

Republic of the Philippines
Department of Health
National Nutrition Council

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NUTRITION CLUSTER ADVISORY NO. 01
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TO GOVERNORS, MAYORS AS CHAIRPERSON OF THE
PROVINCIAL/CITY/MUNICIPAL NUTRITION COMMITTEES

ALL PROVINCIAL/CITY/MUNICIPAL NUTRITION ACTION OFFICERS
DISTRICT/CITY-NUTRITION PROGRAM COORDINATORS

FROM 
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SUBJECT Nutrition Cluster Guidelines on LGU Nutrition Actions Relative to COVID-19

Further to Proclamation No. 922 on “Declaring a State of Public Health Emergency throughout the Philippines”, below are recommendations to all local government units, non-government organizations, business companies and other civic-oriented organizations providing nutrition services to all COVID19-affected populations:

1. Promote good nutrition by emphasizing to the general public the importance of eating a variety of nutritious foods consistent with the Ten Kumainments. This is to help to naturally strengthen the body’s immune system against COVID-19.
2. In providing assistance, prioritize cities/municipalities and barangays with high rates of undernutrition (Short-for-height and thin children who are more at-risk to infections and death). Within these areas, give top priority to households and people with special needs: infants, children, pregnant women, breastfeeding mothers, older persons, disabled persons, indigenous peoples and those with debilitating conditions.
3. Promote, protect and support exclusive breastfeeding only for infants 0-6 months old. Breastmilk substitutes that undermines breastfeeding such as infant milk formula, powdered milk, and other milk; feeding bottles, teats, and commercial baby food donations are NOT allowed and should NOT be included in the general distribution of emergency food packs, in accordance to Executive Order 51 or the Milk Code and its Revised Implementing Rules and Regulations (IRR), Republic Act 11148 and its IRR, and current DOH Guidelines.

- a. All mothers in affected and at-risk areas who have symptoms of fever, cough or difficulty breathing, should seek medical care early, and follow instructions from a health care provider. ¹
 - b. Instruct caregivers to seek medical care early if they or their child has a fever, cough or difficulty breathing. Call ahead to tell your health care provider if you have traveled to an area where COVID-19 has been reported, or if you have been in close contact with someone with who has traveled from one of these areas and has respiratory symptoms. ²
 - c. Breastfed infants and young children of mothers who are too unwell to breastfeed or whose mothers have died may require replacement feeding with a nutritionally adequate diet, e.g. with pasteurized donor breastmilk for sick newborns and preterm infants, donated breastmilk, through wet nursing. ³
 - d. For caregivers of infants and children with suspected or confirmed COVID-19 infection, precautions to prevent transmission (such as frequent handwashing with soap and water for 20 seconds, use of personal protective equipment, and practice of infection prevention and control measures) are recommended if feeding infants and young children.³
 - e. For symptomatic mothers well enough to breastfeed, they should be advised of wearing a mask when near her infant or child (including during feeding), washing hands with soap and water before and after contact with the child (including feeding), and cleaning/disinfecting contaminated surfaces – as should be done in all cases where anyone with confirmed or suspected COVID-19 interacts with others, including children. If a mother is too ill, she should be encouraged to express breastmilk and give it to her infant or child via a clean cup and/or spoon – all while following the same infection prevention and control methods.²
4. Family food packs should contain age- and culturally-appropriate, clean and nutritious food items. A food pack may contain rice, coffee and canned food items, preferably those which have been adequately fortified with vitamin A, iron or iodine. Amount of food should ideally be for a family of five (5) members for three (3) days. Under the COVID19 situation, the amount of food may be increased, subject to availability of resources, to minimize frequency of physical contact between service providers and the general public. LGUs are also encouraged to include fresh dark green and dark yellow vegetables and fruits in the food packs as far as practicable.
 5. Together with the family food pack, provide nutritionally adequate, safe foods for complementary feeding of infants 6 months and above, while continuing breastfeeding up to two (2) years and beyond for young children. This may include commercially prepared foods approved by the Food and Drug Administration (FDA) and the National Nutrition Council.
 6. Advise households and mothers to avoid or minimize purchase and consumption of processed foods that are high in salt, sugar, fats and low in essential nutrients.
 7. LGU-organized and/or LGU-accredited Community Kitchens supervised by trained and medically-cleared personnel and volunteers may be established to help ensure sanitary preparation of nutritious meals **for rationing only** to priority households, medical institutions and other front line workers. However, LGUs shall ensure sanitation and social distancing of workers while at the community kitchens.

¹ <https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know>

² <https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know>

³ Global Technical Assistance Mechanism for Nutrition Corona Virus Disease (COVID-19) Summary of Guidance for Nutrition in Emergencies Version 1.1 – 13 March 2020

8. LGUs may consider the use of local pasteurized dairy milk from nearby local dairy cooperatives, either as an ingredient in foods prepared in community kitchens or as part of the food pack, assuming acceptable food safety protocol is observed at all times.
9. LGUs setting-up tents and quarantine centers for arriving overseas workers and travelers abroad, shall ensure availability of mother and baby-friendly safe spaces to allow continued breastfeeding and priority access to nutrition services.
10. Through the LGUs' health office, conduct an inventory of prepositioned nutrition commodities such as nutrient and micronutrient supplements such as vitamin A capsules, micronutrient powder sachets, lipid-based nutrient supplements such as ready-to-use therapeutic food (RUTF), and ready-to-use supplementary food (RUSF), and, anthropometric measuring tools. Ensure that previously identified cases of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) and children with borderline weight-for-length status continue to receive above-mentioned nutrition commodities if these are available. Otherwise, these children should be prioritized in various LGU and community-based nutrition interventions,
11. Apart from promoting good nutrition, and sanitary food preparation, emphasize a) proper personal hygiene, b) overall sanitation, and c) safe and proper disposal of solid waste.
12. Aside from ensuring adequate sleep (6-8 hours), advise people to engage in functional movement while in quarantine or at home to ensure regular physical activities are maintained and prevent developing of sedentary behaviors. Active daily task/activities for daily living or exercises with light to moderate intensities is recommended.
13. Advise all health and nutrition workers to practice standard hygiene measures and appropriate physical/social distancing when handling clients: Recommend the frequent washing of hands with soap and water or use of alcohol-based sanitizer with at least 60 percent alcohol; practice good respiratory hygiene (cover your mouth and nose with your bent elbow or tissue when you cough and sneeze and immediately dispose of the used tissue); and, avoid close contact with anyone who is coughing or sneezing.
14. Provide additional support to frontline health and nutrition program officers, workers and volunteers in terms of adequate personal protective equipment (PPE), surgical mask and other hygiene products; transportation, cellphone load, and/or allowance so they can continue providing quality and much needed health and nutrition services to their constituents.
15. Coordinate with Local Social Welfare and Development Officers to identify and support indigent households who may require livelihood assistance or additional subsidies in-cash or in-kind during the implementation of General or Enhanced Community Quarantine.
16. Coordinate and work with Child Development Workers to identify adequate play and early learning activities for infants and young children while at home quarantine.
17. Activate/reactivate local nutrition clusters, formulate and implement Nutrition in Emergencies Response Plan, and provide daily updates to your regional Nutrition Cluster using the Nutrition Information Management (IM) Tools as reference, e.g. capacity map, 4Ws, and gap analysis.

18. Maximize all media platforms to disseminate evidence-based information on COVID 19. Correct misinformation or fake health claims by sharing **DOH-sourced information only**. For queries specific to nutrition during emergencies, the following contacts may be reached.

Contact Persons	Contact Number and E-mail Address
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19. Get COVID 19-related updates and information from the following sites:

DOH

- a. <https://www.facebook.com/OfficialDOHgov/>
- b. <http://dohhealthpromotion.ph/>
- c. <https://ncovtracker.doh.gov.ph/>
- d. <https://www.doh.gov.ph/2019-nCov/infographics>
- e. <https://www.doh.gov.ph/COVID-19/Gabay-sa-Publiko>

WHO

- f. <https://www.who.int/philippines/emergencies/covid-19-in-the-philippines>
- g. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/risk-communication-and-community-engagement>