TALKING POINTS

National Nutrition Council
June 2014

Nutrition Month 2014

Kalamidad Paghandaan: Gutom at Malnutrisyon Agapan!

TALKING POINTS

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References

1. What is Nutrition Month (NM)?

Nutrition Month is the annual campaign held every July to create greater awareness on nutrition among Filipinos. It is mandated under Presidential Decree 491 or the Nutrition Act of the Philippines. The National Nutrition Council (NNC) coordinates the nationwide campaign including the identification of an annual theme to focus on a priority nutrition concern.

2. What is the theme for 2014?

The 40th Nutrition Month campaign focuses on nutrition in emergencies with the theme ***"Kalamidad paghandaan: Gutom at malnutrisyon agapan!"*** (Prepare for emergencies to prevent hunger and malnutrition!) The focus on nutrition in emergencies aims to provide the venue for the general public to realize the importance of preparedness during emergencies, how to respond and what recovery measures can be taken to prevent death and worsening of malnutrition of affected population groups.

The objectives of this year's campaign are to:

a. promote interventions to address nutritional needs in emergencies and disasters including preparedness, response and recovery;
b. mobilize responders particularly the local nutrition clusters and other stakeholders to address gaps in nutrition in emergency response from national to barangay levels; and,
c. increase awareness among families and individuals on coping and resiliency strategies to prevent malnutrition and worsening of nutritional status in times of emergencies and disasters.

3. What is "nutrition in emergencies"?

Nutrition in emergencies (NiE) is defined as the nutrition services that are part of emergency preparedness, response and recovery to prevent deterioration of nutritional status and death. The nutrition services can include nutritional assessment; infant and young child feeding promotion, protection and support; management of acute malnutrition, micronutrient supplementation and other interventions which can be food or non-food-based interventions.

Nutrition in emergencies differs from nutrition emergencies since the latter refers to conditions of malnutrition (such as wasting, micronutrient deficiencies) in emergency-affected populations. Nutrition emergencies also occur in situations where there is food insecurity which increases risk to malnutrition, illness and death.

4. Why is nutrition in emergencies important?

Nutrition in emergencies is important in order to prevent death and protect the right to nutrition. Population groups who are already malnourished even before the emergency are more vulnerable to illness and death during emergencies. On the other hand, affected populations during emergencies are more likely to experience malnutrition because of lack or inadequate food and water, poor access to health services, civil insecurity and inadequate delivery of assistance.

Nutrition in emergencies is also important because malnutrition in the Philippines is a pre-existing problem and can, therefore, worsen when emergencies and disasters strike. Based on the 2011 National Nutrition Survey (NNS) of the Food and Nutrition Research Institute-Department of Science and Technology (FNRI-DOST),

- 20.2% of children aged 0-5 years are underweight;
- 7.3% of children aged 0-5 years are wasted;
- 8.5% of children aged 6-10 years are wasted; and,
- 33.6% of children aged 5-10 years are stunted.

Moreover, results of the 2008 National Nutrition Survey of FNRI-DOST showed that,

- 19.5% of Filipinos suffer from anemia; 55.7% of infants 6-11 months are most affected followed by 42.5% of pregnant women;
- 15.2% of 6 months – 5 years old children have Vitamin A deficiency;
- Iodine deficiency among 6-12 year old children, a marker group for the entire population, is within acceptable levels; however, iodine level among pregnant women is below recommended level; and,
- 66.9% of households did not meet their dietary energy requirement.

5. What are the nutritional problems of concern in emergencies?

The three nutritional problems of concern during emergencies are:

1) Acute malnutrition where there is a severe decline in the nutritional status over a short period of time such as immediate past 3 months of insufficient intake of food and/or suffering from infections and other illness. Acute malnutrition is marked by muscle wasting.

2) Chronic malnutrition where long-term undernutrition has made an impact on the nutritional status manifested by stunting or being short or having low height-for-age and impaired physical and mental development in children.

3) Micronutrient deficiencies in Vitamin A, iron, and iodine are common during emergencies because of disrupted food supply, incidence of infectious diseases particularly diarrhea which impairs nutrient absorption and at the same time increases the need for these micronutrients.

6. How is nutrition in emergencies coordinated?

The NNC Governing Board issued Resolution No. 2 s. 2009 on the Adoption of the National Policy on Nutrition Management in Emergencies and Disasters to guide actions for the provision of quality nutrition and related services to minimize risk of further deterioration of nutritional status particularly of the affected populations. (Downloadable at www.nnc.gov.ph)

In terms of coordination for emergencies, the Philippines adopted the cluster approach to disaster and risk reduction management as per National Disaster Risk Reduction Management Council Circular No. 5, Series 2007 on the "Institutionalization of the Cluster Approach in the Philippine Disaster Management System, Designation of Cluster Leads and their Terms of Reference at the National, Regional and Provincial Level."

Nutrition falls under the health cluster together with 1) Water, Sanitation and Hygiene (WASH), 2) Health and 3) Mental Health and Psychosocial Support (MHPS) as provided for in DOH Department Personnel Order 2007-2492 S. 2007 (Creation of the Health Cluster with Sub-Clusters on Nutrition, WASH and Health). The National Nutrition Council was designated as Chair of the Nutrition Cluster replacing the Health Emergency Management Staff (HEMS) of the DOH.

Members of the National Nutrition Cluster

Government	Non-Government Organizations
National Nutrition Council – *Chair*	UNICEF – *Humanitarian Coordination Team Focal Agency*
DOH-Health Emergency Management Staff – *Cluster Over-all Secretariat*	Action Against Hunger (ACF International)
DOH- National Center for Disease Prevention and Control	Arugaan
DOH-National Center for Health Facility Development	Child Fund
DOH-National Center for Health Promotion	Helen Keller International
DOH-Food and Drug Administration	Medecins Sans Frontieres
DOST-Food and Nutrition Research Institute	Merlin
DSWD-Disaster Risk Reduction and Response Operations Office	Philippine Red Cross
DSWD- Council for the Welfare of Children	Plan International
Department of the Interior and Local Government	Save the Children International
Department of Trade and Industry (DTI)	World Food Programme
Department of Education (DepED)	World Health Organization
Commission on Higher Education (CHED)	World Vision

The Nutrition Cluster aims to ensure that the nutritional status of affected populations will not worsen. Essentially, the nutrition cluster facilitates the strategic collaboration and comprehensiveness of the emergency management as well as resource mobilization and integration of cross-cutting nutrition concerns with other clusters.

The NNC Governing Board through Resolution No. 1 Series 2009 provided that the local nutrition committees shall serve as the local nutrition clusters. The members of the local nutrition clusters shall come from the local offices and NGOs present in the area. The local nutrition cluster shall be responsible for nutrition management in emergencies.

A Global Nutrition Cluster or GNC is organized at the international level to identify and develop essential activities to ensure efficient and effective emergency response.

7. What is the minimum nutrition service package in emergencies?

The Recommended Nutrition Cluster Response which is also called the Minimum Service Package for Nutrition is a guide for the national and regional nutrition clusters and the local nutrition cluster on actions for emergency management.

Timeline	National/Regional Nutrition Cluster	Local Nutrition Cluster
Pre-disaster	1. Set up system for updating logistics 2. Advocacy to partners on supplementary feeding 3. Capacity building on Nutrition in Emergencies	1. Formulate emergency preparedness plan on nutrition 2. Capacity building 3. Resource mapping and prepositioning
Alert Phase	1. Update resource inventory a. Vitamin A capsules b. Multiple micronutrient powders c. Ferrous sulfate with folic acid tablets d. IEC materials for nutrition e. Mid-Upper Arm Circumference (MUAC) tapes f. Weighing scale g. Weight-for-height reference table h. Height board	Update inventory of resources (see list from national/regional cluster)

Timeline	National/Regional Nutrition Cluster	Local Nutrition Cluster
	i. Ready-to-use therapeutic food (RUTF) j. Ready-to-use Supplementary Food (RUSF) k. Antibiotics, deworming tables l. Human milk banks m. Breastfeeding kit (container/*katsa*, feeding cup with cover, food container with spoon and fork, 1 liter glass tumbler with cover, IEC materials, birth registration form) 2. Mapping of partners using the 4Ws – Who, What, When and Where	
Pre-emptive evacuation phase (alert warning)	1. Coordinate with partners on supplementary feeding and setting-up of breastfeeding spaces in evacuation centers 2. Alert notification to health facilities regarding management of severe acute malnutrition 3. Activate rapid assessment teams, IYCF support groups 4. Pre-deployment 5. Conduct Cluster coordination meeting	1. Set-up supplementary feeding for 6-59 months old children, pregnant and lactating women 2. Vitamin A supplementation 3. Set-up breastfeeding corners/spaces in evacuation centers 4. Activate teams 5. Referral of cases of severe acute malnutrition (SAM) with infections to Integrated Management of Acute Malnutrition referral hospitals 6. Conduct Cluster coordination meeting
Within first 24 hours of impact	1. Deploy Assessment team	1. Deploy assessment team 2. Conduct rapid nutrition assessment
Within 25-71 hours	2. Establish contacts; gather baseline and identify immediate priorities 3. Assist in gap analysis and planning of nutrition interventions 4. Disseminate daily situation report	3. Conduct assessment of infant feeding in emergencies 4. Cluster coordination 5. Planning for intervention

Timeline	National/Regional Nutrition Cluster	Local Nutrition Cluster
More than 72 hours	1. Provide technical assistance 2. Resource augmentation and generation 3. Policy monitoring of Milk Code (EO 51) 4. Lead/facilitate cluster coordination initiatives 5. Advocacy for services 6. Activate3Ws 7. Technical assistance for exit strategy	1. Implement these nutrition interventions a. Rapid screening for acute malnutrition using MUAC tape b. Blanket and targeted supplementary feeding c. Integrated management of Acute Malnutrition activity components d. Promotion, protection and support of infant and young child feeding in emergencies e. Micronutrient intervention 2. Information management 3. Referral for psychosocial high-risk cases 4. Referral to WASH, health clusters and other interventions 5. Cluster coordination 6. Policy monitoring of the Milk Code (EO 51) 7. Develop exit strategy

8. How is nutrition assessment done during emergencies?

Nutrition assessment during emergencies is done to identify the level of malnutrition in the affected area and to identify severe and moderate acute malnutrition cases for immediate treatment and referral.

Rapid nutrition assessment can be done within first 2 days following the emergency. It entails gathering anthropometric data such as mid-upper arm circumference, weight and height measurements. Data on sex, age and presence of bilateral pitting edema (detects the presence of severe acute malnutrition or those who are severely wasted) are also gathered. The target groups to be assessed are infants and preschool children below 5 years old. The results of the rapid nutrition assessment provide idea picture on the magnitude and severity of the crisis and whether more detailed nutrition assessment is needed. Identified malnourished children can be included in a selective feeding program.

A multi-cluster rapid assessment tool has been developed which includes assessment of the relief effort/assistance, shelter, food security, sanitation facilities,

health, nutrition, child protection, communication, access and emergency education situation as well. For food security, questions are asked on access to food, main sources of food, percentage of households with food stocks, life span of existing food stocks and access to local markets. The availability of clean water at 15 liters per person per day is also assessed. For nutrition, presence of donated formula milk after the emergency is assessed to determine violations of EO 51 or the Milk Code. Availability of other nutrition interventions is also determined including micronutrient supplementation, breastfeeding areas, and management of acute malnutrition.

Another rapid assessment methodology is the SMART (Standardized Monitoring and Assessment of Relief and Transitions) survey which helps determine the extent to which the emergency response is able to meet the needs of the affected population. It measures nutritional status of children and under-five and mortality rate of the affected population. SMART was used in the Typhoon Yolanda affected areas.

9. What are the food-based and non-food based nutrition interventions in emergencies?

The key food and nutrition interventions and responses during emergencies are classified as food-based and non-food-based interventions. These are the following:

a. Food-based interventions:

- Food Ration or Family Food Packs – food distribution in affected communities is organized and managed by the Department of Social Welfare and Development or the local social welfare office

- Emergency School Feeding – provision of food for school feeding or home ration to motivate children to attend classes even during emergencies

- Food for Work – some of the victims are encouraged to help in rehabilitating their communities such as working in reconstruction and cleaning in exchange for certain food commodities

- Supplementary Feeding- provision of supplementary food, either to prevent or treat moderate acute malnutrition. This is given to specific population groups or identified individuals with MAM.

- Therapeutic Care - Treatment for children with severe acute malnutrition (SAM). Therapeutic foods such as F75, F100 and ready-to-use therapeutic food (RUTF) are provided. Those without medical complications are treated in the community while those with complications receive medical care in health facilities.

b. Non Food-based interventions

- Cash for Work – in exchange for the work provided by victims of the emergency, they will be paid in cash to support their livelihood or provide income for the family

- Infant and Young Child Feeding in Emergencies – this encourages continued breastfeeding through counselling in a private area for pregnant, lactating mothers and their children. This also includes counselling and proper preparation of safe and nutritious complementary foods for infants and young children.

- Health and nutrition interventions which include provision of essential health services and adequate and safe water supplies and sanitation, prevention of overcrowding in evacuation centers, immunization, deworming, prevention and management of communicable diseases

- Micronutrient Supplementation and Food Fortification – Micronutrients such as vitamin A, iron and zinc are distributed to target beneficiaries. During supplementary feeding, foods that are distributed include those enriched with micronutrients or fortified foods to augment inadequate intake of food both in quantity and quality of the affected population. When supplies are available, multiple micronutrient powders are also provided to be added to the complementary foods for infants and young children.

10. What is the protocol for micronutrient supplementation during emergencies?

The micronutrient supplementation package during disaster and emergency situations was developed and aligned with the existing guidelines under DOH AO No. 2010-0010 Series 2010 on the Revised Policy on Micronutrient Supplementation.

- Regular provision of micronutrient supplements for infants, children, pregnant and lactating mothers and women of child-bearing age

- Vitamin A to infants 6-11 months old (100,000 IU), 12-59 months old (200,000 IU), lactating women (200,000 IU) and children with severe diarrhea, pneumonia and severely underweight unless they have been given the same dose in the past month; children with measles are given Vitamin A (200,000 IU) regardless when the last supplementation was provided

- Supplement low birth weight infants with 0.3 ml of iron drops of 15 mg elemental iron/0.6 ml starting from 2 months up to 6 months

- Provide non-pregnant and lactating women 10-49 years old with 1 tablet of 60 mg iron with 2.8 mg folic acid weekly, while 1 tablet of 60 mg elemental iron with 400 mcg folic acid should be provided daily to all pregnant women for 180 days starting from determination of pregnancy

- Give therapeutic dose of iron supplements to anemic patients less than 10 years old while aged 10-49 years must be given 1 tablet of 60 mg elemental iron with 400 mcg folic acid daily until hemoglobin level becomes normal.

- Give Micronutrient Powder (MNP) to children 6-11 months (60 sachets) and to children aged 12-23 months (120 sachets). MNP can be mixed with complementary foods before feeding the child. MNP should not be added during cooking to retain the nutrients. MNP can also be given to children 24 – 59 months, pregnant and lactating mothers.

  DOH-Central office facilitates the distribution of MNP together with the Regional Office and Provincial Health Offices. MNPs are available and distributed through the barangay health stations, rural health units or even during the home visits of community health teams.

- If a child has diarrhea, give oral rehydration solution (ORS) and zinc. Zinc supplements should be given for not less than 10 days.

11. How is acute malnutrition among children managed?

The Philippines has yet to issue its guidelines on the management of acute malnutrition. What is currently available is the draft guidelines on the Philippine Integrated Management of Malnutrition (PIMAM) which is awaiting approval of the DOH.

Acute malnutrition can be determined using left mid-upper-arm-circumference (MUAC) or weight-for-height. MUAC is used to measure malnutrition in children from 6 to 59 months old. Children with MUAC measurement of 11.5 cm to less than 12.5 cm and who do not have edema (moderate acute malnutrition or MAM) are provided with targeted supplementary feeding. Children with MUAC measurement of less than 11.5 cm with or without edema (severe acute malnutrition or SAM) are referred for therapeutic program. Children diagnosed as SAM who do not have medical complications are referred for out-patient therapeutic care at the rural health unit while children with SAM who have medical complications are referred to hospitals for treatment.

12. What are key concerns in feeding infants and young children in emergencies?

a. Appropriate infant and young child feeding (IYCF) practices should be promoted, protected and supported especially during emergencies as infants and young children are most vulnerable to illness and death. The practice of exclusive breastfeeding in the first six months and provision of appropriate, safe complementary foods starting at six months while continuing breastfeeding for two years and beyond should be promoted. Breastmilk is a protective food for infants against infections which are common during emergencies. Infants who are not breastfed are more at risk to diarrhea, acute respiratory tract infection, malnutrition and even death. Feeding infants with breastmilk substitutes such as milk formula increases the chance of developing illnesses or even death because of greater risk for contamination because of poor hygiene and sanitation conditions. In addition, accessibility to clean and safe water as well as fuel is acutely limited during disaster situations.

b. Monitor Milk Code violations particularly the donations of infant formula and breastmilk substitutes. Under Executive Order 51 or the Milk Code, donation of products covered by the law including infant formula, bottles and teats is not allowed. The Department of Health also issued Administrative Order 2007-0017 "Guidelines on the Acceptance and Processing of Local and Foreign Donations during Emergencies and Disasters". The order provides that infant formula, breastmilk substitutes, feeding bottles, artificial nipples and teats shall not be items for donation. (Downloadable at www.doh.gov.ph) Violations should be reported to the Food and Drug Administration (telephone number (02- 807-8386) or to the DOH Regional Offices.

c. In order to facilitate better provision of counselling and/or services on IYCF, Mother-Baby Friendly Spaces in evacuation areas are established. The special area could be a safe and comfortable venue where pregnant women and mothers can breastfeed or express breastmilk, avail of information, counselling and support for breastfeeding and nutrition of their children below three years old. Mother-Baby Friendly Spaces are managed by trained health and nutrition staff or volunteers.

d. Wet nursing, tandem nursing of older children, cross nursing, feeding with donated breastmilk by cup are options in situations where mothers are not capable of breastfeeding their infants. Only after these options have been exhausted can breastmilk substitutes (preferably in ready-to-drink form) be given to infants but it should be under the supervision of trained health staff.

13. Why are donations of breastmilk substitutes not allowed during emergencies?

In most emergency cases, there is uncontrolled distribution of breastmilk substitutes for artificial feeding in evacuation settings. These could come from donations of well-meaning individuals or groups. However, they are not aware of the dangers that artificial feeding poses.

Some of the problems with artificial feeding are:

a) infant formula itself is not sterile and may be contaminated;
b) lack of safe and clean water for preparation of the formula and to sterilize bottles and teats;
c) bottles and teats are hard to sterilize with limited or no available cleaning utensils, water, fuel and other equipment;
d) insufficient knowledge on preparation and use of artificial feeding may result to over or under dilution of infant formula;
e) infant formula does not contain protective properties such as antibodies found in breastmilk;
f) poor sanitation increases risk of contamination of infant formula during preparation; and
g) supplies of infant formula are often not sustainable.

14. What resources are available on nutrition in emergencies?

The country's nutrition management in emergencies and disasters is continuing to evolve. To date, several resources are available from the preparedness to response plan phases.

- Human resources and/or technical assistance. These include the Nutrition Cluster itself which is composed of government agencies and partners from international humanitarian agencies and other NGOs at the national and regional to local nutrition clusters, Barangay Nutrition Scholars, IYCF support groups, volunteers, and other organizations. Several trainings and seminars on nutrition in emergencies are also conducted from international to local levels for capacity building.

- Materials such as but not limited to
    - Nutrition in Emergencies Training Manual for Local Government Units developed by DOH-HEMS
    - Operational Guidelines on IYCF in Emergencies developed by the National Nutrition Cluster
    - Documentation from DOH and other local and international organizations
    - IEC materials on nutrition and on nutrition in emergencies

- The SPHERE Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response is widely recognized as the universal minimum standards for humanitarian response. More information can be obtained from its website - www.sphereproject.org

- Communication and reporting. This is done regularly from local to national level by the Nutrition Cluster; and even internationally by the Global Nutrition Cluster and other international humanitarian agencies particularly in emergency situations. Updates and other data are also accessible online.

15. How can actions be done to prepare for emergencies?

The local government units through their local nutrition clusters can be guided by the following checklist in preparation for nutrition in emergency response:

A. ***LGU EMERGENCY PREPAREDNESS NUTRITION CHECKLIST***
At the preparedness phase, local government units should ensure:

☑ Packaging of Nutrition in Emergencies (NiE) Training Kits and conduct of training on NiE and Infant and Young Child Feeding in Emergency (IYCF-E)
☑ Orientation on Early Warning Information and Disaster Risk Reduction and Management among employees and residents
☑ Inventory of essential micronutrients and other resources
_ Vitamin A capsules
_ Multiple micronutrient powders
_ Ferrous sulfate and iron with folic acid tablets
_ IEC for Nutrition
_ MUAC tapes
_ Weighing scale
_ Weight for height reference table
_ Height Board
_ Ready-to-Use Therapeutic Food (RUTF)
_ Ready-to-Use Supplementary Food (RUSF)
_ Antibiotics, deworming tablets (for routine acute malnutrition management, to be coordinated with the health office/centers
☑ Implementation of Regular Program on Nutrition such as Operation *Timbang* Plus, *Garantisadong Pambata*, IYCF promotion for continuous elimination of malnutrition problem in the community
☑ Updating of database of NiE trained personnel for easy coordination of resource persons to tap for capacity building and other activities
☑ Cluster Coordination Meetings for updating of plans, capacity building, new programs to be implemented, funds and coordination for active participation of partners.

B. FAMILY EMERGENCY PREPAREDNESS FOOD CHECKLIST

Store at least a 3-day supply of non-perishable and easy to prepare food items. Choose foods that can be stored at room temperature, tightly sealed and are lightweight.

- ☑ water stored in clean plastic bottles (2 liters for drinking and 2 liters for food preparation and cleaning per person, per day)
- ☑ canned sardines/meat/fruits/vegetables
- ☑ canned juices/milk for adults
- ☑ cup noodles
- ☑ dried fish/fruits
- ☑ high energy foods such as peanut butter, crackers, jelly
- ☑ foods for infants, elderly persons or persons on special diet
- ☑ comfort foods such as biscuits, hard candy, instant cereal, instant coffee
- ☑ paper cups, plates and plastic utensils

For families with breastfeeding children, **breastfeeding kit** should be prepared on hand including:

- ☑ malong
- ☑ feeding cup with cover
- ☑ food container with spoon and fork
- ☑ 1 liter glass tumbler with cover
- ☑ Information, Education and Communication materials
- ☑ Birth registration form

16. How can nutrition in emergencies be strengthened?

From the several disasters that the country had gone through, nutrition response continues to evolve to be better prepared and provide enhanced response strategy. Some of the ways to strengthen nutrition in emergencies preparedness and response are:

- Organize local nutrition clusters and identify roles and responsibilities and lines of authority.
- Build capacity of local nutrition clusters on cluster coordination and on nutrition in emergencies management.
- Give attention to rapid nutrition assessments as basis for the extent of assistance and be able to attend to the needs of the affected community in a timely manner. Assessment should be done correctly and using a multi-sectoral approach.

- Foster participation of other sectors by establishing and strengthening civil-military liaisons, public-private liaisons and NGO's inclusion in the team.

- Strengthen logistic systems. Ensure availability of supplies such as micronutrients, MUAC tapes, and other supplies.

- Establish human milk banks so that there is available breastmilk that can be provided to infants in cases when the mother is not available to breastfeed.

- Early detection of cases of moderate and severe acute malnutrition.

- Organize infant and young child feeding support groups so that they can be mobilized during emergencies to provide counselling to pregnant women and mothers with infants and young children.

17. What are the possible ways to celebrate Nutrition Month 2014?

- *Spread the message.* Hang Nutrition Month streamers in façade of offices and other strategic places.

- *Be informed*. Conduct and attend seminar or similar activities on nutrition in emergencies. Conduct quiz bees in schools.

- *Be concerned and save lives.* Help disseminate information on disaster preparedness. Volunteer in different activities/programs in the rehabilitation of victims of disasters and other emergencies.

- *Donate.* Help organizations conducting relief and rehabilitation operations to victims by giving donations.

- *Provide for the future.* Sponsor nutrition projects and activities of the local government units.

- *Be alert. Be prepared.* Know what disasters may occur in your area. Keep an emergency food kit on hand. Check for designated evacuation centers in your community.

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