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I. Introduction

Over the past decades, despite concerted efforts of government, NGOs and other stakeholders to improve nutrition situations of the vulnerable and at-risk population of the region, the Zamboanga Peninsula continue to be among the challenged regions in the country where the problems of undernutrition, stunting and specific micronutrient deficiencies persist and seriously affect the young children and pregnant mothers.

Inadequate food intake, poor health status and inappropriate nutrition caring practices for infants and young children are among the immediate causes of undernutrition. With the synergetic relation of nutrition and health, undernutrition which significantly affect more than a third of the young children in the region, is one of the leading causes of infant mortality, affecting resistance of children to succumb to communicable diseases that are fatal.

With the Philippine Plan of Action for Nutrition 2011-2016, the country's blueprint for nutrition improvement, having been approved by the National Nutrition Council Governing Board, the Regional Nutrition Committee the sub-national level structure of the National Nutrition Council (NNC) sets out to translate into regional specific actions the directions and strategies of the PPAN to make nutrition program at the local level more responsive to specific areas and contribute to the national objectives, primarily to achieve significant impact in the improvement of the nutritional status, health and productivity of the region's citizens achieving as well the Millennium Development Goals.

Thus, the Zamboanga Peninsula Regional Nutrition Committee through its Regional Technical Working Group was convened to do comprehensive assessment of the nutrition situation and the challenges that causes high prevalence of undernutrition and stunting among the underfive children who are the most vulnerable and at-risk to malnutrition.

The formulation of the 2012-2016 Regional Nutrition Strategic Action Plan was subjected to the Logical Framework Approach. Series of workshop activities was done by the RTWG to finally agree to the long range actions that must be put in place to accelerate the reduction of undernutrition and stunting and provide better nutrition and healthy future for the children of Zamboanga Peninsula.

II. Nutrition Situation and Challenges

Protein Energy Malnutrition and Specific Micronutrient Deficiencies are the serious forms of malnutrition affecting the young children in the region. Inadequate food consumption, improper feeding of infants and young children, poor nutritional status of pregnant women as well as low capacity and support of local government units on nutrition program management are among the major direct and indirect factors that cause malnutrition among children.

a. Hunger

The Food and Agriculture Organization of the United Nations (FAO), defines hunger as a condition in which people do not get enough food to provide the nutrients for fully productive, active and healthy lives.

The 7th National Nutrition Survey by the FNRI – DOST in 2008 found that nationally, 66% of Filipinos across population groups lacks energy in their daily intake distributing the proportion to 50% of preschool and school aged children, adolescents, and pregnant women; while about 65% of the elderly and lactating mothers have inadequate protein intake. The same survey showed that 76.2% of household or 7 in every 10 households in Region 9 experience food insecurity in the past three months prior to the survey period. Among the household members, 9 in every 100 children; 3 in every 10 mothers/caregivers were food insecure.

Inadequate calorie and nutrient intake is primarily caused by the low purchasing power of families as well as not having the appropriate correct knowledge and practice on optimal infant and young child feeding. With a third of the families in the region within the poverty incidence, providing adequate food for each family member is difficult to meet at regular basis. Low income and the continuous increase in prices of basic commodities have greatly affected food consumption in terms of quality and quantity.

b. Undernutrition, Stunting, Wasting

Undernutrition is a condition resulting from the consumption of an inadequate quantity of food over an extended period of time. Undernutrition impairs the physical function of an individual to the point where he or she can no longer maintain an adequate level of growth. Most vulnerable to undernutrition are the young children and pregnant mothers.

Stunting/ Underheight is a condition when the child's height is less than expected for his/her age (underheight-for-age). This also means that the child has not grown to their potential due to chronic undernutrition or inadequate food to promote growth for a long period of time, frequent illness or long duration of illness at some point in the past.

Wasting is a condition when the weight of the child is less than expected for their height (underweight-for-height). Wasting occurs due to acute food deprivation or presence of illness such as infection or a combination of food shortage and illness in the immediate past.

The results of the FNRI 2011 Updating of the nutritional status of Filipinos using the anthropometric measurement, that measures physical dimensions and gross composition of the

body, showed that the 25.2% of the 0-5 years old in the region is affected by underweight, 42.2% is stunted while 7.1% is wasted. Underweight and wasting are indicators of acute malnutrition and when left unattended could become a chronic condition that cause stunting. Base on the World Health Organization-Child Growth Standards the prevalence of underweight in the region is high and wasting is classified as poor in Zamboanga del Sur and Norte and acceptable in Zamboanga Sibugay. The long term problem of underweight has caused the very high prevalence of stunting among this age group.

Undernutrition and stunting are at higher levels among the school age children. There has been no improvement in the nutritional status of school children between 2008 and 2011 that record at 34.6 % and 43.5% respectively. Stunting in very young children is irreversible. Thus, its prevalence among the school age and adolescents are carried over at even higher rates. The underweight or stunting prevalence in the provinces of Zamboanga del Norte at 45.5% and Zamboanga Sibugay at 52.6% are above the WHO-CGS cut-off point of 40 and are considered very high.

Table 1: Undernutrition, Stunting, Wasting 0-5 years old & 5.8 – 10 years old children
FNRI, 2011

Province	Underweight		Stunting		Thin	
	0-60 months	School Children	0-60 months	School Children	0-60 months	School Children
Philippines	20.2	32.0	33.6	33.6	7.3	8.5
Zamboanga del Norte	25.5	38.4	45.4	51.3	5.6	4.1
Zamboanga del Sur	23.9	34.0	39.6	39.6	7.2	7.1
Zamboanga Sibugay	24.9	29.1	44.9	42.3	4.8	5.1
WHO-CGS Standards	Magnitude: Very High: > 30 High: 20-29 Medium: 10-19 Low: < 10		Magnitude: Very High: > 40 High: 30-39 Medium: 20-29 Low: < 20		Magnitude: Critical: > 15 Serious: 10-14 Poor: 5-9 Acceptable: < 5	

Among women, 31% of those who are pregnant are nutritionally at risk and 13.1 of lactating mothers are underweight. Undernutrition in pregnant mothers could lead to low birth weight babies, which in the region is at the level of 17.1%. Among the lactating mothers undernutrition will affect the amount of breastmilk production and may result to inadequate nutrient intake of the baby.

c. Micronutrient Deficiencies

Specific micronutrient deficiency is a condition resulting from a relative or absolute lack of an individual nutrient such as Vitamin A, Iron or Iodine. The National Nutrition Survey of the FNRI-DOST conducted every five years has been able to keep track of the problem across age groups and regions in the country.

Region IX has been successful in bringing down Iron Deficiency Anemia among lactating mothers from as high as 71% in 1998 to 17.3% in 2008. Significant reduction in IDA in all the other age groups can also be observed although the prevalence is still of public health concern by the WHO standards.

Iodine Deficiency Disorders (IDD) in the mild category is present only in five regions. Region 9 is among them with 26% of the school children and 26.8% among pregnant affected. Moderate IDD was found in 51.8% of the lactating mothers. The low usage of iodized salt and products that carry the Sangkap Pinoy Seal at 25.1% and 6.0% respectively contribute to the continuing presence of Iodine Deficiencies Disorders in the region

Table 2: Prevalence of Micronutrient Deficiencies among different age group: Region IX, 1998-2008

AFFECTED GROUP	VAD (Philippines Data)		IDA (Region IX Data)		IDD (Region IX Data)	
	1998	2008	1998	2008	1998	2008
6 mons. - 5 y/o	31.8	15.2	42.4	20.5		
6 y/o - 12 y/o	71.3	11.1				26.03
13 y/o - 19 y/o	59.4	4.6				26.1
20 y/o - 59 y/o	53.6	3.4				25.6
≥ 60 y/o	43.9	3.6				35.5
Pregnant	50.7	9.5	53.9	34.1		26.78
Lactating	45.7	6.4	71.9	17.3		51.76

d. Overweight & Obesity

Overweight is a condition when an individual weighs too much vis-à-vis his/her length/height or a Body Mass Index-for-age that fall above the 2 z-score line. Obesity is being severely overweight vis-à-vis length/height or BMI-for age above the 3 z-score line. It refers to an excess amount of body fat.

While the problem of undernutrition has not made any significant improvement over the years, the prevalence of overweight and obesity has taken an upward trend. The 2011 FNRI updated nutrition survey show that prevalence had doubled from 2.2 in 2008 to 4.4 in 2011 among 0-5 years old children and that a fifth of the adult population 20 years old and above is likewise overweight. Overweight and obesity are among the risk factors associated with diabetes, hypertension, and cardiovascular diseases and other non-communicable diseases.

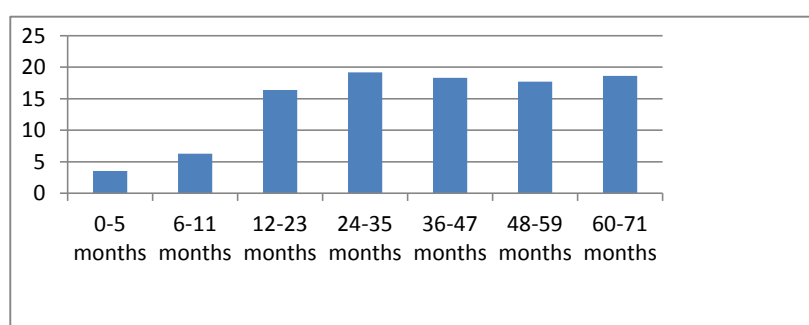
e. Infant and Young Child Feeding Practices

The National Policies on Infant & Young Child Feeding provides the guidelines for improving the survival of infants and young children by improving their nutritional status, growth and development through optimal feeding anchored on exclusive breastfeeding from 0-6 months, early initiation within one hour after birth, provision of timely, adequate and safe complementary foods at six months while continuing breastfeeding up to two years old and beyond. (DOH AO 2005-0014)

Infants and young children are very vulnerable to malnutrition. Exclusive breastfeeding provides optimal nutrition to infants from birth to six months and complementary feeding with continued breastfeeding from six months to two years old and beyond. The 2011 FNRI Survey on Feeding Practices showed that exclusive breastfeeding among 0-6 months old infants in the region is at the level of 59.6%. Inappropriate complementary feeding in terms of quality and quantity exacerbate the onset of undernutrition from six months onward. The same survey show that only 12.9% of the six months to twenty three (6-23) months old children meet the Minimum Acceptable Diet based on the Minimum Meal Frequency and Minimum Dietary Diversity Score or the number of food groups consumed which at the minimum should come from at least four food groups. The transition period from exclusive breastfeeding to complementary feeding is a critical stage in preventing undernutrition and stunting among young children. As illustrated in Figure 1, the graph demonstrates how the prevalence of undernutrition shoots up as children reach one year old and further deteriorate as they grow older.

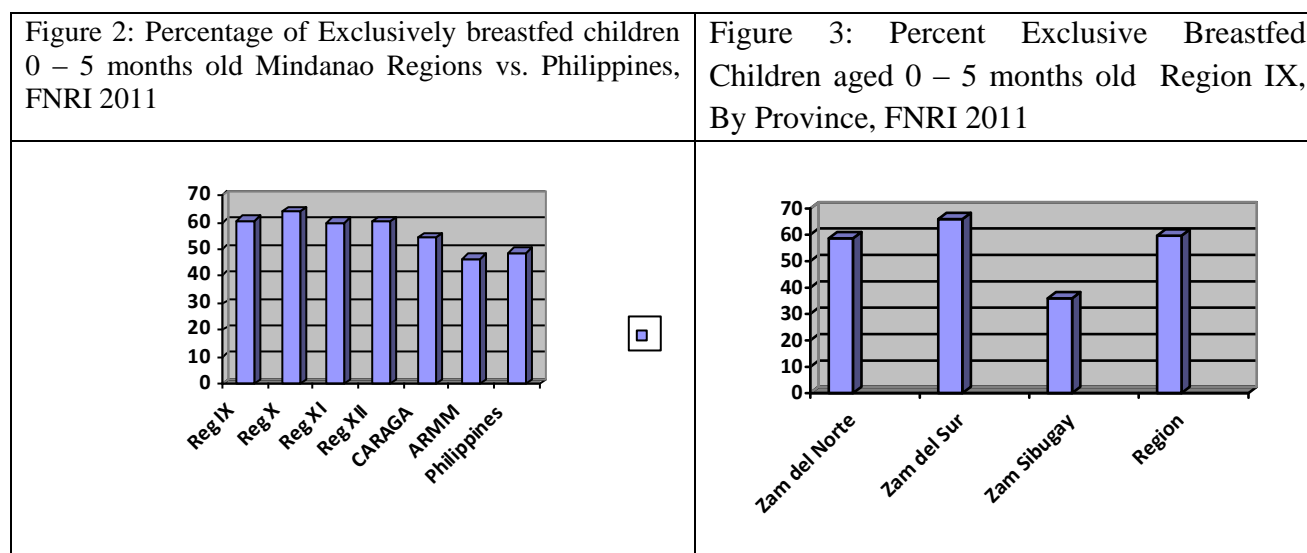
Appropriate practices on Exclusive Breastfeeding and Complementary Feeding are influenced by the knowledge of the mothers. The FNRI 2011 updating of Nutritional Status of Filipino showed that mothers in Region 9 in terms of knowledge that exclusive breastfeeding is from 0-6 months, was found to be the lowest at 26.7% while a lower figure of 15.5% for the knowledge that complementary feeding should start when the child turns six months old.

Fig 1: Prevalence of Underweight 0-5 years old by age group
Region IX, 2011 (OPT)



Using the data on the knowledge of mothers it could be inferred that this is the reason why many mothers fail to give adequate nutrition to their babies. The national data on exclusive breastfeeding

show that the mean duration is only at 3.7 month, and on the other hand, complementary feeding with continued breastfeeding is not immediately followed at 6 months. Hence, in a comparative study of the prevalence of undernutrition by age group of 0-5 years old (Fig. 1), a big leap in the prevalence of undernutrition is observed when the children reach age 12 months to 23 months old. This trend is parallel to those observed in other regions and in the 7th National Nutrition Survey where it is noted that growth faltering and deficits started to increase at 6 months and went on unabated until the child grows older.



f. Nutritionally At-Risk Municipalities

The Local Government Units do annual weighing of the 0-5 years old children in the first quarter of the year to generate data on the nutritional status of children for the formulation of nutrition action plan as well as for locating the monitoring of the children.

The Operation Timbang or the annual weighing of the children provides local nutrition planners with data for targeting of interventions, as well as information on location of children that will need to be followed up.

Table 3: Prevalence of Undernutrition among 0-71 months old Children Zamboanga Peninsula, 2010-2011 (OPT)

Provinces/Cities	2010		2011	
	No. of Underweight PS Children	Prev.	No. of Underweight PS Children	Prev.
Zamboanga del Norte	10,649	11.01	9,252	9.38
Zamboanga del Sur	9,173	9.76	9,557	10.26
Zamboanga Sibugay	7,137	8.97	6,600	8.08
Dapitan City	527	4.77	602	6.09
Dipolog City	340	2.06	330	1.97
Isabela City	2,088	14.50	1,544	11.46
Pagadian City	1,071	4.31	1,027	4.01
Zamboanga City	5,410	4.04	5,500	4.08
REGION	36,395	7.73	34,412	7.26

The data generated through the Operation Timbang also provide planners the information on the nutrition situation of the municipalities and facilitates the identification of areas where the problem of malnutrition is more serious. Across the region the following municipalities have been found to have higher prevalence of undernutrition than the regional average in 2011.

Table 4: Municipalities with high prevalence of undernutrition among 0 – 71 months old children, Region IX, OPT 2011

Zamboanga del Norte	Zamboanga del Sur	Zamboanga Sibugay
Sibuco	Kumalarang	Talusan
Sergio Osmena	Bayog	Siay
Mutia	Tigbao	Malangas
La Libertad	Lapuyan	Mabuhay
Sindangan	Lakewood	Roseller T. Lim
Manuel Roxas	Josefina	Diplahan
Jose Dalman	Tabina	
Godod	Pitogo	
Salug	Ramon Magsaysay	
Rizal	Dumalinao	
Sirawai	Tambulig	
Baliguian	Suminot	
	Labangan	
	Guipos	
	Aurora	
	San Miguel	

g. Local Governance on Nutrition Program Management

The Local Government Code RA 7160 mandates LGUs to provide basic social services like health and nutrition. The responsibility for the management (formulation, implementation, monitoring) of the Local Plan of Action for Nutrition lies with the Local Nutrition Committee (LNC) which is chaired by the local chief executive.

Managing the multi-faceted problem of malnutrition requires intersectoral collaboration, hence management of the nutrition program is through an interagency committee to address factors on food consumption, health, nutrition knowledge and practice, and other socio economic indicators that may influence the health and nutrition of individuals and the community. Taking the intersectoral perspective in solving the problem warrants the need for a focal person to coordinate the formulation and implementation of the local plan. This responsibility is placed in the hands of nutrition action officers who is usually a member of the LNC and is designated by the Chief Executive. Thus, the responsibility is often viewed as additional function to the person's regular item in the LGU.

The nature of the position of the nutrition action officer has become a persistent issue in the performance and effectiveness of the NAOs to coordinate and manage the nutrition program. Only a few of the Local Government Units have full time personnel coordinating the program, majority of the Nutrition Action Officers are designated and have other regular responsibilities to attend.

While it is assumed that all Local Government Units have organized the Local Nutrition Committees, there is the question of whether its members are performing their identified functions and roles.

A recent study, “Assessment of the Nutrition Governance for Maternal and Young Child Nutrition Security” observed that many of the Local Nutrition Action Plans are not integrated in the Annual Investment Plan of the LGUs and hence projects do not get funded.

h. Assessment of Regional Implementation of PPAN 2005-2010

A national mid-term review of the 2005-2010 PPAN in 2007 set the key directions for action to accelerate the reduction of undernutrition in the remaining years of 2008-2010. A more focused guiding principles, directions and priority actions were identified which are deemed to contribute in achieving targets of the Millennium Development Goal and to better the nutrition of children.

The updated directions of the 2008-2010 PPAN were toward improving the nutrition and health of the pregnant women and 0-2years old population groups. The focus of the plan was to prioritize areas with high poverty incidence and are highly affected or at-risk to malnutrition. Directions were also set on investing on direct interventions with evidence-based studies to prevent and impact more significantly on undernutrition, and these are 1) breastfeeding promotion, 2) complementary feeding, 3) supplementation with Vitamin A and Zinc, 4) appropriate management of severe acute malnutrition. Emphasis was also on direct food assistance e.g. Food for School Program to mitigate hunger in very poor households, Supplementary Feeding for Day Care children, Gulayan sa Paaralan and community as well as technical and skills training to provide opportunities for self employment and livelihood.

Sharp scaling up of the evidenced-based cost-effective interventions to prevent and treat undernutrition, was another element of the 2008-2010 updated PPAN. Highest priority is put on interventions for the minus 9 (pregnancy) to 24 months children which is the window where the highest return to investment can be realized. Thus, insuring good nutrition of children in their first 1000 days will require improving the health and nutrition of pregnant women.

The 2008-2010 updated PPAN also espoused priority nutrition actions that will accelerate the reduction of undernutrition as well as achieving targets for specific micronutrient deficiencies for Vitamin A Deficiencies, Iron Deficiency Anemia and Iodine Deficiency Disorders.

The promotion of breastfeeding and complementary feeding was among the prioritized evidenced-based high impact interventions and was carried out through the adoption of the WHO Infant and Young Child Feeding Protocol for which the Department of Health had adopted the policy and developed a national strategy for implementation.

Translating the 2008-2010 updated PPAN into local plan of action for nutrition, the Regional Nutrition Committee was expanded to include NGAs members of the Anti Hunger Task Force to converge resources for programs and projects in food poor provinces which in the region are the provinces of Zamboanga del Norte and Zamboanga Sibugay. The interagency Regional Nutrition Committee conducted a Program Implementation Review (PIR) prior to the formulation of the

2012-2016 Regional Nutrition Strategic Action Plan. The results of the 7th National Nutrition Survey of 2008 by the Food and Nutrition Research Institute of the DOST was used as bases in identifying the nutrition challenges and in priority nutrition actions in the region

Sharp scaling of evidence based interventions such as the promotion of exclusive breastfeeding which studies have shown to be the single most effective preventive intervention to save children's lives and the adoption of the WHO Global Strategy for Infant and Young Child Feeding (IYCF) became the leading nutrition intervention of the Department of Health and the National Nutrition Council to accelerate reduction of underweight children.

To this end, local capacity building on the IYCF practice with emphasis on breastfeeding targeting health workers, BNS, BHWs and mother leaders was the primary intervention that resulted to the training of 214 provincial/city/municipal trainers and 7,560 barangay health and nutrition volunteers as well as mother leaders that were provided with counseling skills to coach and support mothers on exclusive breastfeeding and appropriate complementary. The capacity building covered both facility and community based health workers in all the 1,890 barangays, 67 municipalities, 3 provinces and 5 cities.

Focusing on the first 1000 days of the child (-9 to 24 months) likewise gave priority to the health and nutrition well being of pregnant mothers. Emphasis is also placed on inclusion of proper nutrition lessons during the pre-natal consultations, as well as including the pregnant mothers in feeding programs to address energy and nutrient deficiency which some LGUs have started. The Micronutrient Supplementation Program for the 6-59 months old children and for pregnant women was strengthened. Prenatal consultations and immunization of children were made part of the conditions for the assistance in the Pantawid Pamilya Pilipino Program.

It was also in this period that the Accelerated Hunger Mitigation Program (AHMP) was launched to address the hunger situation of Filipinos in very poor and nutritionally at risk provinces. It mandated the convergence of direct hunger mitigation projects in the Priority 1 Food Poor Provinces such as: the Food School Program of Department of Education, DSWD and NFA that provided a kilo of rice daily to all grades 1-3 and 3-5 years old children in the public school and Day Care Centers respectively. The strategy also improved school attendance of the children, the DSWD later continued the program with Supplemental Feeding for children in the Day Care Centers; the Department of Agriculture intensified its household food production and expanded the program to the school with their Gulayan Sa Paaralan Program; Training and livelihood projects were provided to poor families by the TESDA; the BFAR in the region directed projects to assist poor fisher folks improve their livelihood. Other agencies involved in the AHMP converged in strengthening the infra structure facilities to support economic activities in the areas.

As a component of the AHMP under the demand side, the NNC-led Promote Good Nutrition Program was provided with the necessary funding support to intensify campaign on good nutrition and do an expansive dissemination of correct nutrition information making them more available to the people in the region through quad media -- the bill boards, posters, radio, television, the internet social network and the newspapers. Nutrition and health workers were provided with adequate training and educational materials to conduct nutrition classes as well as more opportunities for program updates, and sharing of good practices on nutrition program implementation.

To strengthen the program implementation, the Regional Nutrition Committee did widespread dissemination on the EO 51 or the Milk Code of the Philippines and its IRR that regulates the sale of breastmilk alternatives. Regional policy support in the form of RNC, SDC and RDC resolutions were passed for the Adoption of RA 10028 or the Expanded Breastfeeding Promotion of 2009 – RDC Resolution No. IX-020-10 Enjoining Regional NGAs, LGUs, and Private Sectors to Support the Establishment of the Lactation Room and Facilities; LGU such as Zamboanga City had passed local ordinance supporting RA10028 while other LGUs such as Kabasalan, Tukuran, Dinas, Diplahan, Aurora had issued similar local resolution. These LGUs are compliant to the RDC Resolution as well as to the DILG Memorandum Circular that enjoins LCEs to provide the lactation room facility in public places.

The Regional Nutrition Committee had passed two resolutions: 1) the adoption of the WHO-CGS for monitoring nutritional status of 0-5 years old children and to provide budget for procurement and reproduction of appropriate measuring tools and assessment forms, and 2) enjoining LGUs to implement the I-Rice Program as a strategy to eliminate the problem of Iron Deficiency Anemia in Zamboanga Peninsula. These resolutions were likewise supported by the RDC compliance by LGUs is regularly monitored.

The effects of the evidence based interventions that were advocated in the 2008 – 2010 PPAN such as strengthening of the nutrition education component during pre-natal, close monitoring of iron folate supplementation as well as food supplementation for pregnant women have contributed to the observed significant improvement of the maternal nutrition in the same period as shown in the FNRI Updating of the Nutritional Status in 2011. Results show that the prevalence of nutritionally at risk pregnant women using BMI had a significant reduction by 10 percentage points from 31.6 to 21.9 while prevalence of underweight lactating mothers reduced by almost 2 percentage points from 13.1 to 11.4. Nutrition of the pregnant mothers significantly influence in the nutritional status of infants at birth. The improved nutritional status of the lactating women enabled the good production of breastmilk that provided and insured adequate nutrition to infants and young babies.

On feeding practices, the scaling up of the trainings for the adoption of the Global Strategy on the Infant and Young Child Feeding have significantly influenced the practice of the mothers as noted in the 2011 Updating of NNS. While the prevalence of Exclusive Breastfeeding at 59.6% among 0-5 months old children is still considered low, the region is among those that have improved in the practice. Likewise observed was the decreased in the prevalence of bottle-fed 0-23 months old children being among the lowest. The practice of initiating breastfeeding within one hour is at the level of 50.4%, an indication however that about 50% of hospitals and birthing facilities are to be advocated for full compliance of the Mother-Baby Friendly Hospital Initiatives

The improvement in the nutritional status of pregnant and lactating mothers as well as their enhanced feeding practices and nutritional care of their infants and young children, has significantly contributed to the reduction of underweight among the 0-23 months old babies by almost 1.0 % point from 2010 – 2011.

Prevalence of underweight among the older children 3 – 5 years old was addressed with both direct and indirect health and nutrition interventions such as Micronutrient Supplementation, Supplemental Feeding Programs at the Day care Centers as well as other nutrition related projects

that address food security of the family through home and school food production; skills and livelihood assistance projects for the poor families; nutrition education sessions using the “Pabasa Sa Nutrisyon” modules; regular growth monitoring and in some LGUs, milk feeding programs.

Alliance building with the media initiated partnering with the group for more airtime mileage particularly in Zamboanga City, Pagadian City and Zamboanga Sibugay where media groups have been tapped to lead promotion of good nutrition. Likewise, advocacy for Local Chief Executives were conducted during a feedback conference after the Monitoring and Evaluation of the Local Level Plan Implementation (MELLPI) in the three provinces and five cities including the barangays covered.

The past five years had seen more capacity building for Local Government Units to enhance the management of nutrition programs. Technical assistance that were collaboratively conducted by the Center for Health Development and the National Nutrition Council provided the LGUs with the opportunity to enhance capacity of local health and community workers during the trainings for BNS Basic Course, IYCF, WHO-Child Growth Standards as well as the orientation on the policies for Micronutrient Supplementation program using the latest revised Manual of Operation (MOP).

II. The Regional Nutrition Strategic Action Plan

A. Vision, Mission and Core Values

VISION

WE ENVISION RNC-IX AS A COMMITTED, RIGHTS-BASED, COMPETENT AND RESPONSIVE INTERAGENCY BODY, COLLABORATING WITH, LOCAL GOVERNMENT UNITS AND OTHER STAKEHOLDERS, IN THE EFFICIENT AND EFFECTIVE MANAGEMENT OF NUTRITION POLICIES AND PROGRAMS

TO ACHIEVE NUTRITIONALLY HEALTHY AND EMPOWERED COMMUNITIES IN REGION IX.

MISSION

OUR MISSION IS TO PROVIDE TECHNICAL ASSISTANCE AND OTHER SUPPORT SERVICES TO STAKEHOLDERS THROUGH COMMUNICATION FOR BEHAVIORAL IMPACT, RESEARCH, CAPACITY DEVELOPMENT, MENTORING, PARTNERSHIP, AND RESOURCE GENERATION AND MOBILIZATION.

CORE VALUES

N	Nurturing	Fostering and promoting good nutrition to the communities and families in Zamboanga Peninsula
U	United	Bounded by the commitment to contribute in solving and reducing the problem of malnutrition and adopting common targets for convergence of services
T	Trustworthy	Dependable, responsible and constant in its service to the nutritionally at risk and vulnerable groups
R	Responsive Resilient	Providing appropriate program directions that address current situations affecting nutrition of the Filipino families
I	Interdependent	Mutually supporting in the implementation and monitoring of interventions for effective nutrition program management
T	Transparent	Honest and professional in engagements with clientele
I	Innovative	Creative and being able to think out-of-the-box
O	Open-minded	Unbiased and following principles of inclusiveness in nutrition interventions and programs
N	Networking – body	Reaching out to other sectors for program support

B. Goal and Objectives

Goal: To contribute to the Regional Vision of a healthy citizenry through improving the nutritional well being of the human resource base of Zamboanga Peninsula.

Objectives:

1. To reduce prevalence of undernutrition among 0-5 years old preschool children by 5 percentage points by 2016
2. To reduce prevalence of undernutrition among 5.8-10 years old preschool children by 5 percentage points by 2016
3. To reduce prevalence of Iron Deficiency Anemia, Vitamin A Deficiency Disorders and Iodine Deficiency Disorders of infants, children, pregnant and lactating mothers by 5 percentage points from current levels or below WHO cut off points considered as public health concern
4. To reduce prevalence of nutritionally at risk pregnant mothers by 2016.
5. To enhance effective Nutrition Program Management by 2016.

C. Targets

1. Hunger

Indicator	Baseline (2003)	Target by 2016
Proportion of Families with less than 100% nutrient requirement	63	<63

2. Protein-Energy Malnutrition

Indicator	Baseline (2011)	Target by 2016
a) Under-five Children		
Prevalence (in percent) of <i>underweight</i> under-five children	25.2	20.2
Prevalence (in percent) of <i>stunted</i> under-five children	42.2	31.2
Prevalence (in percent) of <i>wasted</i> under-five children	7.1	<5.0
b) 6-10 years old		
Prevalence (in percent) of underweight children 6-10 years old	34.6	29.6
Prevalence (in percent) of stunted 6-10 years old	43.4	33.4

Prevalence (in percent) of thin children 6-10 years old	5.9	<5.0
c) Percent of pregnant women who are nutritionally-at-risk	21.9	19.0
d) Percent of low birthweight	17.6	<17.6

3. Vitamin A deficiency, percent of population with low to deficient serum retinol, $\mu\text{mol/L}$

Population Group	2008	2016
Preschool children, 6-60 months old	15.2	<15%
Pregnant women	9.5	<15%
Lactating women	6.4	<15%
Target is to keep prevalence rates at below WHO levels of public health significance		

4. Anemia, percent of population with hemoglobin levels below recommended level

Population Group	2008	2016
6 months to 5 years old	20.5	<20.5%
Pregnant women	34.1	<34.1%
Lactating women	17.3	<17.3%
* Target is to bring or maintain levels below public health significance per WHO cut-off		

5. Iodine deficiency based on urinary iodine excretion (UIE), $\mu\text{g/L}$

Indicator	2008	2016
Children, 6-12 years old		
- Median UIE	26.0	<26.0
Pregnant women		
- Median UIE	26.78	<26.78
Lactating women		
- Median UIE	51.76	<51.76
* Target is to keep at levels below public health significance per WHO cut-off		

6. Overweight and obesity

Population Group	2011	2016
Children 6-10 years old	3.4	≤ 3.4
Adults, 20 years and above	24.8	≤ 24.8

* Target is to at least maintain current levels

7. Infant Feeding Practices

Indicator	2011	2016
Time of initiation of breastfeeding		
Within 1 hour	50.4	> 50.4
< 1 day	34.6	< 34.6
>1 day	15.0	< 15.0
Prevalence Exclusive Breastfeeding	60.9	> 60.9
Proportion Age appropriate breastfeeding*	55.6	> 55.6
Bottle-fed children 0-23 months old	34.3	< 34.3

*includes proportion of infant 0-5 EBF and 6-23 months BF with complementary feeds

8. Nutrition Program Management

Indicator	2011	2016
No. of organized Local Nutrition Council	71 (94%)	75 (100%)
With Local Nutrition Action Plan formulated	64 (85%)	75 (100%)
Planning/prepare a nutrition action plan in complementary and integrated with other plans of the LGU and higher level plans	22(14%)	65 (85.0%)
Full time Nutrition Action Officer	10 (13%)	15 20.0%)

9. Nutritionally at risk areas

Among the directions of the 2011-2016 Philippine Plan of Action for Nutrition is the going to scale with key interventions while being guided by the principle of giving priority to those areas with less access & most nutritionally at-risk. Thus, while the Promote Good Nutrition Program particularly on the Infant and Young Child Feeding had gone to scale covering all the barangays with trained health workers, Barangay Nutrition Scholars and Health Workers as well as mother leaders, the municipalities with high prevalence of under nutrition based on the 2011 OPT and municipalities included in the 609 poorest as well as the cities of Dapitan and Isabela will be prioritized for anti-hunger and nutrition security initiatives

The following list of municipalities are among those that have high prevalence of undernutrition and majority of which are also among the 609 priority municipalities of the Cabinet cluster on Human Development and Poverty Reduction:

Table 5: Priority Municipality

Zamboanga del Norte		Zamboanga del Sur		Zamboanga Sibugay	
High prev underweight	609 mun	High prev underweight	609 mun	High prev underweight	609 mun
Sibuco	Gutalac	Kumalarang	Dimataling,	Talusan	Ipil
Sergio Osmena	Leon Postigo	Bayog	Mahayag	Siay	Naga
Mutia	Tampilisan	Tigbao	Margosatubig	Malangas	Olutanga
La Libertad	Katipunan	Lapuyan	Molave	Mabuhay	Payao
Sindangan	Siayan	Lakewood	Midsalip	Roseller T. Lim	Titay
Manuel Roxas		Josefina	Dinas	Diplahan	Tungawan
Jose Dalman		Tabina	Vincenzo Sagun		
Godod		Pitogo	San Pablo		
Salug		R. Magsaysay	Tukuran		
Rizal		Dumalinao			
Sirawai		Tambulig			
Baliguian		Suminot			
		Labangan			
		Guipos			
		Aurora			
		San Miguel			

Note: municipalities marked in bold font are among the 609 priority of the Cabinet Cluster on Human Development and Poverty Reduction

D. Strategies

The Lancet – one of the world’s most highly respected medical journals, in its January 2008 issue published a five-part series on Maternal and Child Undernutrition and provided systematic evidence of the impact of undernutrition on infant and child mortality and its largely irreversible long term effect on health and on cognitive and physical development. It also espoused the availability of proven interventions that could address the problem and save millions of lives. The set of interventions likewise focused on the “window of opportunity” which is the first one thousand days of the child (-9 to 24 months) that is from pregnancy of the mother to two years old of the child - for high impact in reducing death and disease and avoiding irreversible harm.

The Lancet’s series which are well supported with evidence from hundred of studies in variety of country settings, has identified efficacious nutrition interventions that will directly impact in reducing malnutrition has greatly influence the paradigm shift of the Philippine Plan of Action for Nutrition (PPAN) which is the country’s framework to address the problem of malnutrition while continuing to uphold the policy that addressing malnutrition cannot be done just by direct intervention but should be solved at its roots through nutrition-oriented development strategies.

The PPAN 2011-2016 a successor plan of the 2008 – 2010 is integral to the Philippine Development Plan and contributes to attainment of the Millennium Development Goals specifically goals 1 and 4 Reducing extreme poverty and hunger and improving the health of underfive children. The PPAN provides a set of direct evidence based nutrition interventions and priority actions that have the most impact in solving malnutrition. Thus, in addressing the problem of undernutrition, stunting, and wasting among underfive children in the region, the mix of nutrition

interventions will be along those that will provide long term effect on the economic situation of the families to improve purchasing power for basic needs; ensuring food security for adequate consumption, developing positive practices on the care of infants and young child feeding; providing appropriate complementary feeding; better access to maternal and child health care services and; inclusion of nutrition policies in other development programs

1. Increasing Food supply and strengthen purchasing power of families for adequate food intake

Target: *Reduce the prevalence of households not meeting 100% of calorie and nutrient intake of from 66% in 2008 to 37%.*

- a. Increase in Vegetable Production and consumption through Gulayan Sa Paaralan
- b. Augmenting the local government capacity to assist small fisher folks in terms of input
- c. Skills training and livelihood program to augment family income and enhance purchasing power for food
- d. Supplementary Feeding for 3-5 years old children in Day Care Centers

2. Prevention of chronic undernutrition in 0-24 months children by focusing on the first 1000 days.

Target: *To reduce prevalence of underweight (from 25.2% in 2008 to 20.2%) and stunted under-five children (from 32.3% to 21.5%)*

- a. Regular pre-natal care with emphasis on adequate nutrition of pregnant women during counseling.
- b. Promote desirable infant and young child feeding (IYCF) for positive caring practices in feeding,
- c. Training and regular monitoring of IYCF implementers (RHM, BNS, BHW, and BF Peer Counselors)
- d. Increased practice of Exclusive Breastfeeding for 0-6 months old babies through COMBI using the *Breastfeeding Check* message
- e. Enhanced practice of appropriate timely start of complementary feeding 6 to 24 months babies through conduct of recipe trials
- f. Institute safety nets (food, immunization and other essential care for infants)
- g. Improve dietary intake of 6 months and older children through appropriate and nutritionally adequate complementary feed with the addition of Vita Nutrient Powder (Multi Nutrient Powder)
- h. Nutritional assessment and regular growth monitoring for all under-five children

3. Improving maternal nutrition for healthy pregnancy and delivery of infant at childbirth

Target: *To reduce the prevalence of nutritionally-at-risk pregnant women from 22% in 2008 to 19% in 2016*

- a. Improving energy and nutrient intake of underweight pregnant mothers through Supplemental Feeding
- b. Reduction of prevalence of IDA and Iodine Deficiency Disorders (IDD) through regular monitoring of pregnant women taking in the Iron with Folic Acid tablets at 180 tab from

the 4th month throughout the duration of pregnancy as well as regular utilization of Iodized salt.

4. Influence school children to adopt positive health and nutrition practices

Target: *To reduce the prevalence of underweight children 6-10 years old (from 30.6% to 26.8%) and of thin children from 8.9% in 2008 to <5% (not of public health significance) in 2016*

- a. Supplementary feeding of thin children through Breakfast Feeding
- b. Enhanced knowledge and practice of school children through regular classroom education with the integration of basic concepts in nutrition, and health related programs such as consumption of vegetables, use of iodized salt and iron fortified rice and proper hand washing and personal hygiene.
- c. Provision of safe drinking water and clean sanitary toilet facilities
- d. Sustained implementation of the Essential Health Care Program in School,
- e. Physical and Dental Check-up
- f. Deworming
- g. Growth monitoring and promotion

5. Prevention of specific micronutrient deficiencies

Target: *To maintain or bring the prevalence of vitamin A deficiency and iodine deficiency disorders to levels below public health significance; and prevalence of iron deficiency anemia among infants 6-11 months old, 1-2 year-olds, pregnant and lactating women at moderate levels (21-40%)*

- a. Provision of the Multiple Nutrient Powder for 6-24 months old children
- b. Vitamin A Supplementation
- c. Ferrous with Folic Acid Supplementation
- d. Dietary Diversification
- e. Food fortification
- f. Iodine Supplementation through iodized salt and iodized capsules for endemic areas
- g. Strict enforcement of the ASIN Law and Iron Fortified Rice

6. Influence mothers to adopt positive Infant and Young Child Feeding practices

Target: *To increase prevalence of exclusive breastfeeding and Proportion of Age appropriate breastfeeding from 60.9% and 55.6% in 2011 to 70% by 2016.*

- a. Accelerate accreditation of hospitals and lying-in clinics as MBFHI compliant
- b. Strengthen Exclusive Breastfeeding Support in the community and workplace
- c. Establishment of lactation stations in public facilities e.g. bus terminals, air and sea ports, government offices
- d. Emphasis on complementary feeding in nutrition education sessions using the “Pabasa Sa Nutrisyon” and counseling cards.
- e. Promotion and adoption of tested nutritious complementary feeds recipes for 6-23 months

7. Inculcating in the everyday life of the family the practice of making healthy food choices and practice of healthy lifestyle

Target: *To prevent the increase in overweight and obesity among children and adults*

- a. Promotion of the Nutritional Guidelines for Filipinos 2012

8. Putting good governance at the center of efforts for nutrition improvement

Target: *To strengthen local governance for Nutrition Program Management*

- a. Adoption of DILG MC 2012-89 Adoption of PPAN 2011-2016
- b. Capacity building for Local Nutrition committee members on Nutrition Program Management with the regular formulation of Nutrition Action Plans
- c. Basic Courses for Barangay nutrition Scholars to improve delivery of services
- d. Inclusion of nutrition in the local management training of new Local Chief Executives
- e. Advocacy for appointment of permanent Nutrition Action Officer with office and support staff
- f. Advocacy for the Adoption of RDC resolutions on WHO-CGS opt Plus, Iron Fortified Rice and establishment of Lactation room in all government offices
- g. Alliance building and networking with the civic society and non-government organizations
- h. Regular monitoring and evaluation of the local nutrition plan implementation

9. To provide correct and widespread nutrition information to the general public

- i. Key Nutrition messages disseminated through multimedia campaign e.g. radio, television, print, internet
- j. Network with media group to conceptualize promote good nutrition projects and activities
- k. Documentation of good practices

E. Monitoring and Evaluation

The monitoring and evaluation of the RNSAP will employ the Results Based Monitoring Approach in two levels. First at the institutional level enabling the individual RNC member to assess their performance vis-à-vis outcome objectives set for their nutrition program and as a nutrition committee assessing the impact of the coordinated efforts and interventions of the RNC as well as the local nutrition committees in reducing the problem of malnutrition in the region.

Monitoring the implementation of the various nutrition interventions will be done regularly utilizing the agencies' and local committees existing monitoring flow. Annual implementation review of the program will be done in the fourth quarter of each indicative year and a midterm review in 2014 will be done to assess effectiveness and efficiency of the plan. The year will also coincide with the presentation of the FNRI 8th National Nutrition Survey results which will provide the information to measure how well the RNSAP was able to address the nutrition challenges in the region.

III. Regional Nutrition Strategic Action Plan 2012-2016 Targets and Budgetary Requirements

Strategy 1: Increasing Food supply and strengthen purchasing power of families for adequate food intake

Activity: Kabuhayan Starter Kit and DILP

Responsible entities: DOLE

Indicators	2012	2013	2014	2015	2016
Individual Clients served	200	200	200	200	200
Families served DILP	1000	1000	1000	1000	1000
Budget (in '000)	P 9,000.00	P 9,000.00	P 9,000.00	P 9,000.00	P 9,000.00

Activity: Gulayan Sa Paaralan Program

Responsible entities: DA RFU

Indicators	2012	2013	2014	2015	2016
No. of Schools covered	498	600	283	283	283
No. of Schools with established veg gardens	498	600	283	283	283
Kilos of assorted vegetable seed distributed	249	300	144	144	144
No. of garden tools distributed (5pcs/sch)	2490	3000	1415	1415	1415
Organic Fertilizers distributed (2 bags/school)	498	600	283	283	283
Budget	P3,122,460.00	P3,762,600.00	P1,774,410.00	P1,774,410.00	P1,774,410.00
Area/school Coverage					
Zamboanga del Norte	95	130	55	55	55
Zamboanga del Sur	93	130	50	50	50
Zamboanga Sibugay	75	90	45	45	45
Zamboanga City	85	90	40	40	40
Pagadian City	40	40	25	25	25
Dipolog City	40	40	23	23	23
Dapitan City	35	40	25	25	25
Isabela City	35	40	20	20	20

Activity: Barangay Food Terminal

Responsible entities: DA RFU

Indicators	2012	2013	2014	2015	2016
N0. Of sites	16	25	10	10	
Budget (in '000)	P 4,800.00	P 7,500.00	P 3,000.00	P 3,000.00	

Activity: Augmenting the local government capacity to assist small fisher folks in terms of input

Responsible entities: DA - BFAR

Indicators	2012	2013	2014	2015	2016
Provision of Production Support Services		5.4			
Fish Seed Distributed (in M)		1180			
Fishing gears/paraphernalia (gill net, hook and line, fish pots)		1150			
Seaweed farm implements					
No. of Training and technical Assistance to fisher folks					
Aquaculture		2772			
Municipal		1584			
Commercial		1320			
Regulatory		948			
Post Harvest		204			
Others		324			

Activity: Supplementary Feeding for children in Day Care Centers.

Responsible entities: DSWD

Indicators	2012	2013	2014	2015	2016
N0 of children provided with 1/3 daily calorie & nutrient requirement at P10.00/child	87,876 1 st cycle	100000 2 nd cycle	110000 3 rd cycle	121000 4 th cycle	133100 5 th cycle
Budget	P 878,760.00	P1,000,000.00	P1,100,000.00	P1,210,000.00	P 1,331,000.00

Strategy2: Prevention of chronic undernutrition in 0-23 month children by focusing on the first 1000 days.

Activity: Regular pre-natal care with emphasis on adequate nutrition of pregnant women during counseling

Responsible entities: Health office LGU

Indicators	2012	2013	2014	2015	2016
N0. Pregnant women given nutrition counseling during pre natal (80%)		101,063	103,049	105,100	108,044

Activity: Intensified Promotion of Exclusive Breastfeeding

Responsible entities: Health office LGU, BNS, BHW, EBF Counselors, DOLE

Indicators	2012	2013	2014	2015	2016
Increased rate of Exclusive Breastfeeding	60%				70%
Establishment of Breastfeeding room in workplaces					
N0 orientations conducted for RA10028	5	6	6	8	8
N0 of workplaces EBF accredited by DOH	5	5	5	5	5
Documentation/Monitoring of EBF in workplaces	5	5	5	5	5

Activity: Demonstration of tried recipe on complementary feed for 6 to 24 months babies

Responsible entities: Health office LGU (For consideration of LGU)**

Indicators	2012	2013	2014	2015	2016
N0. of lactating mothers (target 30%) joining demonstration classes on recipe trials* (P5.00/pax)		36986	38196	39405	40614
Budget (Proposed)**		P184,930.00	P190,980.00	P197,025.00	P203,070.00
N0 of BNS/BHW attending Training of trainers on recipe trial		400			
Budget (MDGF 2030)		410,000.00			

*To address FNRI Survey result - 15% knowledge on appropriate complementary feeding in ZP.

Strategy 3: Improving maternal nutrition for healthy pregnancy and delivery of infant at childbirth

Activity: Supplemental Feeding for pregnant women

Responsible entities: LGU (For consideration of LGU)

Indicators	2012	2013	2014	2015	2016
N0. of pregnant nutritionally at risk mothers (target 20%) provided supplemental feeding (P20.00/mother 60 days)		4227	4513	4603	4732
Proposed Budget		P5,072,400.00	P5,415,600.00	P5,523,600.00	P5,578,400.00

Strategy 4: **Influence school children to adopt positive health and nutrition practices**

Activity: Health & Nutrition Package at School

Responsible entities: DepED

Indicators	2012	2013	2014	2015	2016
N0 of division integrating modules on Salt Iodization Program in the curriculum		1			
N0 of Divisions implementing breakfast feeding program for severely wasted children		2			
N0 of divisions implementing deworming of school children		8			

Strategy5: **Prevention of specific micronutrient deficiencies**

Activity: Micronutrient Supplementation

Responsible entities: CHD

Coverage: 3 provinces; 5 cities

Indicators	2012	2013	2014	2015	2016
1)N0 of 6-59 months given Vitamin A Supplementation (95%) 1 st & 2 nd round		416,614	424,802	433,256	445,390
Budget		498,814.65	508,618.30	518,739.94	533,268.54
2)Target Indicators Vitamin A (95 %) for lactating mothers		102,868	104,889	106,977	109,973
Budget		62,333.63	56,661.29	57,788.82	59,407.34
3) N0 of pregnant given iron supplementation Target Indicators (80%)		101,063	103,049	105,100	108,044
Budget		3,601,880.47	3,672,676.91	3,745,761.58	3,850,670.91
4) N0 of lactating women given iron supplementation Target Indicators (80%)		86,625	88,328	90,086	92,609
Budget		428,795.29	437,223.44	445,924.00	458,413.20
5)NO of 6 to 23 months given Iron Supplementation Target indicator 80%		350,833	357,728	364,847	375,065
Budget		4,130,857.94	4,212,051.65	4,295,869.63	4,416,186.11
6) NO of 6-23 months given Micronutrient Powder target indicator 80%		116,944	119,243	121,616	125,022
Budget		8,965,719.79	9,599,041.92	9,323,865.40	9,585,003.35

Strategy 5.1: Enforcement of RA 8672 Food Fortification Law of 2000 and RA 8172 or the ASIN Law

Activity: Advocacy and Promotion on utilization of Iron Fortified Rice in public elementary schools

Responsible entities: National Food Authority

Coverage: 3 provinces;

Indicators	2012	2013	2014	2015	2016
N0 of schools covered in Zamboanga Sibugay	10	18	100	175	20 private sch
N0 of schools covered in Zamboanga City	6	5	6	6	6
N0 of schools covered in Zamboanga del Norte	1	1	1	1	1
Budget	P127,500	P180,000	P802,500	P1,365,000	P607,500

Activity: Advocacy & Promotion on Iron Fortified Rice to rice retailers, millers, food establishments & households

Responsible entities: National Food Authority

Coverage: Regionwide

Indicator	2012	2013	2014	2015	2016
N0 of rice retailers, millers & food establishments advocated	20 Zamboanga City				30 ZDN
N0 of poor household advocated (ZDN)		Dipolog 250 Polanco 150 Dapitan 250	Katipunan 100 Roxas 100		
Indicator	2012	2013	2014	2015	2016
N0 of Duty bearers (political leaders and Punong Barangay advocated)		150	Siayan 200		
N0 of advocacy with IFR taste-test done in tertiary school				1 (JRMSU Dipolog 300pax)	1 (SJC, Sindangan 350 pax)
Budget	P3,000.00.00	P40,000.00	P20,000.00	P 15,000.00	P 20,500.00

Activity: Advocacy and monitoring of supply and sale of iodized salt in public markets

Responsible entities: CHD and LGU Health Office

Coverage: 67 municipalities, 5 cities

Indicator	2012	2013	2014	2015	2016
7) Public markets monitored selling iodized salt (1market/mun; 2markets/city)		77	77	77	77
8) Advocacy on enforcement of ASIN Law by big salt trader		2	Advocated sustained	Advocated sustained	Advocated sustained

Strategy 6: Influence mothers to adopt positive Infant and Young Child Feeding practices

Activity: Capacity building of health personnel and mothers on appropriate Infant and Young Child Feeding

Responsible entities: CHD

Coverage: 3 provinces; 5 cities

Indicators	2012	2013	2014	2015	2016
N0 of Health Personnel (HP) trained and mentored on IYCF	Train New HP	Trained HP mentored	Train New HP	Trained HP mentored	
N0 of HP Oriented / mentored for EBF support group in hospital	Personnel in new hospitals oriented	Personnel trained in previous year monitored /mentored	Personnel in new hospitals oriented	Personnel trained in previous year monitored /mentored	
N0 of College Instructors Oriented on EBF integration in related health courses (Target 100% of schools using updated curricula integrated with IYCF)	Follow up on trainees of previous year	Training of College Instructors in Zamboanga del Sur	Follow up on trainees of previous year	Follow up on trainees of previous year	
Indicators	2012	2013	2014	2015	2016
N0 of public/private hospitals personnel oriented on MBFHI (target 50% hospitals is MBFHI certified)	Follow up of previously oriented HP	Orientation of HP of new public/private hospitals	Follow up of previously oriented HP	Orientation of HP of new public/private hospitals	
N0 of LGU Oriented and Trained on Nutrition in Emergencies (Target 100% emergency responses related to IYCF is compliant to Infant Feeding in Emergency Guidelines)	Nutrition Cluster in the local DRRC trained on MOP of Nutrition in Emergency	Nutrition Cluster in the local DRRC trained on MOP of Nutrition in Emergency	Nutrition Cluster in the local DRRC trained on MOP of Nutrition in Emergency	Nutrition Cluster in the local DRRC trained on MOP of Nutrition in Emergency	
Budget	P2,199,000.00	P2,418,900.00	P2,660,790.00	P2,926,869.00	

Strategy 7: *Inculcating in the everyday life of the family the practice of making healthy food choices and practice of healthy lifestyle*

Strategy 9: *To provide correct and widespread nutrition information to the general public*

Activity: Media Campaign and Promotion of Good Nutrition

Responsible entities: NNC

Indicators	2012	2013	2014	2015	2016
N0 of Key nutrition messages disseminated through multimedia campaign e.g. radio, television, print, internet	10 Nutrition Guidelines for Filipinos 36 episode of drama series aired 1 Nutrition Radio Program 5X/wk Nutrition Trivia Key Nutrition Messages aired TV Developmental Commercials	10 Nutrition Guidelines for Filipinos 36 episode of drama series aired 1 Nutrition Radio Program 5X/wk Nutrition Trivia Key Nutrition Messages aired TV Developmental Commercials	10 Nutrition Guidelines for Filipinos 36 episode of drama series aired 1 Nutrition Radio Program 5X/wk Nutrition Trivia Key Nutrition Messages aired TV Developmental Commercials	10 Nutrition Guidelines for Filipinos 36 episode of drama series aired 1 Nutrition Radio Program 5X/wk Nutrition Trivia Key Nutrition Messages aired TV Developmental Commercials	10 Nutrition Guidelines for Filipinos 36 episode of drama series aired 1 Nutrition Radio Program 5X/wk Nutrition Trivia Key Nutrition Messages aired TV Developmental Commercials
N0 of media groups to conceptualize promote good nutrition projects and activities	3	3	3	3	3
Budget	P1,000,000.00	1,000,000.00	P1,000,000.00	P1,000,000.00	P1,000,000.00

Strategy 7: Putting good governance at the center of efforts for nutrition improvementActivity: *Strengthening Capability of local government units in Nutrition Program Management (NPM)*

Responsible entities: National Nutrition Council, DILG

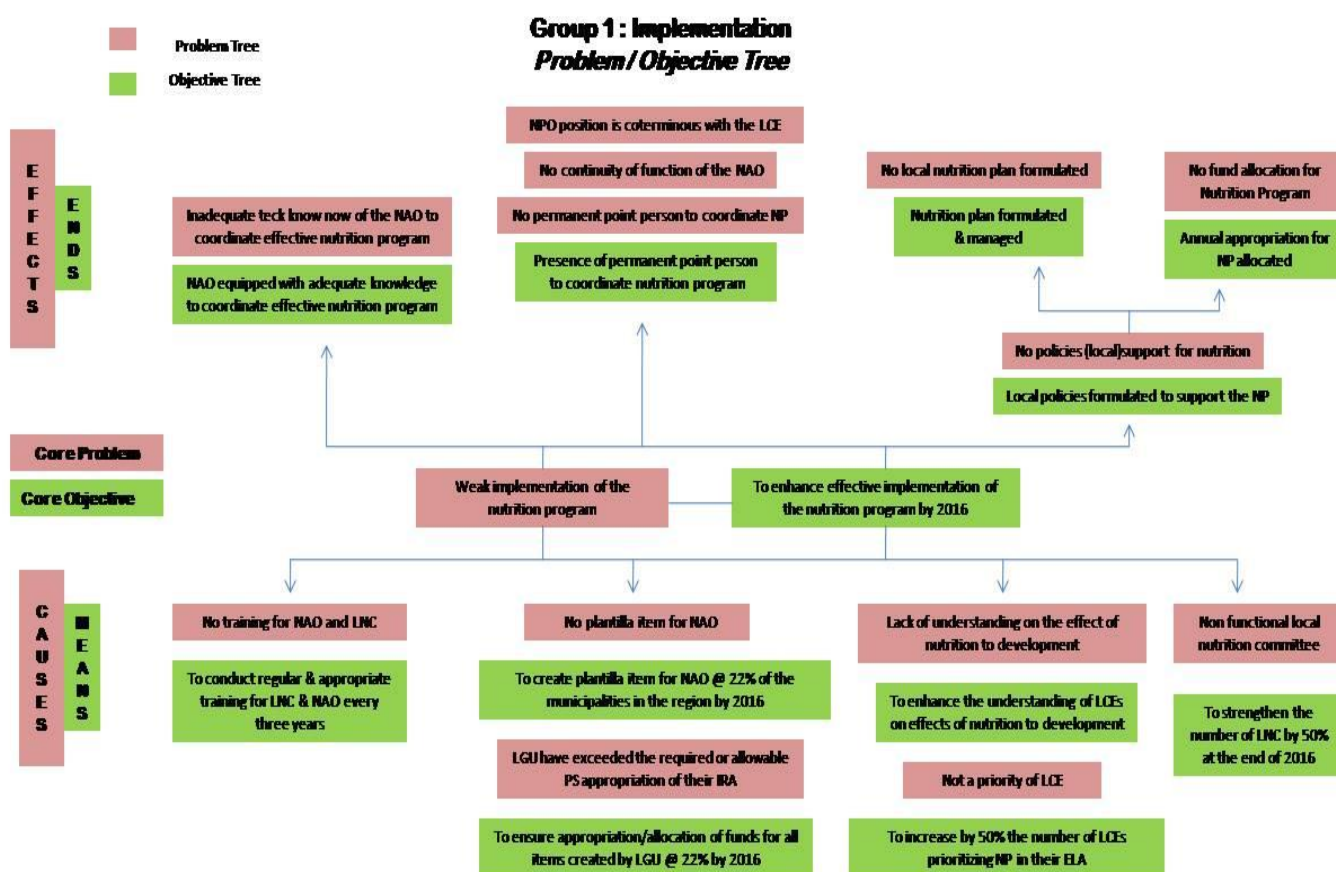
Coverage: 3 provinces; 5 cities; 67 municipalities

Indicators	2012	2013	2014	2015	2016
N0 of LGUs advocated on the DILG MC 2012-89 Adoption of PPAN 2011-2016	30	75	Follow up & sustained	Follow up & sustained	Follow up & sustained
N0 of LGUs trained in NPM with regular formulation of Nutrition Action Plans integrated in local investment plan	15 (ZDS)	25 (3 cities, ZDS, ZS)	Follow up & sustained	Follow up & sustained	Follow up & sustained
Budget	100,000.00	552,000.00			
N0 of barangays trained in NPM with the regular formulation of Nutrition Action Plans integrated in Barangay Development Plan	190	41 (Isabela)			
Budget		216,000.00			
N0 of Training of Trainers for BNS Basic Courses conducted to improve delivery of services	2 (ZDN & ZS)	1 (ZDS)	Follow up & sustained	Follow up & sustained	Follow up & sustained
Budget	500,000	250,000			
N0 of Regional Conference held to update Local Officials, NAOs, BNS, D/CCNPCs, interagency partners on nutrition program to improve delivery of services	1	1	1	1	1
Budget	120,000.00	150,000.00	150,000.00	150,000.00	150,000.00
Indicators	2012	2013	2014	2015	2016
N0 of LGUs regularly monitored and evaluated on the local nutrition plan implementation through field visit, PIR and report generation	20	20	20	20	20
Budget	56,000	74,000.00	74,000.00	74,000.00	74,000.00
NO of advocacy done to civic society and non-government organizations to establish alliance for nutrition		1	1	1	1
Budget		30,000.00	30,000.00	30,000.00	30,000.00
Inclusion of nutrition in the DILG management training of new Local Chief Executives		1			1

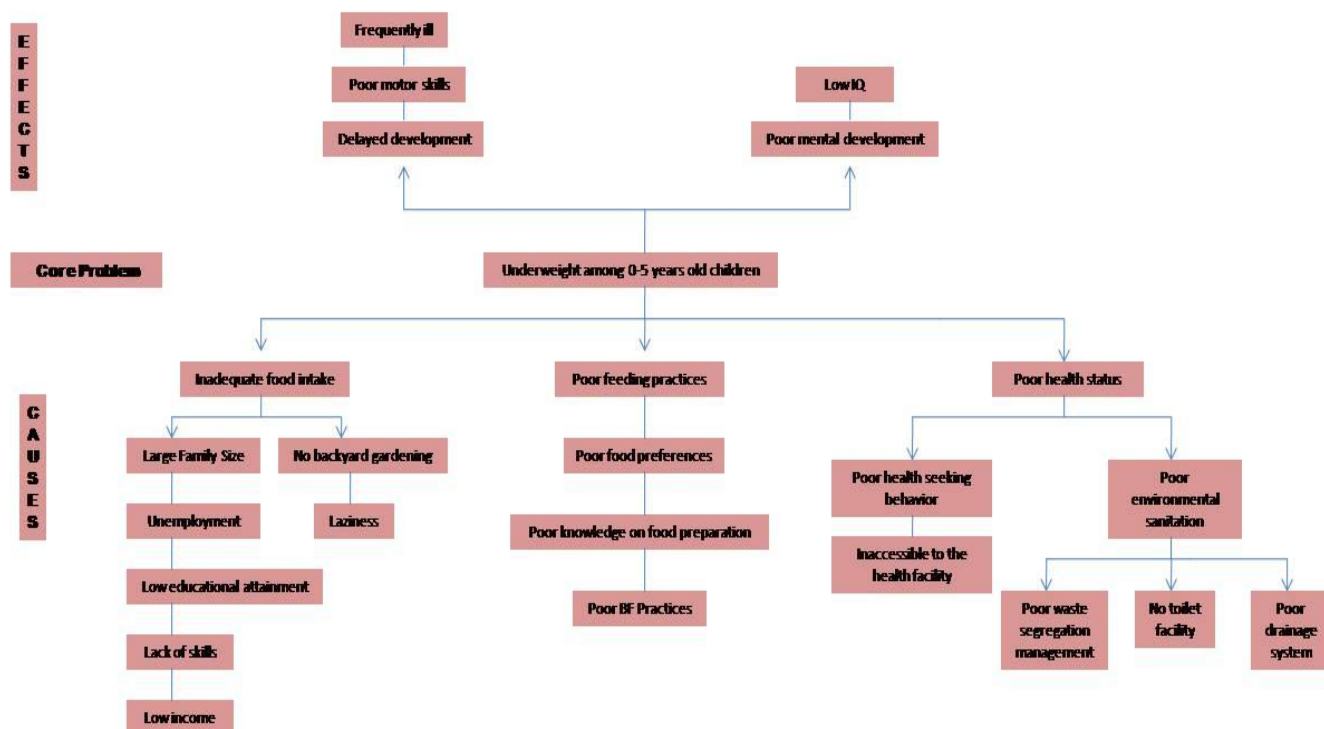
Annexes:

Nutrition Situation Assessment

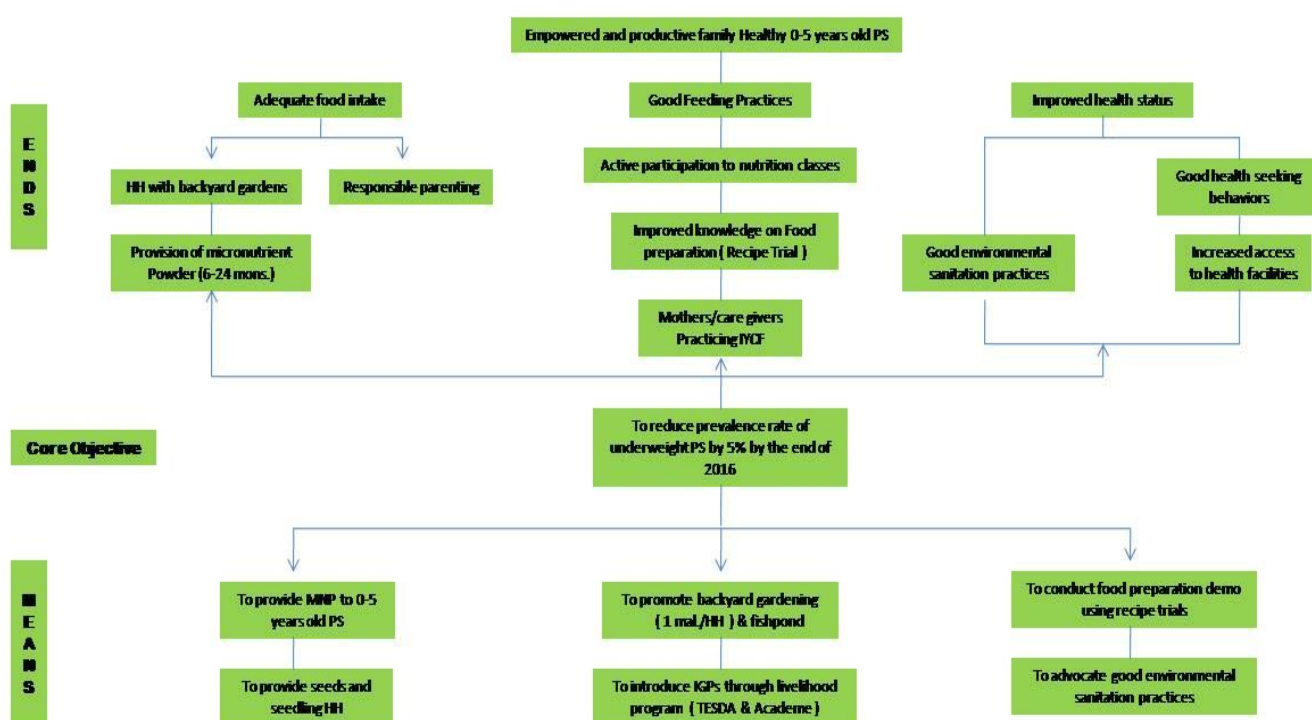
Problem and Objective tree



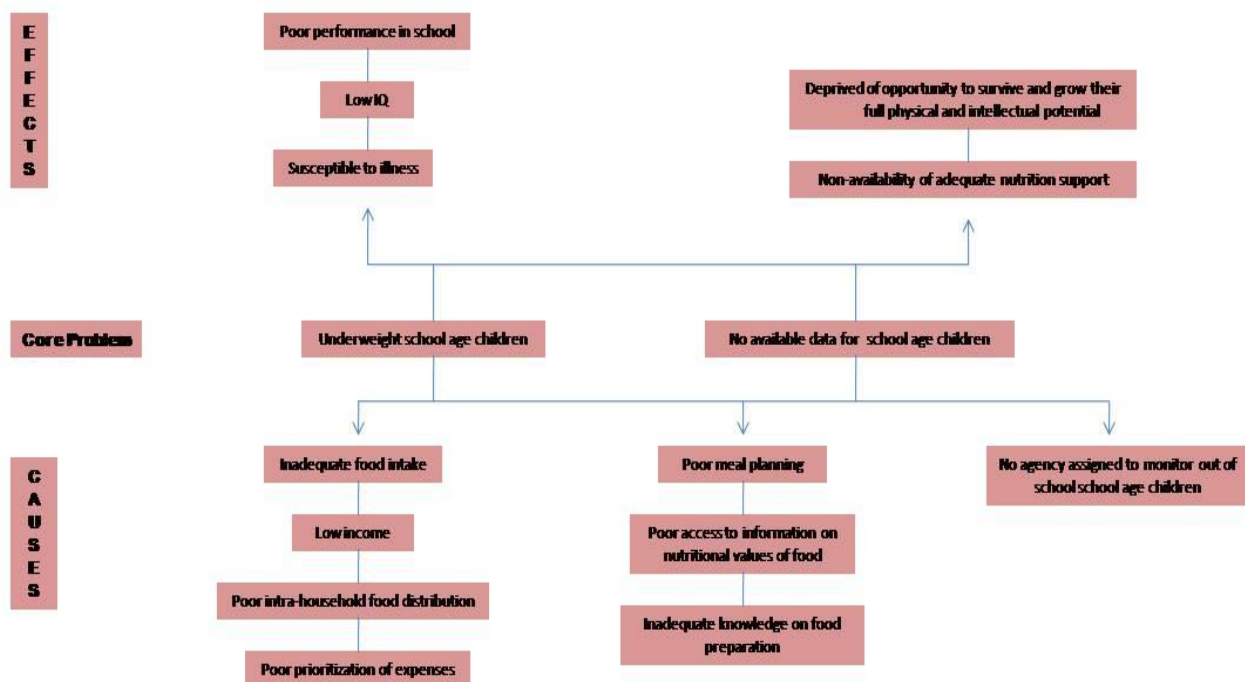
Group 2: Underweight Among 0-5 Years Old Problem Tree



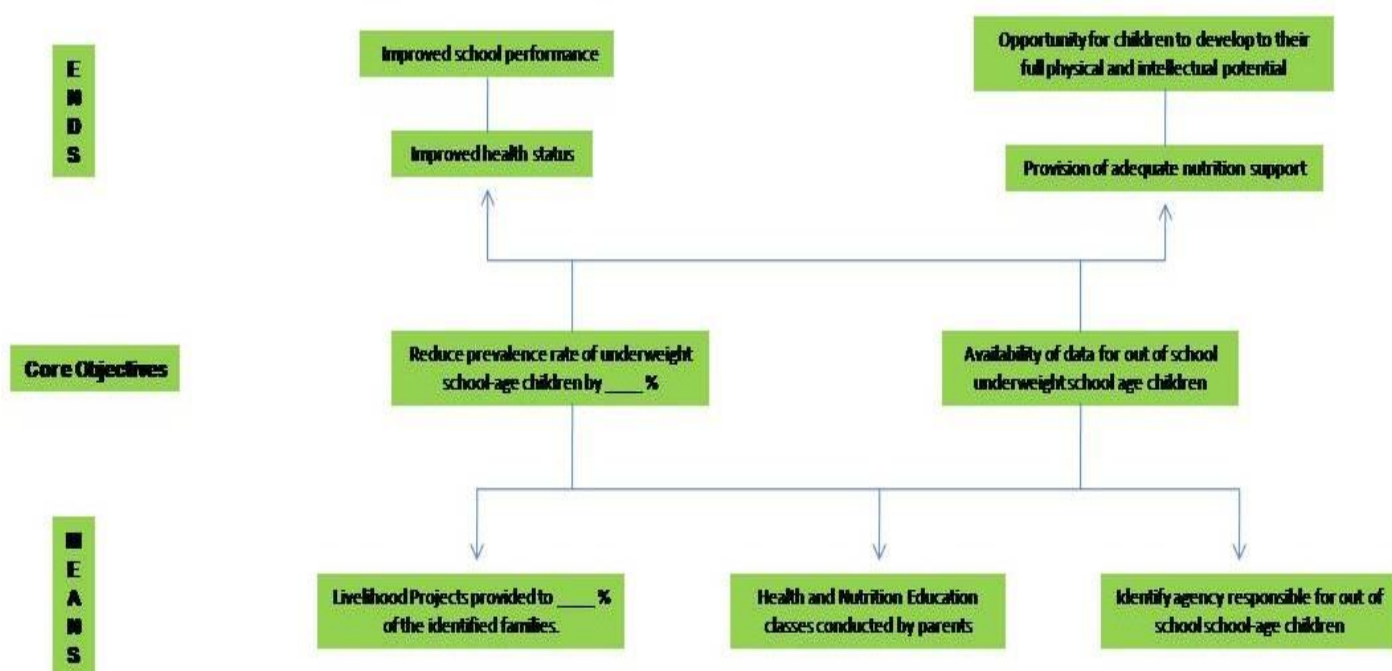
Group 2: Underweight Among 0-5 Years Old Objective Tree



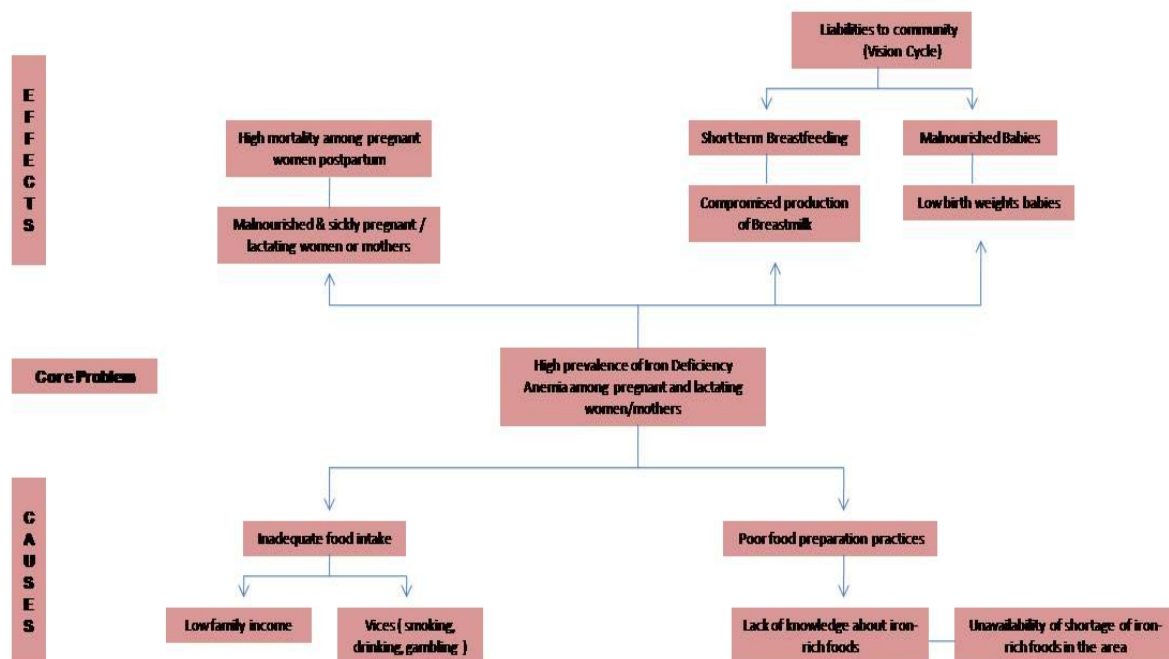
Group 3: Underweight Among School Age Children Problem Tree



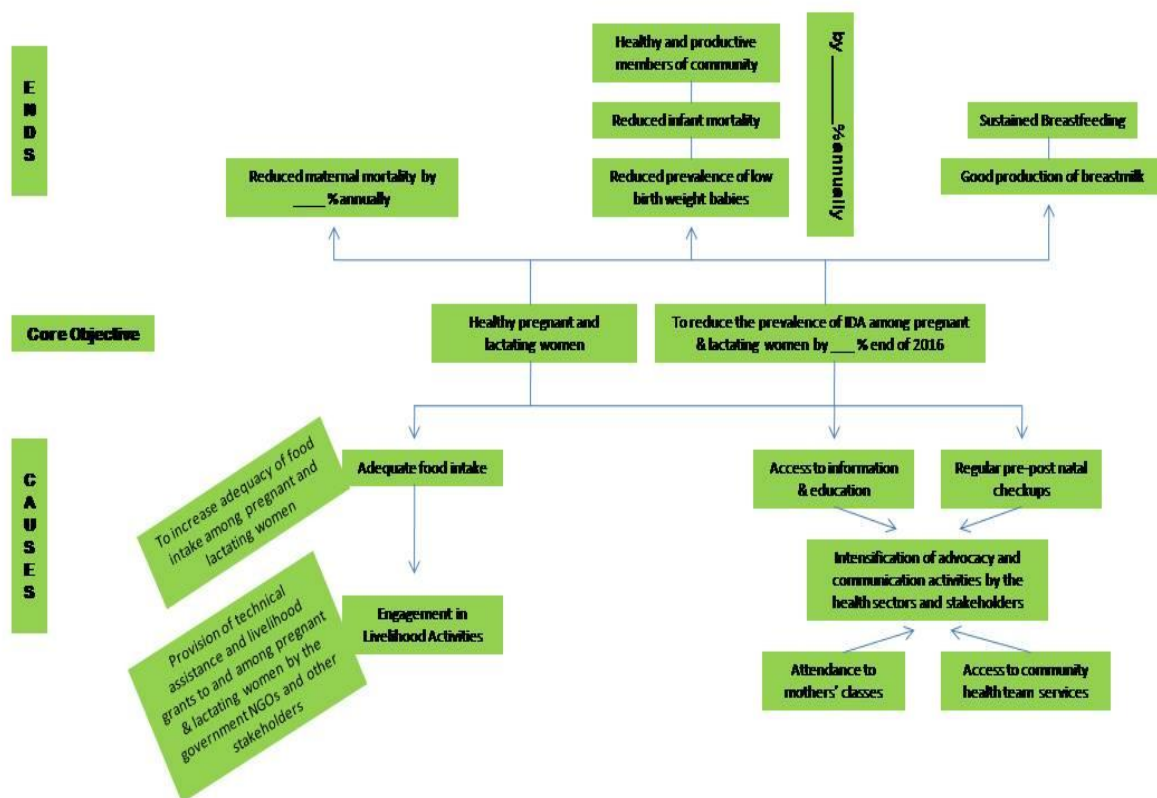
Group 3: Underweight Among School Age Children Objective Tree

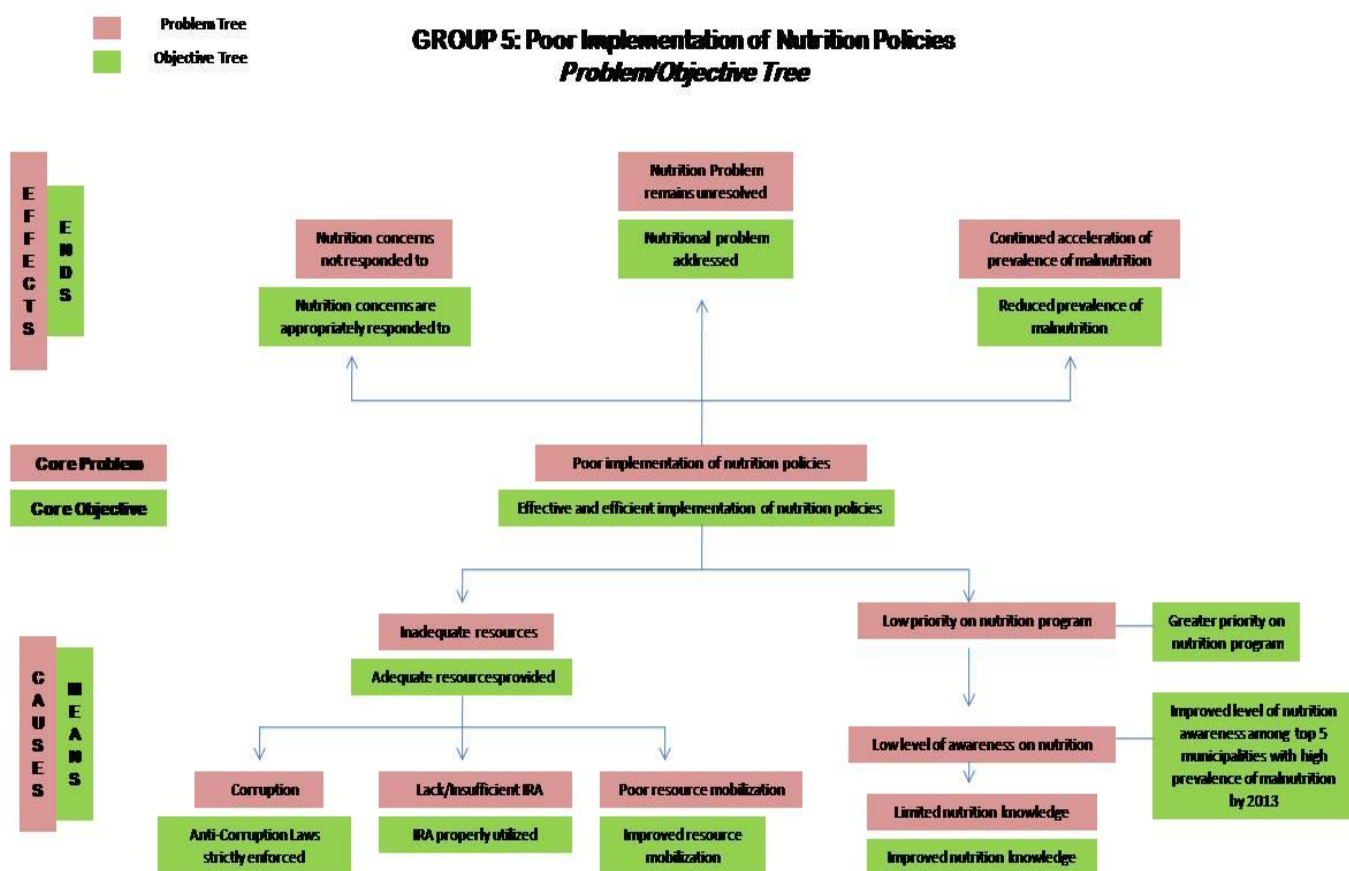


Group 4: High Prevalence of IDA Among Pregnant and Lactating Women Problem Tree



Group 4: High Prevalence of IDA Among Pregnant and Lactating Women Objective Tree





Logical Framework Approach

GROUP I: WEAK IMPLEMENTATION OF NUTRITION PROGRAM

NARRATIVE SUMMARY	EXPECTED RESULTS	PERFORMANCE MEASUREMENT	ASSUMPTIONS AND RISKS
GOAL	IMPACT RESULTS	PERFORMANCE INDICATORS	
To Enhance effective implementation of the NP by 2016	Local Nutrition Program better managed	<p>Functional Local Nutrition Committees</p> <p>Local Nutrition Plans Formulated</p> <p>Proportion of LGU Budget allocated for Nutrition Program</p>	<p>Assumptions:</p> <p>Commitment of LCEs, NAOs, program support from the region available</p> <p>Budget available</p> <p>Risks:</p> <p>Insufficient budget to support the nutrition program</p> <p>Political interference between LNC chair and Legislative council</p> <p>Change in administration after election affects program implementation</p>

PURPOSE	OUTCOME RESULTS	PERFORMANCE INDICATORS	
<p>Immediate Objectives</p> <p>To enhance the understanding of LCEs on effects of nutrition to development</p> <p>To increase by 50% the number of LCEs prioritizing NP in their IRA</p>	Local policies for nutrition formulated to support NP	<p>LCEs and local legislative officials oriented and advocated</p> <p>NAOs trained on NPM</p> <p>15 NAOs with permanent items</p>	<p>Assumptions:</p> <p>LCEs willing to attend advocacy and orientation meetings</p> <p>Risks:</p> <p>LCEs lack of interest to attend; preoccupied with other concerns</p>

PURPOSE	OUTCOME RESULTS	PERFORMANCE INDICATORS	
<p>To create plantilla item for NAOs at 22% of the municipalities in the region by 2016</p> <p>To ensure appropriation/allocation of funds for all items created by LGUs at 22% by 2016</p> <p>To strengthen 50% of LNCs in nutrition program management by the end of 2016</p> <p>To conduct regular/appropriate training for LNCs and NAOs every 3 years</p>	<p>Presence of permanent point person with plantilla position to coordinate NP</p> <p>Annual appropriation for nutrition program allocated</p> <p>Nutrition Plan formulated and managed</p> <p>LGUs investing on nutrition program</p> <p>NAOs equipped with adequate knowledge to coordinate effective nutrition program</p>	<p>Local resolution and ordinances passed and adopted</p> <p>100% (67 muns) with Annual Nutrition Action Plan formulated, funded and implemented</p> <p>33 LNCs reactivated and functional</p>	

INPUTS/RESOURCES	OUTPUT RESULTS	PERFORMANCE INDICATORS	
(Interventions/Activities – Means of Objective Tree)	(Key Result Areas)		
<p>NPM training for newly designated NAOs and LNC members after election</p> <p>Training and orientation for newly elected local officials on benefits of investing on nutrition program</p>	<p>NAOs and LNC members trained and equipped with knowledge on Nutrition Program Management;</p> <p>Attendance of Newly elected local officials in LMP trainings conducted by DAP on local governance that include nutrition</p>	<p>Nutrition becoming top priority of LCE</p> <p>Nutrition Interventions Projects provided budget</p>	<p>Assumptions:</p> <p>Budget for trainings charged to LGU</p> <p>Risks:</p> <p>Unavailability of funds for the training</p> <p>Conflict of schedule of LGU personnel</p>

Logical Framework Approach

GROUP 2: UNDERWEIGHT AMONG 0-5 YEARS OLD

NARRATIVE SUMMARY	EXPECTED RESULTS	PERFORMANCE MEASUREMENT	ASSUMPTIONS AND RISKS
GOAL	IMPACT RESULTS	PERFORMANCE INDICATORS	
To reduce prevalence rate of underweight PS by 5% by the end of 2016.			<p>ASSUMPTION: Presence of NGA's & LGU's support for nutrition interventions</p> <p>Risk: Low priority given to nutrition problem</p>

PURPOSE	OUTCOME RESULTS	PERFORMANCE INDICATORS
To promote good nutrition through provision of micronutrient powder to 6-24 mons. Children	Good nutrition among 6-24 mons. children promoted	100% of target group provided with micronutrient powder
To promote backyard/community gardens among low income families and HH with malnourished children	Adequate food consumption among target group promoted	100% of target group achieved food consumption adequacy
To promote responsible parenting	Responsible Parents empowered to decide on number of children	Increased number of couples seeking family planning services
To strengthen the promotion of Infant and Young Child Feeding practices	Improved feeding practices among target groups	Increased prevalence of exclusive breastfeeding and enhanced complementary feeding
To motivate active participation in nutrition classes	Improved practice on good nutrition and food preparation	Increased number of mothers motivated to practice good nutrition and food preparation
To promote proper waste disposal and personal hygiene	Spread of communicable diseases controlled	
To advocate for the construction of adequate potable water facility	Potable water availed of in the community	Decreased prevalence of pneumonia, diarrhea and other communicable diseases
To develop health-seeking behavior among child care givers	Demand for health services increased among target groups	

INPUTS/RESOURCES	OUTPUT RESULTS	PERFORMANCE INDICATORS	
<p>(Interventions/Activities – Means of Objective Tree)</p> <p>1.Capacity Building (trainings) of local health workers and nutrition volunteers on the promotion of IYCF</p> <p>2. Organization of Breastfeeding Support Groups for promotion of Exclusive Breastfeeding (EBF)</p> <p>3. IEC materials for promotion of EBF</p> <p>4. Micronutrient Supplementation through Multiple Micronutrient Powder, Vitamin A, Iron Folate supplements for pregnant and lactating women, and use of Fortified Products and iodized salt</p> <p>5. Supplemental Feeding Program of 3-5 yrs/old children in Day Care Centers</p>	<p>(Key Result Areas)</p> <p>1. Increased knowledge and practice of child caregivers in the nutrition care of infants and young children</p> <p>2. Increased prevalence of EBF 0-6 month babies</p> <p>3. Reduction in the prevalence of underweight 6 -23 month children and nutritionally –at-risk pregnant women</p>		<p>Assumptions:</p> <p>Continued program support of the NGAs</p> <p>Risks:</p> <p>Low priority of LGUs to implement programs and provide local counterpart for micronutrient supplementation</p>

Logical Framework Approach

GROUP 3: REDUCE PREVALENCE RATE OF UNDERWEIGHT 6-12 YEARS OLD CHILDREN

NARRATIVE SUMMARY	EXPECTED RESULTS	PERFORMANCE MEASUREMENT	ASSUMPTIONS AND RISKS
GOAL	IMPACT RESULTS	PERFORMANCE INDICATORS	
To reduce prevalence rate of underweight 6-12 y/o children	Improved health status Improved school performance	Reduction in the prevalence rate of underweight 6-12 y/o children by 15 % by 2015	Assumptions: Package of nutrition intervention for 6-12 y/o school children available (medical, dental, nursing and nutrition services) Risks: Identified package not available in certain areas/schools

PURPOSE	OUTCOME RESULTS	PERFORMANCE INDICATORS	
Immediate Objectives <ul style="list-style-type: none"> - To provide adequate food to school children - To develop proper practice on waste disposal and personal hygiene 	<ul style="list-style-type: none"> • Nutritional status Improved • Better school performance • Children not prone to illnesses 	<ul style="list-style-type: none"> - Decreased in absenteeism - Decreased in drop-out • Higher achievement exam results • Vulnerability of children to communicable diseases decreased 	Assumptions: <ul style="list-style-type: none"> - School supportive of nutrition and health program - Availability of external support from the community and other stakeholders Risks: <ul style="list-style-type: none"> - Community not responsive to interventions

INPUTS/RESOURCES	OUTPUT RESULTS	PERFORMANCE INDICATORS	
(Interventions/Activities – Means of Objective Tree)	(Key Result Areas)		
<ul style="list-style-type: none"> - Health and Nutrition Classes- for PTCA - Feeding Program- school children (grade 1-3) - Breakfast Feeding Program - Busog Lusog Talino (under Jollibee Foundation) - School Canteen Feeding Program - Gulayan sa Paaralan (DA-DepED, DOST and PTCA) - Advocate among local school board, PTCA for more flat form type weighing scales and height board 	<ul style="list-style-type: none"> • Classes conducted • Children fed by Feeding Program • School garden established • Productive school garden • Utilization of vegetable • Procurement of flat form type of weighing scales advocated 	<ul style="list-style-type: none"> • Number of parents attended classes • Number of children covered by feeding program • Number of Parents involved in the feeding program • Number of school gardens established • Volume of production - No. of scales procured 	<p>Assumptions Strong collaboration of DepED with Jollibee Foundation and other business sector DA's program for Gulayan Sa Paaralan to continue until 2016:</p> <p>Risks: Low budget of DepED for school nutrition program</p>

Logical Framework Approach

GROUP 4: HIGH PREVALENCE OF IDA AMONG PREGNANT AND LACTATING WOMEN

NARRATIVE SUMMARY	EXPECTED RESULTS	PERFORMANCE MEASUREMENT	ASSUMPTIONS AND RISKS
GOAL	IMPACT RESULTS	PERFORMANCE INDICATORS	
<ul style="list-style-type: none"> To bring down the prevalence of Iron Deficiency Anemia among pregnant and lactating women t-off for public health concern at the end of 2016. 	<ul style="list-style-type: none"> Maternal and infant mortality rates reduced by 75% of 1990 data at the end of 2016. Breastfeeding rate among 0-6 months old babies increased to 70% end of 2016. 	<ul style="list-style-type: none"> Significant reduction in Maternal and infant mortality rates by end of 2016. Increase breastfeeding rate among 0-6 month old babies by 10 % annually until 2016. 	<p>Assumptions:</p> <ul style="list-style-type: none"> Adequate supply of iron folate for pregnant & lactating mothers. Presence of EBF Peer Counsellors in the community <p>Risks: Low budget by LGUs to procure Iron Folate Supplements</p>

PURPOSE	OUTCOME RESULTS	PERFORMANCE INDICATORS	Assumptions:
<ul style="list-style-type: none"> To increase adequacy of food intake among pregnant and lactating women through the: Provision of technical assistance and livelihood grants to and among pregnant and lactating women. 	<ul style="list-style-type: none"> Reduce maternal and infant mortality rates by 75% of 1990 data at the end of 2016.. ➤ Increase adequacy of food intake. 	<ul style="list-style-type: none"> Maternal and infant mortality rate reduced by _____% annually until 2016. <p>Breastfeeding rate among 0-6 months old babies increased by 10% annually until 2016</p>	<ul style="list-style-type: none"> Nutritionally healthy and productive members of the community/society

PURPOSE	OUTCOME RESULTS	PERFORMANCE INDICATORS	Assumptions:
<ul style="list-style-type: none"> To increase adequacy of food intake among pregnant and lactating women through the: <ul style="list-style-type: none"> Provision of technical assistance and livelihood grants to and among pregnant and lactating women. Intensified education and advocacy activities among target population. 	<ul style="list-style-type: none"> ➤ Increase in no. of pregnant and lactating women who attend mothers' classes and other health and nutrition related activities by 30% end of 2016. 	<ul style="list-style-type: none"> Number of pregnant and lactating women having regular pre/post natal check-up increased by 80% annually until 2016. 	Risks: <ul style="list-style-type: none"> Liabilities to society Cultural practices and beliefs may hinder acceptance of introduced concepts and effective practices

INPUTS/RESOURCES	OUTPUT RESULTS	PERFORMANCE INDICATORS	Assumptions
<ul style="list-style-type: none"> Provision of technical assistance, livelihood grants to and among pregnant and lactating women. Intensified education/advocacy activities among target 	<ul style="list-style-type: none"> Increased family income Positive behavioral change 	<ul style="list-style-type: none"> Improved purchasing abilities of families of pregnant and lactating women. Regular pre/post natal check-up <ul style="list-style-type: none"> ➤ Attendance to mothers' classes and community to health teams service. ➤ Voluntary involvement in health and nutrition programs and services. 	<ul style="list-style-type: none"> ➤ Increase adequacy of food intake ➤ Improved maternal health; low maternal deaths ➤ Good production of breastmilk ➤ Reduced prevalence of low birth weight infants ➤ Low infant mortality rate <ul style="list-style-type: none"> ➤ Healthy and productive members of community

population.			
INPUTS/RESOURCES	OUTPUT RESULTS	PERFORMANCE INDICATORS	
			Risks <ul style="list-style-type: none"> • Continuous increase of prevalence of IDA • Increase maternal and infant mortality rates • Cultural practice and beliefs may hinder acceptance of new programs and services • Liabilities to the community

Logical Framework Approach

GROUP 5: POOR POLICY IMPLEMENTATION

NARRATIVE SUMMARY	EXPECTED RESULTS	PERFORMANCE MEASUREMENT	ASSUMPTIONS AND RISKS
GOAL	IMPACT RESULTS	PERFORMANCE INDICATORS	
To efficiently and effectively implement nutrition policies			Assumptions: LGUs are receptive to nutrition policies' implementation Developing nutrition champions among local officials Risks: Political influence

PURPOSE	OUTCOME RESULTS	PERFORMANCE INDICATORS	
Immediate Objectives To effectively address nutrition problems/concerns through policy adoption, support and enforcement	Nutrition concerns (micronutrient deficiencies, breast feeding practices) effectively responded to.		Assumptions: Risks:

INPUTS/RESOURCES	OUTPUT RESULTS	PERFORMANCE INDICATORS	
(Interventions/Activities – Means of Objective Tree)	(Key Result Areas)		
Advocacy activities for the adoption and implementation of policies, resolution and nutrition laws: I-Rice, ASIN Law, Establishment of Lactation Law.	Resolution, local ordinance adopting national nutrition laws passed, adopted and implemented	Number of nutrition policies given support	Assumptions: Risks: