



Republic of the Philippines
PROVINCE OF SORSOGON
MUNICIPALITY OF GUBAT

OFFICE OF THE MAYOR

EXECUTIVE ORDER NO. 2018-026

ORGANIZING AND INSTITUTIONALIZING THE NUTRITION CLUSTER AS A SUB-STRUCTURE OF THE MUNICIPAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL OF GUBAT, SORSOGON

WHEREAS, the National Disaster Coordinating Council (now NDRRMC) issued Circular No. 5 or the “Institutionalization of the Cluster Approach in the Philippine Disaster Management System, Designation of Cluster Leads and their Terms of Reference at the National, Regional and Provincial Level” on 10 May 2007;

WHEREAS, the Department Personnel Order 2007-2492 issued 30 August 2007 provided for the “Creation of the Health Cluster with Sub-Clusters on Nutrition, WASH and Health”;

WHEREAS, Nutrition Cluster is a group composed of government, non-governmental and international humanitarian agencies that take lead in nutrition management during emergencies and disasters;

WHEREAS, the Nutrition Cluster aims to ensure that the nutritional status of affected population especially the most vulnerable groups: infants, children, pregnant women and breastfeeding mothers, older persons, people with disabilities, and people living with debilitating conditions will not worsen or deteriorate due to the impact of emergency and disaster through linking with other cluster/sector groups and establishing capacities at all levels;

NOW THEREFORE, I, SHARON ROSE G. ESCOTO, Municipal Mayor of the municipality of Gubat, province of Sorsogon, by virtue of the power vested in me by law, do hereby order organization and institutionalization of the nutrition cluster as a sub-structure of the municipal disaster risk reduction and management council of this municipality;

Section 1. COMPOSITION

The NNC Governing Board Resolution No. 1 series 2009, adopting the National Policy on Nutrition Management in Emergencies and Disasters, provides that the nutrition committee of each LGU shall function as the local nutrition cluster and in the context of emergency management shall be considered a sub-structure of the local disaster coordinating council.

Section 2. OBJECTIVES

- Conduct rapid nutritional assessment in the affected areas;
- Ensure the timely and appropriate delivery of quality package of nutrition interventions to affected population particularly on the promotion and protection of infant and young child feeding practices, micronutrient supplementation, supplementary feeding, integrated management of acute malnutrition and others;
- Ensure that the foods provided and distributed are nutritionally adequate especially for the vulnerable groups;
- Conduct trainings and other various capacity building activities related to nutrition;
- Provide nutrition counseling to affected populations; and
- Establish and promote coordination, networking, planning, social mobilization, advocacy, surveillance, monitoring, evaluation and good reporting mechanisms within the nutrition cluster.

Section 3. DUTIES AND RESPONSIBILITIES

The Chairperson shall assume the following duties and responsibilities:

- Leads in the development of cluster’s goal, objectives, plans and strategies; and supervises the activities in terms of policy development, assessment, situational analysis, program and project

implementation, advocacy, resource mapping and mobilization, and documentation of the cluster;

- Ensures that cluster partners apply and cascade existing government policy, guidelines, standards at all levels;
- Leads in the transition activities from response to recovery in relation to concerned specific clusters; and documentation of best practices and lessons learned;
- Establishes appropriate coordination and data management systems among the cluster members including established local focal points;
- Ensures capacity development among the members at all levels; and
- Represents the cluster in the HCT, inter-cluster, and relevant adhoc meetings; and ensure that cross-cutting issues are adequately reported and addressed by the other clusters.

Cluster members shall assume the following duties and responsibilities:

- Participate in emergency preparedness, response and recovery activities;
- Maintain coordination and partnership to prevent and reduce morbidity and mortality;
- Implement standard or evidence-based interventions;
- Develop and adopt gap-filling and need-prioritization strategies;
- Perform with accountability predictable, timely and effective emergency response activities;
- Participate in the establishment and maintenance of appropriate coordination mechanisms;
- Establish an effective information management system;
- Support convergence of enhancing competencies;
- Set arrangement for resource mapping, sharing and mobilization;
- Advocate cluster's preparedness, response and recovery activities to donors and stakeholders;
- Generate support in promoting transfer of skills to local cluster members;
- Promote strict adherence to cluster priorities, guidelines and standards;
- Facilitate the application of the technical standards collectively agreed within the cluster; and
- Uphold flexibility in the delivery of cluster's service packages.

Section 4. MINIMUM NUTRITION SERVICE PACKAGE DURING EMERGENCIES/ RECOMMENDED NUTRITION CLUSTER RESPONSE

The minimum service package during emergencies includes a set of nutrition services that provides for the nutritional requirements of the general population and vulnerable groups. This includes a range of services and strategies from nutritional assessment to provision of different nutrition services to monitoring and evaluation of these services.

The *Recommended Nutrition Cluster Response*, also called the *Minimum Service Package for Nutrition*, aims to guide the Nutrition Cluster on what to do immediately during emergencies, particularly during the first 72 hours to prevent worsening of nutrition status and deaths.

Timeline	Response
Alert Phase	<ul style="list-style-type: none"> ● Updating of inventory of resource and mobilization <ul style="list-style-type: none"> ○ Vitamin A capsules ○ Multiple micronutrient powders ○ Ferrous sulfate and iron with folic acid ○ IECs for Nutrition ○ MUAC Tapes ○ Weighing scale ○ Weight for height reference table ○ Height Board
Pre-emptive Evacuation Phase	<ul style="list-style-type: none"> ● General/blanket supplementary feeding for 6 to 59 months children and pregnant and lactating mothers ● Vitamin A supplementation for 6 to 59 months children ● Setting up of breastfeeding corner/space in evacuation centers ● Team Activation ● Referral of SAM with infections to health facilities ● Cluster coordination Meeting
Within First 24 Hours of Impact	<ul style="list-style-type: none"> ● Assessment Team Deployment ● Rapid nutrition assessment
25 to 72 hours *the following activities will not only be delivered in evacuation center	<ul style="list-style-type: none"> ● Infant feeding in emergencies assessment ● Cluster coordination ● Planning for intervention

More than 72
Hours

- Implementation of the following nutrition interventions:
 - Rapid screening for acute malnutrition using mid-upper arm circumference (MUAC)
 - Blanket and targeted supplementary feeding
 - Integrated management of acute malnutrition activity components
 - a. Case validation of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) using the weight-for-height as basis and checking of bilateral pitting edema
 - b. Enrolment/admission
 - c. Growth monitoring and promotion
 - d. Standard case management
 - e. Case referral
 - Promotion, protection, and support of infant and young child feeding in emergencies
 - a. Establishment/setting up of breastfeeding areas/corners/tents in evacuation centers/camps/temporary shelters
 - b. Organization and orientation of breastfeeding support groups
 - c. Infant feeding in emergencies assessment and counseling
 - d. Provision of breastfeeding support services
 - Transport and storage of pasteurized human breastmilk in coordination with human milk bank
 - Identification of wet nurses
 - Organization of relactation sessions
 - e. Policy (Milk Code) active monitoring and advocacy, and reporting
 - Promotion, protection, and support of infant and young child feeding in emergencies
 - Micronutrient intervention
 - a. Provision of vitamin A capsules (VAC)
 - b. Iron and folic acid supplementation
 - c. Multiple micronutrient powder (MNP) supplementation
- Information management
 - 1. Monitoring, supervision and evaluation:
 - Service delivery
 - Resource mobilization and use
 - Emerging needs
 - Anthropometric survey/surveillance
 - 2. Documentation and information sharing
 - From the LGU to the national office (DOH)
 - Within LGUs
 - Between and among partners
 - Others
- Referral to MHPSS interventions and activities
- Cluster coordination
- Policy monitoring

Section 5. REPEALING CLAUSE. All orders and issuances that are inconsistent with this order are hereby repealed or modified accordingly.

Section 6. EFFECTIVITY. This order shall take effect immediately.

DONE this 5th day of SEPTEMBER 2018 in the Municipality of Gubat, Province of Sorsogon.

SHARON ROSE G. ESCOTO
Municipal Mayor

cc:
Concerned members
Office of the Provincial Governor
DILG Municipal Office