

SUBJECT:

**Guidelines in the Implementation of the Milk Feeding Program along with the Supplementary Feeding Program****I. Rationale**

Republic Act No. 11037 otherwise known as the “Masustansyang Pagkain para sa Batang Pilipino Act” of 2018 mandates the Department of Social Welfare and Development (DSWD) and the Department of Education (DepEd) to implement the Supplementary Feeding Program (SFP) and the School-Based Feeding Program respectively to address undernutrition among Filipino children.

The law mandates DSWD in coordination with the Department of Agriculture (DA), the National Dairy Authority (NDA), the Philippine Carabao Center (PCC) and the Cooperative Development Authority (CDA) for the incorporation of fresh milk and fresh-milk based food products in the hot meals provided to children in the Day Care/Child Development Centers (DC/CDC) and Supervised Neighborhood Play (SNP) groups.

In the recent 2018 Expanded National Nutrition Survey (ENNS), conducted by Department of Science and Technology Food and Nutrition Research Institute (DOST-FNRI) there is a decreasing trend of undernutrition and wasting among children under five years old but still comprises one-fifth of the population while stunting is persistent at approximately 30%. Furthermore, overweight and obesity among this age group is a rising threat. The country is facing the “Triple Burden of Malnutrition”.<sup>1</sup>

Based on the study conducted by FNRI on the evaluation of National Milk Feeding Program of the NDA, the rationed fresh milk contributed to about 8% of the total energy, 12% of protein, and 41% of calcium intake of the participating children. This narrows the energy gap by 43.5% among the 1—3 years old children and by 23.7% among the 4—6 years old children participating in the program. Moreover, fresh milk produced by the NDA—assisted dairy cooperative utilized - in the milk feeding program was highly acceptable and highly tolerated by the children beneficiaries.<sup>2</sup> Children drink more milk per head than adults but, also, because dietary habits established

<sup>1</sup> <https://www.fnri.dost.gov.ph/images/sources/eNNS2018/eNNS.pdf>

<sup>2</sup> (<https://www.fnri.dost.gov.ph/index.php/59-nutritips/babies—and-children/100-national-milk-feeding—program—improves—nutritional-status-of-filipino-children>)

in childhood persist into adult life. Both school and home environments can shape children's preferences in their food consumption.<sup>3</sup>

The National Dairy Development Act of 1995 guaranteed the support from the national government to sustain the dairy farming. Smallholder farms reported a gross revenue of Php0.302 million pesos in 2017, an increase from 2016's Php0.203 million. In some countries, the development of milk feeding programs has been related to the growth of the national dairy industry.<sup>4</sup>

In terms of their national dairy herd, the Philippine herd consists of a mix of dairy cattle and Carabao (buffalo). The Philippines' imports of dairy products are expected to hike 21 percent this year.<sup>5</sup>

The milk supplementation of the children in the CDC/SNP will be in addition to their regular meals (hot meals or alternative meals) under the DSWD Administrative Order No. 04 series of 2016 as amended by DSWD Memorandum Circular No. 3 series of 2019 and DSWD Memorandum Circular No. 12 series of 2020.

Further, the Milk Feeding Program is a support to the local dairy industry that will contribute to the sustainable economic activities of the local farmers.

## II. Legal Bases

1. **1987 Philippine Constitution Article XV Section 3 item 2** – the government must ensure the right of children to assistance including proper care and nutrition and special protection from all forms of neglect, abuse, cruelty, exploitation, and other conditions prejudicial to their development;
2. **Republic Act No. 11037, Masustansyang Pagkain para sa Batang Pilipino Act of 2018** - Mandates the DSWD, in coordination with the Local Government Units (LGUs) to implement a supplemental feeding program for undernourished children ages three (3) to five (5) years;
3. **RA No. 10410. Early Years Act (EYA) of 2013** – It is hereby declared the policy of the State to promote the rights of children to survival, development and special protection with full recognition of the nature of childhood and as well as the need to provide developmentally appropriate experiences to address their needs; and to support parents in their roles as primary caregivers and as their children's first teachers;
4. **Special Protection of Children Against Abuse, Exploitation and Discrimination Act (RA 7610)** – It shall be the policy of the State to protect and rehabilitate children gravely threatened or endangered by circumstances which affect or will affect their survival and normal

---

<sup>3</sup> Griffin, 2004, p3-“issues in the development of school milk”

<sup>4</sup> Griffin, 2004, p4-“issues in the development of school milk”

<sup>5</sup> <https://www.australialivestockexporters.com/philippine-dairy-industry-grows.html>



development and over which they have no control;

5. **Local Government Code of the Philippines (RA 7160)** – Chapter II Section 17 (b) (2) (iv) provides the role of the Municipality: Social welfare services which include programs and projects on child and youth welfare, family and community welfare, women's welfare, welfare of the elderly and disabled persons; community-based rehabilitation programs for vagrants, beggars, street children, scavengers, juvenile delinquents, and victims of drug abuse; livelihood and other pro-poor projects; nutrition services; and family planning services;
6. **Nutrition Act of the Philippines (PD 491)** – The Government of the Philippines hereby declares that nutrition is now a priority of the government to be implemented by all branches of the government in an integrated fashion;
7. **Section 53.12 of the Revised Implementing Rules and Regulations (IRR) of Republic Act 9184** or the Government Procurement Reform Act - provides for an alternative method of negotiated procurement which involves Community;
8. **Philippine Plan of Action For Nutrition 2017-2022** - is an integral part of the Philippine Development Plan 2017-2022. It is consistent with the Duterte Administration 10-point Economic Agenda, the Health for All Agenda of the Department of Health (DOH), the development pillars of malasakit (protective concern), pagbabago (change or transformation), and kaunlaran (development), and the vision of Ambisyon 2040. It factors in and considers country commitments to the global community as embodied in the 2030 Sustainable Development Goals, the 2025 Global Targets for Maternal, Infant and Young Child Nutrition, the 2014 International Conference on Nutrition;
9. **Resolution No. 09-2014** – Provides for the Community Participation Procurement Manual (CPPM);
10. **Resolution No. 28-2016** – Provides for the Supplemental Guidelines for Community-Managed Procurement;
11. **Sustainable Development Goal No. 2** – these are the goals set by 193 member countries of the United Nations including Philippine Government to be achieved within 15 years (2016 – 2030);
  - **SDG number 2 targets zero hunger (food security) which means to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture.**
  - **SDG number 3 targets good health and well-being (ensuring healthy lives and promoting the well-being for all at all ages which is essential to sustainable development)**

### III. Objectives

1. To protect the children particularly those who are enrolled in the CDCs and Supervised Neighborhood Play Groups from malnutrition by improving and/ or maintaining their nutritional status through milk supplementation in order to meet their micronutrient, protein and energy requirements as a augmentation to the Supplementary Feeding Program (SFP).
2. To create demand for milk from local dairy farmers.

### IV. Definition of Terms

1. **Child Development Center (CDC)** – a facility for children 3-4 years old that addresses the holistic development of children used as a venue for Supplementary and Milk Feeding Program.
2. **Child Development Worker (CDW)** - a child care worker in a CDC trained to provide supplemental parental care and early childhood enrichment activities to ensure that physical, cognitive, social, and emotional needs of children are being addressed.
3. **Community Quarantine (CQ)** - refers to the restriction of movement within, into, or out of the area of quarantine of individuals, large groups of people, or communities. It is designed to reduce the likelihood of transmission of COVID-19 among persons in and to persons outside the affected area.
4. **Supervised Neighborhood Play (SNP)** - a home based modality where children 2-5 years old are provided with early childhood enrichment activities together with older children through play activities, games, guided exercises and other learning opportunities. Each SNP can be composed of children of various ages but should have a maximum of 10 members.
5. **SNP Worker** - a child care worker/facilitator of SNP groups, trained to provide supplemental parental care and early childhood enrichment activities to ensure that physical, cognitive, social, and emotional needs of children are being addressed.
6. **Fresh Milk** - refers to the normal mammary secretion of one or more healthy dairy animals like cows, buffalos/carabaos, or goats, and as far as practicable, produced by local dairy farmers or farms, that is: 1) free from colostrum, 2) without adding or extracting anything to or from it, 3) has undergone heat processing, and 4) intended for consumption as liquid milk or for further processing.


6.1. **Fresh Milk-Based Food Product** refers to a product created or produced based on, derived from, or blended with fresh milk.

*Some examples would be cheese, yogurt, toned milk and flavoured milk drinks among others produced with fresh milk as a component.*

7. **Lactose Intolerance** - is a condition that affects the capacity of an individual to digest lactose properly because of deficiency in the enzyme lactase.
8. **Milk Feeding Program** - the incorporation of fresh milk and fresh milk-based food products in the fortified meals and cycle menu in accordance with RA 8172 or "Philippine Food Fortification Act of 2000," utilizing, as far as practicable, locally produced milk in order to enhance its nutritional content and, at the same time, help boost livelihood opportunities for local dairy farmers and local dairy industry.
9. **Severe Acute Malnutrition (SAM)** - refers to children aged zero to fifty nine (0-59) months with very low weight for length/height, defined as less than three (3) SD below the median ( $<-3SD$ ) of the WHO Growth Standards, characterized by visible severe wasting, or by the presence of bipedal pitting edema, or a MUAC measurement of less than one hundred fifteen millimeters ( $<115mm$ );
10. **Stunting** - refers to chronic undernutrition during the most critical periods of growth and development in early life. It is defined as the percentage of children aged zero to fifty-nine (0-59) months whose height for age is below minus two (2) SD (moderate stunting) and minus three (3) SD (severe stunting) from the median of the WHO Growth Standards;
11. **Undernourished Child** - refers to a child who has been supplied with less than the minimum amount of foods essential for sound health and growth.

## V. General Policies

1. The NDA, being the country's authority on milk and dairy products, and the PCC, as the agency mandated to conserve, propagate, and promote the Philippine Carabao as a source of milk, shall assume the lead roles in assisting the NGAs for the nationwide coordination and implementation of milk feeding programs as well as feeding programs having milk as part of the menu and will be primarily responsible for communicating the importance of children's milk consumption to their health and nutrition with the assistance of DSWD and other stakeholders.
2. The DSWD through the Field Offices, assisted by the NDA and the PCC, shall ensure that all plans, agreements, systems and procedures for fresh milk and fresh milk-based product procurement and distribution, program funding and implementation, create demand for milk from the local dairy industry and farmers, private sector participation, are formulated and developed.



5 | Page

3. Fresh milk and fresh milk-based products to be procured and utilized for feeding programs, consistent with Section 4(c) of RA 11037 in relation to Section 16 of RA 7884 (National Dairy Development Act of 1995) and Section 5 (d) of RA 7307 (Philippine Carabao Act of 1992), shall be sourced from local dairy producers and cooperatives and shall be done in coordination with the NDA and PCC to determine conformity to the standards and qualifications of the law and the program.
4. The DSWD through the Field Offices, in coordination with the NDA and PCC, may enter into partnership with the private sector and other private or public entities limited to accepting donations of fresh milk and fresh milk-based product, subject to existing laws, rules and regulations on the same to effectively and efficiently implement the milk feeding program as mandated by RA 11037.
5. Fresh milk (pasteurized/sterilized) or fresh milk-based product to be served under this program shall not be less than 180ml per serving, together with the hot meals. In addition, fresh milk or fresh milk-based product may also be used as an ingredient in the recipes of hot meals to enhance their nutritional content.
6. The DSWD, in consultation with National Nutrition Council (NNC), Department of Health (DOH), NDA, PCC and Department of Interior and Local Government (DILG), shall formulate health protocols in relation to adverse food reactions like food allergies/lactose intolerance among others.
7. The Field Office may tap the Agrarian Reform Beneficiaries Organizations (ARBOs) that refers to the small holder farmer organization under the Department of Agrarian Reform in Enhanced Partnership Against Hunger and Poverty (EPAHP) as partners and/or service providers.
8. In case funds will be downloaded to NDA and PCC and/or other EPAHP partners, for milk feeding, the same shall be in accordance with the Commission on Audit (COA) Circular Nos. 94-013 dated December 13, 1994 and 2012-001 dated June 14, 2020, as amended by COA Circular 2016-002 dated May 13, 2016, and relevant provisions of the General Appropriations Act (GAA).

## **VI. Target Beneficiaries**

1. 2-4 years old undernourished children enrolled in the Supervised Neighborhood Playgroups (SNPs).
2. 3-4 years old undernourished children enrolled in the Child Development Centers (CDCs).
3. 5 years old undernourished children not enrolled in the DepEd Kindergarten but enrolled in the CDCs.
4. Children with disabilities ages 2-5 years old enrolled in the SNPs and/or CDCs.

## **VII. Description**

The Milk Feeding Program is the incorporation of fresh milk and fresh milk-based food products in the hot meals provided to the children enrolled in the CDCs and SNP groups served during snack/meal time to children minimum of five (5) and maximum of seven (7) days a week for 120 days. The feeding program will be managed by parents/caregivers and supervised by the CDWs or SNP Worker. The children beneficiaries will be weighed at the start of the feeding and monthly thereafter until completion of 120 feeding days to determine improvement and sustenance in their nutritional status.

However, during the period of Community Quarantine (CQ) and other similar emergencies the measuring of children that will require close physical contact with the children beneficiaries may expose them to health risks hence, the last height and weight record available will be used both as baseline and end line accomplishment.

For the purpose of the CQ and other similar emergencies implementation, measure of accomplishments will be limited to the number of children served/provided with fresh milk. Thus, measure of nutritional status will be temporarily waived.

As far as practicable, the program will source locally produced milk in order to enhance the hot meals and cycle menu's nutritional content. This will help create demand for milk from local dairy farmers and the local dairy industry, also to engage with and benefit the local communities.

## **VIII. Implementing Procedures**

### **a. Social Preparation**

The Local Government Units (LGUs) through the CDWs, SNP workers and LGU designated staff for the Supplementary Feeding Program shall submit to their respective Field Offices the masterlist of child beneficiaries per CDCs and SNPs within the first semester of the year.

CDWs, Local Social Welfare and Development Officers (LSWDO) and an LGU designated staff for the SFP shall prepare, orient and organize the parents and guardians of the children beneficiaries. However, during the period of Community Quarantine and other similar emergencies the LGU should utilize strategies that are compliant to the minimum health standards during CQ period.

The Field Office will identify a procurement mechanism that will be more effective and efficient to implement the program given their local situations in the regions.

### **b. Schemes/Strategies of Implementation**



1. Partnership with PCC or NDA

- By virtue of a Memorandum of Agreement (MOA) the DSWD Field Offices shall transfer fund to NDA or PCC for the milk feeding of children in the Local Government Units (LGUs), in accordance with pertinent laws, rules and regulations.
- The NDA or PCC shall take responsibility in the proper disposition/disbursement of funds for the implementation of the program in accordance with existing budgeting, accounting and auditing rules and regulates and shall liquidate the transfer of funds in accordance with COA Circular No. 94-013 dated December 13, 1994 and 2012-001<sup>2</sup> dated June 14, 2012 as amended by COA Circular Nos. 2016-002<sup>3</sup> dated May 31,2016 and 2017-002<sup>6</sup> dated October 25,2016 (FMS).

2. Procurement at the Regional/Social Welfare and Development (SWAD) Level- The FO may opt to procure in accordance with Republic Act No. 9184 otherwise known as the Government Procurement Reform Act or partnering with local dairy farmers for the supply of the fresh milk products.

3. Partnership with Sustainable Livelihood Program Association (SLPA) and/or Agrarian Reform Beneficiaries Organizations (ARBOs).

- The FO will conduct a community-managed procurement to avail of the service of the SLPA or ARBOs.
- The SLPA and ARBOs will be the service providers of raw goods/food requirement of the SFP including the delivery to the CDCs.

This will follow the Community Participation Procurement Manual (CPPM) for Program Against Hunger and Poverty (PAHP) of DSWD, Department of Agrarian Reform (DAR) and Department of Agriculture (DA).<sup>7</sup>

**IX. Conduct of Milk Feeding**

A. Pre-feeding

1. The LGU, through its Local Social Welfare and Development Office shall mobilize the CDWs to prepare the masterlist of the child beneficiaries preferably within the first quarter of the year with the following information:
  - Name
  - Sex
  - Weight for Age
  - Birth Date
  - Weight and Height

<sup>6</sup> COA Circular No. 2017-002 Clarification of Commission on Audit (COA) Circular No. 2016-002 dated May 31, 2016

<sup>7</sup> <https://www.gppb.gov.ph/downloadables/forms/CPPM.pdf>.



- Nutritional Status
  - Date of Weighing
  - Information if the child has lactose intolerance
2. Determine and monitor the children beneficiaries with lactose intolerance. The identified children with existing condition of lactose intolerance will undergo gradual introduction of milk (a portion of the 180ml for the first few days/weeks) and increasing the amount until such time that the milk can be well tolerated by the child beneficiary. If at any time, the child will experience vomiting and/or diarrhea, he/she shall be immediately referred to the Rural Health Unit or other equivalent facility to determine appropriate treatment and intervention.
  3. Conduct measurement of the children beneficiaries within the first month of the opening of school year, to determine their pre-feeding height and weight. However, during periods of CQ and other similar emergencies the measurement of height and weight will follow the DOH Interim Guidelines for the Delivery of Nutrition Services in the Context of COVID-19 Pandemic.<sup>8</sup>
  4. Milk feeding program orientation shall be conducted within the first week of the opening of classes, in coordination with the Barangay Health Worker (BHW) and/or Barangay Nutrition Scholars (BNS) through the following modalities observing to the minimum health standards:
    - The CDWs, BHW and/or BNS may use the available social media platform to conduct virtual orientation to the parents.
    - Orientation in the CDC/SNP in small groups ensuring that social distancing and the minimum health standards like proper wearing of face mask is observed.
    - The CDWs/SNP Workers, BHW and/or BNS may develop an information material and post or send it through social media platform or provide it to the parents of the beneficiaries through house to house distribution.
  5. The LGUs should ensure that there will be available clean and well-ventilated storage for the fresh milk that will meets the standards set by the proper authorities.
  6. The LGUs should ensure safe delivery of fresh milk to the children beneficiaries.
  7. The milk products should pass the Milk Testing Services of NDA to ensure the quality standards of fresh milk.

---

<sup>8</sup> DOH Department Memorandum No. 2020-0237

## B. Actual Feeding

1. The Fresh milk at least 180ml per serving considering the 1/3 Philippine Dietary Recommended Intake (PDR) for younger children, will be provided to children together with the hot meal for 120 feeding days. In addition, fresh milk or fresh milk-based product may also be used as an ingredient in the recipes of hot meal to enhance their nutritional content.
2. The CDW/SNP Worker shall monitor the height and weight in coordination with the BNS and BHW and analyze the data to assess growth progress among the children beneficiaries.

## C. Post-feeding

1. After completion of the 120 feeding days, the CDW/SNP Worker shall update the height and weight record in coordination with the BNS and BHW and analyze the data to assess growth progress among the children beneficiaries to determine if there is an improvement or the normal nutritional status is sustained. However, this may be waived during the CQ or other similar emergencies implementation.
2. Determine the children with no improvement in the nutritional status and immediately refer to the RHU for other necessary treatment after 60 days of feeding.

## X. Children beneficiaries with Lactose Intolerance and Food Allergies

Children beneficiaries who are lactose intolerant are still included in the milk feeding, provided that they will be issued medical certificate and will be gradually provided with the milk that will eventually combat the lactose intolerance. However, children beneficiaries with food allergies must be assessed on their allergens and prescribed with proper treatment by a health professional.

## XI. Fund Allocation

The minimum amount of nineteen pesos (P19.00) per child per day for 120 days milk feeding shall be allocated as provided in the General Appropriations Act.

This is subject to periodic review and adjustment upon approval of the Secretary to conform with current market prices of goods/commodities to ensure the provision of quality and nutritious milk that will contribute to the improvement of the nutritional status of the children beneficiaries.

## XII. Institutional Arrangement

### A. National Level



- **Program Management Bureau**

- a. Act as the lead bureau in managing and coordinating the implementation of the Milk Feeding Program along with the Supplementary Feeding Program.
- b. Establish partnership with the National Government Agencies and Offices such as but not limited to PCC and NDA.
- c. Monitor and provide technical assistance on program management and administrative concerns to the Field Offices in the implementation of the program.
- d. Submit reports on the implementation of the program to the Department Secretary.
- e. Conduct Annual Program Implementation Review (PIR) subject to availability of funds and status of the country's public health emergency situation hence, the activity may be conducted utilizing alternative strategies such as but not limited to online platform.
- f. Conduct capacity building activities to regional SFP staff subject to availability of funds and status of the country's public health emergency situation.

- **Finance and Management Service**

- a. Provide technical assistance to PMB and FOs on budgetary, financial and cash management matters of the program.
- b. Sub-allot, transfer funds and realign funds based on approved request.
- c. Participate/act as resource person during the national program implementation review.

**B. Regional Level-DSWD Field Office**

- Manage and coordinate/supervise the regional implementation of the Milk Feeding Program.
- Designate a Focal Person for the Milk Feeding Program to provide guidance and technical assistance to the Local Social Welfare and Development Officers, CDWs/SNP Workers, CDW Federation Officers and other relevant stakeholders in the implementation of the program.
- Conduct orientation to the Provincial/City Development Councils, LGUs, Non-Government Organization (NGOs)/Peoples Organization (POs) and other stakeholders on the objective, mechanics and their responsibilities in the program. The Field Office may utilize alternative modalities in conducting orientation that is compliant to the minimum health standards during CQ period.
- Facilitate the procurement of the goods/service for the implementation of the Milk Feeding Program
- FOs to coordinate with the LGUs on the social preparation and implementation phase of the program.
- Engage the LGUs in a partnership through a Memorandum of Understanding.
- Closely monitor the fund management, utilization, program



implementation and respond to operational concerns of the regional and local stakeholders.

- The DSWD Field Offices will consolidate reports and submit monthly physical accomplishment and financial report on the utilization of funds and quarterly accomplishment on the implementation of the program to PMB.
- Protective Service Division as the focal unit responsible for the implementation and monitoring of the program.
- Respond to grievance of the LGUs and other stakeholders.

### **C. Local Government Units**

The LGUs will undertake the following activities in coordination with the FO:

#### **I. Social Preparation**

- Identification of beneficiaries as well as assessment of children with lactose intolerance.
- Submit report to Field Office on the data of children identified as lactose intolerant for proper management.
- Orientation of parents/caregivers/guardian and children beneficiaries that is compliant to the minimum health standards during CQ period.
- Conduct of height and weight measurement of the beneficiaries before the onset of the milk feeding or the latest OPT result may be utilized during CQ period and/or utilize the DOH alternative strategies defined in their guidelines.

#### **II. Implementation Phase**

- Conduct of pre-feeding and monthly weighing of the beneficiaries to determine if there is an improvement of weight or the latest OPT result may be considered.
- Conduct of Parenting Effectiveness Service (PES)/parenting sessions to parents/caregivers/guardians that is compliant to the CQ protocols.
- Implement the actual conduct of milk feeding in the CDC/SNP group or other alternative modalities deemed feasible in the communities like but not limited to house to house distribution.
- Records the height and weight of the children beneficiaries
- Submit reports including the Nutritional Status Report to the Field Office after 60 Feeding Days and after 120 Feeding Days.
- Utilization of the ECCD Information System as a reporting mechanism for the program implementation.

### **XIII. Monitoring and Evaluation**

A regular monitoring at the national through the Program Management Bureau and FO level through the Protective Services Division (SFP Unit) shall be conducted to ensure proper implementation of the program through the



following modality:

1. Quarterly submission of reports every 5<sup>th</sup> day of the succeeding month of the quarter.
2. Quarterly conduct of monitoring visit and provision of technical assistance.

The Program Implementation Review of the Supplementary Feeding Program as stipulated in the DSWD Memorandum Circular No. 03 series of 2019 shall include the Milk Feeding Program to gauge its effectiveness and will serve as basis for the enhancement of the program implementation.

#### **XIV. Reporting System**

The Early Childhood Care Development –Information System (ECCD-IS) reporting template provided by Program Management Bureau shall be used in the recording and consolidation of data, data banking, and reporting purposes.

The FOs will submit the report to the Central Office on a monthly basis.

#### **XV. Effectivity**

This guidelines shall take effect immediately upon approval.

Issued in Quezon City this 30<sup>th</sup> day of October 2020.

  
**ROLANDO JOSELITO D. BAUTISTA**  
Secretary

Certified True Copy:

  
HORACIO S. SAMSON, JR.

06 NOV 2020

## ANNEX A

### Proper Handling and Storage of Pasteurized Milk Products<sup>9</sup>

Pasteurized milk is carefully processed and packaged to ensure its quality and protect the safety of the children. Pasteurization destroys pathogenic bacteria that can cause illness and extends the shelf life of milk. However, pasteurized milk is highly perishable and must be handled properly to ensure that milk to be consumed by the children is safe and of good quality.

1. **Pasteurized milk must be kept cold always.** Do not break the cold chain during delivery, distribution and storage.
  - Milk packs must be delivered in an ice box filled with enough ice to keep the milk cold even during transport. Milk must be delivered chilled or frozen.
  - Upon receipt, milk packs must be immediately kept or stored in the freezer or refrigerator when not yet to be distributed or served to the children.
  - If freezer or refrigerator is not available, make sure there is enough ice in the ice box to keep the milk packs cold always. The more ice added to cool the milk packs, the better to keep the milk's freshness, quality and safety.
2. Milk packs must be clean, with no leaks and not spoiled when delivered. Signs of spoiled milk include bulging packs, sour odor, off flavor, slimy and viscous consistency, curdled with lumps and yellowish color (for unflavored milk).
  - Do not accept milk packs that are unclean, with leaks and spoiled. Supplier must replace the milk packs using their buffer stock or on the next delivery.
  - Do not serve to children when in doubt of milk quality and safety. Please refer to signs of spoiled milk (#3).

---

<sup>9</sup> PCC guidelines on safe handling of pasteurized milk

## **ANNEX B “Child’s Profile”**