Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

July 25, 2019

DEPARTMENT MEMORANDUM
NO. 2019 - 0304

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

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

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

Malnutrition have considerable impact on economic productivity, growth and national development. Widespread iron deficiency is estimated to decrease the gross domestic product (GDP) by as much as 2% per year in the worst affected countries. Conservatively, this translates into a loss of about Php 172 per capita or 0.9% of GDP. Productivity losses for anemic manual laborers have been documented to be as high as 9% for severely stunted workers and 5% and 17% for workers engaged in moderate and heavy physical labor respectively.

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

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

inpatient and outpatient therapeutic care has been scaled up. The Department has procured and issued guidelines on the use of Ready-to-Use Therapeutic Food (RUTF) and Ready-to-Use Supplementary Food (RUSF).

To reiterate guidelines on micronutrient supplementation and management of acute malnutrition, below is the summary of all these guidelines for easy reference:

I. **Ferrous Salt Solution, as ferrous sulfate drops (for preterm infants less than 37 weeks, infants who are small for gestational age, and infants with low birth weight (less than 2500 grams) (2010 MOP provides full guidelines)**
Purpose: Prevention of iron deficiency anemia
Age being given: Starting at one (1) month old up to three (3) months old

Instructions:
1. Reiterate and provide support for exclusive breastfeeding and for kangaroo mother care, as applicable
2. Follow hand hygiene practices before administering drops
3. Give 0.5 mL by mouth using dropper once a day for three (3 months duration)

II. **Micronutrient powder (MNP) sachets (2010 MOP provides full guidelines)**
Purpose:
a. Home-based food fortification of complementary food to prevent micronutrient deficiencies starting at six (6) months old, in addition to continued breastfeeding
b. Meal fortification for feeding programs of Department of Social Welfare and Development (DSWD) in day care centers, national child development centers (NCDCs), reception and studies center for young children
c. Meal fortification for school-based feeding programs of the Department of Education (DepEd), and local government units
d. Meal fortification for feeding programs for infants and young children of non-government organizations, civil society organizations, peoples' organizations and other development partners
e. Meal fortification of hospital meals being served to inpatient infants and children in pediatric wards or special care units without contraindications, specifically for government hospitals of the DOH, other government hospitals outside of DOH, and the local government units
f. Daily supplementation of meals for family members in communities located near or around mining sites
g. Daily supplementation of meals for newly-diagnosed adolescent and adult tuberculosis patients

Age being given:
1. Infants and Children
    a. Starting at 6 months up to 23 months.
    b. Young children age 24-59 months old may still benefit from once a day administration of MNP sachets.
    c. Children attending ECCD day care centers may also receive one MNP sachet mixed with the served food
    d. Infants and children being seen at the outpatient departments (OPDs) of government infirmaries and hospitals, without contraindication and are not being rehabilitated for severe acute malnutrition (SAM), may be *prescribed*

one sachet once a day mixed with meals, as instructed by their physicians and dispensed by their hospital pharmacies.

e. Infants and children admitted in government hospitals, without contraindication and are not being rehabilitated for severe acute malnutrition (SAM), may be given one sachet mixed with meals prepared and supervised by the dietary department staff, throughout the confinement period.

2. Adolescents and adult patients
   a. For those with pulmonary tuberculosis, two (sachets) mixed with meals as instructed below.
   a. For families in communities located near and around mining sites, it is recommended to consume at least two (sachets) mixed with meals as instructed below.

General Instructions:

1. Follow hand and food hygiene practices in the preparation of the age-appropriate complementary food for children, and nutritious food for adolescents and adults.
2. Administer one (1) sachet of the micronutrient powder, once every other day for six months. One MNP sachet should be added to cooled solid or semi solid foods like rice porridge or rice dish with a serving size that can be finished by the child in one eating to ensure that one sachet of MNP will be consumed.
3. Do not add MNP to liquid foods like juice, milk and hot liquid soup.
4. It should be mixed to food already pre-cooled to avoid oxidation due to heat.
5. For adolescents and adult patients, two (2) sachets once day or as prescribed by their physicians,

III. Vitamin A capsules (2010 MOP provides full guidelines)

Purpose: Prevention of Vitamin A deficiency

Age being given: Starting at 6 months up to 59 months seen at the rural health unit, barangay health center or during home visits, and to inpatients with measles, or acute gastroenteritis in government hospitals

Instructions:

A. Age 6-11 months

1. Follow hand hygiene before administering the vitamin A capsule
2. Administer one (1) capsule of 100,000 international units (I.U.) per capsule after a meal by mouth to infant starting at 6 months old
3. For infants who will come to the rural health unit, barangay health center, or health station who are *more than* 6 months old *and less than* 12 months, administer one (1) capsule of 100,000 international units per capsule after a meal by mouth. The next dose of vitamin A will be given 6 months apart.
4. Counsel for introduction of age-appropriate complementary foods, complementary feeding, and continued breastfeeding.

B. Age 12-59 months

1. Follow hand hygiene before administering the vitamin A capsule
2. Administer one (1) capsule of 200,000 international units (I.U.) per capsule after a meal by mouth to children starting at 12 months old up to 59 months

3. For infants who will come to the rural health unit, barangay health center, or health station who are *more than* 12 months old *and less than* 59 months, administer one (1) capsule of 200,000 international units per capsule after a meal by mouth. The next dose of vitamin A will be given 6 months apart.
4. Counsel for age-appropriate young child feeding and continued breastfeeding.
5. *Do not give vitamin A capsules to infants and young children receiving ready-to-use supplementary food (RUSF) or ready-to-use therapeutic food (RUTF).*

IV. Ready-to-use supplementary food (RUSF) for Infants and Children (2015 National Guidelines on Management of Acute Malnutrition Among Under-five Children Manual of Operation)

Purpose: Management of **Moderate** Acute Malnutrition **(MAM)**

RUSF, is a fortified lipid-based paste/spread containing 510-560 kcal/100g, is specifically designed for the treatment of MAM in children 6-59 months of age. It is eaten by the child once a day for at least 90 days, in addition to breast milk and other family foods.

Age being given: Infants and children with Moderate Acute Malnutrition starting at 6 months up to 59 months seen at the rural health unit, barangay health center, or health stations

Tools needed: Weighing scale, height/length boards, WHO CGS charts, **mid-upper arm circumference (MUAC) tape (must have)**

Instructions:

1. Aside from getting and recording the weight and length/height to determine the infant's or child's weight-for-height Z scores, assess malnutrition status using mid-upper arm circumference (MUAC) tape and checking for bilateral pitting edema. The infant or child is considered to have **moderate acute malnutrition (MAM)** if:
   a. weight-for-length/height Z-score falls within 2 and 3 SD below the median (<-2 up to -3 SD) of the WHO growth standards, or
   b. MUAC measurement is between < 125mm and ≥ 115mm (< 12.5cm and ≥ 11.5cm) or the "**yellow**" category, and
   c. No bilateral pitting edema.
2. Administer 1 sachet of RUSF once a day for a total of *at least* 90 days.
3. Counsel for age appropriate complementary feeding, continued breastfeeding and increased oral food intake at the household level
4. Provide antihelminthic drug for deworming and update immunization status in line with national guidelines.
5. Record details using standard forms. Assess and refer to appropriate care and services (further laboratory tests and medical examinations, ECCD assessments, social welfare services, etc) as needed.
6. Reassess for weight gain and MUAC measurement and counsel the mother/caregiver every 2 weeks until the infant or child has normal measurements: MUAC is >125mm (12.5cm) or weight-for-length/height >-2 Z-score.
7. *Note: In the absence of length or height boards, infants and children 6-59 months who are classified as severe underweight, i.e. (WFA less than minus 3 Z Score), in the routine community-based weighing activities, i.e. Operation Timbang (OPT)*

Plus, these infants and children may already be provided with one (1) sachet of RUSF once a day for at least 14-21 days pending formal assessment for moderate acute malnutrition by a trained health service provider within the period mentioned.

V. Ready-to-use supplementary food (RUSF) for Pregnant, Lactating and/or Postpartum Women, including Pregnant, Lactating and/or Postpartum Adolescents Females

Purpose: Management of **Nutritionally-at-Risk Pregnant Women and Pregnant Adolescent Females, and Chronically Energy Deficient Lactating or Postpartum Women and Adolescent Females**

RUSF is a fortified lipid-based paste/spread containing 510-560 kcal/100g, is specifically designed for the treatment of Nutritionally-at Risk Pregnant Women and Chronically Energy Deficient Postpartum or Lactating Women, including adolescent females. One sachet is consumed once a day in addition to regular meals for at least 90 days.

Age being given:

a. Pregnant, Postpartum and/or Lactating Women who are nutritionally-at-risk or chronically energy deficient
b. Pregnant, Postpartum and/or Lactating Adolescent Females who are nutritionally-at-risk or chronically energy deficient

Tools needed: Weighing scale, height/length boards, **mid-upper arm circumference (MUAC) tape (must have)**

Instructions:

1. Aside from getting and recording the weight and length/height to determine the Body Mass Index (BMI), assess malnutrition status using mid-upper arm circumference (MUAC) tape. The pregnant is considered to nutritionally-at-risk) if:
   a. BMI is <18 during the first trimester
   b. MUAC measurement is <23 cm
2. Administer 1 sachet of RUSF once a day for a total of at least 90 days
3. Counsel for increased food intake at the household level
4. Provide antihelminthic drug for deworming and update immunization status in line with national guidelines.
5. Record details using standard forms. Assess and refer to appropriate care and services
6. Reassess for weight gain and MUAC measurement and counsel the pregnant women every 2 weeks until she reached the normal measurements
7. *Note: In the absence of the BMI or measurement using MUAC tapes, pregnant women or pregnant adolescents who may have any of the following clinical indications:*
   a. appear visibly thin or cachectic,
   b. with anemia,
   c. with history of poor intake especially in the first trimester,
   d. with poor pregnancy-related weight gain
   e. with history of low birth weight infants in their previous deliveries
   f. who reside in a food insecure community or lives below the poverty line.

These pregnant women and pregnant adolescent females may already receive one (1) sachet of RUSF intended for this group for at least 90 days.

VI. Ready-to-use therapeutic food (RUTF) (2015 National Guidelines on Management of Acute Malnutrition Among Under-five Children Manual of Operation)

Purpose: Management of **Severe** Acute Malnutrition **(SAM). RUTF** is an energy and nutrition-dense paste, containing 520-550 kcal/100g recommended by the WHO for the home-treatment of severe acute malnutrition. While RUTF must be consumed along with clean drinking water, no other foods besides breast milk are necessary for the rehabilitation of the severely malnourished child.

Age being given: Infants and children with **Severe** Acute Malnutrition starting at 6 months up to 59 months seen at the rural health unit, barangay health center, or health stations, or outpatient departments of hospitals

Tools needed: Weighing scale, height/length boards, WHO CGS charts, safe drinking water, **mid-upper arm circumference (MUAC) tape (must have)**

Instructions:

1. Aside from getting and recording the weight and length/height to determine the infant's or child's weight-for-height Z scores, assess malnutrition status using mid-upper arm circumference (MUAC) tape and checking for bilateral pitting edema. The infant or child is considered to have **severe acute malnutrition (SAM)** if:
   a. weight-for-length/height Z-score falls less than 3 SD below the median (< -3 SD) of the WHO growth standards, or
   b. MUAC measurement is between < 115mm (<11.5cm) or the **"red"** category, and
   c. Presence of bilateral pitting edema.
2. If the child has SAM according to above criteria, further assessment is required. Get a detailed history including feeding practices, check for medical complications and/or IMCI danger signs, and check for appetite. Also check/assess the condition of the mother/caregiver. If there are no medical complications, the infant/child passes the appetite test, and the child has mild to moderate (+1 or +2) bilateral edema, administer **routine antibiotics** and provide the appropriate number of sachets of **RUTF** per day enough for 1 week based on the infant's or child's weight using the following table.

Ready-to-use therapeutic food (RUTF) Ration

Body Weight Range (kg)	Ready-to-use therapeutic food (RUTF)	
	Sachets per day	Sachets per week*
3.0 - 3.4	1 ¼ sachet	8 sachets
3.5 - 4.9	1 ½	10
5.0 - 6.9	2	15
7.0 - 9.9	3	20
10.0 - 14.9	4	30
15.0 - 19.9	5	35
20.0 - 29.9	6	40

**Values are rounded off*

If the infant or child **has medical complication(s) and/or IMCI danger signs, severe (+3) bilateral pitting edema, or failed the appetite test, please refer to a SAM inpatient therapeutic center** (referral hospital). Explain the reason for referral to the mother/caregiver. Fill out referral documents and arrange transportation if possible. For infants/children with SAM being referred to inpatient care, particular care should be taken as **they can easily deteriorate**. Follow up and monitor referrals as they will be discharged back for nutritional rehabilitation to outpatient care once complications and edema have resolved and appetite has returned.

3. Inform RHU physician of the infant or child's nutritional status and coordinate with PIMAM-trained health worker for close follow-up.
4. Counsel for age appropriate continued breastfeeding and appropriate care and early stimulation practices
5. Provide antihelminthic drug for deworming and update immunization status in line with national guidelines.
6. Record details using standard forms. Assess and refer to appropriate care and services (further laboratory tests and medical examinations, ECCD assessments, social welfare services, etc) as needed.
7. Reassess for weight gain and MUAC measurement and counsel the mother/caregiver every 1 week until the infant or child has normal measurements: MUAC is >125mm (12.5cm) or weight-for-length/height >-2 Z-score.
8. *Note: In the absence of length or height boards, infants and children 6-59 months who are classified as severe underweight, i.e. (WFA less than minus 3 Z Score), in the routine community-based weighing activities, i.e. Operation Timbang (OPT) Plus, these infants and children may already be provided with one (1) sachet of RUSF, if available, instead of RUTF sachets, once a day for at least 14-21 days pending formal assessment for severe acute malnutrition by a trained health service provider within the period mentioned.*

For your strict compliance

By Authority of the Secretary of Health:

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