DIETARY SUPPLEMENTATION PROGRAM FOR PREGNANT WOMEN

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National Nutrition Council
OUTLINE

- Issue to address
- Change in “name”
- Content of the guidelines
  - Technical guidelines
  - Operational guidelines
- What D/CPNCs can do
ISSUE TO ADDRESS

- Hunger and undernutrition still prevalent
- Supplementary feeding an important strategy to address hunger and malnutrition
ISSUE TO ADDRESS

LGUs and NGOs have been implementing supplementary feeding programs

BUT

- Not 120 days
- Not 1/3 of recommendation for energy and protein
- Often done when children already malnourished
CHANGE IN TERMINOLOGY

- Updates the guidelines on supplementary feeding (1980s)

- Supplementary feeding NOW called dietary supplementation - consistent with the term used in the Lancet Series on Maternal and Child Nutrition
CONTENT OF THE NATIONAL DIETARY SUPPLEMENTATION GUIDELINES

1. Rationale
2. Description
3. Legal basis
4. Preventive approach
5. Curative approach
6. Acute malnutrition
7. Operational guidelines
8. Sustainability
9. Institutional arrangements
10. Monitoring and evaluation
11. Documentation & reporting
12. Repealing clause
13. Effectivity
INTRODUCTION/RATIONALE

NUTRITION SITUATION

Statistics

- 68.3% of Filipino households with inadequate calorie intake (2013 NNS);
- Energy gap of 273 kcal per capita;
- Involuntary hunger per Social Weather Stations survey - 11.7% or about 2.6 million Filipino families
INTRODUCTION/RATIONALE

NUTRITION SITUATION

Statistics

- Prevalence of child (under-five, and 5-10 years old) underweight-for-age, stunting, wasting
- Breastfeeding rates
- Complementary feeding – minimum dietary diversity scores
- Prevalence of nutritionally-at-risk pregnant, and lactating women
### Introduction/Rationale -- Gap in Intake

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Mean one-day intake (kcal)</th>
<th>Estimated mean one-day requirements (kcal)</th>
<th>Gap Intake (kcal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants, 6-11 mos old</td>
<td>457*</td>
<td>675</td>
<td>218</td>
</tr>
<tr>
<td>Children, 1–5 y</td>
<td>868</td>
<td>1,135</td>
<td>267</td>
</tr>
<tr>
<td>School Children, 6-12 y</td>
<td>1,338</td>
<td>1,780</td>
<td>442</td>
</tr>
<tr>
<td>Teenage Girls, 13–19 y</td>
<td>1,735</td>
<td>2,225</td>
<td>490</td>
</tr>
<tr>
<td>Pregnant Women, y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-29</td>
<td>1,623</td>
<td>2,230</td>
<td>607</td>
</tr>
<tr>
<td>30-49</td>
<td>1,623</td>
<td>2,170</td>
<td>547</td>
</tr>
<tr>
<td>Lactating Women, y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-29</td>
<td>1,632</td>
<td>2,430</td>
<td>798</td>
</tr>
<tr>
<td>30-49</td>
<td>1,632</td>
<td>2,370</td>
<td>738</td>
</tr>
<tr>
<td>Older persons, 60y &amp; over</td>
<td>1,361</td>
<td>1,815</td>
<td>454</td>
</tr>
</tbody>
</table>
SCOPE AND COVERAGE

Provides key standards for dietary supplementation

- Different age groups
- Different scenarios
- Preventive
- Curative
TARGET USERS

- National government agencies
- NGOs
- Local government units
- Donors
PREVENTIVE APPROACH

OBJECTIVE:

To prevent:

- Low birth weight
- Stunting among under two (2) years old
**PREVENTIVE APPROACH/OBJECTIVES**

<table>
<thead>
<tr>
<th>For the prevention of low birth weight</th>
<th>For the prevention of stunting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To provide sufficient and quality supplementary food among the targeted individuals.</td>
<td></td>
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<tr>
<td>2. To maintain the normal nutritional status of the targeted individuals.</td>
<td></td>
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<tr>
<td>3. To teach the value of utilization of local/indigenous foods in the community.</td>
<td></td>
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<tr>
<td>4. To provide complementary activities to maximize the effect of dietary supplementation</td>
<td></td>
</tr>
<tr>
<td>5. To attain optimum growth and development of fetus</td>
<td>To provide nutrition counseling on breastfeeding and proper complementary feeding of their children.</td>
</tr>
<tr>
<td></td>
<td>To attain continued lactation</td>
</tr>
</tbody>
</table>
## PREVENTIVE APPROACH

<table>
<thead>
<tr>
<th>To prevent low birthweight</th>
<th>To prevent stunting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Areas</strong></td>
<td></td>
</tr>
<tr>
<td>- High subsistence level (PSA and local data)</td>
<td></td>
</tr>
<tr>
<td>- With poor complementary feeding practices (NNS and local data)</td>
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</tr>
<tr>
<td>- Pregnant women from poorest households</td>
<td>- Infants and young children (6-23 months old) from poorest households</td>
</tr>
<tr>
<td></td>
<td>- Lactating women from poorest households</td>
</tr>
</tbody>
</table>
## Preventive Approach/Duration and Level of Supplementation

<table>
<thead>
<tr>
<th>Category</th>
<th>Duration</th>
<th>Level of supplementation</th>
</tr>
</thead>
</table>
| Prevent low birthweight   | At least last trimester of pregnancy; better if earlier | • 300 – 500 kcal  
• 15-20 g protein  
• MNP          |
PREVENTIVE APPROACH

- Time of feeding – should not compromise regular feeding time; nor encourage substitution/replacement of meals

- **Recommended:** 9:00 am or 3:00 p.m.
PREVENTIVE APPROACH/COMPLEMENTARY ACTIVITIES

- Assessment of nutritional status
- Nutrition education/counseling
- Breastfeeding promotion, including kangaroo mother care
- Complementary feeding promotion
- Immunization
- Vitamin A, iron-folic acid supplementation
- Growth monitoring and promotion
- Management of childhood illnesses
- WASH
- Deworming (not pregnant women in 1st trimester)
- Prevention/cure of parasitism and malaria
- Opportunities for better income
CURATIVE APPROACH

OBJECTIVE:
To rehabilitate the undernourished individual to the next higher or normal nutritional status.
## CURATIVE APPROACH

<table>
<thead>
<tr>
<th>Underweight-for-age children</th>
<th>Underweight-for-age pregnant and lactating women</th>
<th>Underweight-for-age older persons</th>
<th>Acutely Mal-nourished Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>To provide</strong> sufficient and quality dietary supplements among the targeted individuals.</td>
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<tr>
<td>2. <strong>To improve</strong> the nutritional status of the recipients by at least 1SD.</td>
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<tr>
<td>3. <strong>To provide</strong> complementary activities to maximize the effect of DSP.</td>
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<tr>
<td>4. <strong>To teach</strong> the value of utilization of indigenous foods in the community.</td>
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<tr>
<td>5. <strong>To close or narrow down</strong> the energy and nutrient gap by 50-100%.</td>
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<tr>
<td>6. <strong>To provide</strong> nutrition counseling among the recipients in the proper feeding of their children.</td>
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</tbody>
</table>
CURATIVE

Prioritize areas

- Highest subsistence incidence
- Highest magnitude of poverty
- Large gap in energy and nutrient intake
- Highest proportion of food insecure households with children
- With poor complementary feeding practices
- High levels of underweight-for-age
## CURATIVE/ SUPPLEMENTATION LEVEL

<table>
<thead>
<tr>
<th>Age group</th>
<th>Level of supplementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant/lactating women, nutritionally-at-</td>
<td>400 – 500 kcal</td>
</tr>
<tr>
<td>risk (based on pregnancy WFH table)</td>
<td>15 – 20 grams protein</td>
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<tr>
<td></td>
<td>May use MNP</td>
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</tbody>
</table>
CURATIVE APPROACH/GUIDEPOSTS

Kind of supplementation:

- Consider food preferences of targets
- Food should be energy- and nutrient-dense
  - Could add cooking oil, sugar or skimmed milk powder to increase calorie content
  - MNP may be used to increase micronutrient content.
OPERATIONAL GUIDELINES

I. Planning the dietary supplementation
II. Scheme of food distribution
III. Social Preparation
IV. Kinds of foods to use
V. Feeding Center/ Distribution Sites
VI. Menu Planning and Food Preparation
VII. Feeding Proper
VIII. Funding/Fund Allocation
IX. Admission and Monitoring
X. Donations
XI. Discharge Procedures
I. Planning the Dietary Supplementation

Document with the following information:

- The title of the program or project
- Target areas
- Target population group
- Target level of supplementation
- Target duration
I. **Planning the Dietary Supplementation**

Document with the following information:

- Food commodities or food packs to use
- Mode of food distribution,
- Implementation activities including who will be in charge
- The mayor or the head of office of the implementing agency should approve the plans for the dietary supplementation
II. Scheme of Food Distribution

A. Center-based feeding

✓ With available facility
✓ Accessible
✓ Human resources are available for the day-to-day management of the on-site feeding.
II. Scheme of Food Distribution

B. Home-based feeding

✓ Can be considered if the beneficiaries will be challenged to come regularly to a feeding center.

✓ Food ration should be more than the target supplementation to give allowance for “spillage”

✓ Program or project design should include provisions for home visits.
III. Social Preparation

- Orientation of LCEs and the community on the program-- program objectives, technical guidelines and expected output.
- Memorandum of Agreement
- Masterlisting of beneficiaries
III. Social Preparation

- Organization of the community and participants/beneficiaries

- Coordination with local health center for medical check-up and provision of other health-related services
IV. Kinds of food to use

- Existing food formulations like those produced by adaptors of FNRI technologies.
- Food items procured locally
- Use of fortified food products
IV. Kinds of food to use

- Milk may be used but ONLY for those over 2 years old.

Sec 16 of RA 7884, “Nutrition Programs – The government’s nutrition programs requiring milk and dairy products shall be sourced from small farmers and dairy cooperatives in coordination with the Authority”.

- All products to be used in dietary supplementation programs shall be registered with the Food and Drug Administration.
V. Feeding Centers/Distribution Sites

- Easily accessible (less than a day’s walk to and from the site including distribution time).
- Near the local health facility for linkage to routine health/ complementary services and activities.
- With adequate shade and ventilation in the area.
- With access to safe drinking water and hand washing facilities.
- With sanitary toilets and areas for proper waste disposal.
V. Feeding Centers/Distribution Sites

- With benches or mats for caretakers and beneficiaries to sit while waiting.
- Ropes may be placed to guide the routes/flow of services in the site.
- With amenities for food preparation and cooking if center-based operations will be used.
- Physically safe especially for young children.
VI. Menu Planning and Food Preparation

- Target level of calorie supplementation
- Use of locally available food.
- Choose foods that are culturally acceptable to the target group.
- Involve family members in menu planning and in purchasing and preparation of foods
- Clean up and store supplies properly.
VI. Menu Planning and Food Preparation

- “First-in First-out” system shall be used.
- Ensure the safety of foods being prepared/ served and distributed through safe food handling.
- Ensure that foods are covered and kept away from rats, flies, and other pests.
VII. Feeding Proper

- Staff shall be polite at all times.
- Maximal waiting time from the arrival of the beneficiary up to the completion of all the services shall not be more than 2 hours.
- For take-home ration, the timing of distribution should consider the product being distributed.
- A medical staff may be employed in the program for the delivery of health services, when needed.
VII. Feeding Proper

- If possible, start the feeding session with a handwashing session.
- Use the feeding session as opportunities for highlighting certain concerns, e.g. responsive feeding, table manners, importance of hand washing, the concepts of color, shapes, texture, and taste, as well as the nutritional value of foods served.
The cost of dietary supplementation cannot be set categorically.

Rule-of-thumb costing is about Php 15-20 per person per feeding day. However, this cost should include requirements for fuel and other ingredients as may be needed.

Food should comprise 80-90% of the allotted funding.
IX. Donations

- Donations from manufacturers of infant formula/breastmilk substitutes should follow DOH guidelines, i.e. no milk donations during emergencies and disasters; in non-disaster situations, the donor should secure DOH approval.
- No donations should be accepted from tobacco companies as per RA 9211 “Tobacco Regulation Act of 2003”.
- Imported food commodities may be used but these should be registered with the Food and Drug Administration.
X. Admission and Monitoring

- Take the baseline anthropometric measurements
- Record the baseline information
- Explain the procedures of the program.
- Carefully explain the objectives of the program and the expectations/participation needed from the participant (regular attendance, supplementation not a replacement to the regular meals).
X. Admission and Monitoring

- Enter all eligible beneficiaries for the program in the designated registration book.
- Give a registration number.
- Have a system for monitoring attendance as well as progress in weight.
- Follow up cases that have been absent once or twice in a week for center-based feeding or for those who miss one food distribution day.
XI. Discharge procedures

- As soon as the participant reaches the criteria for discharge or as soon as the program duration is finished, the participant is considered as discharged from the program.
- Record the discharge date, discharge weight and height, the corresponding nutritional status, and the type of discharge in the registration book and ration card.
- Inform the participant that the treatment is over.
- Link family for continuing services.
- Follow-up after three months and refer to the appropriate service as may be needed.
ENSURING SUSTAINABILITY

- Better if have legislative cover for budget needed
- Involve the community
- Integration with initiatives for local food production as source of food commodities
What D/CNPCs can do?

Once guidelines are approved:

- Ensure compliance
- Provide technical assistance in designing well-crafted dietary supplementation programs
What D/CNPCs can do?

- Formulate a cycle menu for the dietary supplementation program
- Supervise the Barangay Nutrition Scholar in the preparation of food (center-based of home-based)
- Assist in tracking of the mothers who are identified as nutritionally-at-risk
What D/CNPCs can do?

- Nutrition education
- Identifying linkages with other programs
“Sugar and salt may be mixed together, but ants reject the salt and carry away only sugar.

We are also surrounded with infinite choices and possibilities...

The art is to select the right people, right choices in life to make your life sweeter and successful.”
D/CNPCs activated for PPAN...

Propel... Boost... Influence

D/CNPCs Power Up PPAN!