



EXECUTIVE ORDER NO. 97
Series of 2020

"AN ORDER INTEGRATING AND OPERATIONALIZING PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM) IN THE PROVINCE OF OCCIDENTAL MINDORO"

WHEREAS, Presidential Decree No. 603 or the Child and Youth Welfare Code of the Philippines states that the child is one of the most important assets of the nation;

WHEREAS, every child has the right to the care, assistance, and protection of the State, particularly when the parents or guardians are unable to provide the child with fundamental needs for growth, development, and improvement;

WHEREAS, under the World Health Organization's (WHO) threshold for Global Acute Malnutrition (GAM), the Philippines' rate of 7.3% for children under 5 years is considered poor, and the rate of 11.9% for children 6-11 months, serious;

WHEREAS, cases of Moderate Acute Malnutrition (MAM) of 3.6% and cases of Severe Acute Malnutrition (SAM) of 1.8% among 0-59 months old children were identified in Occidental Mindoro in 2017;

WHEREAS, the Department of Health issued Department Order No. 2015-0055 or the National Guidelines on the Management of Acute Malnutrition for Children under 5 years to provide the policies and strategic framework to guide a multi-sectoral approach in the adoption and implementation of PIMAM and to mandate that SAM programs be integrated into ongoing health programs in the LGU;

WHEREAS, the Philippine Integrated Management of Acute Malnutrition (PIMAM) is a set of updated and scientifically-proven protocols that can be used by health providers to manage acute malnutrition cases in the target age group of 6-59 months, who are the most vulnerable;

WHEREAS, among the set nutrition targets of the Philippine Plan of Action for Nutrition for 2017-2022 is the integration of the management of severe and moderate acute malnutrition in the community and health facility;

WHEREAS, PIMAM, which is community-based, is adopted from a set of international standard guidelines replacing the use of less effective methods of diagnosing and treating acute malnutrition cases.

NOW THEREFORE I, EDUARDO B. GADIANO, Provincial Governor of Occidental Mindoro and by the powers vested in me by laws, do hereby order the following:

Section 1. Integration of PIMAM in the Regular Health Program- The PIMAM protocol shall be adapted and be integrated with other health and nutrition services of the Provincial Health Office (PHO) and become a part of the minimum service package in nutrition during emergencies and disasters;



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Section 2. Organization of Local PIMAM Management Team. The team is composed of the Provincial Nutrition Committee (PNC) members, Provincial or District/Community Hospitals, and Private Hospitals/Clinics. The functions of the team are on policy and standards, financing, capacity building, logistics management, information, monitoring, evaluation, coordination, linkages, and advocacy.

Team Leader: **DR. MA. TERESA V. TAN**
PHO I/Acting PHO II- Provincial Health Office

Assistant Team Leader: **DR. ARCELI T. REBONG**
PNAO-Provincial Health Office

Members:

HON. NESTOR N. TRIA
SP-Committee-Chairman on Health

DR. MICHAEL M. ENARBIA
Head of Office-PDOHO

MA. ANTONIA M. JAVIER
OIC-Provincial Social Welfare and Development Office

ANTHONY A. DANTIS
PPDC-PPDO

ROGER F. CAPA, CESO IV
Daped-Superintendent

MARIO M. MULINGBAYAN, JR.
PDRMO

EDGAR M. MARTIN
OIC-Plan International

SOFRONIO V. BARANDA
Office of the Provincial Agriculturist

DR. KRISTOFFERSON B. GONZALES
Provincial Veterinarian

NOE ZOLETA
OIC-NCIP

LILYBETH VALERA
President-DCW's Association



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DR. REYNALDO A. FERATERO

Chief of Hospital-Occidental Mindoro Provincial Hospital

DR. APOLONIO C. DOMINGO

Chief of Hospital-San Jose District Hospital

DR. CARLOS R. DIPASUPIL

Chief of Hospital-Abra De Ilog Community Hospital

DR. VENMAR S. SAYAPAL

Chief of Hospital- Lubang District Hospital

DR. NIÑO BENEDICT C. PANOPIO

Chief of Hospital-Paluan Community Hospital

DR. ROMUALDO M. SALAZAR, JR.

Chief of Hospital-San Sebastian District Hospital

DR. AL KENNETH G. VITTO

Chief of Hospital-Sta. Cruz Community Hospital

Section 3. Roles and responsibilities of the Local Government Unit. The Provincial Chief Executive shall directly oversee the implementation and adoption of these policies within their locality, create Local PIMAM Management Teams, and provide feedback, suggestions, and policy recommendations to the Regional Offices for Health.

The Local PIMAM Management Team, led by the Provincial Health Officer, shall be responsible for the implementation and adoption of Department Order No. 2015-0055 or the National Guidelines on the Management of Acute Malnutrition for Children under 5 years in the province. They shall report to the Provincial Chief Executive.

The LGUs shall:

- a. Institutionalize (structure, organization and policies, people, resources, systems, partners) health emergency management in their responsible areas.
- b. Formulate plans, procedures and protocols to implement their policy and guidelines.
- c. Enforce existing local policies and guidelines.
- d. Consider the principles set in this policy in their respective health and nutrition plans and systems.
- e. Identify, develop and enhance capacity of the members of the health and nutrition sector.
- f. Plan for and manage supplies efficiently and effectively.
- g. With support from the Regional Offices for Health, develop/improve and sustain a safe and efficient referral system of children with acute malnutrition in their respective LGUs.

"Ganado sa Serbisyo, Ganado sa Pagbabago!"

Address: Provincial Capitol Compound, Barangay. Payompon, Mamburao, Occidental Mindoro



Hospitals

The Chief of Hospitals shall administer these regulations and support all the policies and guidelines mentioned in this Executive Order. He/she shall lead in the dissemination of these guidelines, their integration of the same in the hospital and the creation of Hospital PIMAM Management Teams. He/she shall ensure the availability of personnel and funds to support all the needed training and responses. He/she shall report to the Chief Executive.

Hospitals shall:

- a. Formulate plans, procedures and protocols to implement this policy and guidelines.
- b. Implement all policies, and adhere to all standards, requirements and systems.
- c. Provide and implement a mechanism of coordination and collaboration with hospitals (both government and private), LGUs, partners, and other stakeholders, to ensure the timely and effective service delivery.
- d. Support monitoring and evaluation activities.

Non-Government Organizations/Agencies, Development Partners, Private Sector and Civil Society Groups shall:

- a. Adopt these guidelines in their locality, as appropriate, and provide feedback and report to DOH.
- b. Participate in information dissemination, advocacy activities and training.
- c. Adhere to and observe all requirements and standards needed to respond to emergencies and disasters in accordance with the thrust of the Department of Health.
- d. Provide development/technical assistance to strengthen capacities and systems during scale-up and implementation of the program consistent with the above principles.
- e. Coordinate with appropriate LGUs/DOH offices for assistance in the implementation of this policy and services during emergencies.

Section 4. Role of Health Volunteers- The Barangay Health Workers (BHW) and Barangay Nutrition Scholars (BNS), after proper training, technical input and orientation given by the Provincial Health Office/PIMAM Team, may perform the screening and detection of acute malnutrition using the weight-for-length/height, Mid-upper Arm Circumference (MUAC) and checking for nutritional edema either in the health facilities, evacuation sites or during household visits;

Section 5. Severe Acute Malnutrition (SAM)- Cases without medical complications will be managed by the health team staff including Municipal Health Officer, Nutrition Officers (NOs), Rural Health Midwives, Public Health Nurses in Municipal Health Office/rural health unit/barangay health stations in an out-patient basis during the Integrated Management of Childhood Illnesses (IMCI) consultation with weekly follow-ups;



1. Assessment and Diagnosis

Acute malnutrition shall be diagnosed by assessing the child to be of inadequate weight relative to height based on the WHO Child Growth Standards and/or by identifying muscle wasting using MUAC and/or bilateral pitting edema.

Acute malnutrition shall be classified as moderate or severe according to the degree of wasting in comparison to specific cut-off points or reference standards. Children with bilateral pitting edema are always classified as having severe acute malnutrition.

Assessment shall be made in the OPD of an Inpatient Therapeutic Care (ITC) facility or in an Outpatient Care (OTC) facility (BHS, BHC, or RHU). Other venues such as daycare centers shall also be used as the need arises.

Once a child has been diagnosed with SAM, it is important to make sure that he or she shall be correctly assigned to outpatients or inpatient care based on his or her condition. This is based on whether the child has appetite (conduct Appetite Test using RUTF) and/or any medical complication based on IMCI criteria.

2. Referral and Management

Inpatient Therapeutic Care (ITC)

Focuses primarily on the nutritional stabilization of the child and appropriate management of medical complications. Inpatient care shall be provided in order to:

- a. Recover infants <6 months with SAM who require intensive treatment.
- b. Stabilize children with SAM aged 6 to 59 months who also have medical complications or a lack of demonstrated appetite sufficiently to allow them to continue their nutritional rehabilitation with OTC
- c. Provide complete nutritional rehabilitation in inpatient care for children with SAM where there is no access to OTC.
- d. Children in outpatient care may also be referred to inpatient care for a period of more intensive treatment/monitoring when they are not responding appropriately to treatment as an outpatient.

Outpatient Therapeutic Care (OTC)

Provides treatment for children with SAM who have appetite and no medical complications. These children can be treated at home with simple routine medicines and RUT F. All cases admitted to OTC shall be provided with oral antibiotics in line with IMCI guidelines.

Targeted Supplementary Feeding Program (TSFP)

Provides treatment for children with MAM. These children can be treated at home with RUSF or locally available supplementary food (fortified with micronutrient powders) and intensive nutrition counselling plus routine health care (consistent with IMCI guidelines, outpatient treatment of infections or referral to hospitals), in line with National Supplementary Feeding Guidelines.



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Section 6. SEPARABILITY CLAUSE. If any provision of this Executive Order is declared invalid for any reason, the parts not affected thereby shall remain valid and in full force and effect.

Section 7. REPEALING CLAUSE. All Executive Orders, Rules and Regulations issued by this province which are inconsistent with any of the provisions of this Executive Order are hereby repealed, superseded or modified accordingly.

Section 8. Effectivity. This Executive Order shall take effect immediately.

Done this 4th day of December, 2020 at Provincial Capitol, Mamburao, Occidental Mindoro.


EDUARDO B. GADIANO
Governor