




15 December 2020

MEMORANDUM 010

TO : REGIONAL NUTRITION PROGRAM COORDINATORS
OFFICERS-IN-CHARGE

FROM : 
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Executive Director

SUBJECT : INTERIM GUIDELINES IN THE CONDUCT OPT Plus,
NUTRITION SCREENING, GROWTH MONITORING AND
PROMOTION (GMP) ACTIVITIES IN THE CONTEXT OF
COVID-19 PANDEMIC AND OTHER RELATED DISASTERS

This is to provide an interim guidelines in the conduct of OPT, nutrition screening and growth monitoring and promotion activities in the context of COVID19 and other related disasters. The guidelines is in line with the provisions of DOH-Department Circular 2020-0167 Continuous Provision of Essential Health Services during the COVID-19 Epidemic and DOH-Department Memorandum 2020-0237 Interim Guidelines for the Delivery of Nutrition Services in the Context of COVID19 Pandemic under Growth and Development Monitoring and Promotion. The issuances provide for these activities to “still be done during health facility visits, community outreach and if the situation allows, strict observance of infection prevention and control (IPC) measures”.

DOH-Department Memorandum 2020-0237 suggests the use of MUAC tapes instead of the weight and length/height measuring tools to adapt to a reduced physical contact approach of health care provider to infant or child. However, in the absence or insufficient MUAC tapes, the Global Nutrition Cluster cited key considerations for in-person interactions during data collection¹:

1. Members of the OPT Team should thoroughly disinfect the weight and height/length measuring tools, MUAC tapes, and other frequently-touched surfaces and objects using diluted household bleach solutions or alcohol solutions with at least 70% alcohol after every use and between measurements.

¹ Global Nutrition Cluster (GNC) Nutrition Information Management, Surveillance and Monitoring in the Context of COVID-19. Brief No 1 (14 April 2020)

Batang Pinoy SANA TALL... Iwas stunting, SAMA ALL!

Iwas ALL din sa COVID-19!

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2. between measurements. Refer to DOH-Department Memorandum 2020-0157 for the guidelines on cleaning and disinfection in various settings as an IPC measure against COVID-19.
3. Ensure physical safe distance between the mothers/caregivers and their children with the members of the OPT Team until their measurements can be taken. Train members of the OPT Team on how to practice IPC measures when taking measurements.
4. Ensure members of the OPT Team wear face masks, face shield and gloves when taking measurements. Mothers/caregivers should also wear face masks and face shields. Strictly follow the latest guidelines of COVID-19 Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases.
5. Re-consider positioning of measurer when reading the measurements, e.g., read from behind the individual for MUAC measurement to potentially reduce risk of droplet exposure
6. Members of the OPT Team can also consider using this opportunity to teach mothers/caregivers to assess nutritional status of their children using mid-upper arm circumference (MUAC); the use of MUAC tapes (color zones); potential outcomes and treatment; as well as how to assess for bilateral pitting edema. Use the video on how to measure MUAC downloadable from the NNC website: <https://www.nnc.gov.ph/covid19/im/muac>

Measurement schedule, recording and reporting of OPT Plus, nutrition screening, and growth monitoring

1. Conduct of OPT Plus using traditional weight and height measuring tools should be continued as basis to provide interventions to prevent deterioration of nutritional status. This should be completed within the first quarter of the year (January to March).

Use the electronic OPT tool downloadable from the NNC Website <https://www.nnc.gov.ph/?view=article&id=3461> to facilitate recording and reporting.

2. Process and submit results to NNC Central Office using the prescribed formats: Form 3 [for breakdown by municipality] and Form 4 [for breakdown by city].
3. If situation does not allow the use of traditional tools, use MUAC to assess nutritional status of children and recorded results in the e-OPT tool for Acute Malnutrition, downloadable from the NNC website: <https://www.nnc.gov.ph/optacute>.
4. The e-OPT Tool for Acute Malnutrition is similar to the structure and method of encoding, consolidation, and auto-generation of reports as the original e-OPT tool. Additional features of the tool include filterable list of MAM and SAM based

on MUAC and weight-for-length/height and recording presence of bilateral pitting edema.

5. Refer to **Annex 1: Decision Tree** for the LGUs on the conduct of OPT Plus, nutrition screening and growth monitoring and promotion activities to determine the method of measurement, tools for measurement, and recording and reporting tool.
6. Growth monitoring and promotion activities should also be continued and reported: monthly for children under 2 years old and those identified as malnourished based on OPT; and quarterly for children 2 to under 5 years old, regardless of nutritional status.
7. MUAC of children aged 6 to 23 months with normal nutritional status and no bilateral pitting edema should be measured monthly, and quarterly for 24 to 59 months old. If the child has normal MUAC but has bilateral pitting edema, immediately refer to the nearest barangay health center or rural health unit for further assessment and appropriate management.
8. While undergoing appropriate management, MUAC of children identified with severe acute malnutrition (SAM) or severely wasted shall be measured every 2 weeks, and moderate acute malnutrition (MAM) or moderately wasted without bilateral pitting edema every month until MUAC is greater than 12.5cm for two consecutive measurements. Monthly reports should be generated at the city/municipal level through the health officer and the nutrition action officer and reported to the local nutrition committee.
9. Immediately refer children identified as acutely malnourished (moderately or severely wasted) to the nearest barangay health center/rural health unit for further assessment, and appropriate and timely management. Validation of nutritional status by other health professional should not delay appropriate care and management, especially for children identified as SAM or severely wasted, as their condition can easily and quickly deteriorate. Moderately acutely malnourished children (moderately wasted) should be referred to targeted supplementary feeding programs in child development centers, health/nutrition centers, in schools, or where available.
10. Relay the measurements of the child and provide feedback and counselling to mothers and caregivers of the children measured. Reinforce good behaviors and respectfully correct any misconceptions or wrong practices.
11. Identify viable or preferred medium for communication with parents/caregivers for regular follow up of children, e.g., SMS, Facebook messenger and other available virtual platforms and during home visits.

Refer to **Annex 2** for the Scenarios at the Local Government Units and Nutrition Screening, Growth Monitoring and Promotion Activities.

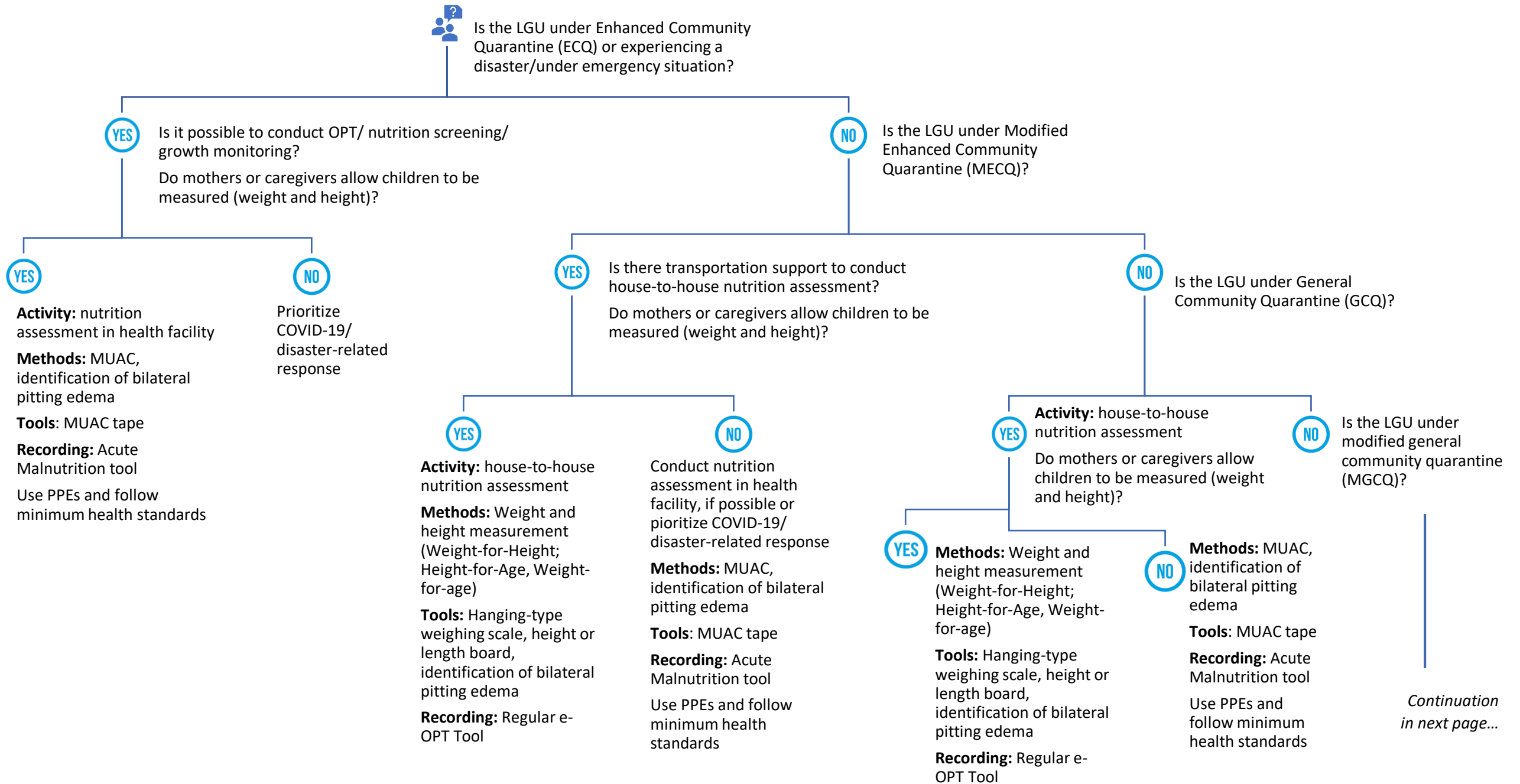
For information and wide dissemination.

ANNEX 2 – Scenarios at the Local Government Units and Nutrition Screening, Growth Monitoring and Promotion Activities

Scenario (based on DOH-DM No. 2020-0237)	Nutrition Screening, Growth Monitoring and Promotion Activities				
	Normal Nutritional Status			SAM children	MAM children
	0 to <6 months old	6 to 23 months old	24 to 59 months old		
Scenario 1-2 during Recognition Phase Stage 1 Zero Cases or importation	Weight-for-length	Weight-for-height or MUAC Bilateral pitting edema	Weight-for-height or MUAC Bilateral pitting edema	<ul style="list-style-type: none"> Weight-for-length for less than 6 months old Weight-for-height or MUAC for 6 to 59 months old 	<ul style="list-style-type: none"> Weight-for-length for less than 6 months old Weight-for-height or MUAC for 6 to 59 months old
	Monthly monitoring		Quarterly monitoring	Monitoring every 2 weeks	Monthly monitoring
	Follow-up through virtual platforms, home visits, and primary health care facilities				
Scenario 3 Initiation Phase Stage 2 Localized Transmission <i>Health and nutrition staff are engaged in COVID-19 response</i>	Weight-for-length	MUAC Bilateral pitting edema	MUAC Bilateral pitting edema	<ul style="list-style-type: none"> Weight-for-length for less than 6 months old MUAC for 6 to 59 months old Bilateral pitting edema 	<ul style="list-style-type: none"> Weight-for-length for less than 6 months old MUAC for 6 to 59 months old
	Monthly monitoring		Quarterly monitoring	Monitoring every 2 weeks	Monthly monitoring
	Follow-up through virtual platforms, home visits, and primary health care facilities				

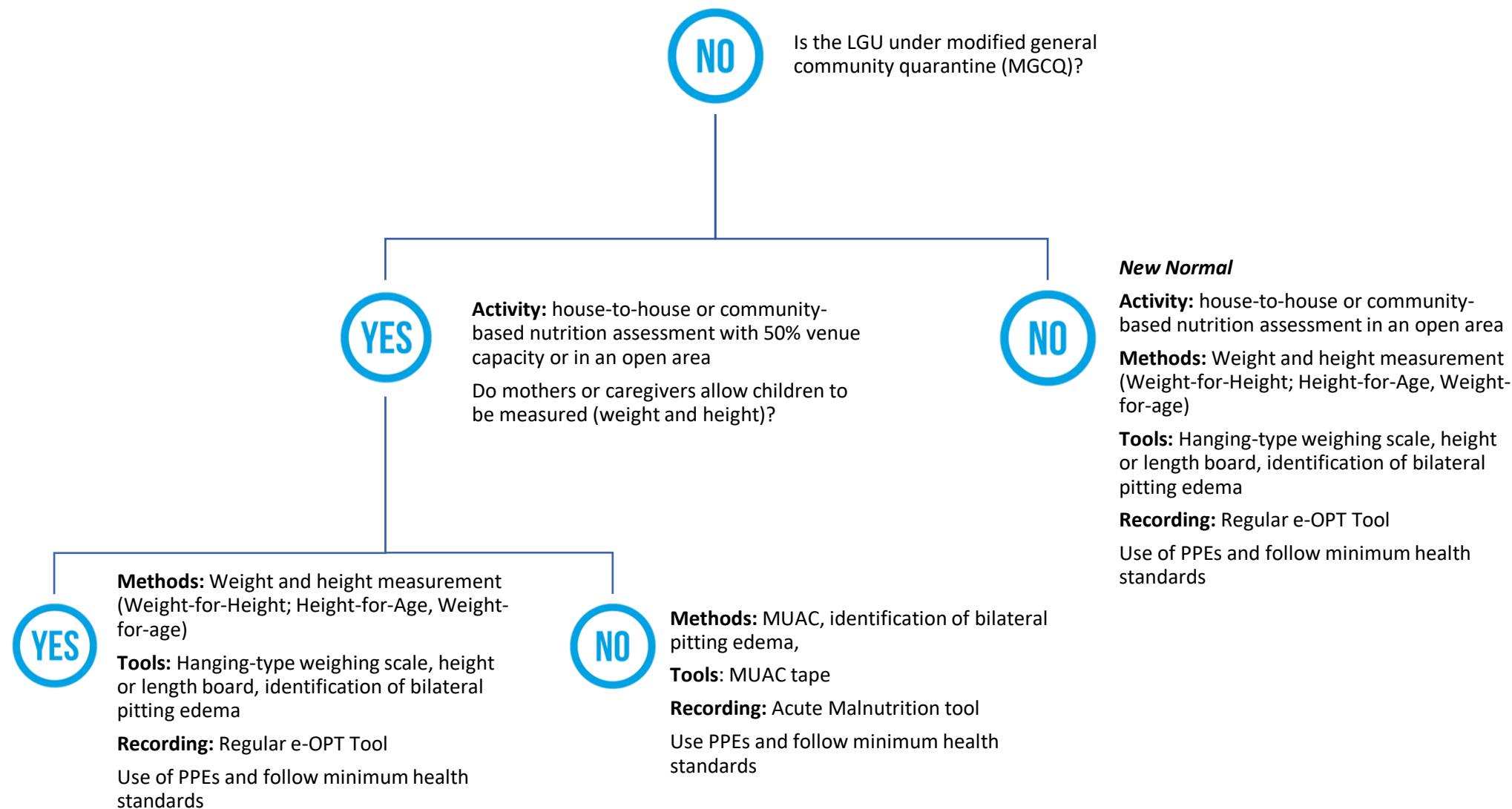
Scenario (based on DOH-DM No. 2020-0237)	Nutrition Screening, Growth Monitoring and Promotion Activities				
	Normal Nutritional Status			SAM children	MAM children
	0 to <6 months old	6 to 23 months old	24 to 59 months old		
Scenario 4 During Acceleration Phase Stage 3 Community Transmission <i>All health and nutrition staff and other health office personnel are engaged in COVID-19 response</i>	Weight-for-length	MUAC Bilateral pitting edema	MUAC Bilateral pitting edema	<ul style="list-style-type: none"> • Weight-for-length for less than 6 months old • MUAC for 6 to 59 months old • Bilateral pitting edema 	<ul style="list-style-type: none"> • Weight-for-length for less than 6 months old • MUAC for 6 to 59 months old
	Monthly monitoring		Quarterly monitoring	Monitoring every 2 weeks	Monthly monitoring
	<ul style="list-style-type: none"> • Visits to non-emergency concerns to primary health care facilities are suspended. • Follow-up through virtual platforms and home visits 				

ANNEX 1 – Decision Tree for Local Government Units on the conduct of Operation Timbang, Nutrition Screening, Growth Monitoring and Promotion Activities in the Context of Pandemic and Other Related Disasters



*Use only one assessment method for the whole barangay and municipality (either traditional weight and height, or MUAC)

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*Use only one assessment method for the whole barangay and municipality (either traditional weight and height, or MUAC)