



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

January 7, 2019

**DEPARTMENT MEMORANDUM**  
NO. 2019 - 0034

**TO: DOH REGIONAL DIRECTORS, SELECTED DOH HOSPITAL DIRECTORS/MEDICAL CENTER CHIEFS AND CONCERNED PROVINCIAL HEALTH OFFICERS**

**SUBJECT: Guidelines on the Distribution and Utilization of Ready-to-Use Therapeutic Food (RUTF) and Ready-to-Use Supplementary Food for Exceptional Circumstances**

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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. Likewise, the Department has procured and issued guidelines on the use of Ready-to-Use Therapeutic Food (RUTF) and Ready-to-Use Supplementary Food (RUSF).

In late 2017, the UNICEF, WFP and six other agencies, with input from technical experts, developed an interim operational guidance on the use of RUTF and RUSF to be applied in exceptional circumstances. These protocol options for Community-based Management of Acute Malnutrition (CMAM) in exceptional circumstances support life-saving measures in acute crisis situations in the absence of either an Outpatient Therapeutic Program (OTP), or a Targeted Supplementary Feeding Program (TSFP) or both.

Thus, based on this interim operational guidance and in the absence of a Supplementary Feeding Program (SFP) or an adequate supply of Ready-to-Use Supplementary Food (RUSF), children with Moderate Acute Malnutrition (MAM) can temporarily be treated with Ready-to-Use Therapeutic Food (RUTF) in the Out-Patient Therapeutic Program (OTP) provided that there are sufficient and qualified staff and supplies to handle the extra patient load:

- Admission criteria into the OTP is expanded to  $<125\text{mm}$
- Discharge criteria from the OTP is  $\geq 125\text{mm}$  and no edema on two consecutive visits, with a 3-week minimum stay.



- Children <115mm are treated with 2 RUTF sachets/day, and children 115-125mm are treated with 1 RUTF sachet/day.

In the absence of an OTP or an adequate supply of RUTF, RUSF can be used temporarily at the dosage recommended for RUTF as a lifesaving measure for SAM children

- Admission criteria into the SFP is expanded to include <115mm.
- Discharge criteria from the SFP is  $\geq 125$ mm and no edema on two consecutive visits, with a 3 week minimum stay.
- Children <115mm are treated with 2 RUSF sachets/day, and children 115-125mm are treated with 1 RUSF sachet/day.

In the absence of OTP and targeted SFPs, children with a Mid-Upper Arm Circumference (MUAC) of <125mm can be treated with RUTF or RUSF, according to the above guidelines, until additional staff and essential supplies are in place to set up the programs

- Admission can be based on MUAC alone (< 115 mm for SAM,  $\geq 115$  mm and < 125 mm for MAM), often used at community level, and with increasing capacity and in health posts, screening can be based also on Weight-for-Height (< -3 z-scores for SAM,  $\geq -3$  and < -2 z-scores for MAM)

To define Exceptional Circumstances that justify use of RUTF and RUSF in exceptional circumstances, are as follows:

A. Basic – target populations must have:

- o Demonstrated high needs and high under-five mortality
- o A sudden increase in rates of acute malnutrition that requires immediate action

B. Triggers – circumstance must include 1 of the following:

- o Lack/delay of financial resources that prevent use of the standard PIMAM protocol (for ex. inability to purchase RUTF for treatment of SAM but ample stock of RUSF available that can be used following a revised protocol)
- o Supply issues related to RUTF or RUSF that result in the inability to treat severe or moderate acute malnutrition based on the PIMAM protocol
- o Technical/logistic capacity of development partner or UN agency (if low capacity, a single commodity/agency approach may allow for quicker scale up until capacities are in place)
- o Access challenges, settings that endanger personnel/assets and result in minimal staffing (may lead to restricted movement of commodities and staff)



C. Caveats – circumstances must fulfill ALL of the following:

- o Time frame (temporary) with exit strategy in place
- o Targeted priority geographic area (specific area selected based on high needs and relevant triggers)
- o Choice, ration, and availability of RUTF or RUSF (must have adequate stocks of available commodity to cover the expected caseload based on use of a revised protocol until a transition plan is implemented)
- o Acting agency has the capacity to manage additional case load and logistical operations to adequately implement, monitor, and report on expanded program:

For your strict compliance.

By Authority of the Secretary of Health:

  
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