# [ KKPP DEPARTMENT ORDER NO. 12, S. 1994, April 06, 1994 ]

# GUIDELINES ON THE MANAGEMENT OF CRS SUPPORTED SUPPLEMENTAL FEEDING PROGRAM IMPLEMENTED BY LOCAL GOVERNMENT UNITS

I.

#### **Rationale**

High incidence of poverty still prevails among Filipinos. Statistics show that 4.8 million families are living below poverty threshold. About 20.2 percent of them are below food threshold. In 1987, 69.2 percent of Filipino households were below the adequacy level in calorie intake. In 1990, about 14 percent of the preschoolers were below the standard weight-for-height. Prevalence of Vitamin A deficiency is nine percent. The recent Operation Timbang (OPT) conducted by DOH shows that 1,397,889 pre-schoolers are severely and moderately underweight. The survey conducted by Food and Nutrition Research Institute (FNRI) also indicated that two out of six pre-schoolers are malnourished.

Since 1976, the Department of Social Welfare and Development, Department of Health, and Department of Education Culture and Sports and non-government organizations have been implementing the Supplemental Feeding Program to the 0-6 years old underweight preschoolers and school children. This program is implemented nationwide. However, with the implementation of RA 7160 in 1992, the Local Government Code, the program was devolved to the Local Government Units. The transition period caused tremendous setbacks in the implementation of programs and services of the national government.

A review of the 5 years implementation of the SF program from 1986 to 1991 revealed that out of the yearly average of 1.018 million beneficiaries, only 14 percent were rehabilitated. This is so because only 1/3 of the Recommended Dietary Allowance of the child is provided by the cooperating agencies due to funding constraints. Three fourths of the requirement of the child food needs should be provided by the families. However, families are not capable socially and economically in carrying out this responsibility.

Through the Supplemental Feeding Program, the nutrition education, parenting skills and nutricum livelihood project will be integrated in the regular activity of the program to ensure sustained self-reliance. This program will be implemented in the selected 575 nutritionally depressed 5th and 6th class municipalities and selected cities (e.g. Olongapo and Angeles City). Program implementation is guided by the Memorandum of Agreement between the DSWD and Local Government Units and the policies and procedures set in this guidelines.

# **Objectives**

- 1. To improve the nutritional status of 35% of the enrolled moderately and severely underweight (non-medical) beneficiaries.
- 2. To improve family food habits.

#### III.

#### **General Policies**

- A. Target Clientele and Eligibility Requirements
- 1. Moderately and severely (non-medical) underweight pre-school children aged 36 months 72 months.
- 2. A family of six (6) members whose total monthly income is 3,675.00 and below.
- B. Strategies and Interventions
- 1. Organized neighborhood feeding where food supplementation is provided for at least 15 but not more than 30 children.
- 2. Conduct of nutrition education to mothers of beneficiaries, and encourage their participation in undertaking nutrition related activities to include monthly growth monitoring.
- 3. Encourage family backyard/community food production projects among families of children beneficiaries.
- 4. Accessing to livelihood opportunities and health protection support services such as deworming and immunization.
- 5. Maximize the involvement of GOs, POs, NGOs and volunteers in the implementation of the program.

#### C. Rate of Assistance

The standard rate of assistance is at least 50.00 per child per month of which 4 lbs. is foreign food commodities.

#### D. Duration of Feeding

Feeding shall be from Monday to Friday per week or an average of 22 days a month for a maximum of 18 months.

# E. Identification of Staff/Volunteers

The LGU shall assign a trained and committed Municipal Social Worker and Development Officer (MSWDO) to supervise the implementation of the program and

a trained mother leader/in-charge per center to manage the feeding.

#### F. Site/Venue for Feeding

A feeding center/multi-purpose center shall be utilized. If not yet existing, LGU and the community shall ensure the availability of the feeding center with equipment, utensils and warehouses for the commodities.

#### G. Monitoring/Evaluation

- 1. The DSWD and CRS shall monitor and audit the implementation of the program in accordance with the policies and procedures set in this guidelines. Result of the activities shall be shared with both DSWD and CRS.
- 2. Joint evaluation by DSWD and CRS shall be conducted at least once a year.

### H. Reporting

Monthly, Quarterly and Semi-annual Reports on the Supplemental Feeding Program shall be prepared and submitted by LGUs to DSWD Field Office and by DSWD Central Office to CRS. (For details please refer to Section V, page 14)

IV.

# **Implementing Details**

#### A. Data Collection

- 1. An analysis of the cause, nature and extent of the nutrition problem need to be conducted. It shall involve the preparation of a situationer prior to the implementation of nutrition program in order to establish what needs to be done and the result to be measured in terms of attainment of desirable weight of beneficiaries. The information required in planning nutrition program include the following:
  - a. who are the malnourished?
  - b. how many are the malnourished?
  - c. where are the malnourished?
  - d. what type of malnutrition exists?
  - e. why does it exist?
  - f. when should the intervention start?
- 2. Nutritional profile which is already existing/available in some municipalities shall be utilized as secondary data. In areas where data is inadequate the Barangay Nutrition Scholar and Barangay Health Worker can be tapped to provide the updated data. The MSWDO shall prepare the <u>Community Nutrition Profile</u> which include the following:

- a. location
- b. demographic data
- c. leading causes of infant mortality
- d. economic information
- e. education
- f. health and sanitation
  - OPT results
  - health and nutrition manpower
  - health and nutrition facilities
  - environmental sanitation
- g. food production
- h. road facilities
- i. existing nutrition program support (international, national, municipal)
- 3. Coordination with other agencies involved in the Nutrition Program shall be conducted to generate statistics on the program.
- 4. The MSWDO should review records of the municipal office. These records include general intake sheets, family welfare indicators, community survey wherein probable SF enrollees can be identified.
- 5. The Municipal Nutrition Action Officer shall validate information gathered by coordinating with indigenous key leaders/volunteers.
- 6. The MSWDO shall make use of the recent weight survey as primary consideration in planning the nutrition program.
- B. Social Preparation
- 1. Through a community assembly, the MSWDO shall present the data on Community Nutrition Profile as well as the analysis and interpretation of the nutrition problems affecting the children.
- 2. Data shall be analyzed, summarized with conclusions and recommendations and packaged into a Barangay/Municipal Nutrition Action Plan for submission to Municipal Development Council.
- 3. The MSWDO tap existing people's organization to support project management.
- C. Social Planning

- 1. The Municipal/Barangay Nutrition Committee shall be enjoined to enrich activities to be undertaken and to finalize the Municipal/Barangay Nutrition Action Plan.
- 2. The MSWDO shall initiate the organization of a Council or Committee on nutrition if it is not yet functional in coordination with Municipal Development Officer.
- 3. In case the Barangay has already an organized Barangay Council for the protection of children, the MSWDO can tap this committee in the management of the Supplemental Feeding Program in the area.

# D. Project Implementation

- 1. Re-weighing of pre-school children shall be done to establish their new weight record. Only moderately and severely (non-medical) underweight children (36 months to 72 months) shall be included in the SF. Each child shall have a Growth Chart.
- 2. Initial home visits shall be conducted to inform families whose children are included in the feeding. They are also informed of the objectives and activities of the program as well as their roles and responsibilities. It is at this stage when the MSWDO gathers more information and establishes rapport with the family.
- 3. Organizational Meeting During the organizational meeting the following topics shall be discussed in the presence of other service providers:
  - The extent/magnitude of the malnutrition problem in the area using the recent result of the survey/OPT
  - Objectives of the service providers in implementing Supplemental Feeding Program
  - Programs and services of the participating agencies
  - Roles and participation of the community and family beneficiaries including contribution in cash, in kind and services
  - Expectation of the community from the participating agencies
  - Strategies on how best the malnutrition problem can be managed
  - Topics to be discussed in the nutrition education sessions and other activities that will be undertaken to fully attain the objectives of the project
  - Identification of potential volunteers
  - Organization of SF parents committee
- 4. In consultation with the MSWDO the volunteers shall prepare the project proposal for submission to the Municipal Development Council for approval. This project proposal shall serve as the basis in the implementation of feeding. The following shall be the content of the project proposal: