issued guideline, the provision of Vitamin A capsules, multiple micronutrient powder (MNP), ferrous solution (drops), iron with folic acid supplements, and iodized oil capsules continued. However, the mass supplementation campaign was not encouraged but integrated instead with the immunization activities, prenatal and postpartum checkups, food pack deliveries, and home visits where strict health protocols were implemented.

B. Dietary Supplementation Program

Through the Department of Education (DepED) sustained its support for health and nutrition amidst the pandemic through the continuous implementation of the School-Based Feeding Program (SBFP) during the school year of 2020-2021. Since there were no face-to-face classes, the DepED issued Department Order No. 031 in 2021 which ordered the execution of SBFP to ensure the provision of nourishment and help boost the children's immune system. Instead of the hot meals served in schools, healthy food products such as the Enhanced Nutribun, milk and fruits were distributed to the children through the parents when they came for their child's modules in school or delivered to their homes by community volunteers.

DSWD likewise continued its supplementary feeding program for children aged 2-4 years in supervised neighborhood play (SNP) and 3-4 year in child development centers (CDC) using alternative modes of feeding to the hot meals. Such modes include the distribution of nutri-packs, nutribun with milk, easy-to-cook/prepare alternative meals. However, nutrition assessment was not done to reduce risk of exposing children to the infection.

C. Promotion of Proper Infant and Young Child Feeding Practices

Amidst the pandemic, healthcare providers continued to promote proper infant and young child feeding practices to ensure exclusive breastfeeding or continue breastfeeding because of the immune protective properties of the breastmilk. This has also safeguarded the food security of infants and young children during the ECQ.

To ensure the continued enforcement of Executive Order 51 or the Milk Code, amidst reports of distribution of donations of formula milk, the Department of Health (DOH) issued Department Memorandum No. 2020-0231 to provide guidelines on the standardized regulation of donations related to Executive Order

51. It reiterates that when exclusive breastfeeding is not possible, the alternatives are wet-nursing or cross-nursing, relactation, expressed breastmilk fed through cup or spoon, pasteurized donor milk from human milk banks. The last resort would be for the local government units to use artificial feeding under supervision of health and nutrition workers provided also that the LGU their own supply instead of accepting donations. For infants and children older than 6 months, complementary food from the family pot is encouraged instead of relying on artificial milk.

D. Management of Acute Malnutrition

The provision of the treatment for moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) using Ready-to-Use Therapeutic Food (RUTF) among infants and children six months to 5 years old continued to ensure the provision of adequate nutrition. RUTF was provided for two weeks every month instead of weekly to minimize the contact of the health care provider. Regular follow up were also conducted using SMS, messenger, and other virtual platforms to properly monitor the condition of the SAM and MAM patients.

E. Growth and Development Monitoring and Promotion

In many areas, protocols for monitoring of the growth and development of infants and children were still done during health facility visits and community outreach with strict compliance to health protocols. The conduct of OPT Plus also followed the interim guidelines issued by DOH.

Health and nutrition workers and volunteers used MUAC tape instead of the weighing scale and length/height board to minimize contact with the children. All MUAC tapes were disinfected in accordance with DOH Department Memorandum 2020-0167 that states the guidelines for the proper handling of items used in health facilities. Physical distancing was observed except in the actual taking of measurements.

Growth monitoring and promotion activities continued and reported monthly for children under 2 years old and those identified as malnourished based on OPT while children 2 to under 5 years old, regardless of nutritional status were reported quarterly. The MUAC measurement of children aged 6 to 23 months with normal nutritional status and no bilateral pitting edema was measured monthly and quarterly for the 24 to 59 months old.

Aside from the assessments, health care providers were also instructed to 1) provide feedbacks to parents on their breastfeeding and complementary feeding practices to maintain or improve the nutritional status, growth, and development of children 2) emphasize the need to breastfeed to prevent malnutrition and 3)

encourage parents to promote early childhood development through responsive parenting.

F. Nutrition in emergencies

The NNC as Chair of the National Nutrition Cluster issued advisories to local government units to provide guidance relative to COVID-19 and local nutrition programs. (Full text of the advisories can be accessed from <https://www.nnc.gov.ph/covid19/nutrition-cluster-advisories>)

Some of the guidelines include:

1. Promote the consumption of healthy diets following the Ten *Kumainments* to boost the body's immune system; engage in functional movement to increase physical activity and prevent sedentary behaviors; and adequate sleep
2. Prioritize the nutritionally vulnerable groups and areas for assistance
3. Continued breastfeeding including by mothers who are suspected to have COVID-19 following health protocols
4. Family food packs should contain age-appropriate and culturally appropriate, clean and nutritious food items including fresh vegetables and fruits.
5. LGUs to conduct an inventory of prepositioned nutrition commodities (nutrient supplements such as Vitamin A capsules, micronutrient powder sachets, lipid-based nutrient supplements such as ready-to-use therapeutic foods (RUTF) and ready-to-use supplementary food (RUSF), and anthropometric measuring tools).

VIII. How is "new normal" defined?

After living for more than two years with restrictive measures and still with the threat of COVID-19, the country is slowly transitioning to the new normal of living and adaptation. Although no one definition exists, the new normal in the general context is characterized by the need to observe the social distance, strict personal hygiene, and other sanitation protocols. Wearing masks, bringing hand sanitizers and alcohol, and frequent washing of hands will continue to be the norm. Though characterized by uncertainty and volatility, the policies and standards for health will be the cornerstone during the new normal to achieve a "steady state of low-level or no transmission."

Based on the "We Recover as One" report of the Interagency Task Force for the Management of Emerging Infectious Diseases – Technical Working Group for Anticipatory and Forward Planning (IATF – TWG for AFP), the following characteristics describe the new normal through the lens of nutrition [15]:

1. Ensuring the availability, accessibility, and affordability of food to meet the nutritional requirement of the people will be more emphasized. Increased reliance

on online/digital transactions for food commodities will continue even in the post-ECQ scenario.

2. Consumers are now more health-conscious and selective about what they eat to boost their immune systems, thus increasing the demand for safe and nutritious food.
3. Emphasis is focused on the interrelationship between public health and the environment.
4. Given the importance of a steady food supply, there will be greater interest in urban agriculture, backyard/household gardening, and community farming.
5. The improvement in the health awareness of the people will increase the demand for health services.

Executive Order 166 was issued on 21 March 2022 adopting the Ten-Point Agenda to accelerate and sustain economic recovery from the COVID-19 pandemic. The agenda includes among others, strengthening healthcare capacity and the development of a comprehensive pandemic response framework to ensure resilience against future pandemics and strengthening health and social protection systems.

IX. What is the link between nutrition and resilience for a better new normal?

Resilience can be defined as “the ability of people, households, communities, countries, and systems to mitigate, adapt to and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth” from USAID. [16].

Nutrition and resilience are strongly interlinked with nutrition as both an input to and an outcome of strengthened resilience [17]. Nutrition is considered an input to resilience as well-nourished individuals can work harder, have greater physical reserve and nutrition security, and can withstand stress. On the contrary, households most affected by pressure and various threats face a greater risk of malnutrition [18].

Nutrition and resilience are co-dependent and mutually reinforcing [16]. Integrating resilience thinking to nutrition programming and vice versa would give greater benefits [19]. On the other hand, improving the resilience of a country can also address factors affecting malnutrition, thus, improved resilience means improved nutrition.

The Philippines is one of the world's most vulnerable countries to natural disasters given its location along the Pacific Ring of Fire. In fact, Philippines ranked third in the 2018 World Risk Index of most disaster-prone countries in the world. The country has experienced all forms of disasters such as typhoons, earthquakes, and volcanic eruptions, armed conflict, including the COVID- 19 pandemic. Over the long course of history dealing with natural disasters and crises, Filipinos are learning to be resilient. But how can advancing the absorptive, adaptive, and transformative capacity of the Filipino resilience help to improve nutrition situation? Maximizing the nutritional impact of resilience

programming will involve resilience-building programs and policies that will also address and prevent all forms of malnutrition. [20]

BOX STORY

BUILDING FOOD AND NUTRITION RESILIENCE IN QUEZON CITY

Hailed as the richest city in 2021, Quezon City still battles with widespread hunger and malnutrition. The city's top nutrition concern lies among school age children and adolescents with reported high number of overweight, obesity and hidden hunger. This was attributed to the shift towards unhealthy food and built environments, a lack of affordability for nutritious foods, fast-paced urban lifestyles, and sedentary behaviors. Affordability, food knowledge and skills are also considered major barriers.

The city issued the Anti-Junk Food and Sugary Drinks Ordinance which bans the marketing and trade of unhealthy food around schools. It has also become a signatory of the Good Food Cities Declaration alongside 13 other cities across the globe.

Although Sustainable Development Affairs Unit was established in 2019 through Executive Order no. 35 under Mayor Ma. Josefin Tanya "Joy" Belmonte to organize programs implementing high impact, multi-stakeholders programs to achieve the Sustainable Development Goals (SDGs), the growing city was not spared from the overwhelming impact and pressure of the COVID-19 pandemic.

Aside from providing food relief to the most vulnerable, the city established Community Mart app and Fresh Marker on Wheels program to maintain the food value chain from farm to market for the short-term response.

To enhance food system resilience in the medium-to-long term, Mayor Belmonte established Quezon City's Food Security Task Force (QC-FSTF) under Executive Order No. 32, with the goal of addressing food insecurity, promoting the consumption of nutritious food, complementing, and creating livelihoods, and building climate resilience.

The two pillars of QC-FSTF's initiatives were urban agriculture that focus on the city's ability to produce food and food trade and processing to create an enabling environment. The QC-FSTF worked on developing four models of urban agriculture in the city: household gardens, community gardens and farms, institutional gardens, and commercial farms.

By bringing back nature in the city, urban agriculture can serve as entry point to achieve sustained food security and nutrition. Four key factors fueled the efforts of Quezon City to improve its food system specifically strong-willed leadership, integrated programming to address complexity, partnerships beyond government departments and strong narrative on equitable and sustainable food systems. With these efforts, Quezon City reshaped its pathways and shift consumption habits towards a "new normal" to achieve a healthier, inclusive, more resilient, and sustainable food system.

With these innovations, Quezon City is considered an emerging champion of the global food systems agenda.

Source: Building Food and Nutrition Resilience in Quezon City: Case Study on Integrated Food Systems. UNICEF, EAT and Quezon City. Accessed from: <https://www.unicef.org/documents/building-food-and-nutrition-resilience-quezon-city-case-study-integrated-food-systems>

X. What do we aim for nutrition in the new normal?

- A. **Raise awareness on the importance of nutrition in building resilience.** The relationship of nutrition and resilience is unquestionable. A food and nutrition secured population is more resilient in times of disaster as the people can access foods that meet nutritional requirements and adapt to stress without applying negative nutritional coping strategies.
- B. **Better design, delivery, and scaling up of nutrition interventions.** The occurrence of disasters and emergencies are inevitable. It affects all aspects of life including the delivery of health and nutrition services. With this disruption, evaluation, and re-planning on how nutrition intervention can be delivered amidst any emergency should be done to continue implementation and ensure that the nutritional needs of the population will be met.
- C. **Promote adoption of health-enhancing nutrition behaviors including consumption of sustainable healthy diets.** The importance of good nutrition was highlighted as the world battles the pandemic. Aside from standard health protocol, it was one of the best ways to keep one self-free from the virus or at least decrease the risk of severe infection. Eating a variety of fruits and vegetables, meat, poultry, fish, and dairy, reducing sugar and salt intake, cutting back on high fat foods and staying hydrated were some on the dietary recommendations during the quarantine season.
- D. **Increased support in food and nutrition security, especially the most vulnerable.** As the country transition to a new normal together with a new administration, different opportunities to support food and nutrition security arises. The Mandanas-Garcia ruling taking effect this year will also allow local government to create program for the community to address pressing nutritional problems especially of the vulnerable groups.
- E. **Accelerate hunger-mitigation interventions.** With or without the presence of the pandemic, it is essential to eradicate hunger and all forms of malnutrition as these are obstacles to a healthy growth and development and may cause irreversible damage to individuals. Eradicating hunger and malnutrition will also lead to improved children and adult nutrition that will further lead to economic benefits such as increased productivity and earnings.
- F. **Prevention and Management of Non-Communicable Diseases (NCDs).** Non-communicable diseases or chronic diseases affects millions of people each year and

of primary concern in terms of health. The main types of NCD includes cardiovascular diseases such as heart attacks and stroke, chronic respiratory diseases such as chronic obstructive pulmonary disease and asthma, diabetes, and cancer. NCDs kill 41 million people each year, equivalent to 71% of all deaths globally as a result of a combination of genetic, physiological, environmental and behavioral factors [21] People of all ages are at risk of NCDs but can be prevented by avoiding risk factors such as tobacco and alcohol use, unhealthy diet and physical inactivity that all increase the risk of NCDs.

XI. What are the opportunities for nutrition in the new normal?

A. Advocacy under new leadership at the national and local levels

As the new administration starts in July both at the national and local levels and with the transition of the country from the pandemic to endemic mode, elected officials are called upon to exercise their powers to ensure building back better for nutrition and to prioritize nutrition as a crucial factor in resilience-building.

B. Full devolution under Executive Order No. 138

The Executive Order No. 138 dated June 2, 2021, also known as "Full Devolution of the Certain functions of the Executive Committee Branch to Local Government Units, Creation of a Committee on Devolution and for other Purposes," states that there will be a significant increase in the share of the local government units (LGUs) from the internal revenue allotment (IRA) starting Fiscal Year 2022. Section 1 of the Executive Order (EO) affirms the commitment of the national government to the decentralization in the constitution and relevant laws to enable the LGUs to increase productivity and employment, promote local growth and pursue their plans for nutrition and other programs [22].

As the Mandanas-Garcia Ruling takes effect, internal revenue allotment (IRA) shares of the LGUs will have a 27.61% increase from their present 40% share from the national internal revenue taxes collected by the Bureau of Internal Revenue (BIR). With the full implementation of the Supreme Court ruling, local government units are expected to strengthen the integration of nutrition specific and nutrition sensitive program to its local nutrition action plan and address the gaps and challenges of PPAN implementation. The additional budget and reduced restrictions on personnel staffing can support the establishment of nutrition offices with adequate staff to ensure that the nutrition programs are carried out. Increasing the workforce and financial resources for nutrition and intersectoral collaboration will be a key factor for improved nutrition performance.

C. Development of successor PPAN for 2023-2028 and its operationalization at the local level through local nutrition action plans

The National Nutrition Council (NNC) is expected to adopt the Philippine Plan of Action for Nutrition (PPAN) for 2023-2028 by the latter part of 2022. The PPAN serves as the country's blueprint for achieving nutritional adequacies for all Filipinos and is a component of the Philippine Development Plan. The formulation of the PPAN shall consider resilience building strategies to improve food and nutrition security and end all forms of malnutrition.

Local government units are expected to prepare three-year local nutrition action plans of LNAPs that are aligned to the new PPAN. The LNAP shall be integrated in the executive legislative agenda, local development plan and annual investment plans [23]

XII. What are the roles of stakeholders to improve nutrition for a better new normal?

A. National government agencies

- 1) Commit to actions toward eliminating malnutrition and building back better moving forward to the new normal
- 2) Integrate nutrition in the development of resilience-building programs, policy, and framework for disaster risk management
- 3) Develop and strengthen policies and programs on scaling up nutrition interventions and highlight importance of nutrition in building resiliency
- 4) Invest in nutrition through the inclusion of nutrition programs in the national annual budget, operational plans, and human resources
- 5) Include nutrition lens in development of resilience-building programs and policies
- 6) Establish more nutrition-sensitive programs to address fundamental and underlying causes of malnutrition
- 7) Prioritize nutritionally vulnerable groups as beneficiaries in nutrition specific and nutrition-sensitive government programs.

B. Local government units

- 1) Formulate and implement local nutrition action plans that align with the PPAN 2023-2028
- 2) Increase support to nutrition programs and their implementation taking in considerations changes in the delivery brought by the pandemic
- 3) Improve access to nutrition and related programs in far-flung areas, geographically isolated and disadvantaged areas, urban poor, and resettlement areas.

C. Private sector

- 1) Modify budget and plans to include nutrition-related activities and services to employees and clientele

- 2) Work with government to fill the gap in terms of delivery of nutrition services and intervention

D. Media

- 1) Develop materials for information, education, and communication of nutrition messages to the public
- 2) Promote good and healthy nutrition practices in commonly consumed media like film and television, as well as digital media
- 3) Encourage the public to participate in national and local health and nutrition programs
- 4) Stop calling for donations of milk formula contrary to the Milk Code.

E. Civil society

- 1) Advocate for increased attention to food and nutrition security
- 2) Empower communities to support programs for the prevention of malnutrition and scaling up nutrition in the new normal
- 3) Work with the government in strengthening efforts to address malnutrition
- 4) Widen the reach of nutrition programs to areas with less access to health and nutrition programs
- 5) Join the Scaling Up Nutrition Civil Society Alliance.

F. Academe

- 1) Conduct webinars, online fora, and other activities to increase awareness on malnutrition prevention and importance of nutrition in recovery
- 2) Involve school and university constituents in participation in malnutrition reduction and promotion nutrition programs
- 3) Include extension programs that promote good nutrition to the public
- 4) Improve information dissemination on nutrition in the curricula
- 5) Mobilize school-based groups and student organizations in their initiatives on the promotion of good nutrition
- 6) Join the Scaling Up Nutrition Academe Network.

G. Individuals and families

- 1) Eat a healthy and well-balanced diet using the *Pinggang Pinoy* as guide
- 2) Increase the consumption of foods rich in Vitamins A, C, E, B6 and B12 such as citrus and dark green leafy vegetables
- 3) Maintain an active lifestyle
- 4) Avoid smoking, alcohol, and drugs
- 5) Drink 8-10 glasses of water every day and avoid sugary drinks.

XIII. What are ways to support Nutrition Month?

The Nutrition Month campaign is a collective effort to promote good nutrition and disseminate information moving to the new normal. Everyone is invited to participate in

the campaign to reach broader audience. Here are some ways for stakeholders to promote the key messages of Nutrition Month:

- A. Disseminate information about Nutrition Month by hanging streamers or posting banners in websites; billboards and other signages in building facades or in high foot traffic areas
- B. Maximize the use of social media by uploading or creating posts on topics related to Nutrition Month e.g., giving messages of support, sharing photos of past NM activities, short talks on nutrition and the like.
- C. Participate in Nutrition Month activities of the NNC, other agencies, workplace, schools and your local government unit or community. Check the social media sites for more information. Some of these activities are:
 - National Nutrition Month Kick-off, 01 July
 - Regional Nutrition Month Launch
 - Food and Nutrition Research Seminar Series, July 5-8
 - Philippine Association of Nutrition Convention, 26-27 July
 - DOH (HFDB) and DOH League of RNDs Inc. Advocacy Webinar, 20-21 July
 - National Nutrition Month Culminating Activity, 29 July
- D. Conduct webinars and online fora for the public recognizing the importance of nutrition in building resilience and recovery from the pandemic; as well as on proper nutrition
- E. Conduct special events that get people moving such as motorcade, fun run, cycling, parade (using costumes made of food) and sporting events tweaked to highlight nutrition messages
- F. Conduct drills to help people become prepared for emergencies as July is also National Disaster Awareness Month
- G. Sharpen nutrition knowledge through conduct of quiz bees on nutrition especially among students and even parents
- H. Highlight special talents by having various contests, eg. Healthy baby, healthy mommy; poster-making; original jingle, song, or dance contests; cooking demonstrations and contests; local concert
- I. Use visuals such as having installations of various foods or symbols for nutrition, painting murals on walls/fences along major streets; exhibits showcasing good practices on nutrition programs
- J. Generate resources for community nutrition programs through fund-raising events.

For queries or suggestions, please contact

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