ACKNOWLEDGEMENT:

- Households and respondents covered
- Barangay Officials and Community Health Workers
- Local Government Units, Provincial/City Nutrition Action Officers
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- DOST Secretary Fortunato T. dela Peña
- DOST Undersecretary for R&D - Dr. Rowena Cristina L. Guevara
- DOST Undersecretary for Regional Affairs – Dr. Brenda Manzano
- Cabinet Secretary Karlo Alexei B. Nograles
- National Nutrition Council
- Department of Health
- Regional and Provincial DOST Officials
THE ENGINES OF DOST – FNRI

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The rapid nutrition assessment survey (RNAS)

✓ provides a snapshot of the food security situation and nutrition perceptions of respondents of selected areas with high, medium and low risk of COVID-19

✓ conducted from November 3 to December 3, 2020

❖ Results may aid policymakers and program implementers in enhancing and intensifying policies and program implementation and delivery in a more focused and targeted approaches.
How were the areas selected?

SURVEY DESIGN: MULTI – STAGE

- List of areas covered in the 2019 DOST-FNRI Expanded National Nutrition Survey (ENNS) were categorized into Luzon, Visayas, Mindanao.

- Clustering of Provinces or Highly Urbanized Cities (HUCs) in each major island into low-, medium- and high-risk COVID-19 infection.

- One province and/or HUC was selected from each risk category across Luzon, Visayas, and Mindanao.

- Only households with mobile numbers were included.
What were the areas covered?

How many HHs were covered?
There were 5,943 eligible households, but only 5,717 (96.2%) households were covered due to non-response.

Who are the respondents?
Household heads, mothers/caregivers, and pregnant with recorded mobile numbers in 2019 ENNS.

<table>
<thead>
<tr>
<th>Areas*</th>
<th>Total Households Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk</td>
<td>1,333</td>
</tr>
<tr>
<td>1. Parañaque City</td>
<td>302</td>
</tr>
<tr>
<td>2. Lapu-Lapu City</td>
<td>757</td>
</tr>
<tr>
<td>3. Pateros</td>
<td>274</td>
</tr>
<tr>
<td>Moderate Risk</td>
<td>2,413</td>
</tr>
<tr>
<td>1. Pangasinan</td>
<td>931</td>
</tr>
<tr>
<td>2. Southern Leyte</td>
<td>717</td>
</tr>
<tr>
<td>3. Zamboanga City</td>
<td>765</td>
</tr>
<tr>
<td>Low Risk</td>
<td>1,971</td>
</tr>
<tr>
<td>1. Angeles City</td>
<td>774</td>
</tr>
<tr>
<td>2. Guimaras</td>
<td>411</td>
</tr>
<tr>
<td>3. South Cotabato</td>
<td>786</td>
</tr>
</tbody>
</table>

*Based on IATF announcement on July 15, 2020 and number of COVID-19 positive cases from the DOH NCOV tracker as of July 16, 2020
How many individuals were covered?

7,240 individuals covered through phone interview, of whom:

- **792 (10.9%)** were children under two (0-23 months old)
- **1,995 (27.6%)** were preschool-age children (2-5.9 years old)
- **4,305 (59.5%)** were school-age children (6-12 years old)
- **148 (2.0%)** were pregnant women
RESULTS
16.7% of the household heads have lost job and was highest (18.1%) in high risk areas.

16.5% had job opportunities and was highest in the medium risk areas (18.6%). Most job opportunities were service and agricultural – related.
Food insecurity

- **62.1%** of the surveyed households experienced moderate or severe food insecurity.

- The impact of food insecurity was higher in low and moderate than in the high risk areas.

- High risk areas are located in highly urbanized cities where food availability and accessibility might be easier either through LGU – government - or private – induced donations.

\[ a \text{ Based on FIES with recall period of since the community quarantine started in March} \]
Food insecurity experiences by month

- Worry about food
- Eat just a few kinds of food
- Ate less than you thought you should
- Unable to eat healthy and nutritious food
- Ran out of food
- Skip a meal
- Hungry but did not eat
- Without eating for a whole day

Percentage

March: ECQ
April: ECQ
May: ECQ
June: MECQ
July: GCQ / MGCQ
August: MECQ / GCQ / MGCQ
September: GCQ / MGCQ
October: GCQ / MGCQ
November: GCQ / MGCQ
56.3% of the households reported having problem accessing food during community quarantine period due to:

- No money to buy food: 22.1%
- No/limited public transportation: 21.6%
- No money due to Loss of job: 19.5%
- Limited food stores in the area: 10.8%
- Elderly (no other members to buy food): 5.1%
Top food-coping strategies adapted by families

- **71.8%** have purchased food on credit
- **30.2%** bartered food
- **66.3%** have borrowed food from family/neighbors/friends
- **21.1%** have reduced amount of intake of adults for children to have more
Food security of households with children and pregnant members

Impact of food insecurity was highest in households with children (74.7%) and pregnant members (80.8%) than in households without such members.

*significant at p<0.05
Most Challenging problems* experienced by families

- Lost job/business was closed: 28.4%
- Restricted movement/ No transportation: 17.0%
- Covid-19 positive/exposed: 16.7%
- Financial and bills problem: 13.6%
- Health condition/problem: 9.9%
- Limited source of food: 5.7%
- Schooling of child/children: 4.2%
- Anxiety over covid-19/risk of exposure,...: 2.2%
- Losing a family member, calamity: 0%

* Multiple Response
Food Assistance:

96.6% of the surveyed households received food assistance from LGU or private sector, of which 48.9% received 2-3 times of the food assistance and 42.6% had >3X
Food Assistance Frequency by Risk Level:

Increased frequency of “ayuda” was noted in high risk areas, of which 40.1% of the surveyed households received 4-5 times, 11.6% received 6-7 times.
Most common food items included in the food packs

- **Rice and cereals**: 93.2%
- **Instant Coffee**: 31.3%
- **Milk and other dairy products**: 14.0%
- **Canned and other dry goods (delatang sardinas, corned beef, meat loaf, condiments)**: 82.6%
Cash Assistance:

62.9% of the households received cash assistance during the pandemic, of which more than half (58.7%) received once only.
Cash Assistance Frequency by risk level:

- **Low Risk**: 78.2% of the households from Low Risk areas received cash assistance **only once**.
- **Moderate Risk**: 41.2% of households from medium risk areas received cash assistance **2 times**.
- **High Risk**: 56.4% of households from High Risk areas received cash assistance **2 times**.

Once only  |  2 times  |  >2 times
Assistance for Food Production:

87.5% of Households did not receive assistance for food production from the government.
77.6% of households did not receive assistance for food production from the government.

89.8% of households did not receive assistance for food production.

98.1% of households did not receive assistance for food production.
NUTRITION SPECIFIC PROGRAMS: Children 0-12

- **OPT Plus**: 83.0% prior to COVID-19, 51.1% during COVID-19
- **Supplementary Feeding**: 21.6% prior to COVID-19, 11.9% during COVID-19
- **Vitamin A Supplementation**: 65.4% prior to COVID-19, 54.9% during COVID-19
- **Deworming**: 60.4% prior to COVID-19, 35.3% during COVID-19
REASONS FOR NON-PARTICIPATION TO OPT Plus

48.9% 
Children were not weighed nor measured for height.

51.0% 
Did not visit the health center due to lockdown

33.5% 
BNS or Barangay Health Workers did not visit us

12.4% 
Do not know
Reasons for non-participation to OPT by area

- High Risk Area
  - Did not visit the health center due to lockdown: 54.3%
  - BNS or barangay health workers did not visit us: 37.1%
  - Do not know: 5.8%

- Moderate Risk Area
  - Did not visit the health center due to lockdown: 50.7%
  - BNS or barangay health workers did not visit us: 31.4%
  - Do not know: 14.5%

- Low Risk Area
  - Did not visit the health center due to lockdown: 47.4%
  - BNS or barangay health workers did not visit us: 32.1%
  - Do not know: 17.4%
Children who received supplementary feeding by risk level

Majority of the children in the different areas did not receive supplementary feeding.
Children (6 mos to 12 years old) who received Supplementary Feeding.*

From those who received supplementary feeding (11.9%), the mean duration of feeding was less than a month (approx. 12 days)

*Supplementary feeding received with at least 1 meal a day in the past months since COVID-19 pandemic started

** Multiple Response

<table>
<thead>
<tr>
<th>Type of supplementary food received**</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family food pack (fruit/veg, bread, canned goods, etc)</td>
<td>54.3</td>
</tr>
<tr>
<td>Cooked food</td>
<td>42.4</td>
</tr>
<tr>
<td>Dry ration (rice, milk, rice-mongo blend, etc.)</td>
<td>20.7</td>
</tr>
</tbody>
</table>
## Type of supplementary food received by children during COVID-19

<table>
<thead>
<tr>
<th>HIGH RISK AREA</th>
<th>MEDIUM RISK AREA</th>
<th>LOW RISK AREA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooked Food (47.8%)</td>
<td>Family Food Pack only* (60.5%)</td>
<td>Family Food Pack only* (53.2%)</td>
</tr>
<tr>
<td>Family Food Pack only* (36.0%)</td>
<td>Cooked Food (44.0%)</td>
<td>Cooked Food (36.3%)</td>
</tr>
<tr>
<td>Dry Ration** (30.1%)</td>
<td>Dry Ration** (14.9%)</td>
<td>Dry Ration** (26.2%)</td>
</tr>
</tbody>
</table>

*Family food pack = rice, canned goods, fruit/veg, bread

**Dry Ration = rice, milk, rice-mongo, etc.
PROVISION OF MICRONUTRIENT POWDER (6-60 months old children)

10.6% RECEIVED MICRONUTRIENT POWDER

Type of MNP received

- Nutri-Foods MNP
- Vita Meena MNP
- Vita Mix
- Micronutrient Growth Mix (MGM)
- Others (ex. VITA SANGKAP)

Micronutrient Powder
Mother’s Perception towards their 0-12 years old children NS

31.9% “My child is thin/underweight/short”

10.7% “MY CHILD IS NOT HEALTHY”

29.4% Others (ex. Picky eater)
Stunting occurrence as perceived by mothers

18.4% STUNTED

The child is **stunted**, Why Do you say so?

- 79.9% "Hindi tumangkad"
- 6.3% "Tingin ko lang"
- 5.9% "Kulang sa nutrisyon"
Mother’s knowledge on the causes of child stunting

- **Inadequate food intake/nutrition**: 66.7%
- **Hereditary**: 39.4%
- **Others (ex. Lack of vitamins, lack of sleep)**: 29.7%
Mothers who perceived their children to be stunted by food insecurity level (%)

1 out of 5 (19.7%) of the surveyed mothers perceived their children to be stunted.

More mothers from the severely food insecure household perceived their children to be stunted (24.8%)
Children under 6 years old with reported loss of weight during COVID-19 pandemic

2 in every 10 children reported to have lost weight. Mostly are from the Medium Risk Area (24.2%).
Children under 6 years old with reported loss of weight by food insecurity level

Higher proportion of weight loss among children belonging to severely food insecure household were observed.
Access to maternal health services

- 15.5% have no prenatal check up
- 39.1% expressed fear going to health facility
- 34.8% were not aware of current pregnancy
- 13.0% had no money to go to nearest health facility
- 13.0% were busy, had no time, or were not interested
The **Barangay Health Center** was reported to be the most accessible health facility for maternal health services.
Micronutrient supplementation availed by pregnant women

- Not taking Vitamins: 14.2%
- Taking Vitamins: 85.8%
Types of vitamins and mineral supplements taken during pregnancy

Sources of Supplements:

- Drugstore: 33.3%
- Barangay Health Center: 56.6%

<table>
<thead>
<tr>
<th>Supplement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferrous Sulfate</td>
<td>41.7%</td>
</tr>
<tr>
<td>Single Vitamin/Mineral</td>
<td>29.9%</td>
</tr>
<tr>
<td>Multivitamins</td>
<td>26.8%</td>
</tr>
<tr>
<td>Calcium Carbonate</td>
<td>24.4%</td>
</tr>
<tr>
<td>Iron-Folic Acid</td>
<td>22.0%</td>
</tr>
<tr>
<td>Folic Acid</td>
<td>15.0%</td>
</tr>
</tbody>
</table>
Reasons for not taking vitamin/mineral supplements during pregnancy in the time of COVID-19 pandemic

- No money to buy Vitamins: 28.6%
- Waiting for prescription of vitamins: 28.6%
- Waiting for prenatal check-up: 14.3%
- Health Centers were lockdown: 9.5%
- Not interested in taking Vitamins: 9.5%
Dietary supplementation

- 92.6% Did not receive dietary supplementation
- 7.4% Received dietary supplementation

Types of Dietary Supplementation Received:
- Family Food Pack = 54.6%
- Fresh Fruits and Vegetables = 36.4%
Access to pregnancy-related information/messages

42.6% Received messages about pregnancy

57.4% Did not receive messages about pregnancy

Sources of Messages:
- Center/Clinic/Nurses/Midwife = 57.1%
- Television = 17.5%
- Social media = 14.3%
- Poster, leaflet, flyer, newspaper, or any printed media = 11.1%
Breastfeeding Practices
COVID-19 did not affect drastically the breastfeeding practice.

Exclusively breastfeeding

60.8 %

of children 0-5.9 months were exclusively breastfed during COVID-19 pandemic

Current breastfeeding

59.7 %

of children 0-23 months were currently breastfed during COVID-19 pandemic

*not significantly different
Breastfeeding practices

- 19.0% of children 0-23 months had stopped breastfeeding during COVID-19 pandemic
- 61.8% decided not to breastfeed
- 9.1% child did not want to be breastfed
- 2.7% were not able to go home
- 15.5% returned to work
Complementary feeding practices

Dietary Diversity Score is a proxy indicator of micronutrient adequacy. Minimum meal frequency is proxy indicator of energy adequacy. Minimum acceptable diet is a proxy of both energy and micronutrient adequacy.

COVID-19 did not affect complementary feeding practices.
Top complementary foods consumed by children 0-23 months

- **Commercial baby food**: 45.6%
- **Rice**: 19.5%
- **Mashed vegetables**: 7.6%
- **Porridge/lugao**: 14.4%
- **Fruits**: 3.2%
Access to breastfeeding and complementary feeding information

- 20.1% reported receiving messages on breastfeeding and complementary feeding
- 67.1% received information from healthcare facilities
- 25.9% from television
- 13.9% from printed ads
- 7.6% from radio
- 22.8% from social media
RNAS TAKE AWAY MESSAGES:

❖ Majority of the respondents received “AYUDA” or assistance either in cash (62.9%) or foods (96.6%)

❖ Breastfeeding, either exclusive or any form of breastfeeding, was still high (60.8% and 59.7%, respectively)

❖ High percentage (93.3%) of young children meeting meal frequency

❖ Barangay Health Center – most accessible health service facility during pregnancy, and source of nutrition messages was mostly from healthcare facility
RNAS TAKE AWAY MESSAGES:

❖ Loss of job – most concern
❖ Increased food insecurity
❖ Food insecurity experiences was highest during the months of April and May

❖ Low percentage of respondents have sought health services for children
❖ Low percentage pregnant women also sought maternal services
❖ Most frequent recipients of “ayuda” are in the High – risk areas (HUC)
❖ Low assistance on food production
RNAS TAKE AWAY MESSAGES:

❖ Unemployment, food security, food accessibility, access to health and nutrition programs for children including pregnant women are the major issues during the pandemic in these selected areas. If left unsolved …

These may increase percentages of:
- nutrient deficiencies
- undernutrition

Resulting to weakening of the immune system leading to frequent attacks illness e.g. increasing susceptibility to COVID–19 and other viral infections which may lead to tremendous high medical cost, lost opportunities, and economic drain.
CALL TO ACTION

❖ Donations, government services and benefits must be decentralized from the Highly-Urbanized Cities (HUCs) and extended equitably to provinces with less resources and minimal or no benefactors.

❖ Enhance the capabilities and the increase resources of BHS to increase access to health services

❖ Hire Nutritionists to impart effective messages

❖ Improve assistance on food production either as home or community–based gardening and more efforts on urban gardening is needed.

❖ DOST – FNRI to develop more easy to distribute safe and nutritious food products
THE ENGINES OF DOST – FNRI

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