



REGIONAL PLAN OF ACTION FOR NUTRITION 2019-2022



NATIONAL NUTRITION COUNCIL-ILOCOS REGION
#NumeroUnoSaNutrisyon

Regional Plan of Action for Nutrition

Region 1

2019-2022



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ACRONYMS

4Ps	– Pantawid Pamilyang Pilipino Program
ANC	– Antenatal Care
AO	– Administrative Order
ARAS	– Agrarian Reform Areas
ASEAN	– Association of Southeast Asian Nations
ASIN	– An Act for Salt Iodization Nationwide
BFAR	– Bureau of Fisheries and Aquatic Resources
BNS	– Barangay Nutrition Scholar
CDC	– Child Development Center
CED	– Chronic Energy Deficiency
C/M/LNAP	– City/Municipal/Local Nutrition Action Plan
CROWN	– Consistent Regional Outstanding Winner in Nutrition
DA	– Department of Agriculture
DAR	– Department of Agrarian Reform
DepEd	– Department of Education
DENR	– Department of Environment and Natural Resources
DILEEP	– DOLE Integrated Livelihood and Emergency and Employment Program
DILG	– Department of
DOH	– Department of Health
DOLE	– Department of Labor and Employment
DOST	– Department of Science and Technology
DSWD	– Department of Social Welfare and Development
DTI	– Department of Trade and Industry
EO	– Executive Order
F1K	– First 1000 Days
FHSIS	– Field Health Service Information System
FNRI	– Food and Nutrition Research Institute
GIDA	– Geographically Isolated and Disadvantaged Areas
IFA	– Iron Folic Acid
IP	– Indigenous People
ITC	– In-Patient Therapeutic Care
IU	– International Unit
IYCF	– Infant and Young Child Feeding
IYCF-E	– Infant and Young Child Feeding in Emergencies
LBW	– Low Birth Weight
LCE	– Local Chief Executive
LGU	– Local Government Unit
LNC	– Local Nutrition Committee
LPPEAHD	– Learning Package for Parent Education and Adolescent Health and Development
MAD	– Minimum Acceptable Diet
MAM	– Moderate Acute Malnutrition
MC	– Memorandum Circular
mcg	– microgram
MFF	– Mandatory Food Fortification
MNP	– Micronutrient Powder
NCR	– National Capital Region
NDHS	– National Demographic Health Survey
NEDA	– National Economic and Development Authority
NIEm	– Nutrition in Emergencies
NINA	– Nutrition Initial Needs Assessment
NNC	– National Nutrition Council
NNS	– National Nutrition Survey

NRPT	– National RPAN Planning Team
OTC	– Out-Patient Therapeutic Care
PES	– Parent Effectiveness Session
PESTLE + C Analysis – Political, Economic, Social, Technological, Legal, Environmental + Cultural Analysis	
PIA	– Philippine Information Agency
PIMAM	– Philippine Integrated Management on Acute Malnutrition
P/C/MNAO	– Provincial/City/Municipal Nutrition Action Officer
PSA	– Philippine Statistics Authority
RA	– Republic Act
R/LBATF	– Regional/Local Bantay Asin Task Force
RDP	– Regional Development Plan
RNC	– Regional Nutrition Committee
RPAN	– Regional Plan of Action for Nutrition
RUSF	– Ready-to-Use Supplementary Food
RUTF	– Ready-to-Use Therapeutic Food
SAM	– Severe Acute Malnutrition
SALINTUBIG	– Sagana at Ligtas na Tubig sa Lahat Program
SNP	– Supervised Neighborhood Play
TOT	– Training of Trainers
TSFP	– Targeted Supplementary Feeding Programme
TWG	– Technical Working Group
UIE	– Urinary Iodine Excretion
UNICEF	– United Nations Children’s Fund
WASH	– Water, Sanitation and Hygiene
WFP	– World Food Programme
WRA	– Women of Reproductive Age
WHO	– World Health Organization

MESSAGE FROM THE RNC I CHAIRPERSON

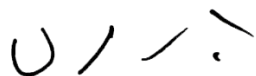
The Regional Plan of Action for Nutrition (RPAN) 2019-2022 was finally approved and as Chairperson of the Regional Nutrition Committee, I am grateful to share the plan to all concerned sectors. This plan contains key elements expected to contribute in the attainment of set regional nutrition goals and objectives. This also contains mix of nutrition interventions that are appropriate in addressing the causes of nutritional problems existing in the region.

We, the nutrition stakeholders in the region play a vital role in the smooth implementation of the plan as this embodies our commitments and accountabilities as key players in the achievement of our proportionate share of the malnutrition burden in the country.

As we keep moving forward, this RPAN 2019-2022 may serve as guide to all RNC members and other stakeholders as we converge and harmonize our efforts towards improving the nutritional status of our constituents.

While the Local Government Units are the primary health and nutrition service providers, we will ensure to complement it with our usual and more intensive support and guidance through the strict implementation of the RPAN.

Together with the dedicated members of the RNC, I am confident that we are closer in winning our battle against our enemy- hunger and malnutrition.



VALERIANO JESUS V. LOPEZ, MD, MPH, MHA, CESO IV

Director IV, Department of Health- Center for Health Development-I and
Chairperson, Regional Nutrition Committee



RNC I Resolution and Agency Commitments



Republika ng Pilipinas
KAGAWARAN NG KALUSUGAN
PAMBANSANG SANGGUNIAN SA NUTRISYO
(NATIONAL NUTRITION COUNCIL)
Regional Office I

City of San Fernando, La Union, Telefax # (072) 607-6594 / 607-6294



Regional Nutrition Committee (RNC) Resolution No. 2, Series of 2018

APPROVING AND ADOPTING THE REGIONAL PLAN OF ACTION FOR NUTRITION (RPAN) 2019-2022 AND REQUESTING THE RDC THROUGH THE RSDC TO ENJOIN LOCAL GOVERNMENT UNITS, ACADEME, CIVIL SOCIETY ORGANIZATIONS AND NON-GOVERNMENT ORGANIZATIONS TO SUPPORT ITS IMPLEMENTATION

WHEREAS, the Philippine Plan of Action for Nutrition (PPAN) 2017-2022, an integral part of the Philippine Development Plan 2017-2022, consists of programs and projects serving as a framework for actions that could be undertaken at all levels to address the nutritional problems which caused deprivation of Filipinos of their right to food and good nutrition;

WHEREAS, the PPAN 2017-2022 was adopted in the region through RDC Resolution No. 49 s. 2017 entitled "Enjoining All Concerned Regional Line Agencies and Local Government Units to Support the Implementation of the Philippine Plan of Action for Nutrition (PPAN) 2017-2022";

WHEREAS, the same resolution stated that the Regional Nutrition Committee in coordination with the Local Government Units and other stakeholders will formulate the Regional Plan of Action for Nutrition to respond to the objective of the PPAN 2017-2022;

WHEREAS, the Regional Plan of Action for Nutrition (RPAN) 2019-2022 was developed by the Regional Nutrition Committee through the Regional RPAN Team which have undergone series of workshops and consultations before its finalization;

WHEREAS, the RPAN 2019-2022 which contains key elements expected to contribute to the attainment of the national goals and targets with 11 programs and 42 projects is the response of Region I to the alarming nutritional problems in the region;

WHEREAS, the RPAN embodies the commitment and accountabilities of the RNC member agencies as a contribution of the region to the proportionate share of the malnutrition burden in the country and provides estimated budget requirements for each of the identified programs and projects;

NOW, THEREFORE, FOR AND IN CONSIDERATION OF THE ABOVE PREMISES, BE IT RESOLVED AS IT IS HEREBY RESOLVED that the Regional Nutrition Committee (RNC) of Region I hereby approves and adopts the Regional Plan of Action for Nutrition (RPAN) 2019-2022;

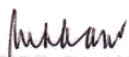
RESOLVED FURTHER, to request the Regional Development Council through the Regional Social Development Committee to enjoin all Local Government Units (LGUs), Academe, Civil Society Organizations (CSOs) and Non-Government Organizations (NGOs) to support the implementation of the RPAN 2019-2022;

RESOLVED FURTHER, to request the RNC to monitor its implementation and conduct annual review of the plan;


RESOLVED FINALLY, that the National Nutrition Council- Regional Office I to provide copies of the approved plan to all RNC member agencies and LGUs;

APPROVED UNANIMOUSLY AND ADOPTED, this 18th day of December 2018 during the second regular joint meeting of the Regional Nutrition Committee and Regional Nutrition Planning and Evaluation Team held at Max's Restaurant, Parian, City of San Fernando, La Union.

CERTIFIED CORRECT BY:


MA. EILEEN B. BLANCO, RND, MPA
Secretary, Regional Nutrition Committee and
Regional Nutrition Program Coordinator, NNC-ROI

APPROVED BY:


VALERIANO JESUS V. LOPEZ, MD, MPH, MHA, CESO IV
Chairperson, Regional Nutrition Committee and
Regional Director, Department of Health- Region I

P.O Box 2490
Makati City

Tel Nos. (63-2) 843-5838 ; 843-5824; 843-5832
(63-2) 843-5868 ; 818-7396; 892-4271

Fax No. (843)-5818

DOH ROI Compound Parian, San Fernando,
La Union 2500

Tel No. (072) 607-6294

Fax. No. (072) 607-6594

"Ugaliing magtanim, Sapat na nutrisyon aanihin!"


Wastong Nutrisyon:
Alamin, Gawin at Palaganapin

The Region 1 RPAN Formulation Process

One of the strategies to fully operationalize the PPAN is the formulation of Regional Plans of Action for Nutrition (RPAN) to embody the key commitments of key regional agencies, in particular, the member agencies of the Regional Nutrition Committees¹, along the PPAN programs. The RPAN is a plan that commits regional sector agencies to action and resources to contribute to their proportionate share of the malnutrition burden and corresponding targets in the PPAN.

The National Nutrition Council Secretariat led, coordinated and guided the formulation of the Regional Plan of Action for Nutrition in all the 17 regions of the country. The planning process was initiated through the development and use of the RPAN Formulation Guidelines linked to the conduct of a three-day planning workshop. NNC also established the NNC National RPAN Planning Team (NRPT) to guide and support the entire RPAN formulation process. The NNC NRPT is composed of technical staff from the member agencies of NNC Governing Board.

The Region 1 RPAN planning process was participatory, inter-sectoral and multi-level as it engaged the participation of the representatives from the RNC-Region 1 member agencies. Planning staff and senior officers from the NNC as well as Alcanz International consultants accompanied the entire planning process. More specifically the following are the milestone activities undertaken in arriving at the Region 1 RPAN 2018-2022:

1. RPAN Planning Workshop, 14 March to 16 March 2018, St. Giles Hotel, Makati City
2. RPAN Follow-up Writeshop, 21 May 2018, Hotel Ariana, Bauang, La Union
3. Regional Nutrition Committee Meeting on initial review of the RPAN, 19 June 2018, Hotel Ariana, Bauang, La Union

The Region 1 Regional Plan of Action was approved on December 18, 2018 following the issuance of RNC Resolution No. 2, series of 2018 Adopting the Regional Nutrition Plan of Action 2019 to 2022 of Region 1.

¹ RNC is the NNC Governing Board regional counterpart

Region 1 Nutrition Profile

Estimated Population by Age/Physiological Group Based on the Projected Population, 2016 (in millions)			
Total population	5,200,300		
- Male	2,622,200		
- Female	2,578,100		
0-59 months	702,041		
60-120 months			
121-228 months			
20 years and above			
Women of reproductive age (15-49 years old)			
Pregnant women	140,409		
Lactating mothers	140,409		
Nutritional Status Indicators/Population Group	Prevalence (%)	Equivalent	Number in 2017 (millions)
LOW BIRTH WEIGHT INFANTS	17.3		
INFANTS 5 MOS OLD WHO ARE EXCLUSIVELY BREASTFED	49		
CHILDREN 6-23 MONTHS OLD MEETING THE MINIMUM ACCEPTABLE DIET	22.2		
UNDERNUTRITION (NNS, 2015)			
Under five year old children			
- Underweight	19.0		
- Stunting	31.3		
- Wasting	6.6		
School age children (5-10 years old)			
- Underweight	27.5		
- Stunting	25.1		
- Wasting	9.7		
Adolescents (ages 10.08-19 years old)			
- Stunting	22.6		
- Wasting	13.4		
Adults (≥ 20 years)			
Chronic energy deficiency (CED)	11.9		
Pregnant women			
- Nutritionally at-risk	14.4		
Lactating mothers			
- Wasted and CED	18.3		
OVERNUTRITION (NNS, 2015)			
Overweight/obese			
- Children under five years old	3.3		
- School age children	9.2		
- Adolescents	11.1		
- Adults 20 years and above	22.7 (to include trends)	4	
MICRONUTRIENT DEFICIENCY			
Vitamin A deficiency among children 6 months to 5 years old			
Anemia among women of reproductive age			

Median urinary iodine concentration, mcg/L	
- Children 6-12 years old	173 (2013)
- Pregnant women	106 (2013)
- Lactating women	55 (2013)
- Children 6-12 years old with UIE concentration <50 mcg/L	17.5 (2013)
- Lactating women with UIE concentration <50 mcg/L	44.9 (2013)
HOUSEHOLDS WITH DIETS THAT MEET THE ENERGY REQUIREMENTS	32.6
<i>LBW data from National Demographic Health Survey</i> <i>Assessment criteria in determining magnitude and severity of underweight, stunting and wasting in children under-five years old (0 to 59 months old) as public health problem (WHO, 1995): Underweight: <10% – low; 10-19% - medium; 20-29% – high; ≥30% – very high. Stunting: <20% – low; 20-29% - medium; 30-39% - high; ≥40% – very high. Wasting: <5% – acceptable; 5-9% – poor; 10-14% - serious; ≥15% – critical</i>	

Executive Summary

The Regional Plan of Action for Nutrition 2019-2022 is the response of Region 1 to the alarming nutritional problems in the region. Levels of undernutrition in the region has been continuously high throughout the years, and according to the Updating of the Nutritional Status of Filipino Children and Other Population Groups conducted by the Food and Nutrition Research Institute of the Department of Science and Technology (FNRI-DOST) in 2015, Region 1 has significant levels of underweight (19%), stunting (31.3%), and wasting (6.6%).

These nutritional problems are caused by immediate and underlying causes ranging from inadequate food intake, poor participation in health programs/services, food insecurity and inadequate health services, and at the root of these problems are the basic problems of poverty and lack of education.

Regional outcome targets were established for 2022 for stunting, wasting and obesity as well as micronutrient deficiencies and other indicators. Among 0-5-year-old children, the stunting levels will be reduced from 31.3% to 20.1% by end 2022. Wasting prevalence among under 5 will be reduced from 6.6% to 4.9% by the end of the RPAN period among the same group of children. Targets for obesity, micronutrient deficiencies have also been estimated in the RPAN formulation process.

As a response to the problems identified in the planning process, the RPAN formulated 11 programs and 42 projects. The program consists of 1 nutrition sensitive, 1 enabling and 9 nutrition specific programs. The 11 programs follow the life stages of the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. All 11 nutrition specific, nutrition sensitive and enabling programs constitute the RPAN with an additional program to reflect the huge challenge of adolescent health. The RPAN provides the necessary focus on the First 1000 days and dietary supplementation given its huge potential in addressing the major nutritional issues in Region I and in the country.

The budget estimated for 2019-2022 for the 11 programs amounts to PhP 2.09B, with an annual average of about PhP522M. The funded portion is PhP2.01B representing 96.6% of total, while the unfunded portion amounts to PhP70M. Financing come mostly from funds of the member agencies of the RNC. The funding shortfalls will be discussed during the upcoming follow-up meetings.

The RPAN outcomes and outputs are essentially a regional accountability. The RPAN's results matrix is explicit with respect to the accountabilities of each of the agencies in the region. An implementation plan, the organizational mechanism for overall coordination and management of the RPAN as well as the monitoring and reporting and evaluation are integral parts of the Plan.

In summary, the Region 1 RPAN contains key elements expected to contribute to the attainment of the PPAN 2017-2022 national goals and targets:

- embodies the commitment and accountabilities of regional sector agencies as a contribution of the region to the proportionate share of the malnutrition burden
- aims to address the key manifestations of malnutrition - under nutrition, over nutrition, micronutrient deficiencies and their causes following the ASEAN Conceptual Frameworks of Malnutrition
- sets two layers of outcome objectives by the end of 2022 – (1) outcome targets that refers to final outcomes against which plan success will be measured; and (2) sub-outcome or intermediate outcomes referring to outcomes that will contribute to the achievement of the final outcomes
- identifies a good mix of interventions appropriate for the region consisting of three distinct but complementing types of programs² - *nutrition-specific, nutrition-sensitive and enabling management programs* as defined in the PPAN program framework
- provides estimated budget requirements for each of the identified programs and projects cognizant of the actual GOP budget process
- anticipates risks and threats by factoring mitigating strategies and program adjustments
- defines the institutional accountabilities to deliver outputs and outcomes to include accountability for coordination which rests on the RNC
- formulates a Results Framework Matrix that defines a vertical and horizontal logic of expected results, indicators, targets and accountability
- lays out the monitoring, reporting and evaluation mechanism necessary to determine progress of implementation and extent of outcome targets achievement

²Nutrition-specific programs are those that were planned and designed to produce nutritional outcomes, nutrition-sensitive are those that will be tweaked to produce nutritional outcomes, enabling management support programs are actions developed and designed to assist the nutrition-specific programs to be achieved with greater degree of efficiency and effectiveness.

Section I. The Regional Nutrition Situation Analysis

Region I – Ilocos Region

Region I, known as the Ilocos Region lies at the northwestern tip of the island of Luzon. It is bounded in the east by the Cordillera Administrative Region (CAR) and Cagayan Valley and in the south by Central Luzon. To the west lies the South China Sea. The region has 4 provinces (Ilocos Norte, Ilocos Sur, La Union and Pangasinan), 9 cities, 116 municipalities, and 3,265 barangays.

The Ilocos Region has a total land area of 12,840.19 sq. km. Pangasinan accounts for the biggest share at 41.81 percent, followed by Ilocos Norte, Ilocos Sur and La Union with 26.47 percent, 20.09 percent and 11.63 percent shares, respectively. Out of the total land area, 810,062 hectares are classified as alienable and disposable land. The region's land area comprises about 4.28 percent of the total land area of the Philippines, with its settlements situated on narrow coastal lowlands.



Figure 1. Map of Ilocos Region

Based on the 2015 Census of Population, the region has a total population of 5,026,128, which make up about 4.98 percent of the total Philippine population. This figure is higher by 277,756 from the region's population of 4.75 million in 2010. Population grew by 1.46 percent from 1990 to 2010 and increased by 1.09 percent, on average, during the period 2010 to 2015. Among the four provinces in Region 1, Pangasinan registered the biggest population in 2015 with 2.96 million. It was followed by La Union with 787,000, Ilocos Sur with 690,000 and Ilocos Norte with the smallest population size of 593,000. The region has a "young" population with 0-17-year-olds comprising 35.96 percent.

As an agricultural region, the Ilocos Region is a top producer of tobacco, mango, garlic and milkfish and other products which can be processed into higher value commodities as inputs for its agri-based industries. According to its Regional Development Plan 2016-2022 (RDP), the region will focus on the improvement of the productivity of the agriculture sector in support of the region's agri-based industrialization goals. Together with the strengthening of the local tourism industry and its allied industries, the region aims to reduce poverty, specifically in agriculture and in provinces with high poverty incidence and magnitude of poverty. Under the Plan, poverty incidence among population is targeted to go down from 13.1 percent in 2015 to 8.0 percent by 2021.

The RDP concludes that "the region will continue to capitalize on its existing resources for the attainment of its development objectives. As a major producer of agricultural products, it aims to become the agribusiness hub in the northern part of the country. At the same time, being

endowed with many tourist attractions, it aims to become a tourism hub for domestic and foreign tourists.”

Malnutrition Continues to be a Problem in the Region

While Region 1 is aiming for improved living conditions among its people and for strengthening their resiliency as contained in its Regional Development Plan (RDP), malnutrition remains a major public health concern. Children under 5 years old as well as children 6-10 years old, pregnant women and lactating women are the most vulnerable to malnutrition.

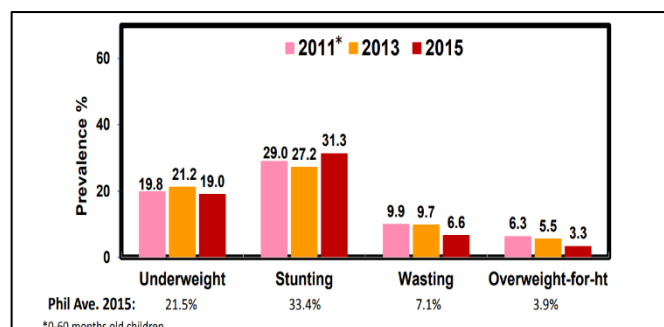


Figure 2. Prevalence of malnourished among children 0-5 years old: Ilocos Region, 2011, 2013, 2015

Source: National Nutrition Survey, FNRI-DOST, 2015

In 2015, three out of ten (31.3percent) or 217,072 under-five children were classified as stunted (*Figure 2*). This was only slightly lower than the national prevalence of 33.4 percent and accounted for a 4.1 percentage point increase from 2013. Around 45,762 or 6.6 percent under-five children were affected by acute malnutrition (wasting), at slightly lower than the national rate of 7.1 percent.

Among the provinces in the region, Ilocos Sur ranked highest in stunting with 32.7 percent and La Union ranked highest in wasting at 9.1 percent. Ilocos Norte had the lowest prevalence of stunting and wasting with 26.7 percent and 5.8 percent, respectively (*Figure 3*). However, stunting increased from 2013 to 2015 in all the provinces of the region.

Eleven percent of infants had low birth weight, much lower compared to the national rate of 21.4 percent.

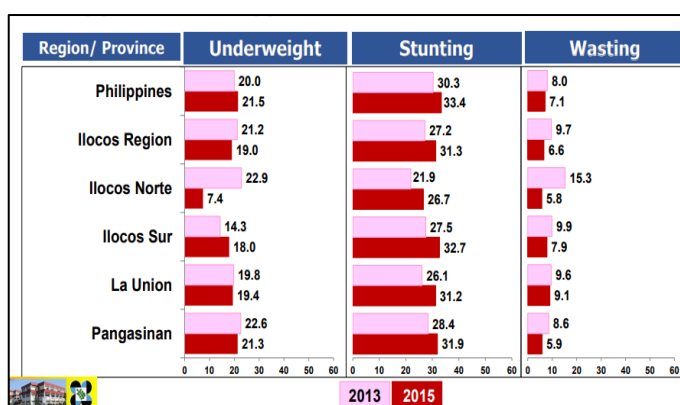


Figure 3. Prevalence of undernutrition among children, less than 5 years old by province: Philippines and Ilocos Region, 2013 vs 2015-
Source: National Nutrition Survey, FNRI-DOST

Among the provinces, Ilocos Norte showed the lowest malnutrition indicators in 2015 among children less than 5 years old. The province underweight was recorded at 7.4 percent, stunting was 26.7 percent (although higher than 2013 level) and wasting 5.8 percent. The province status was better than the regional and national levels. The low poverty incidence among families of Ilocos Norte of 3.3 percent compared to the region’s 9.6 percent is seen to be a strong contributor to the more favorable nutrition status of the province.

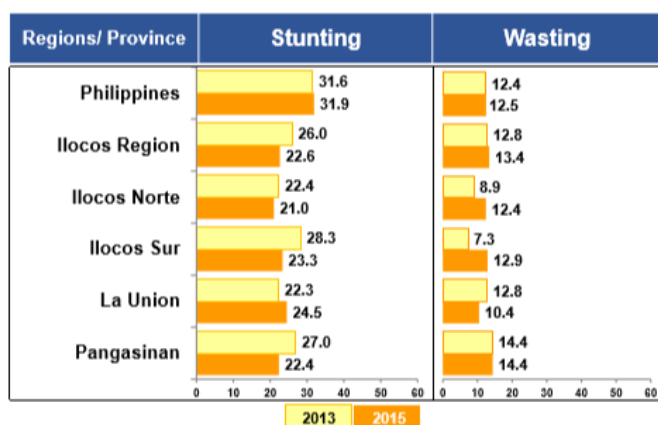


Figure 4. Prevalence of undernutrition among children, 10-19 years old by province: Philippines and Ilocos Region, 2013 vs 2015

Source: National Nutrition Survey, FNRI-DOST

percent).

Micronutrient deficiencies remained a public health concern in the region.

Iron deficiency anemia particularly among the elderly accounted for 21.3 percent prevalence rate, slightly higher than the national average of 21.0 percent based on NNS 2013. Moreover, the prevalence of anemia for all age groups, except for the elderly, was between 4.7-9.8 percent. Based on the FHSIS 2016, only 59 percent of pregnant women received Iron-Folic Supplementation, with La Union having the lowest coverage of 41.3 percent. This means that anemia in Region I was considered a “mild public health problem” during the survey period based on WHO assessment criteria.

On the other hand, iodine deficiency disorders (IDD) among school children in Region I is at an acceptable level except for the Province of La Union, where more than 20 percent of sampled children were with UIE below 50 micrograms per liter. Vitamin A deficiency and IDD still prevailed among other age groups in the Philippines; however, there is no available data down to the regional and local level. Although the intake of a Minimum Acceptable Diet* is increasing in the region, there is continuing concern about the micronutrient - deficient population. This concern sees causal links with the increasing Infant Mortality Rates in the region from 4.49 percent in 2014 to 4.76 percent in 2015 to 5.45 percent in 2016.

Among children 5 to 10 years old, 27.5 percent are underweight; 25.1 percent are stunted; 9.7 percent are wasted or thin and considered to be a public health problem; and 9.2 percent are overweight for their height. For pre-adolescent and older children, 10 to 19 years old, 22.6 percent are stunted; 13.4 percent are wasted or thin; and 11.1 percent are overweight and obese.

Among adults, while underweight may have come down, the incidence of overweight and obesity continued to increase from 2011 (26.1 percent), 2013 (27.3 percent) to 2015 (27.6

Immediate and Underlying Causes of Malnutrition

Conceptual Framework on Malnutrition

The Philippine Plan of Action (PPAN) 2017-2022 uses the ASEAN/UNICEF Conceptual Framework (Figure 5) in analyzing the malnutrition situation in the country. The same framework is used in the RPN formulation for this region. The framework denotes the immediate, underlying, and basic causes of malnutrition. Inadequate food intake and disease as well as physical inactivity are cited as immediate causes; poor access to healthy foods, inadequate health care and services, and unhealthy environment as underlying causes; social, economic, and political factors as basic causes.

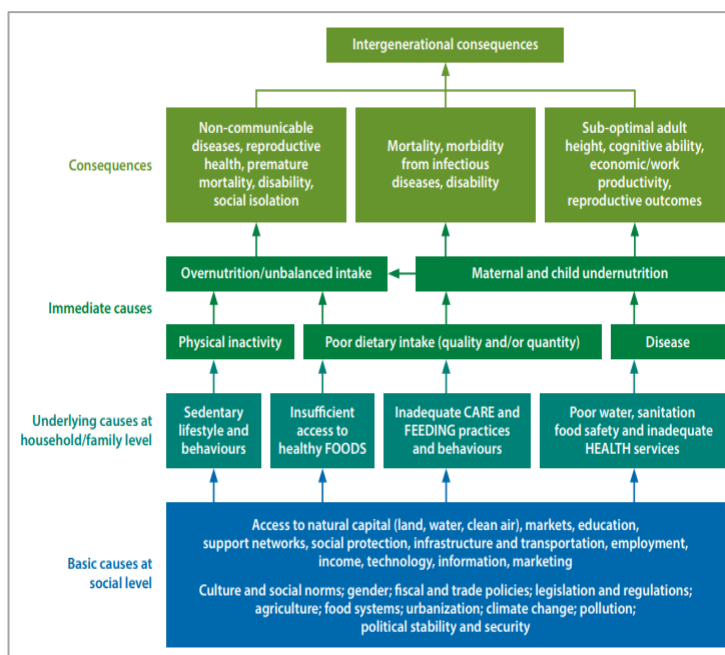


Figure 5. ASEAN Conceptual Framework on Malnutrition

The First 1000 Days

Malnutrition and its causes in the region may be best understood by first looking at the first one thousand (1000) days or the period of pregnancy to the first two years of life. Studies show that proper care and services such as ante-natal care, birthing, postnatal care, breastfeeding, and the adequate feeding and care for 6-23 month-old children are critical to the prevention and reduction of stunting and other forms of malnutrition in the region.

The prevalence of nutritionally-at-risk pregnant women in the region is 14.4 percent which is significantly lower than the national prevalence of 24.8 percent and is the lowest among the regions in the country. However, the prevalence of chronic energy deficiency (CED) among lactating mothers was a high 18.3 percent, significantly higher than the national average of 13.6 percent. The data reveal that Region I ranks second among the 17 regions with CED among lactating mothers. These nutritionally at risk pregnant women and lactating mothers are found mostly in the rural areas, among the poorest quintile. The poor health and nutrition condition of

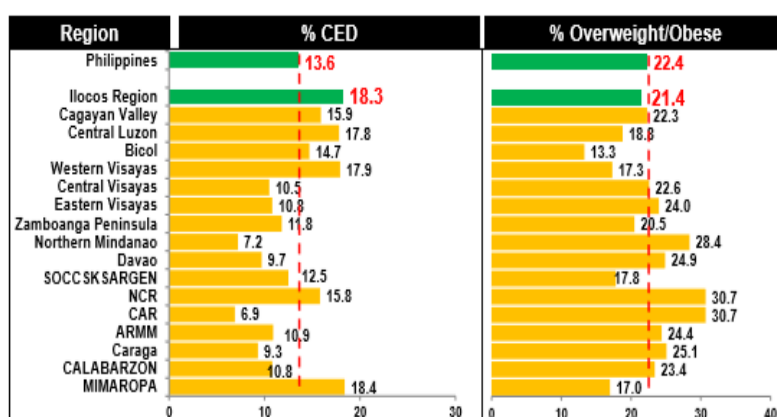


Figure 6. Prevalence of chronic energy deficiency and overweight/obesity among lactating mothers by region: Philippines, 2015

Source: NNS, DOST-FNRI, 2015

nutritionally at-risk pregnant women and chronically energy deficient lactating mothers puts them at risk. Nutritionally at-risk pregnant women are likely to deliver low birth weight babies or have negative pregnancy outcomes like stillbirths and miscarriages. CED lactating mothers are likely to have undernourished babies and infants, making the children susceptible to stunting and wasting,

WHO defines low birth weight as less than 2,500 grams (5.5 pounds). The prevalence of low birth weight in the region is at 17.3 percent. This is relatively lower compared to other regions. Low birth weight poses an increased risk of stunting and mortality for its estimated equivalent number of 14,664 infants. Furthermore, those babies who survive often suffer lifelong physical, neurological, or educational disability, and at great cost to families and society.

Breastfeeding contributes to the health and well-being of infants and young children. The 2015 NNS reported that 49.0 percent of children 0-5 months in the region were exclusively breastfed. This is statistically the same as the 48.8 percent of exclusively breastfed children status in the Philippines. The mean duration of exclusive breastfeeding in the Region is only 4.6 months against the standard of exclusive breastfeeding of up to 6 months. Among the provinces, Ilocos Norte (6.2 months) and La Union (5.1 months) have longer duration of exclusive breastfeeding.

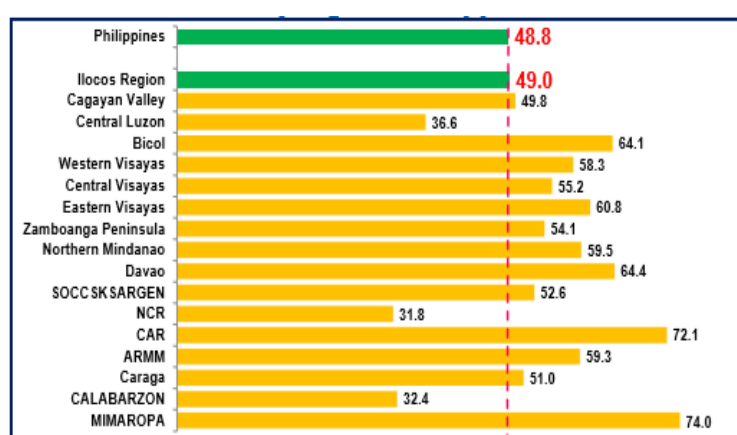


Figure 7. Percentage distribution of exclusively breastfed children 0-5 months by region: Philippines, 2015, 2015

Source: NNS, DOST-FNRI, 2015

Of the children 6-11 months, 66.9 percent are provided with complementary food and continued breastfeeding, higher than the national average of 57.7 percent. For children 6-23 months the regional prevalence (47.5 percent) is consistently better than the Philippine average at 43.1 percent. However, only 15.7 percent of children 6-23 months old who are given complementary feeding in the region meet the Minimum Acceptable Diet (MAD) compared to 18.6 percent for the Philippines.

Table 1 shows the inadequate coverage of services and care for mothers and infants relative to the standards of the First One Thousand Days Program (F1K) of the Department of Health (FHSIS and NDHS data). The table indicates a low level of compliance to ante natal service standards together with lack of adequate dietary intake of pregnant women particularly those who are nutritionally-at-risk. Together with the low rate of exclusive breastfeeding, these indicators have been cited in global studies to explain stunting handicap at birth and within the first five months, while the poor dietary intake among children 6-23 months old explains the spike in the stunting level at the end of the first 1000 days.

The stunting rates in the region increased from 27.2 percent in 2013 to 31.3 percent in 2015. This high stunting rate might be due to relatively poor compliance of mothers to health services and proper care during their pregnancy and in the first two years of life of the baby.

The decreasing percentage of fully immunized children in the region (2015 – 77.32 percent, 2016 – 72.29 percent and 2017 – 67.85 percent) may also have contributed to the increasing prevalence of wasting and stunting, as children were less protected from illnesses.

Much is still desired in terms of improving the nutritional status of the region especially for the vulnerable. The importance of having pre-natal check-ups to safeguard the nutritional status of mothers and infants needs to be emphasized to all pregnant women. Only 70.7 percent of pregnant women availed on time the first pre-natal check-up during their last or current pregnancy and only 77.1 percent completed the four pre-natal check-ups. Table 1 shows the coverage of other F1K services based on NNS, NDHS and the FHSIS.

Table 1. Coverage of selected services within the first 1000 days period

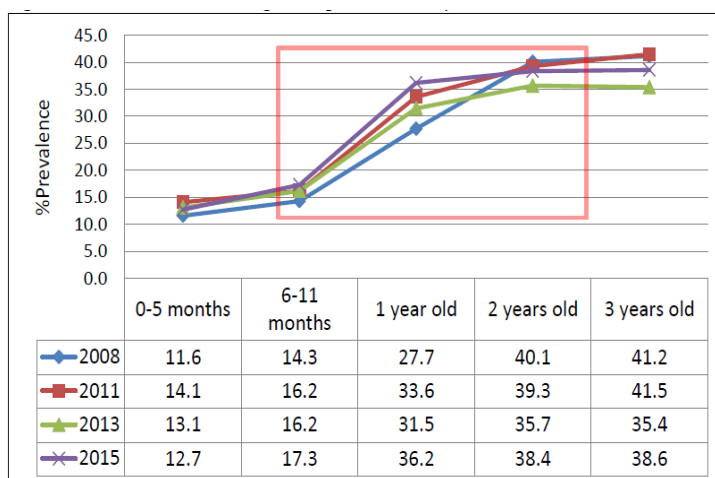
Selected indicators of Services and Care during the F1K	Philippines	Region I	Source of Data
Proportion of pregnant mothers who took supplements during their last/current pregnancy	84.5	88.6	NNS 2015
Nutritionally-at-risk pregnant women	24.8	14.4	NNS 2015
Percentage distribution of mothers who gave birth in health facilities during their last/current pregnancy	78.0	91.5	NNS 2015
Percentage distribution of mothers who were assisted by skilled birth professionals during their last/current pregnancy	83.4	96.1	NNS 2015
Exclusive Breastfeeding rate (0-5 months)	48.8	49.0	NNS 2015
Mean duration of exclusive breastfeeding	4.2	4.6	NNS 2015
Mean duration of breastfeeding	8.3	8.7	NNS 2015
Breastfeeding with complementary feeding of 6-11 months	57.7	55.6	NNS 2015
Breastfeeding with complementary Feeding of 12-23 months	43.1	47.3	NNS 2015
Percentage of children 6-23 months meeting the Minimum Acceptable Diet	18.6	22.2	NNS 2015

Unless the major gaps in the compliance of the standards of F1K are addressed immediately, the regional outcomes in stunting and other outcomes will prove elusive at the end of the PPAN period 2022.

Figure 8 shows the trend of stunting in Philippines for the years 2011-2015 covering children 0-24 months. While the NNS regional data for the same years are not available, the

pattern shown in the table is believed similar to that of the region. There are three evident conclusions as follows:

- At age 0-5 months, the stunting level among children is already at the staggering level of 12.7 percent. This is not surprising given the many gaps of critical services and inadequacies of commodities and dietary intake during pregnancy, and the limited coverage of exclusive breastfeeding in the first six months of the child.
- From 12.7 percent at the age 0-5, there is sharp rise reaching 40 percent at the 24th month of the child ascribable to the inadequate provision of nutrient dense complementary food and continued breastfeeding from 6-24 months.
- The stunting level of 41 percent plateaus at three years old showing stunting is irreversible beyond the first 24 months.



Source: FNRI-DOST. 2008, 2011, 2013 and 2015 National Nutrition Surveys.

Figure 8. Trends in the prevalence of stunting from birth up to 3 years of age

Another challenge of the region is the increasing teenage pregnancy/adolescent birth rate. The adolescent birth rate (refers to the number of births to women ages 15-19 per 1,000 women ages 15-19) in 2016 was registered at 12.42 percent which is 5.42 percentage points higher than in 2015.

Undernutrition particularly wasting among adolescents including teenage women increased from 12.8 percent in 2013 to 13.4 percent in 2015. Among the provinces, La Union ranked lowest among the provinces while Ilocos Sur showed the highest increase of 5.6 percentage points. The high adolescent birth rate/teenage pregnancy in the province might have caused high wasting rate in the area.

RDP Assessment of Health and Nutrition

The Regional Development Plan pointed up gaps in the health care system and the region's poor performance with respect to the health-related Millenium Development Goals. It stressed the need to improve access to essential health services. "This only shows that despite the provision of health facilities, deployment of human resources for health and the increase in budget for health, there were still gaps in the delivery of health care system in terms of: health governance, service delivery, health regulation, health information, human resources for health, and health financing."

The RDP maintained that child mortality indicates the level of accessibility and quality health care delivery, particularly in the implementation of the Maternal, Newborn, Child Health, and Nutrition (MNCHN) Program. It cited the need to track infants and children who were missed

during vaccination schedules as well as to address the cultural beliefs of families on vaccinations and pre-natal checkups.

The RDP also analyzed the causes behind the Maternal Mortality Rate (MMR) or number of maternal deaths per 100,000 live births in the region. The MMR of the region is 47.42 which is below the national target of 52/100,000 live births but is still very high compared to the RDP target of 14.8 per 100,000 live births. Among the causes of maternal deaths, the RDP cited delays in seeking care and providing appropriate medical care, poor detection and management of high-risk pregnancies, poor access to health facilities brought about by geographic distance and transportation cost, teenage pregnancies and their poor health seeking behavior.

Food Insecurity

One of the underlying determinants of malnutrition in the region is the status of food security among households. Only 32.9 percent of households were considered food secure based on NNS 2015 and only 32.6 percent of households were meeting the daily energy requirements. This food insecurity also affects the food intake of young children where only 22.2 percent of 6-23 months old are getting the minimum acceptable diet.

In 2017, Food and Agriculture Organization (FAO) in collaboration with the National Nutrition Council (NNC) analyzed and mapped the levels of the region's IPC³ Chronic Food Insecurity (CFI) situation. The analysis classified the provinces of Ilocos Norte, Ilocos Sur and Pangasinan, according to levels of chronic food insecurity among the population. Ilocos Norte had 58 percent of its people (or 345,000) suffering from mild to severe chronic food insecurity. Ilocos Sur had 53 percent of its people (or 366,000) with mild to severe chronic food insecurity. While Pangasinan had a lower percentage 48 percent with mild to severe chronic food insecurity, the magnitude of the problem was reflected in the number of people affected or 1,424,000.

The most chronic food insecure people tend to be landless poor households, indigenous people, and groups such as farmers, unskilled laborers, and forestry workers, fishermen who are engaged in unsustainable livelihood strategies that provide inadequate and often unpredictable income. Thus, it is likely that these people are not able to satisfy their food and non-food needs in a sustainable manner. Provinces highly susceptible to flooding, landslides and drought are prone to experience excessive stresses on their coping mechanisms. These economic constraints coupled with the increase in retail prices of major commodities lead to a decline in purchasing power. Food utilization is also poor as evidenced by limited access to improved sources of water, toilet and cooking fuel.

³ *IPC is a set of protocols to classify the nature and severity of food security situations. It is a process for multiple stakeholders to share information and build technical consensus. Based on its definition, its core parameters are: (1) consensus building, (2) convergence of evidences, (3) accountability, transparency and comparability*

Basic Causes of Malnutrition

The following sections on the economic and social dimensions of the problem of malnutrition draw primarily from the relevant sections of the current Regional Development Plan. Economic performance, agricultural income and employment, natural disasters are among the basic causes of malnutrition discussed.

The economic performance of the Ilocos Region grew at an average growth rate of 5.4 percent during the period 2011-2015. The region's accelerated growth from 2011 to 2013 was not sustained due to natural disasters caused by typhoons that visited the region and affected the performance of the agriculture sector.

According to the RDP, the region's economy will have to sustain a high growth to generate sufficient employment to accommodate the region's growing labor force. The region's unemployment rate was recorded at 6.3 percent which is within the 6.2 to 7.2 percent target by 2016. However, the underemployment rate of the region remained high at 13.90 percent. The region's employment situation could be due to the modest economic performance of the region.

From 2011 to 2015, employment in the agriculture sector registered a negative average growth rate of 4.62 percent, which fell short of the 2.8 percent to 3.8 percent end-of plan target. Despite the negative performance, the average 36.3 percent share of agricultural employment to total employment in the region surpassed the end-of-plan target of 34.06 percent to 35.06 percent share. However, the aim to increase farmers and fisherfolks' income was hampered by the losses they incurred from natural disasters and other agricultural-related perils. The value of agriculture and fishery production losses and damages in the region due to weather and climate-related disasters was pegged at an annual average of P1,868.98 million from 2011-2015.

In Region 1, the seemingly rampant conversion of productive farmlands into non-agricultural purposes remains a primary concern in the agriculture, fisheries, and forest sector, as the sustainability of the region's food sufficiency may be compromised. The proliferation of imported agri-fishery products also negatively affect the income of local producers as prices of local agricultural products declined with the entry of cheaper imported agricultural products in the region.

Despite the above setbacks in the region's economic performance, the region's poverty incidence continued to decline from 2009 to 2015. The region's poverty incidence among population declined from 22.0 percent in 2009 to 13.1 percent in 2015 surpassing the 13.6-16.0 percent target by 2016. In spite of these achievements, poverty is still a major concern in the region. The magnitude of poor population in the region is still high at 671,087 individuals, majority (65.52 percent) of whom are in Pangasinan.

The persistent prevalence of malnutrition can be associated with the recent worsening unemployment, underemployment, and inflation rates in the region. Families experienced difficulty in buying basic commodities to include nutritious food for the family especially for the vulnerable. This has implications on the nutritional status of children which can affect their overall wellbeing.

The unemployment rate in the region worsened from 6.3 percent in 2016 to 8.9 percent in 2017. Underemployment also worsened from 17.5 percent in 2016 to 19.9 percent in 2017. (PSA Labor Force Survey 2017). Inflation rate rose from 1.4 percent in 2015 to 2.0 percent in 2017 per results of PSA Consumer Price Index 2017.

The Regional Development Plan stressed the need to address the following issues: (1) the marginalized and vulnerable sectors have limited access to decent work and livelihood opportunities; (2) there is a shortage of locally-available jobs for skilled workers; (3) the growing mismatch with employers' needs; (4) the talents/skills available in the region continue to grow.

The RDP noted shortcomings in education: The manpower supply being produced by educational institutions is a major concern. Although the region's education system has been producing a good number of graduates every year, the challenge is to absorb all of the region's labor force given the existing economic landscape in the region, particularly to meet the needs of the agribusiness and tourism industries.

Natural disasters

The Regional Development Plan indicates that based on current trends brought about by climate change, the occurrence of natural disasters is expected to continue in Region 1 because of its location. The region's economic performance will be affected by natural disasters particularly in the agriculture sector. Thus, there will be an adverse effect on the region's poverty situation since about one-third of the region's labor force are employed in the agriculture sector. The RDP therefore cites the need to introduce Disaster Risk Reduction and Climate Change Adaptation (DRR+CCA) programs and projects to minimize the impact of natural disasters on agricultural workers. It also sees the agriculture sector benefiting from new technologies to develop disaster-resistant commodities.

Governance issues

Some LGUs have not produced nutritional outcomes, reflecting the low priority that LGUs accord nutrition programs. The few exceptions may be the seven LGUs which have been awarded as Consistent Regional Outstanding Winner in Nutrition⁴ or CROWN award for excellence in nutrition performance in the last 10 years. On the other hand, almost all municipalities and cities have designated a full time or regular nutrition action officer. Of these LGUs, 15.38 percent reportedly have functional local nutrition committees.

Recognizing the need to converge efforts to combat malnutrition in the region, relevant policies in support of nutrition like the RDC and RNC resolutions and other local policies were passed and disseminated to all stakeholders. Positive actions were noted from them especially in intensifying nutrition promotion and advocacy including the multimedia campaign; continuous capacity development among nutrition stakeholders and frontliners; strengthened coordination and mobilization of partners; regular monitoring and evaluation.

Another notable contribution by some development partners is the production of ready-to-eat and ready-to-use complementary foods. This improves the access of children to dietary supplementation programs at the local level. Another partner is producing quality iodized salts to ensure that salts being sold in the market are adequately iodized.

Conclusion and Way Forward

Malnutrition remains an alarming problem in the Ilocos Region. It is intertwined with the development of the region and therefore cannot be ignored. Improving programs around the first 1000 days seems promising given already existing programs to build on. Adjustments in the preschool and school nutrition program are also feasible as they require relatively incremental investments. The strengthening of the enabling environment will require closer support and resources from the regional NNC office and the RNC especially in local government mobilization. The introduction of nutrition sensitive programs in existing economic and livelihood programs as well as in infrastructure projects to shortcut the trickle-down approach is also promising.

While the short term and medium term landscape of all forms of malnutrition in the region can be addressed by nutrition specific programs, majority of which are resident in the health sector, together with nutrition supportive programs, the long term prospect of transforming the region's poor performance in nutrition can be achieved by addressing both (1) the enabling factors that play a huge role in the planning, resourcing and management of nutrition programs and (2) the basic causes of malnutrition.

The Regional Nutrition Action Plan 2019-2022 of Region I was formulated in full recognition of these nutritional problems and their dimensions. The RPAN defines targeted outcomes and sub-outcomes in terms of key nutrition indicators. It identified programs and projects that will be pursued to achieve these targets.

Section II. Outcome Targets

The Regional Plan of Action for Nutrition of Region 1 2019-2022 is aligned with the over-all goal of the Philippine Plan of Action for Nutrition 2017-2022 –***improve the nutrition situation of the country as a contribution to:*** (1) the achievement of Ambisyon 2040⁵, (2) reducing inequality in human development outcomes, and (3) reducing child and maternal mortality.

Region 1 has set the outcome and sub-outcome targets for the region by the end of 2022. As the region is expected to contribute to the achievement of the national outcomes, these targets were made consistent with those of the PPAN 2017-2022:

Table 2. Regional Outcome Targets

To reduce levels of child stunting and wasting

Indicator ¹	Baseline	2022 Target
- Prevalence (in percent) of stunted children under five years old	31.3	20.1
- Prevalence (in percent) of wasted children		
- Under five years old	6.6	4.9
- 6 – 10 years old	9.7	4.9

¹Baseline based on 2015 updating national nutrition survey conducted by the Food and Nutrition Research Institute.

To reduce micronutrient deficiencies to levels below public health significance

Indicator ¹	Baseline	2022 Target
<u>Vitamin A deficiency</u>		
1. Prevalence (in percent) of children 6 months to 5 years old with vitamin A deficiency (low to deficient serum retinol)	26.6	14.9
<u>Anemia</u>		
• Prevalence (in percent) of anemia among women of reproductive age	No data from NNS	
<u>Iodine deficiency disorders</u>		
• Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	173	≥100
- Pregnant women	106	≥150
- Lactating women	55	≥100
• Percent with urinary iodine concentration <50 mcg/L		
- Children 6-12 years old	17.5	17.4

⁵ Ambisyon 2040 is the Philippines' long-term vision, i.e. "By 2040, the Philippines shall be a prosperous, predominantly middle-class society where no one is poor, our people shall live long and healthy lives, be smart and innovative, and shall live in a high-trust society. The Philippine hereby aims to triple real per capita income, and eradicate hunger and poverty by 2040, if not sooner" (Executive Order 05, October 2017).

Indicator ¹	Baseline	2022 Target
- Lactating women	44.9	19.9

¹Baseline based on 2013 National Nutrition Survey conducted by the Food and Nutrition Research Institute

No increase in overweight among children

Indicator	Baseline	2022 Target
- Prevalence (in percent) of overweight		
- Under five years old ¹	3.2	3.1
- 6 – 10 years old ²	9.2	8.5

¹Baseline based on 2015 National Nutrition Survey conducted by the Food and Nutrition Research Institute

²Baseline based on 2013 National Nutrition Survey conducted by the Food and Nutrition Research Institute

To reduce overweight among adolescents and adults

Indicator	Baseline ¹	2022 Target
Adolescents ¹	11.0	4.9
Adults ²	27.6	20.5

¹Baseline based on the 2013 National Nutrition Survey conducted by the Food and Nutrition Research Institute

Sub-outcome or intermediate outcome targets

Indicator	Baseline	2022 Target
Reduce the proportion of nutritionally-at-risk pregnant women ¹	14.4	11.6
Reduce the prevalence of low birthweight ³	17.3	13.4
Increase the percentage of infants 5 month old who are exclusively breastfed ¹	No data from NNS	
Increase the percentage of children 6-23 months old meeting the minimum acceptable diet ¹	22.2	26.9
Increase the percentage of households with diets that meet the energy requirements ²	34.3	40.1

¹Baseline based on 2015 updating National Nutrition Survey conducted by the Food and Nutrition Research Institute

²Baseline based on 2013 National Nutrition Survey conducted by the Food and Nutrition Research Institute

³Baseline based on 2013 National Demographic and Health Survey

Key Strategies to Achieve the RPAN 2022 Outcome Targets

To achieve the RPAN 2022 outcome targets, the following key strategies will be implemented:

1. **Focus on the first 1000 days of life.** The first 1000 days of life refer to the period of pregnancy up to the first two years of the child. The RPAN will ensure that key health, nutrition, early education and related services are delivered to ensure the optimum physical and mental development of the child during this period.
2. **Complementation of nutrition-specific and nutrition-sensitive programs.** The regional planners ensured that there is a good mix of nutrition-specific and nutrition-sensitive interventions in the RPAN. Nutrition-specific interventions “address the immediate determinants⁶ of fetal and child nutrition and development”. Nutrition-sensitive interventions, on the other hand, were identified to address the underlying determinants of malnutrition (inadequate access to food, inadequate care for women and children, and insufficient health services and unhealthy environment).
3. **Intensified mobilization of local government units.** Mobilization of LGUs will aim to transform low-intensity nutrition programs to those that will deliver targeted nutritional outcomes.
4. **Reaching geographically isolated and disadvantaged areas (GIDAs) and communities of indigenous peoples.** Efforts to ensure that RPAN programs are designed and implemented to reach out to GIDAs and communities of indigenous peoples will be pursued.
5. **Complementation of actions of national, sub-national and local governments.** As LGUs are charged with the delivery of services, including those related to nutrition, the national and sub-national government creates the enabling environment through appropriate policies and continuous capacity building of various stakeholders. This twinning of various reinforcing projects in the RPAN will provide cushion for securing outcomes in case of a shortfall/ gaps in the implementation of one of the programs.

⁶ Immediate determinants include adequate food intake and nutrient intake, care giving and parenting practices, and low burden of infectious diseases. (Executive Summary of the Lancet Maternal and Child Nutrition Series, 2013).

Section III. RPAN Programs and Projects

The Region 1 RPAN consists of 11 programs and 42 projects. The 11 programs follow the life stages of the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. All 11 nutrition specific, nutrition sensitive and enabling programs constitute the RPAN with an additional program to reflect the huge challenge of adolescent health in the region and in particular adolescent pregnancy. The RPAN provides the necessary focus on the First 1000 days given its huge potential in addressing the major nutritional issues in the region and in the country. The complete list of programs and projects is shown below:

Table 3. RPAN Region 1 Programs and Projects

PROGRAM	Project
PROGRAM 1. INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K) Enabling program for F1K	Project 1. Mobilization of LGUs for the First 1000 Days
	Project 2. Strengthening Health Delivery System for the First 1000 Days
	Project 3. Information Management in the F1K
IYCF	Project 4. Formulation and Implementation of a Regional Complementary Food Production Strategy
	Project 5. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces)
Dietary Supplementation Program	Project 6. Provision of I-Rice among Pregnant Women in food insecure households and GIDA Areas
	Project 7. Mobilization of LGU resources for dietary supplementation
Micronutrient Supplementation	Project 8. Iron supplementation for pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months old
	Project 9. Vitamin A Supplementation for postpartum women and children 6-23 months old
Nutrition Promotion for Behavior Change	Project 10. Communication Support for the First 1000 Days
Philippine Integrated Management of Acute Malnutrition	See Project 27
PROGRAM 2. DIETARY SUPPLEMENTATION PROGRAM	Project 11. Supplementary Feeding for children enrolled in child development centers and supervised neighborhood plays

PROGRAM	Project
	Project 12. Supplementary Feeding in GIDA and IP areas and Malnourished Children not enrolled CDCs
	Project 13. School-Based Supplementary Feeding
	Project 14. School-based complementary health services ⁷
PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION	Project 15. Vitamin A supplementation for 24-59 months
	Project 16. Anemia reduction among women of reproductive age (WRA)
	<p>Projects below belong to micronutrient supplementation national dietary supplementation program and IYCF. They are listed here without numbers as they have been previously listed in the programs mentioned:</p> <ul style="list-style-type: none"> • Iron Supplementation for Pregnant and Lactating Women and Low Birth Weight Infants and MNP Supplementation for 6-23 months • Vitamin A Supplementation for Post-Partum Women and Children 6-23 months old • Iron Supplementation for Anemic Children in Child Development Centers • Iron Supplementation for School Children WIFA for adolescents
PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT	Project 17. “U4U”/Teen Trail ⁸
	Project 18. Establishment and Management of Teen Centers ⁹ /Adolescent-Friendly Spaces
	Project 19. “LPPEAHD”- Learning Package for Parent Education on Adolescent Health and Development
	Project 20. Peer Education through the Sexually Healthy and Personally Effective (SHAPE)
	Project 21. Weekly Iron-Folic Acid (WIFA) Supplementation
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION	Project 22. Promotion of Healthy Lifestyle
	Project 23. Healthy Food Environment
	Project 24. Weight Management Intervention
PROGRAM 6. MANDATORY FOOD FORTIFICATION	Project 25. Advocacy for and Compliance Monitoring of RA 8976 and 8172
PROGRAM 7. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	Project 26. Enhancement of PIMAM Facilities, Capacities and Provision of Services

⁷ The health services package includes deworming, micronutrient supplementation, WinS, oral hygiene, etc.

⁸ Interactive peer-to-peer approach to deliver key messages in the prevention of teenage pregnancy; spread of STI-HIV Aids; basic life skills

⁹ School/community-based facility where info and counseling for adolescents, including OSY are provided by trained peer educators

PROGRAM	Project
PROGRAM 8. NUTRITION IN EMERGENCIES	Project 27. Building and Strengthening capacities for nutrition in emergencies
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE	Project 28. Nutrition Promotion in Child Development Centers and Schools
	Project 29. Nutrition Promotion in Communities
	Project 30. Nutrition Promotion in the Workplace
PROGRAM 10. NUTRITION SENSITIVE PROGRAM	Project 31. Gulayan sa Paaralan
	Project 32. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)
	Project 33. Potable Water Support to ARAs
	Project 34. Village Level Farm Focused Enterprise Development (VLFED)
	Project 35. SALINTUBIG
	Project 36. Farm to Market Road
	Project 37. Sustainable Livelihood Program
	Project 38. Operational Research on the Nutrition Sensitive Projects
PROGRAM 11. ENABLING PROGRAM	Project 39. Mobilization of LGUs for Delivery of Nutrition Outcomes
	Project 40. Policy Development for Food and Nutrition
	Project 41. Management Strengthening Support to RPAN Effectiveness
	Project 42. Public Advocacy for Improved Support to Nutrition in the Region

Table 4. Description of RPAN Region 1 Programs, Projects and Their Outputs

NUTRITION SPECIFIC PROGRAMS	
PROGRAM 1. INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K) PROGRAM	
<p>Program Description:</p> <p>The IYCF and the First 1000 Days Program aims to improve the delivery of services to all pregnant women to ensure healthy newborns and to lactating women to inculcate the practice of exclusive breastfeeding and complementary feeding with continued breastfeeding to infants 0 to 23 months by building and sustaining an enabling supportive environment in various settings. Based on global evidence, promoting IYCF and F1K is among the package of child nutrition interventions that can bring down under nutrition, particularly stunting, significantly.</p> <p>Under the RPAN, efforts will heavily focus on mobilizing LGU support and resources for F1K and IYCF related interventions including: strengthening of health delivery system through a review of LGU compliance to F1K and IYCF standards (including service delivery), micronutrient supplementation among pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months, promotion of breastfeeding and complementary feeding practices, organization of IYCF support groups, and compliance monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces). More specifically, micronutrient supplementation under the F1K program will utilize existing delivery platforms such as antenatal care, essential intrapartum and newborn care as well as health facilities and outreach services in order to reach target program beneficiaries.</p> <p>The program is led by the Department of Health in partnership with sectoral agencies, LGUs, NGOs, and development partners.</p>	
Project Title	Project Output/s
Project 1. Mobilization of LGUs on the First 1000 days	1-0.1. All provinces and at least 80 % of the municipalities and cities mobilized for F1K and nutrition
Project 2. Strengthening Health Delivery System for the First 1000 Days	2-0.1. Review of existing system in RHUs completed
	2-0.2. Enhanced health delivery system on F1K compliance in all RHUs put in place
	2-0.3. Good Practices on first 1000 days documented
Project 3. Information Management in the F1K	3-0.1. A harmonized system of information for the efficient and effective implementation of F1K services developed and utilized by the health system and the LGUs
Project 4. Formulation and Implementation of a Regional Complementary Food Production Strategy	4-0.1. A Strategic plan for a Regional Complementary Food Production developed and implemented
Project 5. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code) and RA 10028 (Breastfeeding Area in Workplaces)	5-0.1. Increased number of health and non-health facilities/establishment compliant to EO 51 and RA10028

Project 6. Provision of I-Rice among Pregnant Women of food insecure households and GIDA Areas	6-0.1. ALL pregnant women of food insecure households and GIDA areas provided with I-Rice
Project 7. Mobilization of LGU resources for dietary supplementation	7-0.1. 116 municipalities and 9 cities with budget allocation and implementing dietary supplementation program for nutritionally at risk pregnant and lactating women, and children 6-23 months belonging to the food insecure families
Project 8. Iron supplementation for pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months old	8-0.1. All RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants and MNP to 6-23 months old children
	8-0.2. A system for tracking consumption of iron supplements developed and operational
Project 9. Vitamin A Supplementation for postpartum women and children 6-23 months old	9-0.1. All RHUs providing 1 200,000 IU Vitamin A capsule to postpartum women; 1 100,000 IU Vitamin A capsule to children 6 to 11 months; and 1 200,000 IU Vitamin A capsule to children 12 to 23 months every 6 months
	9-0.2. All RHUs providing 1 vitamin A capsule to high risk children
	9-0.3. A system for tracking consumption of iron supplements developed and implemented
Project 10. Communication Support for the First 1000 Days	10-0.1. A regional sub-strategy in line with the national strategy for the communication support on F1K fully developed and implemented
PROGRAM 2. DIETARY SUPPLEMENTATION PROGRAM	
<p>Program Description:</p> <p>The Dietary Supplementation Program aims to safeguard the health of nutritionally-at-risk groups by providing 1) nutritious foods to supplement diets of pre-schoolers and school children (Kinder to Grade 6); 2) information on healthy eating; and 3) referrals to health care. Beyond improvements in access to food, the program has a positive impact on nutritional status, gender equity, and educational status, each of which contributes to improving overall levels of country and human development.</p> <p>The Program will be jointly implemented by the DOH, DSWD, DepEd, LGUs in partnership with NGOs and development partners.</p>	
Project Title	Project Output/s
Project 11. Supplementary Feeding Program for children enrolled in child development centers and supervised neighborhood plays	11-0.1. 100% LGUs implementing supplementary feeding in CDC and SNPs by the end of 2022
	11-0.2. All children in CDCs and SNPs provided with supplementary feeding
Project 12. Supplementary Feeding in GIDA and IP areas and Malnourished Children not enrolled CDCs	12-0.1. Number of LGUs covered

Project 13. School-Based Supplementary Feeding	13-0-1 All public elementary schools implementing SBFP following the guidelines
Project 14. School-based complementary health services	14-0.1. All schools providing package of complementary health services at satisfactory level
PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION PROGRAM	
<p>Program Description:</p> <p>Micronutrient Supplementation (MS) Program focuses on the provision of vitamins & minerals for treatment and prevention of specific micronutrient deficiencies (VAD, IDA, IDD) until more sustainable food-based approaches (e.g. food fortification and diet diversification) are put in place and become effective. The program aims to provide MS to 90% of program beneficiaries as per guidelines.</p> <p>The overall policy on MS is contained in DOH Administrative Order No. 2010-0010 entitled "Revised Policy on Micronutrient Supplementation" to Reduce Under-Five and Maternal Deaths and Address Micronutrient Needs of Other Population Groups. The micronutrients under this AO are Vitamin A, Iron, Folate and Iodine. Department Memorandum No. 2011-0303 "Micronutrient powder supplementation for children 6-23 months" was adapted as household food-based supplementation of micronutrients.</p> <p>The Micronutrient Supplementation Program under the RPAN 2019-2022 is an important complement of the programs on IYCF/F1K, dietary supplementation, and nutrition in emergencies.</p>	
Project Title	Project Output/s
Project 15. Vitamin A supplementation for 24-59 months	15-0.1. 100% of children aged 24-59 months given Vit. A supplements
Project 16. Anemia reduction among women of reproductive age (WRA)	16-0.1. 100% of WRA received and consumed iron folic-acid
PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT	
<p>Program Description:</p> <p>The adolescent health program was included in the RPAN because of the planner's recognition of the alarming prevalence of adolescent pregnancy and unabated increase in the region. In addition, there are issues affecting adolescents healthy lifestyle, disability, mental and environmental health, reproductive and sexuality, violence and injury prevention and among others. The program addresses sexual and reproductive health issues. Improved health status of adolescents and prevention of teenage pregnancy are results expected from this program.</p> <p>The program adopts a gender-sensitive approach. The primary responsibility for implementation of the AYHDP, and its mainstreaming into the health system, falls to regional and provincial/city sectors.</p> <p>Capacity building packages for service providers and tools for health and nutrition counselling will be developed and updated. Adolescent Health Package for financing will be prioritized to ensure resources.</p>	
Project Title	Project Output/s
Project 17. "U4U"/Teen Trail	17-0.1. # of U4U Teen Trail conducted
	17-0.2. Number of peer educators training conducted
Project 18. Establishment and Management of Teen Centers and Adolescent-Friendly Spaces	18-0.1. # of teen centers and adolescent-friendly spaces established and fully operational
Project 19. "LPPEAHD"- Learning Package for Parent Education on Adolescent Health and Development	19-0.1. Number of LPPEAHD TOT and roll out trainings conducted

Project 20. Peer Education through the Sexually Healthy and Personally Effective (SHAPE)	20-O.1. Number of peer education TOT and roll out trainings conducted
Project 21. Weekly Iron-Folic Acid (WIFA) Supplementation	21-O.1. All female adolescents learners given WIFA
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION PROGRAM (ADULT)	
<p>Program Description:</p> <p>The Overweight and Obesity Management and Prevention Program recognizes that life course approach on the promotion of healthy food environment, promotion of healthy lifestyle (physical activity and healthy eating) and weight management intervention (for existing overweight and obese individuals) is important. The program adopts the key messages from the Nutritional Guidelines for Filipinos (NGF) and DOH's <i>National Healthy Lifestyle Program or the Go 4 Health Go sustansiya, Go sigla, Go smoke-free, and Go Slow sa Tagay</i> messages. The program aims to reduce the prevalence of overweight and obesity among adults.</p> <p>Under the RPAN, this program is translated into three projects: 1) Promotion of Healthy Lifestyle and NCD Prevention; 2) Healthy Food Environment and 3) Weight Management Intervention. The three interrelated projects emphasize the importance of physical activity and healthy eating particularly among adults.</p> <p>The lead implementing agency will be the Department of Health (DOH) as part of its health system response against the rising prevalence of NCDs. The National Nutrition Council Secretariat will act as the coordinator of the program and will monitor its implementation.</p>	
Project 22. Promotion of Healthy Lifestyle	22-O.1. Number of advocacy/media campaigns conducted
	22-O.2. Health and wellness among sectors institutionalized
Project 23. Healthy Food Environment	23-O.1. All public School Canteens compliant to Department Order no. 13 s 2017
	23-O.2. Number of offices, institutions and establishments supporting healthy food environment
Project 24. Weight Management Intervention	24-O.1. All, cities and municipalities are implementing weight management activities (including weight program policy, diabetic clinic and hypertension club) by the end of 2022
PROGRAM 6. MANDATORY FOOD FORTIFICATION PROGRAM	
<p>Program Description:</p> <p>The Mandatory Food Fortification (MFF) program at the regional level consists essentially of actions to educate the public about the value of fortified foods, monitoring compliance of food fortification following RA 8976 (The Food Fortification Law) and RA 8172 (The ASIN Law). Regional efforts also focus on ensuring that coordinating mechanisms for inter-agency collaboration on food fortification are fully functional.</p> <p>The program is expected to result to Increased number of establishments monitored on MFF compliance and increased level of awareness on the importance of food fortification.</p> <p>Program implementation will be led by the DOH in partnership with NNC, FDA and other agencies constituting existing inter-agency task force in the region.</p>	

Project 25. Advocacy for and Compliance Monitoring of RA 8976 and 8172	25-0.1. A mechanism for advocacy and compliance monitoring food fortification strengthened and implemented
	25-0.2. Improvements in the compliance level for MFF evidenced in the region
PROGRAM 7. NUTRITION IN EMERGENCIES PROGRAM	
Program Description: Nutrition in Emergencies is one of the nutrition specific programs under the RPAN that seeks to build capacity of the Local Disaster Risk Reduction and Management Committees (LDRRMCs)/Nutrition Clusters (NCs) to integrate nutrition promotion and management activities in their disaster risk reduction and management plan in their LGUs. It seeks to enable <i>LGUs</i> to deliver timely, appropriate and adequate nutrition services during emergencies. The program would cover actions to improve levels of preparedness, response and recovery and rehabilitation ¹⁰ . The capacity building of the LDRRMC/NCs will enable the effective protection of children, women, and other vulnerable groups with respect to their nutritional needs, promoting appropriate infant and young child feeding practices, and preventing under nutrition and worsening of nutritional status particularly in prolonged disasters and emergencies.	
Project Title	Project Outputs
Project 26. Enhancement of PIMAM Facilities, Capacities and Provision of Services	26-0.1. Delivery system for PIMAM established and fully operational across the region
PROGRAM 8. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	
Program Description: The Philippine Integrated Management of Acute Malnutrition (PIMAM) Program aims to locate the acutely malnourished especially those with severe and moderate acute malnutrition, and to provide the needed medical and nutritional intervention. At least 90% of SAM children given RUTF and treated, at least 90% of MAM able to access RUSF and at least 90% of wasted treated are expected from the program. The interventions will be delivered through in-patient treatment centers, out-patient treatment centers and target supplementary feeding program sites. Its implementation is guided by DOH AO 2015-055 National Guidelines on the Management of Acute Malnutrition of Children under 5 Years). More specific protocols are contained in the “National Guidelines on the Management of Severe Acute Malnutrition (SAM) for Under-Five Children” and the “National Guidelines on the Management of Moderate Acute Malnutrition (MAM) for Under-Five Children”. The RPAN shall implement the PIMAM Program through a project named Enhancement of PIMAM Facilities, Capacities and Provision of Services focused on building the capacity of local implementers on SAM and MAM active case finding, provision and supply management of F75, F100 RUTF and RUSF (and its equivalent in RHUs), treatment and management of SAM in the ITC and OTC and of MAM in TSFP, among others. The RPAN recognizes that PIMAM shall be complemented by other nutrition interventions to sustain the normal status of rehabilitated children including nutrition counseling, especially on IYCF. It also	

¹⁰ Disasters are a big downward pull to the state of nutrition and in the Philippines, including REGION 1 where man-made and natural disasters are expected to affect substantive number of areas, the effective management of LDRRMC/NCs activities with respect to nutrition would avert increasing number of undernourished children precluding RPAN outcomes being achieved.

interphases with the Nutrition in Emergencies Program as emergencies and disasters could trigger an increase in acute malnutrition.

The program is led by the DOH, in partnership with LGUs, NGOs, and developmental partners, in particular UNICEF and WFP.

Project Title	Project Outputs
Project 27. Building and Strengthening capacities for nutrition in emergencies	27-O.1. 100% of Regional/ local nutrition clusters organized and fully capacitated on Nutrition in Emergencies to include: <ul style="list-style-type: none"> - NiEm plan integrated in DRRM plans - Capacity mapping - NiEm info system - IYCF-E
	27-O.2. 100% of LGUs with stock piling of essential nutrition supplies and commodities

PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOR CHANGE

Program Description:

The Nutrition Promotion for Behavior Change Program aims to raise awareness of family members, development workers and policy makers on the importance of improving nutrition and ensure that the various nutrition-specific services are supported with appropriate communication activities. Ultimately, the program is designed to contribute to the program partners' (audiences) adoption of positive practices that impact on nutrition.

The Program aims to strengthen the provision of behavior changing nutrition promotion opportunities covering the four year period of the RPAN. A more comprehensive and organized nutrition promotion anchored on a behavioral change framework constitutes the key feature of the Program.

The promotion and campaign on the Nutritional Guidelines for Filipinos, 10 Kumainments and Pinggang Pinoy shall form part of the Regional Program on Nutrition Promotion for Behavior Change.

The National Nutrition Council shall lead and coordinate the mobilization of media partners given its historical partnership with the media establishments both at the regional and national levels.

Project Title	Project Outputs
Project 28. Nutrition Promotion in Child Development Centers and Schools	28-O.1. All parents of children in CDCs provided with PES/FDS
	28-O.2. All public schools implementing health and nutrition education activities for learners and parents/caregivers
Project 29. Nutrition Promotion in Communities	29-O.1. Nutrition Promotion at the communities Institutionalized
Project 30. Nutrition Promotion in the Workplace	30-O.1. Number of agencies, offices with policies and program/project/activities on nutrition promotion in the workplace

NUTRITION SENSITIVE PROGRAM

PROGRAM 10. NUTRITION SENSITIVE PROGRAM

Program Description:

The Nutrition-Sensitive Program involves tweaking the design of on-going development programs to contribute to achieving nutritional outcomes. The program seeks to increase the percentage of identified nutritionally disadvantaged households reached by one or more nutrition-sensitive projects that can improve accessibility and availability and improve sanitation hygiene and environmental conditions of families.

The Region I RPAN 2019-2022 identified nutrition-sensitive projects ranging from agriculture, health, education, jobs generation, livelihood, gender and development, among others.

These projects target food insecure households whose children and mothers are disadvantaged nutritionally, improves their livelihood and employment, and therefore increases their income to enable them to access food daily. Further, the program encourages a more qualitative use of resources alongside income through education. This will affect the level of nutritional knowledge, skills and practices of affected families focused on key messages of first 1,000 days including prenatal care, exclusive breastfeeding, complementary and supplementary food for children. A project on determining the contribution of the projects to addressing malnutrition will be undertaken during the RPAN period.

The list of projects will be updated in the course of plan implementation. While each of the projects will be implemented by specific agencies with key participation from local government units, the coordination for the overall program will be done through the RNC Technical Working Group with support from the NNC Regional Secretariat.

Project Title	Project outputs
Project 31. Gulayan sa Paaralan	General Outputs for Nutrition-Sensitive Projects, see Annex __ for details: 31-37-0.1. 7 projects in the region with tweaking strategies for nutritional impact 31-37-0.2. 100% of families enrolled in projects tweaked for nutritional impact 31-37-0.3. 100% of families involved in nutrition sensitive projects with increased income
Project 32. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	
Project 33. Potable Water Support to ARAs	
Project 34. Village Level Farm Focused Enterprise Development (VLFED)	
Project 35. SALINTUBIG	
Project 36. Farm to Market Road (DPWH, DA)	
Project 37. Sustainable Livelihood Program	38-0.1. Research completed and feed into redesign
Project 38. Operational Research on the Nutrition Sensitive Projects	

ENABLING PROGRAM

PROGRAM 11. ENABLING PROGRAM

Program Description:

There are three inter-related projects under the enabling programs of Region 12 RPAN 2019-2022. They include: Mobilization of Local Government Units for Nutritional Outcomes, Policy Development for Food and Nutrition, and Management Strengthening for PPAN Effectiveness.

The principal objective of *LGU Mobilization for Nutritional Outcomes* is to transform the PPAN priority provinces and the majority of its municipalities and cities from LGUs with low intensity nutrition programs to ones that deliver nutritional outcomes. Undertaking LGU mobilization in nutrition involves a series of interdependent, interrelated actions or activities designed to move local government units into action to produce the desired nutritional outcomes. The strategy for LGU

mobilization calls for various set of actions that will reinforce each other to transform the targeted provinces, cities and municipalities, and to have well performing LGUs.

Policy Development for Food and Nutrition aims to secure important pieces of legislative, policy and budgetary support that will enable the NGAs and the LGUs to implement the RPAN more robustly, and to expand and deepen the understanding and appreciation of nutrition in the public mind within the framework of the Nutrition Promotion Program for Behavior Change. The project intends to build a more informed society on the importance of nutrition to individual, family, community and national development aspirations. In addition, it hopes to create multiple weak links in the policy formulation and development arena for policy makers and legislators to open their doors to support the policy and pieces of legislation being proposed and to strongly advocate and secure their approval.

Management Strengthening Support for RPAN Effectiveness aims to produce changes in the current system of RPAN implementation involving management and coordination, monitoring and evaluation, budgeting, and other vital processes, as well as staffing requirements for the efficient and effective RPAN 2019-2022 implementation.

The Regional Nutrition Committee (RNC) and the NNC Regional Office (as the RNC Secretariat) shall be pioneering the implementation and monitoring of the three inter-related projects.

Project Title	Project Outputs
Project 39. Mobilization of LGUs for Delivery of Nutrition Outcomes	39-0.1. Unified LGU mobilization strategy for delivery of nutritional outcomes developed and implemented
	39-0.2. All P/C/M nutrition committees organized/reorganized and strengthened
	39-0.3. Nutrition Champions identified and mobilized
Project 40. Policy Development for Food and Nutrition	40-0.1. Policy guidelines issued at regional and local levels
	40-0.2. Regional policy and research agenda developed and implemented
Project 41. Management Strengthening Support to RPAN Effectiveness	41-0.1. RNC and NNC Region I strengthened for Effective Implementation of the RPAN
	41-0.2. Partnership with NGOs/CSOs for RPAN Effectiveness revitalized
Project 42. Public Advocacy for Improved Support to Nutrition in the Region	42-0.1. Communication/Advocacy Plan for the RPAN developed and implemented
	42-0.2. Multi sectoral support for improved nutrition in the region firmed up

Section IV. Estimates of Budgetary Requirements for RPAN

Table 5 provides the budget estimates by program as well as the share of the total budget to the total RPAN budget. Table 6 provides the estimate for the 11 programs and 42 projects included in the RPAN. The table indicates both funded and unfunded components of the budgetary requirements. The budget estimated for 2019-2022 for all 11 programs amount to PhP2.09 B with an annual average of about PhP522M. The funded portion is PhP2.01B representing 96.6% of total, while the unfunded portion amounts to PhP70M representing 3.4%. Financing come mostly from General Appropriations and Local Budgets from IRA. The funding shortfalls will be generated mainly from Tier 2 budget process and financing from development partners working in the region and provisions from local sources. These budgets will require annual review and adjustments in line with the regional and national processes for the preparation of investment plans. Annex 3 provides more details of the budgetary requirements of the Region 1 RPAN 2019-2022, by Program, by Project, by year and with recommended action to fill resource gap.

Table 5. Summary of Budgetary Requirements by program and share of program budget to total RPAN

Programs	Total budget (pesos)	% of total RPAN budget
Program 1: IYCF and First 1000 Days (F1K)	297,605,640	14.25
Program 2: National Dietary Supplementation Program	1,316,419,325	62.98
Program 3: Micronutrient Supplementation Program ¹¹	45,292,447	2.17
Program 4: Adolescent Health and Development	131,991,328	6.31
Program 5: Overweight and Obesity Management and Prevention ¹²	1,710,866	0.08
Program 6: Mandatory Food Fortification Program ¹³	3,000,000	0.14
Program 7: Philippine Integrated Management of Acute Malnutrition (PIMAM)	5,440,113	0.26
Program 8: Nutrition in Emergencies Program	4,609,130	0.22
Program 9: Nutrition Promotion for Behaviour Change	4,400,000	0.21
Program 10: Nutrition Sensitive	265,454,021	12.70
Program 11: Enabling Program	14,100,000	0.67
Grand Total	2,090,222,87	100.00

¹¹ Part of budget cover is not costed since supplies are downloaded by Central Office to Regional Offices

¹² Part of budget is integrated in the Prevention of Non Communicable diseases Program of DOH

¹³ Budgets come from national level and estimates are not included so percentage share of programs to the RPAN budget do not show total picture

Table 6. Summary Budget Estimates for Programs and Projects

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Program 1: IYCF and First 1000 Days (F1K)		277,605,640	20,200,000
Project 1. Mobilization of LGUs on the First 1000 days	DOH, NNC, NGOs	11,368,129	4,000,000
Project 2. Strengthening Health Delivery System for the First 1000 Days	DOH, NNC, LGUs	263,360	200,000
Project 3. Information Management in the F1K	DOH, NNC, LGUs	684,547	
Project 4. Formulation and Implementation of a Regional Complementary Food Production Strategy	DOH, NNC, DOST		16,000,000
Project 5. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces)	DOH, NNC, LGUs	1,449,384	
Project 6. Provision of I-Rice among Pregnant Women in food insecure households and GIDA Areas	DOH, NNC, LGUs	TBD	
Project 7. Mobilization of LGU resources for dietary supplementation	DOH, NNC, LGUs	5,999,760	
Project 8. Iron supplementation for pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months old	DOH, LGUs	246,070,883	
Project 9. Vitamin A Supplementation for postpartum women and children 6-23 months old	DOH, LGUs	1,095,276	
Project 10. Communication Support for the First 1000 Days	DOH, NNC, NGOs, PIA	10,674,300	
Program 2: Dietary Supplementation Program		1,311,719,325	4,700,000
Project 11. Supplementary Feeding for children enrolled in child development centers and supervised neighborhood plays	DSWD, LGUs	603,851,400	

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Project 12. Supplementary Feeding in GIDA and IP areas and Malnourished Children not enrolled CDCs	DSWD		4,700,000
Project 13. School-Based Supplementary Feeding	DepEd	699,768,750	
Project 14. School-based complementary health services ¹⁴	DepEd, DOH	8,099,175	
Program 3: Micronutrient Supplementation Program		45,292,447	
Project 15. Vitamin A supplementation for 24-59 months	DOH, LGUs	6,790,711	
Project 16. Anemia reduction among women of reproductive age (WRA)	DOH, LGUs	37,406,460	
Program 4: Adolescent Health and Development		131,991,328	
Project 17. “U4U”/Teen Trail ¹⁵	PopCom	600,000	
	DOH	800,000	
Project 18. Establishment and Management of Teen Centers ¹⁶ /Adolescent-Friendly Spaces	LGU, Schools, PopCom	7,000,000	
Project 19. “LPPEAHD”- Learning Package for Parent Education on Adolescent Health and Development	PopCom	1,400,000	
Project 20. Peer Education through the Sexually Healthy and Personally Effective (SHAPE)	PopCom	560,000	
Project 21. Weekly Iron-Folic Acid (WIFA) Supplementation	DepEd, DOH	121,631,328	
Program 5: Overweight and Obesity Management and Prevention		1,110,866	600,000
Project 22. Promotion of Healthy Lifestyle	DOH, NNC, RNC, PIA	1,048,866	

¹⁴ The health services package includes deworming, micronutrient supplementation, WinS, oral hygiene, etc.

¹⁵ Interactive peer-to-peer approach to deliver key messages in the prevention of teenage pregnancy; spread of STI-HIV Aids; basic life skills

¹⁶ School/community-based facility where info and counselling for adolescents, including OSY are provided by trained peer educators

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Project 23. Healthy Food Environment	NNC, DEPED, DOH, LGUs		400,000
Project 24. Weight Management Intervention	RNC, LGUs	62,000	200,000
Program 6: Mandatory Food Fortification Program		1,000,000	2,000,000
Project 25. Advocacy for and Compliance Monitoring of RA 8976 and 8172	DOH, FDA, NNC, RBATF-1	1,000,000	2,000,000
Program 7: Philippine Integrated Management of Acute Malnutrition (PIMAM)		5,440,113	
Project 26. Enhancement of PIMAM Facilities, Capacities and Provision of Services	DOH, FNRI, NNC, LGUs	5,440,113	
Program 8: Nutrition in Emergencies Program		609,130	4,000,000
Project 27. Building and Strengthening capacities for nutrition in emergencies	NNC, DOH, DILG, LGUs	609,130	4,000,000
Program 9: Nutrition Promotion for Behaviour Change		4,000,000	400,000
Project 28. Nutrition Promotion in Child Development Centers and Schools	DSWD, DepEd, NNC, LGUs	Integrated in curriculum	
Project 29. Nutrition Promotion in Communities	NNC, DOH, PIA, LGUs	4,000,000	
Project 30. Nutrition Promotion in the Workplace	DOLE, NNC, RNC Members		400,000
Program 10: Nutrition Sensitive		234,582,021	30,872,000
Project 31. Gulayan sa Paaralan	DA, DepEd	29,427,021	28,872,000
Project 32. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	DOLE	128,000,000	
Project 33. Potable Water Support to ARAs	DAR	3,830,000	
Project 34. Village Level Farm Focused Enterprise Development (VLFED)	DAR	12,825,000	

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Project 35. SALINTUBIG	DILG	48,000,000	
Project 36. Farm to Market Road	DPWH, DA		
Project 37. Sustainable Livelihood Program	DSWD	12,500,000	
Project 38. Operational Research on the Nutrition Sensitive Projects	RNC		2,000,000
Program 11. Enabling Program		6,100,000	8,000,000
Project 39. Mobilization of LGUs for Delivery of Nutrition Outcomes	RNC, LGUs		4,000,000
Project 40. Policy Development for Food and Nutrition	RNC, LGUs	100,000	
Project 41. Management Strengthening Support to RPAN Effectiveness	RNC, LGUs	2,000,000	
Project 42. Public Advocacy for Improved Support to Nutrition in the Region	RNC, LGUs	4,000,000	4,000,000

Resource Mobilization Strategy for the RPAN

Annex 3 shows the funding shortfalls by program. The total program shortfall for the four-year period 2019-2022 amounts to PhP70 M. The funding gap can be addressed in three ways namely (1) proposing the project, program with shortfall in Tier 2 for 2019 to 2022; (2) allocating funds from the LGU budget for the same period and lastly (3) securing partnership and financial support from development partners. Private sector funding may also be available but a strategy for such needs to be developed by the leadership within the RNC.

The impact of poor nutrition early in life has lasting effects that can transcend generations. Malnutrition early in life can cause irreversible damage to children's brain development and their physical growth, leading to a diminished capacity to learn, poorer performance in school, greater susceptibility to infection and disease and a lifetime of lost earning potential. It can even put them at increased risk of developing illnesses like heart disease, diabetes and certain types of cancers later in life. In like manner, the damage done by malnutrition translates into a huge economic burden for countries and governments, costing billions of pesos in lost productivity and avoidable health care costs. But by focusing on improving nutrition, much of the serious and irreparable damage caused by malnutrition can be prevented.

The economic benefits of the region's investment in nutrition certainly far outweigh the investment costs. Not only will the investment result in healthier children, healthy lives and well-being for its citizens, it also means lesser government expenditures on health, with monies intended for medical expenses and the treatment of maladies going to infrastructure, social services and other basic services of government. In the long term, Region 1's investment will translate to increased access to economic benefits and opportunities, reduced inequality in human development and a productive workforce, among other benefits.

Section V. Risks Analysis and Mitigation Measures

The RPAN was subjected into rigorous risks analysis and corresponding to the various risks identified, mitigation measures were determined. In the Program Implementation Review Plan (PIR) for the effective management of the RPAN, the table of risks and mitigation measures would require revisit to ensure emerging risks not covered during the exercise are factored in real time. The risks identified follow the PESTLE+C analysis covering political, economic, social, technological, legal, environmental and cultural dimensions. These risks and their corresponding mitigation strategies are specific to the situation in Region 1. **(See Table below).**

Table 7. Risks and Mitigation Analysis

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Political	<p>Local leaders (province, city, municipality and barangay) are elected to serve for a three-year term. The changes in administration as a result of local elections (2019, 2022) are risks the RPAN implementation has to contend with. There is a move towards federalism is gaining support from various sectors. The change in the “form” of government is expected to bring positive/transformational change. At the moment, the matter is still a subject of several debates and discussions.</p> <p>Both changes pose risks to nutrition programming in terms of priority thrusts and agenda. Both the upcoming elections and the change to federalism will bring new local leaders into the picture with differing platforms and development agenda. This non prioritization of nutrition may be a further threat to turn over/replacement of nutrition human resource, budget cuts, disruption of project/program implementation, among others, causing a halt to the momentum of delivering positive nutrition outcomes.</p>	<p>The issuance of the Executive Order supporting PPAN implementation is a much awaited mitigation strategy. In the meantime, sustained engagement with newly elected officials is necessary through intensified advocacy (including policy advocacy) and monitoring of nutrition projects and programs coupled with provision of technical assistance.</p>	<p>A key strategy to move the nutrition agenda both at the national and sub-national levels is the mobilization of local government units to deliver positive nutrition outcomes. This should be used as the strategic framework for action for the RPAN and PPAN plan period. More specifically the following actions are necessary inputs:</p> <ul style="list-style-type: none"> - Identify LCE nutrition champions who can be mobilized for delivery of nutrition outcomes - Capacitate the League of Nutrition Action Officers, Program Coordinators and BNSs as frontline/ground mobilizers/advocates of Region I RPAN - Sustain and intensify capacity building for nutrition workers - Urge DILG to act as the catalyst for nutrition at the local level - Intensify media support through use of modern and non-traditional approaches <p>At the national level, the NNC should be able to identify and mobilize nutrition champions in the Congress and Senate for the passage of enabling laws as basis for local level mobilization.</p>

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Economic	<p>From 2011-2015, the region's average annual inflation rate was estimated at 3.0 percent. Maintaining a single digit/low and stable rate of inflation reflects that the region has a stable overall economic climate because it may indicate lower cost of production, lower cost of goods and services which may imply that the region has adequate basic resources. The trend over the past five years, however, has been erratic. If the region fails to restrain inflation, the effect on the increasing magnitude of the poor population in the region will be greatly felt as the purchasing power of this population group diminishes. Food availability and food security will be at stake.</p>	<p>A key strategy is to provide social safety net projects to poor families particularly those identified as being food poor and with malnourished children and pregnant and lactating women. Home and community food production should be intensified.</p>	<p>Regional efforts to improve the poverty picture include widening coverage and benefits of social protection programs (conditional cash transfer, health insurance, social security system as well as income and livelihood support). Families of food poor families and families with malnourished family members must be prioritized in the provision of such safety net programs to prevent the deterioration of their nutritional status and from reverting to poverty. The nutrition sensitive program of the RPAN, therefore, should be seen as a vehicle to make this prioritization happen particularly along the following areas:</p> <ul style="list-style-type: none"> - Increase livelihood projects, microenterprises or employment opportunities - Expand distribution of seeds, animal dispersal, technical support for home and community food production <p>The RPAN should also promote convergence of programs and projects of the member agencies of the Regional Nutrition Committee 1 as well as those with other partners.</p>
Social	<p>Changing lifestyle and behavior brought about by urbanization and social media influence are identified as risks in the RPAN implementation. The influences impact on (healthy) food choices/preferences (across all ages) especially on infant and young child feeding (breastfeeding in particular). Working (lactating) women in an urbanizing set up coupled by misinformation</p>	<p>Among the mitigation measures will be:</p> <ul style="list-style-type: none"> - Develop and implement a Communication Plan to promote healthy lifestyle and healthy food options - Utilize social media to promote healthy lifestyle and good nutrition 	<p>The banner program of the RPAN to mitigate the changing food preferences and lifestyles is the Nutrition Promotion for Behavior Change Program (NPBCP). As the advocacy for healthy food choices covers all age groups, the program should cover the home, schools, communities, workplace among others. The RPAN and its related programs should:</p>

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	(infant formula milk) are induced to stop breastfeeding and relegate child care and feeding to other caregivers.	<ul style="list-style-type: none"> - Intensify <i>Nutriskwela</i>, <i>Katumbas ay Biyaya Radio</i>, <i>Radyo mo sa Nutrisyon</i> programs and nutrition promotion using multimedia platforms - Intensify advocacy and monitoring for establishment of breastfeeding/lactation rooms in public places and workplaces - Organize/reorganize, train and mobilize breastfeeding peer counsellors and support groups 	<ul style="list-style-type: none"> - Integrate nutrition into healthy lifestyle and prevention of non-communicable diseases programs of the DOH - Strictly implement and monitor DepEd Order No. 13, s. 2017 in both public and private schools - Integrate nutrition in social safety net programs - Strengthen advocacy and policy support on health food options (no serving of sweetened beverages and low nutrient dense food) during meetings and events in both government and private institutions - Strictly implement and monitor RA 10068 (BF rooms in the workplace and public places) - Include in the Nutrition Month Celebration the State of Nutrition Address (SONA) at the Regional (SORNA) and Local (SOLNA) levels.
Technological	Closely tied to the social risk category is the risk brought about by people's exposure to ICT and social media platforms. Unguided use and misuse of ICT infrastructures and social media can negatively influence family values, relationships and change in lifestyles and dietary patterns.	<p>To mitigate the risks, there is a need to:</p> <ul style="list-style-type: none"> - Intensify and balance the use of social media to promote good nutrition - Maximize the existing ICT platforms used by government agencies (particularly RNC 1) to convey correct and appropriate nutrition information - Maximize utilization of the RONDA-1, Inc., (the media support group of NNC-ROI) in the massive nutrition promotion and multimedia campaigns 	Again, the Nutrition Promotion for Behavior Change program of both the PPAN and RPAN should be used as a mechanism to address the development communication needs of the region. Tapping the potential of ICT and social networking sites (if used in a professional manner) will greatly boost the nutrition promotion for behavior change efforts of the RPAN (online interaction with clients/beneficiaries) and this will require the web presence of NGAs, particularly RNC member agencies. The RPAN recognizes that

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
			while ICT enhances increased access to information the traditional media – broadcast, print and radio will continue to be harnessed as reliable platforms in disseminating development news and information.
Legal	<p>Risks under this category include:</p> <ol style="list-style-type: none"> Weak compliance of LGUs with the Solid Waste Management Act (RA 9003). As of 2016, out of the 125 LGUs in the region, only 68 have Local Solid Waste Management Plan (LSWMP); 34 were approved, 6 were implemented while the 28 remaining plans still need to submit additional requirements to be approved. There are still 26 open dumpsites operating in the region. Improper solid waste management is an underlying cause of malnutrition. Implementation of the TRAIN Law (RA 10963). There are speculation and opinions that the implementation of the Tax Reform Acceleration and Inclusion Law or the TRAIN Law will increase the price of gasoline that will trickle down to increase in prices of basic commodities (food and non-food). The domino effect of price increase will ultimately decrease the purchasing power of poor families. 	<p>As malnutrition is associated with improper waste management resulting in poor environmental sanitation, one way to mitigate the risk is to educate LGUs particularly the barangays on the causes of malnutrition and on the need to establish and operationalize Materials Recovery Facilities (MRF) and implement waste segregation accordingly. This must be coupled with interventions on water and sanitation.</p> <p>Mitigating measures on the diminishing purchasing capacity of poor families were already discussed in earlier section (Economic Risks)</p>	<p>The RDP provides that in order to address the low compliance of LGUs, amendment to the Ecological Solid Waste Management Act (ESWMA) or Republic Act 9003 is necessary for the establishment of MENRO and SWMP Focal Units at the municipal level. Accordingly, DENR-EMB will organize capacity building trainings and seminars for LGUs in the provinces on planning and implementing SWMP. Information and education campaigns will be conducted to communities to promote proper waste management. Recycling industries will be provided with incentives to encourage them to continuously engage in proper waste disposal. This is a window of opportunity for the RPAN to integrate nutrition concepts in the efforts.</p>
Environmental	The region's accelerated growth may not be sustained due to natural disasters caused by typhoons that visit the region. Disasters impact	The organization of Local Nutrition Clusters at all levels of the local governance and enhancing their capacity on Nutrition in Emergencies (during preparedness, response and recovery) and	The RPAN deems it necessary to integrate/mainstream nutrition in disaster risk reduction and climate change adaptation (DRR-CCA). Therefore, there is a need to

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	on the (deterioration/worsening) nutritional status of the poor and affected population.	climate change adaptation and mitigation have been identified as measures to lessen the risks. The role of the local nutrition clusters is to ensure that the nutritional status of vulnerable groups (particularly pregnant and lactating women, infants and young children) do not deteriorate before, during and after disasters and emergencies through the provision of food and non-food interventions.	<p>cascade Nutrition in Emergencies capacity building down to the barangay levels (as the first line of defense of families during emergencies and disasters).</p> <p>The advocacy and interventions, however, should also focus on reduction of malnutrition and putting in place social safety net programs even before the onset of disasters.</p>
Cultural and Religious	<p>The effective and efficient implementation of health and nutrition services provided for in the RPAN may be affected by the low program acceptance and participation of indigenous cultural communities due to cultural beliefs and practices.</p> <p>The Region 1 RDP points to underrepresentation of this marginalized sector in all the facets of development as a limiting factor. Nutrition surveys and agency reports point to the fact that most affected and vulnerable to malnutrition are the indigenous peoples.</p>	<p>There is a need to mainstream the IP sector in governance and increase program participation through intensified advocacy and ensuring that IP leaders become mandatory members of the local nutrition committees.</p> <p>Encouraging LGUs to engage more IP health and nutrition service providers also serve as a mitigating measure.</p>	<p>The implementation of the RPAN should have high level support (National Commission on Indigenous Peoples, Regional Development Council IP Sectoral Representative) to intensify efforts of increasing program participation among IP communities. The regional LGU Mobilization Strategy should be able to identify/manage champions from the IP group.</p> <p>The program design of the RPAN should be adjusted to strengthen the representation of marginalized groups in local nutrition program management to ensure that all factors that may affect them will be considered at all levels of decision making. As the RDP states “LGUs will be encouraged to mainstream culture in their programs”. This calls for culture focused interventions and use of culture sensitive approaches to delivery of nutrition services and interventions.</p>

Section VI. The RPAN Institutional Arrangements

The RPAN Results Matrix defines the individual institutional responsibility and accountability for each of the projects (output/s), programs in order to attain programs and outcome targets.

Guiding Principles

The PPAN/ RPAN contains the vision for nutrition improvement in the country and local levels.

The realization of the nutrition outcomes, as a “societal responsibility” calls for new and revitalized partnerships at all levels – national and local governments, CSO, NGOs, etc. - affirms that the attainment of nutritional well-being is a main responsibility of families, but government and other stakeholders have the duty to assist those who are unable to enjoy the right to good nutrition

The Regional Nutrition Committee shall serve as the mechanism to oversee the progressive implementation of the RPAN. It is composed of the same agencies as the NNC Governing Board with additional member agencies as may be needed and appropriate for the region.

In the discharge of each regional coordination function including of the RPAN, processes have been instituted in the past and will continue to be harnessed for the delivery of the RPAN.

The Regional Nutrition Committee is under the Sub-Committee of Health, Nutrition and Population of the RDC – Regional Social Development Committee.

The RNPET is the technical arm and “clearing house” of the RNC. The NNC Regional Office 1 serves as the Secretariat of the RNC.

Functions of the Various Institutions

Regional Nutrition Committee (RNC)

- Formulates food and nutrition policies and strategies and serve as the policy making, coordinating and advisory body on food, and nutrition and health concerns at the regional level.
- Coordinates the planning, monitoring and evaluation of the regional nutrition program and coordinate the hunger mitigation and malnutrition prevention program consistent with the RDP's thrusts.
- Strengthens the competencies and capacities of stakeholders through public education, capacity building and skills development along nutrition

Regional Nutrition Planning and Evaluation Team (RNPET) Member Agencies

- Attend quarterly meetings of the RNC/ RNPET
- Support the activities of the RNC
- Share technical and financial assistance (i.e. partner agencies take turns in hosting meetings and other gatherings and ensure the provision of needed venues for RNC/RNPET gatherings)

RNPET

- Provides technical assistance to the Regional Nutrition Committee and NNC Secretariat and facilitates inter- and intra-agency coordination, supervision and monitoring, and implementation of nutrition policies and programs
 - Formulates annual RNC Agenda Forecast with regular updates on RPAN implementation and results of monitoring.
- **NNC Regional Office 1**

The NNC, as mandated by law, is the country's highest policy-making and coordinating body on nutrition. NNC regional offices, as a structure of the NNC has the following functions:

- Execute policies, directives and guidelines set by the Office of the Executive Director at the regional level;
- Coordinate the planning, implementation, monitoring and evaluation of the Philippine Plan of Action for Nutrition at the local level;
- Provide technical assistance to local program implementers to enhance their involvement;
- Establish and maintain functional linkages with agencies involved in the nutrition program;
- Promote nutrition advocacy and undertake resource mobilization activities at the regional level;
- Generate nutrition and related data and serve as monitoring and data base center for the regional PPAN;
- Facilitate the provision of material support from various sources for the intended recipients in the nutrition program;
- Serve as the Secretariat to the Regional Nutrition Committee and other regional nutrition-related committee

Composition:

The Regional Nutrition Committee is composed of the heads of the following agencies:

- | | | | |
|---------|--------|----------------|---------------------|
| • DOH | • PIA | • DTI | • ITRMC |
| • DA | • CHED | • CHR | • NNC |
| • DILG | • NEDA | • RONDA-1 INC. | • RLNAOs |
| • DepEd | • DOLE | • NCIP | • LUPangIlocosBNS |
| • DBM | • DENR | • NFA | Fed., Inc. |
| • DOST | • DAR | • POPCOM | • D/CNPCAP-Region I |
| • DSWD | • DPWH | • PHILHEALTH | • P/CNAOs |

Regional Nutrition Planning and Evaluation Team (RNPET)

The RNPET is composed of representatives from major department bureaus and agencies involved in nutrition and appropriate NGOs. (Same as the RNC member-agencies)

Overall Guidelines

1. The Sub-Committee of Health, Nutrition and Population of the RSDC shall ensure that nutrition-related matters shall be given priority attention in the Sub-Committee and RSDC discussions, with regional planning, regular monitoring of projects, reporting of accomplishments and tackling of implementation issues and concerns in its regular meetings;
2. In case of implementation gaps and issues that are not within the control of the resolved by RNC, RSDC and RDC, the concerns shall duly be referred to the NNC Governing Board through the National Nutrition Council Secretariat for appropriate action.

Table 8. Institutional Arrangements for the Implementation of the Regional Plan of Action for Nutrition

Roles Actors	Linkages w/ Nat'l. level Gov't Office	Coordinate Planning & Policy Setting	Participates in Planning and Policy Setting	Coordinate, monitor & Evaluate	Implement	Res ourc e Mob	Social Marke ting & Advoc acy
RDC	√	√				√	
RSDC/ Sub Comm on HNPO	√	√				√	
RNC	√	√	√	√		√	√
RNPET	√		√	√		√	√
RLAs			√	√	√	√	√
LGUs	√	√	√	√	√	√	√
NGOs/ CSOs	√		√	√	√	√	√
Media						√	√

Section VII. Monitoring, Reporting and Evaluation Mechanism for the RPAN

The overall RPAN Results Matrix and the Consolidated Agency Results Accountability by Project, Program and Outcome are the reference documents for designing the monitoring system including annual program implementation reviews, mid-term reviews and the RPAN end evaluation.

As a management tool, the region will use for RPAN monitoring the quarterly reporting and management meetings of the RNC. The Results Matrix will be broken down by the NNC Regional Office every year into quarterly plans and reported accordingly. While the report is important, it is the discussion at the RNC that is more vital in terms of ensuring that corrections are undertaken by individual agencies and the RNC as a whole in response to the emerging issues and problems in implementation. The management decision in the quarterly meetings will guide the NNC Regional Office in following up RPAN implementation.

At the end of each year, the RNC will convene an annual *Program Implementation Review* (PIR) which is conducted every last quarter of the year. This will allow RNC member agencies and local government units to assess and integrate revisions to the program/s for the coming budget year. The PIR, benefiting from initial annual progress reports from the agencies, undertakes a rigorous and reflective analysis of the experience in the implementation for the year to design improvements in the Plan for the following year. In the course of the implementation year, the NNC Regional Office will collect important nuggets of lessons that can guide the planning for the coming year in addition to what will be brought by the agencies in the PIR.

The midterm review of the PPAN 2017-2022 is planned for in 2019/2020. NNC in consultation with the 17 regions may opt to conduct regional mid-term reviews for the RPAN. Determination to undertake this in the regions will be a joint decision of the RNC and NNC.

Each of the NNC Regional Office working hand in hand with the Nutrition Surveillance Division and the Nutrition Policy and Planning Division of NNC will determine whether individual evaluation of every region will be undertaken in 2022 in time for the review of the PPAN and the formulation of the successor National Plan 2023-2028. In case the decision for every region to have its own RPAN evaluation, then the RNPC will endeavor to prepare early for such exercise. A plan to undertake the evaluation of the RPAN needs to be produced as early as 2019.

In Region 1, nutrition projects are enrolled by implementing agencies, SUCs and Provincial LGUs in the online Regional Project Monitoring System (RPMES) for quarterly monitoring. The enrolment of nutrition -related projects in the RPMES would facilitate implementation and problem solving of projects encountering delays in implementation.

Section VIII. RPAN Region 1 Implementation Plan and Results Framework

The RPAN Region 1 results framework contains all the major information related to the Plan. It contains the regional outcome targets, programs and projects, their outputs and corresponding activities, as well as responsible agencies and estimated resource requirements. In the results framework matrix (Table 9), the implementation plan with respect to the outputs of the projects has also been defined for years 2019-2022. The Results framework therefore also serves as the implementation plan of the RPAN.

The final results matrix was developed through a series of coherence review. The coherence review of the RPAN Region 1 was examined in the RPAN formulation process. The review was initially made analyzing the match of the priority problems identified with the regional outcome targets. The coherence of the interventions vis a vis the regional outcome targets were then analyzed. In this particular exercise, careful review of the outcomes, planned coverage, as well as the outputs of the 42 projects was done. Adjustments were made when necessary. At the end of the exercise, the budgetary requirements were also compared with the planned coverage and outputs, and at the end of the line the regional outcomes. The PESTLE+C analysis was factored throughout the review of the RPAN results framework.

In the results framework, the accountability of agencies vis a vis budgets, outputs, coverage and shared outcomes among agencies is made explicit.

Table 9. RPAN 2019-2022 Results Framework

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
PROGRAM 1: INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K)					
1. Mobilization of LGUs on the First 1000 days					DOH, NNC, NGOs
1-0.1. All provinces and at least 80 % of the municipalities and cities mobilized for F1K and nutrition	2 P 10% M/C	2 P 10% M/C	30% M/C	30% M/C	
Major activities:					
1-A.1. Adoption of F1k and RPAN 2019-2022 through RNC and RDC Resolution					
1-A.2. Issuance and dissemination of DILG memo circular supporting F1K and RPAN endorsement					
1-A.3. Conduct of Forum on F1K and RPAN among Governors, Mayors, key LGU officials and stakeholders					
1-A.4. Preparation of P/M/CNAPs highlighting F1K and integration of LNAPs in local development and investment plans					
1-A.5. Monitoring, assessment and adjustments for scaling up					
1-A.6. DOH and NNC to formulate incentive package for the best LGUs implementing the first 1000 days					
2. Strengthening of health delivery system for F1K including review of RHUs on F1K compliance including delivery system (ANC, deworming, growth monitoring)					DOH, NNC, LGU
2-0.1. Review of existing system in RHUs completed	1	/	/	/	
2-0.2. Enhanced health delivery system on F1K compliance in all RHUs put in place	/	/	/	/	
2-0.3. Good Practices on first 1000 days documented	1	1	1	1	
2-A.1. Planning for review					
2-A.2. Execution of review and reporting of results					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
2-A.3. Mobilization and capacity building of health workers including BNSs, BHWs and NDPs					
2-A.4. Integration of results in RHU plans and operations					
2-A.5. Documentation of good practices on F1K					
2-A.6. Monitoring, evaluation and adjustments					
3. Information Management in the F1K					NNC, DOH, LGU
3-O.1. A harmonized system of information for the efficient and effective implementation of F1K services developed and utilized by the health system and the LGUs	1	/	/	/	
3-A.1. Review of the system					
3-A.2. Finalization and endorsement of the information system					
3-A.3. Implementation of the harmonized information system					
3-A.4. Monitoring, evaluation and re-design					
4. Formulation and Implementation of a Regional Complementary Food Production Strategy					DOST, NNC, DOH
4-O.1. A Strategic plan for a Regional Complementary Food Production developed and implemented		1			
4-A.1. Engagement with CSOs, NGOs, NGAs, business sector and other stakeholders					
4-A.2. Formulation of the strategic plan and securing organizational resources for implementation					
4-A.3. Operationalization of the Plan for Complementary Food Plant					
4-A.4. Monitoring and evaluation					
5. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code) and RA 10028 (Breastfeeding Area in Workplaces)					DOH, NNC, LGU
5-O.1. Increased number of health and non-health facilities/establishment compliant to EO 51 and RA10028	10%	10%	10%	10%	

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
5-A.1. Organization of monitoring team (EO 51 Task Force) supported by a policy issuance					
5-A.2. Orientation on the protocol of monitoring compliance					
5-A.3. Conduct of monitoring visits to health and non-health facilities and establishments					
5-A.4. Submission of monitoring results and action taking					
5-A.5. Media advocacy on EO 51 and RA 10028					
5-A.6. Evaluation and adjustments					
6. Provision of I-Rice among Pregnant Women food insecure households and GIDA Areas					DOH, NNC, LGUs
6-O.1. All pregnant women of food insecure households and GIDA areas provided with I-Rice	100%	100%	100%	100%	
6-A.1. Masterlisting and Pregnancy Tracking					
6-A.2. Communication support through the rural health system					
6-A.3. Distribution/Provision of I-Rice					
6-A.4. Monitoring, and reporting in all RHUs					
6-A.5. Evaluation and adjustments for scaling up					
7. Mobilization of LGU resources for dietary supplementation					DOH, NNC, LGUs
7-O.1. 116 municipalities and 9 cities with budget allocation and implementing dietary supplementation program for nutritionally at risk pregnant and lactating women, and children 6-23 months belonging to the food insecure families	3 Cities 25% Muns	6 Cities 50% Muns	75% Muns	100% Muns	
7-A.1. Conduct of planning workshop for the supplementation program					
7-A.2. Development of guidelines including definition of supplementary food package					
7-A.3. Implementation phase					
7-A.4. Monitoring, evaluation and adjustments					
8. Iron supplementation for pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months old					DOH, LGU

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
8-0.1. All RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants and MNP to 6-23 months old children	100%	100%	100%	100%	
8-0.2. A system for tracking consumption of iron supplements developed and operational	1	/	/	/	
8-A.1. Improve planning for logistics and distribution					
8-A.2. Implementation of the tracking system iron supplementation of pregnant and lactating women, and low birth weight infants					
8-A.3. Monitoring, and reporting through the Pharmacist in every municipality					
8-A.4. Preparation of IEC Materials to be used during the implementation of the program					
8-A.5. Communication support through the rural health system					
8-A.6. Monitoring, evaluation and adjustments					
9. Vitamin A Supplementation for postpartum women and children 6-23 months old					DOH, LGU
9-0.1. All RHUs providing 1 200,000 IU Vitamin A capsule to postpartum women; 1 100,000 IU Vitamin A capsule to children 6 to 11 months; and 1 200,000 IU Vitamin A capsule to children 12 to 23 months every 6 months	100%	100%	100%	100%	
9-0.2. All RHUs providing 1 vitamin A capsule to high risk children (diarrhea and measles)	100%	100%	100%	100%	
9-0.3. A system for tracking consumption of iron supplements developed and implemented	1	/	/	/	
9-A.1. Improve planning for logistics and distribution					
9-A.2. Implementation of the tracking system for vitamin A consumption					
9-A.3. Communication support through the rural health system					
9-A.4. Monitoring, and reporting in all RHUs through the Pharmacist in every municipality					
9-A.5. Preparation of IEC Materials to be used during the implementation of the program					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
9-A.6. Monitoring, evaluation and adjustments					
10. Communication Support for the First 1000 Days					DOH, NNC, NGOs, PIA
10-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K fully developed and implemented	/	/	/	/	
10-A.1. Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days					
10-A.2. Development of key messages and communication materials and collaterals					
10-A.3. Pre-testing of developed materials					
10-A.4. Quad Media Mobilization including the Regional Organization of Nutrition Development Advocacy (RONDA)					
10-A.5. Implementation, monitoring and adjustments					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
PROGRAM 2. NATIONAL DIETARY SUPPLEMENTATION PROGRAM					
11. Supplementary Feeding Program for children enrolled in child development centers and supervised neighborhood plays					DSWD, LGUs
11-0.1. 100% LGUs implementing supplementary feeding in CDC and SNPs by the end of 2022	112	117	122	125	
11-0.2. All children in CDCs and SNPs provided with supplementary feeding	77,833	81,725	85,812	90,103	
11-A.1. Orientation and Capacity building of M/SWDOs and CDWs (WHO-CGS)					
11-A.2. Consultation dialogue with C/MSDWOs, C/MNAOs, Accountant, COA					
11-A.3. Development and dissemination of regional standard cycle menu					
11-A.4. Purchase of height boards, hanging weighing scale, cooking and eating utensils					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
11-A.5. Production and Distribution of nutrition related IEC materials					
11-A.6. Deworming and micronutrient supplementation					
11-A.7. Implementation of supplementary feeding					
11-A.8. Monitoring, evaluation (including PIR) and adjustments					
11-A.9. Consultation dialogue with C/MSDWOs, C/MNAOs, Accountant, COA					
11-A.10. Program Implementation Review					
12. Supplementary Feeding in GIDA and IP areas and Malnourished Children not enrolled CDCs					DSWD
12-O.1. Twenty-four LGUs covered	24	TBD	TBD	TBD	
12-A.1. Orientation to M/SWDOs and CDWs					
12-A.2. Preparation of regionalize standard menu					
12-A.3. Feeding to identified pre-school children not enrolled in CDC					
12-A.4. Deworming and micronutrient supplementation					
12-A.5. Consultation dialogue with C/MSDWOs, C/MNAOs, Accountant, COA					
12-A.6. Monitoring, evaluation (research) and adjustments					
13. School-Based Supplementary Feeding					DepEd
13-O.1. All public elementary schools implementing SBFP following the guidelines	14 Sch. Division	14 Sch. Division	14 Sch. Division	14 Sch. Division	
13-A.1. Nutritional Assessment					
13-A.2. Downloading of funds					
13-A.3. Procurement of goods					
13-A.4. Implementation of the 120 days supplementary feeding					
13-A.5. Monitoring and evaluation					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
14. School-based complementary health services					DepEd, DOH
14-O.1. All schools providing package of complementary health services at satisfactory level	100%	100%	100%	100%	
14-A.1. Downloading of financial resources and commodities					
14-A.2. Schools' implementation of the package of health services (including Bright Smiles, Bright Futures)					
14-A.3. Monitoring, evaluation and awards					

PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
15. Vitamin A supplementation for 24-59 months					DOH, LGU
15-O.1. # of children aged 24-59 months given Vit. A supplements	100%	100%	100%	100%	
15-A.1. Downloading of Vitamin A supplements					
15-A.2. Provision of Vit.A supplements to well-nourished and sick children following DOH standards					
15-A.3. Monitoring, reporting and adjustments					
16. Anemia reduction among women of reproductive age (WRA)					DOH, LGUs
16-O.1. # of WRA who received and consumed iron folic-acid	100%	100%	100%	100%	
16-A.1. Screening / Assessment of anemia					
16-A.2. Provision of Iron -folic acid					
16-A.3. Promotion of Healthy Diet (food rich in iron)					
16-A.4. Production and promotion of healthy snacks (Fortified with iron+folic)					
16-A.5. Monitoring and follow-up					

PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
17. “U4U”/Teen Trail					PopCom
17-O.1. # of U4U Teen Trail conducted	1	1	1	1	
17-O.2. Increased knowledge, awareness and practice of life skills and responsible sexuality	1	1	1	1	
17-A.1. Conduct of coordination meetings					
17-A.2. Peer educators training					
17-A.3. Conduct of U4U Teen Trail (Summit on adolescent health)					
17-A.4. Strengthened quad-media communication support					
17-A.5. Monitoring, evaluation and adjustments for scaling up					
18. Establishment and Management of Teen Centers and Adolescent-Friendly Spaces					LGUs, Schools, PopCom
18-O.1. # of teen centers and adolescent-friendly spaces established and fully operational	2	2	2	2	
18-A.1. Mapping of schools and areas without teen centers and adolescent-friendly spaces and Identification of target areas					
18-A.2. Conduct of consultative meetings and orientation with target areas					
18-A.3. Forging of Memorandum of Agreement for center/spaces establishment					
18-A.4. Capability building of guidance counsellors, peer counsellors and staff					
18-A.5. Operationalization of the center/spaces, monitoring, evaluation and adjustments					

19. “LPPED”- Learning package for Parent Education on Adolescent Health and Development					PopCom
19-O.1. Number of LPPEAD TOT and roll out trainings conducted	2	2	2	2	
19-A.1. Conduct of consultations and advocacy meetings with LGUs					
19-A.2. Conduct of Training of Trainers					
19-A.3. Development of IEC materials on lessons					
19-A.4. Roll out of LPPED					
19-A.5. Monitoring, evaluation and adjustment for scaling up					
20. Peer Education through the Sexually Healthy and Personally Effective (SHAPE)					PopCom
20-O.1. Number of peer education TOT and Roll Out trainings conducted	2	2	2	2	
20-A.1. Conduct of consultations and advocacy meetings with LGUs and schools					
20-A.2. Conduct of Training of Trainers among population workers					
20-A.3. Development of IEC materials					
20-A.4. Roll out of peer education through SHAPE in LGUs and schools					
20-A.5. Monitoring, evaluation and adjustments for scaling up					
21. Weekly Iron-Folic Acid Supplementation					DepEd, DOH
21-O.1. All female adolescent learners given WIFA	100%	100%	100%	100%	
21-A.1. Promotion of the benefits of iron folic acid supplementation					
21-A.2. Downloading of resources					
21-A.3. Provision and consumption of supplements					
21-A.4. Monitoring, reporting and adjustments					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION					
22. Promotion of Healthy Lifestyle					DOH, NNC, RNC, PIA

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
22-0.1. Number of advocacy/ media campaigns conducted	10	10	10	10	
22-0.2. Health and wellness among sectors institutionalized	100% RNC Members				
22-A.1. Conduct of consultative meetings and advocacy for policy support on institutionalizing health and wellness					
22-A.2. Advocacy for policy support					
22-A.3. Mobilization of the regional media group (RONDA and PIA network)					
22-A.4. Intensification of campaign on Go Sustansiya, Go Sigla, Go Slow sa Tagay, Go Smoke-Free					
22-A.5. Provision of technical assistance in developing healthy lifestyle program/projects for employees					
22-A.6. Agency implementation of healthy lifestyle projects					
22-A.7. Development, reproduction and dissemination of IEC and promotional materials					
22-A.8. Monitoring, reporting and adjustments					
23. Healthy Food Environment					NNC, DepEd, DOH, LGUs
23-0.1. All public School Canteens compliant to Department Order no. 13 s 2017	100%	100%	100%	100%	
23-0.2. # of offices, institutions and establishments supporting healthy food environment	V	30	30	20	
Major activities:					
23-A.1. Coordination with DepEd, LGUs, agencies and establishments					
23-A.2. Advocacy with RDC for a policy issuance supporting DepEd Department Order 13, s. 2017					
23-A.3. Dissemination and adoption on the RDC resolution by LGUs and agencies					
23-A.4. Conduct of monitoring visits					
23-A.5. Monitoring, evaluation and adjustments					
24. Weight Management Intervention					RNC, LGUs
24-0.1. All cities and municipalities are implementing weight management activities (including weight program policy, diabetic clinic and hypertension club) by the end of 2022	9 Cities 25% Mnuns	50% Muns	75% Muns	100% Muns	
Major activities:					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
24-A.1. Advocacy sessions for LGUs					
24-A.2. Masterlisting of overweight and/or obese adults and adolescents by LGUs					
24-A.3. Launching and implementation of weight management activities/interventions (Hataw exercise, Zumba, Jog/Walk for a Cause, etc)					
24-A.4. Advocacy on setting up weight management clinics, diabetic and hypertension clubs					
24-A.5. Monitoring, evaluation and adjustments					

PROGRAM 6. MANDATORY FOOD FORTIFICATION PROGRAM

Project Title, Outputs and Major Activities	Target				Agency/ies Involved
	2019	2020	2021	2022	
25. Advocacy for and Compliance Monitoring of RA 8976 and 8172					DOH, FDA, NNC, RBATF-1
25-0.1. A mechanism for advocacy and compliance monitoring food fortification strengthened and implemented	1	(1)	(1)	(1)	
25-0.2. Improvements in the compliance level for MFF evidenced in the region	80% Salt Producers 20% Rice Millers	80% Salt Producers 20% Rice Millers	80% Salt Producers 20% Rice Millers	80% Salt Producers 20% Rice Millers	
25-A.1. Strengthening of the Regional MFF Task Forces (including Bantay Asin Task Force)					
25-A.2. Development of regional protocol/guidelines on MFF monitoring					
25-A.3. Capacity building for the Task Forces					
25-A.4. Conduct of advocacy activities, consultative dialogues and quad media campaigns (Asin and I-Rice For a)					
25-A.5. Monitoring , reporting and adjustments					

Project Title, Outputs and Major Activities	Target				Agency/ies Involved
	2019	2020	2021	2022	
PROGRAM 7. PIMAM					

26. Enhancement of PIMAM Facilities, Capacities and Provision of Services					DOH, FNRI, NNC, LGUs
26-O.1. Delivery system for PIMAM established and fully operational across the region	/	/	/	/	
26-A.1. Building of Capacity of Local Implementers					
26-A.2. Provision and supply management of F75, F100 RUTF and RUSF and its equivalent in RHUs					
26-A.3. Delivery of ITC/OTC and TSFP services for treatment and management of and MAM					
26-A.4. Monitoring, reporting, and adjustments					

Project Title, Outputs and Major Activities	Target				Agency/ies Involved
	2019	2020	2021	2022	
PROGRAM 8. NUTRITION IN EMERGENCIES					
27. Building and Strengthening capacities for nutrition in emergencies (preparedness, response and recovery)					NNC, DOH, DILG, LGUs
27-0.1. 100% of Regional/ local nutrition clusters organized and capacitated on Nutrition in Emergencies -NiEm Plan integrated in DRRM Plans -Capacity Mapping -NiEm Info System -IYCF-E	50%	75%	100%	100%	
27-0.2. 100% of LGUs with stock piling of essential nutrition services package	50%	100%	100%	100%	
27-0.3. 5 NiE IEC materials Developed and Disseminated					
27-A.1. Organization of local nutrition clusters supported by policy issuance					
27-A.2. Conduct of trainings on Nutrition in Emergencies to cover the remaining LGUs					
27-A.3. Conduct of training on Information Managements System among selected members of the Regional and Provincial Nutrition Clusters					
27-A.4. Mapping of trained personnel on NiE, Breastfeeding Support Group, Nutrition Assessment					
27-A.5. Prepositioning of Ready-to-use Complementary Foods					
27-A.6. Development and dissemination of NiE Materials Through quad media					

Project Title, Outputs and Major Activities	Target				Agency/ies Involved
	2019	2020	2021	2022	
27-A.7. Provision of the minimum service package for nutrition in emergencies (Pre, During, Post-Disaster)					
27-A.8. Monitoring, Assessment and Adjustments					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE					
28. Nutrition Promotion in Child Development Centers and Schools					DSWD, DepEd, NNC, LGUs
28-0.1. All parents of children in CDCs provided with PES/FDS	77,833	81,725	85,812	90,103	
28-0.2. All public schools implementing health and nutrition education activities for learners and parents/caregivers	14 Sch. Div. 2406 Elem. School 573 Sec. School	14 Sch. Div. 2406 Elem. School 573 Sec. School	14 Sch. Div. 2406 Elem. School 573 Sec. School	14 Sch. Div. 2406 Elem. School 573 Sec. School	
28-A.1. Conduct of Parent Effectiveness Session/Family Development Session					
28-A.2. Promote utilization/consumption of iodized salt and other fortified foods					
28-A.3. Health and Nutrition Integration in curriculum					
28-A.4. Implementation of Nutrition Month every July					
28-A.5. Implementation of policy and guideline on healthy food and beverages in schools and DepEd offices.					
28-A.6. Provision of medical, dental, nursing and nutrition services					
28-A.7. Nutrition Drug Education Program					
28-A.8. Monitoring, reporting, evaluation and adjustments					
29. Nutrition Promotion in Communities					NNC, DOH, PIA, LGUs
29-0.1. Nutrition Promotion in communities institutionalized	/	/	/	/	

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
29-A.1. Strengthened region wide advocacy thru various communication platforms (broadcast, print, social media)					
29-A.2. Massive Celebration of Nutrition Month					
29-A.3. Conduct of nutrition education classes including Pabasa sa Nutrisyon					
29-A.4. Development of Local Policies for Nutrition Promotion at community level					
29-A.5. Conduct of nutrition education fora and related activities					
29-A.6. Monitoring, reporting, evaluation and adjustments					
30. Nutrition Promotion in the Workplace					DOLE, NNC, RNC
30-0.1. Number of agencies, offices with policies, programs, projects and activities on nutrition promotion in the workplace	All RNC Members	All RNC Members	All RNC Members	All RNC Members	
30-A.1. Issuance and dissemination of RNC resolution supporting Nutrition Promotion for Behaviour Change (NPBC) in the workplace and formulation of NPBC Plan					
30-A.2. Conduct of Consultative meetings					
30-A.3. Provision of technical assistance to RNC member agencies on the formulation of the Nutrition Promotion for Behavior Change Plan to all RNC members					
30-A.4. Issuance of agency policies and implementation of the Nutrition Promotion for Behavior Change Plan (NPBC) including promotion and availability of nutritious foods in canteens and office events					
30-A.5. Monitoring, reporting, evaluation and adjustments					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
PROGRAM 10. NUTRITION SENSITIVE PROGRAMS					
31. Gulayan sa Paaralan					DA
32. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)					DOLE
33. Potable Water Support to ARAs					DAR

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
34. Village Level Farm Focused Enterprise Development (VLFED)					DAR
35. SALINTUBIG					DILG
36. Farm to Market Road (DPWH, DA)					DPWH, DA
37. Sustainable Livelihood Program					DSWD
General Outputs for Nutrition-Sensitive Projects, see Annex 1 for details:					
31-37-0.1. 7 Projects in the region with tweaking strategies for nutritional impact	4	(4)	(4)	(4)	
31-37-0.2. # of families enrolled in projects tweaked for nutritional impact					
31-37-0.3. # of families involved in nutrition sensitive projects with increased income					
Major Activities for Nutrition-Sensitive Projects, see Annex __ for details:					
31-37-A.1. Determination of tweaking strategies for the project selected					
31-37-A.2. Decision on other features to prepare implementation in the region					
31-37-A.3. Implementation, monitoring and reporting of the project					
38. Operational Research on the Nutrition Sensitive Projects					RNC, NEDA, Partner Academes
38-0.1. Research completed and feed into redesign	TBI				
38-A.1. Development of TOR					
38-A.2. Contracting of research project					
38-A.3. Implementation of research project and dissemination of results					
39. Mobilization of LGUs for Delivery of Nutrition Outcomes					NNC, RNC
39-0.1. Unified LGU mobilization strategy for delivery of nutritional outcomes developed and implemented	5% og LGUs	10% of LGUs	15% of LGUs	20% of LGUs	
39-0.2. All P/C/M nutrition committees organized/reorganized and strengthened	50%	75%	100%	(100%)	
39-0.3. Nutrition Champions identified and mobilized	2	2	2	2	
39-A.1. Formulation of a unified LGU mobilization strategy for delivery of nutritional outcomes					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
39-A.2. Consultations and advocacy with P/C/M local chief executives					
39-A.3. Organization, reorganization and strengthening of local nutrition committees					
39-A.4 Identification and mobilization of nutrition champions					
39-A.5. Implementation of the LGU mobilization strategy					
39-A.6. Monitoring, evaluation and adjustments					
40. Policy Development for Food and Nutrition					RNC, NEDA, Developmental Partners
40-O.1. Policy guidelines issued at regional and local levels		1	(1)	(1)	
40-O.1. Regional policy/research agenda developed and implemented		1	(1)	(1)	
40-A.1. Inventory, compilation and review of existing policies on food and nutrition					
40-A.2. Development of a regional policy and research agenda					
40-A.3. Development and dissemination of policy papers and policy briefs					
40-A.4. Organization and mobilization of Champion policymakers and lobby groups					
40-A.5. Advocacy and lobbying on: <ul style="list-style-type: none"> - creation of plantilla positions for full-time Nutrition Action Officers - setting up of nutrition office with corresponding budget - hiring of Nutritionist-dieticians and full deployment/security of tenure of BNSs - automatic 5% budget allocation - nutrition indicators in SGLG 					
40-A.6. Monitoring, assessment, documentation and updating					
41. Management Strengthening Support to RPAN Effectiveness					RNC, NNC
41-O.1. RNC and NNC Region I strengthened for Effective Implementation of the RPAN	/	/	/	/	
41-O.2. Partnership with NGOs/CSOs for RPAN Effectiveness revitalized	/	/	/	/	

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
41-A.1. Conduct of strengthening workshops (strategic planning, team building; learning visits) RNC					
41-A.2. Hiring of additional regional NNC staff (1 NO1, 1 NO2, 1NO3, 1 NO4, 1 AA6, 1 Accountant including NDs as committed by DOH)					
41-A.3. Capability building of RNC/RNET, NNC and other relevant partners on F1K, LGU mobilization and continuing education on technical updates					
41-A.4. Strengthening the conduct of RNC joint activities (RNC meetings, MELLPI, RNAC, NGO and Business Sector Fora, One Stop Shop Caravan, etc)					
41-A.5. Mobilization of local nutrition workers' associations and federations for support to RPAN effectiveness					
41-A.6. Expansion of networking and linkaging with NGOs/CSOs including conduct of NGO Forum and annual conferences					
41-A.7. Monitoring, evaluation, documentation and adjustments					
42. Public Advocacy for Improved Support to Nutrition in the Region					RNC, NNC, PIA, RONDA
42-O.1. Communication/Advocacy Plan for the RPAN developed and implemented	/				
42-O.2. Multi sectoral support for improved nutrition in the region firmed up	/	/	/	/	
42-A.1. Launching of the RPAN and forging of commitment to improving nutrition in the region					
42-A.2. Conduct of multi-sectoral coordination and advocacy meetings					
42-A.3. Development of the RPAN Communication/Advocacy Plan					
42-A.4. Implementation of the Communication/Advocacy Plan					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
42-A.5. Intensified quad media mobilization including the NNC Nutriskwela community radio network and the Regional Organization of Nutrition Development Advocacy (RONDA)					
42-A.6. Monitoring, assessment and adjustments					

ANNEXES

Annex 1. Nutrition Sensitive Projects

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Project 22. Gulayan sa Paaralan Locations selected (Province/LGU): SBFP Implementing Schools Coverage of School: 2406	Use of school garden harvests for supplementary feeding of wasted school children Integration of nutrition concepts in training of focal teachers	DA, DepEd, NNC	Outputs: 22-0.1. Number of schools implementing Gulayan sa Paaralan 22-0.2. Number of schools benefiting from school gardens 22-0.3. No. of focal teachers trained teachers on GPP	1000	500	500	406	Increased vegetable consumption of school children	Improved nutritional status of school children
			Major activities: 22-A.1. Conduct of stakeholders' consultation meetings prior to program implementation					Increased awareness on proper nutrition	Decrease in the prevalence of undernourished school children
			22-A.2. Forging of agreements between agencies						
			22-A.3. Conduct of trainings GPP for focal teachers (integrating nutrition concepts)						
			22-A.4. Provision of seeds, seedlings, and gardening tools						
			22-A.5. Implementation of school garden/Establishment of bio intensive gardens						
			22-A.6. Utilization of garden harvests for school feeding						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			22-A.7. Monitoring and reporting						
Project 23. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP) Locations selected (Province/LGU): Regionwide Coverage of families: Families with malnourished children	Inclusion of families with malnourished children, pregnant and lactating women among the beneficiaries of the program	DOLE, LGUs	Outputs: 23-0.1. Number of families provided with emergency employment	TBA	TBA	TBA	TBA	Increased family income among beneficiaries	Improved household food security and improved nutritional status of children and PLW
			23-0.2. Number of LGUs in the Region implementing DILEEP with nutritional dimension	25% muns	50% muns	75% muns	100% muns		
			Major Activities: 23-A.1. Enhancement of the National guidelines for DILEEP to incorporate provisions on nutrition and cascading at regional level						
			23-A.2. Advocacy with LCEs and LNCs						
			23-A.3. Identification and validation of beneficiaries in coordination with BNS Cascading the guidelines to the regional level						
			23-A.4. Preparation and approval of project proposals						
			23-A.5. Project implementation, monitoring, assessment and adjustments						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Project 24. Potable Water Support to Agrarian Reform Areas (ARAs) Locations selected (Province/LGU): Coverage of families:	Targeting ARBHH with malnourished children and PLW for nutrition education Integration of nutrition in the project through amendment of existing Local MOA with LGUs and inclusion of nutrition in training modules	DAR	Outputs: 24-0.1. Number of ARBHH provided with nutrition related interventions	TBD	/	/	/	Families with malnourished children provided with appropriate nutrition interventions	Decrease in incidence of water borne diseases Improved nutritional status
			24-0.2. Number of ARBHH members developed as nutrition champions						
			Major Activities: 24-A.1. Meetings/dialogues with LGU, RNC and concerned ARBOs					Improved access to safe water and sanitation practices	
			24-A.2. Consultation with concerned ARBOs and MNAOs on identification of ARBHH beneficiaries						
			24-A.3. Identify and capacitate barangay level nutrition champions to lead nutrition-related activities of the project						
			24-A.4. Conduct nutrition information and education activities and provision of health and nutrition services 24-A.5. Implementation and project monitoring (including nutritional status of beneficiaries) 24-A.6. Assessment and adjustments						
Project 25. Village Level Farm Focused Enterprise Development (VLFED)	Enhancing the nutritional value of products	DAR	Output: 25-0.1. Number of participating ARBOs as regular supplier of fortified products	TBI	TBI	TBI	TBI	Enhanced nutritional value of products	Improved nutritional status of ARBs

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Locations selected (Province/LGU): Coverage of families:	through food fortification		25-0.2. Number of ARBO managed enterprises adopting food fortification technology	TBI	TBI	TBI	TBI	Availability of fortified foods for complementary and/or supplemental feeding	
	Targeting ARBO families with malnourished children for nutrition interventions		25-0.3. Number of ARBO families reached by nutrition interventions	TBI	TBI	TBI	TBI		
			Major activities:						
			25-A.1. Conduct consultation with ARBOs						
			25-A.2. Conduct ARBO Level trainings on nutrition, technology on food fortification etc.						
			25-A.3. Provision of additional working capital to finance scaled up production						
			25-A.4. Engage other markets for distribution of fortified products						
			25-A.5. Conduct/Provision of nutrition interventions to ARBO families						
			25-A.6. Tracking and monitoring (project and beneficiaries' level)						
			25-A.7. Assessment and adjustments						
Project 26. SALINTUBIG	Prioritization of areas with high malnutrition rate	DILG, LGUs, UNICEF	Output: 26-0.1. Number of families' access to safe potable water	TBI	TBI	TBI	TBI	Improved access to safe potable water	Prevention of water-borne diseases, Prevention of infection

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Coverage of families: Depressed Areas			Major activities: 26-A.1. Coordination with LGUs, site validation and community identification						and dehydration
			26-A.2. Construction of community facility						
			26-A.3. Conduct of orientation on nutrition and water and sanitation						
			26-A.4. Monitoring, assessment and adjustments						
Project 27. Farm to Market Road (DPWH, DA) Locations selected (Province/LGU):Region wide Coverage of families:	Families with malnourished children below poverty line prioritized as laborers	DPWH, DA	Output: 27-0.1. Number of families with malnourished children benefited	TBI	TBI	TBI	TBI	Increased family income for improved access to food	Improved nutritional status of project beneficiaries
			Major activities: 27-A.1. Consultation between concerned agencies and LGUs/LNCs and forging of agreements					Physical access to food improved	
			27-A.2. Identification/selecti on of families						
			27-A.3. Hiring of workers/laborers from families with malnourished children, PLW						
			27-A.4. Provision of nutrition interventions to families of workers/laborers						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			27-A.5. Monitoring, assessment and adjustment (both at project and beneficiaries' level)						
Project 28. Sustainable Livelihood Program Locations selected (Province/LGU): Coverage of families:	Prioritization of households /families with malnourished children as program beneficiaries		Output: 28-0.1. number of families with malnourished children that benefitted from the livelihood program					Additional source of family income and availability of food in the homes	Improved nutritional status
			Major activities: 28-A.1. Coordination with LGUs/LNCs					Increased knowledge on proper nutrition	
			28-A.2. Conduct of area survey and identification of beneficiaries						
			28-A.3. Conduct of needs assessment and livelihood trainings						
			28-A.4. Provision of livelihood assistance						
			28-A.5. Tracking and monitoring on the beneficiaries						
			28-A.6. Assessment and adjustments						

Annex 2. RPAN Region I Programs and Projects to Meet the Standards and Achieve the Regional Outcome Targets

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Program # 1: First 1000 Days Coverage: 80%						
Project 1 Mobilization of LGUs on the First 1000 days	DOH, NNC, NGOs					National Government, NGOs, LGUs
Outputs: 1-O.1. All provinces and at least 80 % of the municipalities and cities mobilized for F1K and nutrition		2 PLGU 10% muns/cities	2 PLGU 10% muns/cities	30% muns/cities	30%	
Major activities: 1-A.1. Adoption of F1k and RPAN 2019-2022 through RNC and RDC Resolution 1-A.2. Issuance and dissemination of DILG memo circular supporting F1K and RPAN endorsement						
1-A.3. Conduct of Forum on F1K and RPAN among Governors, Mayors, key LGU officials and stakeholders						
1-A.4. Preparation of P/M/CNAPs highlighting F1K and integration of LNAPs in local development and investment plans						
1-A.5. Monitoring, assessment and adjustments for scaling up						
1-A.6. DOH and NNC to formulate incentive package for the best LGUs implementing the first 1000 days						
Project 2. Strengthening Health Delivery System for the First 1000 Days	DOH, NNC, LGUs					NGA, LGUs, development partners

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
2-0.1. Review of existing system in RHUs completed		1	/	/	/	
2-0.2. Enhanced health delivery system on F1K compliance in all RHUs put in place		/	/	/	/	
2-0.3. Good Practices on first 1000 days compliance documented		1	1	1	1	
Major activities:						
2-A.1. Planning for review						
2-A.2. Execution of review and reporting of results						
2-A.3. Mobilization and capacity building of health workers including BNSSs, BHWs and NDPs						
2-A.4. Integration of results in RHU plans and operations						
2-A.5. Documentation of good practices on F1K						
2-A.6. Monitoring, evaluation and adjustments						
Project 3. Information Management in the F1K	NNC, DOH, LGUs					NGAs, NGOs, development partners
Output:						
3-0.1. A harmonized system of information for the efficient and effective implementation of F1K services developed and utilized by the health system and the LGUs		1	/	/	/	
Major Activities:						
3-A.1. Review of the system						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
3-A.2. Finalization and endorsement of the information system						
3-A.3. Implementation of the harmonized information system						
3-A.4. Monitoring, evaluation and re-design						
Project 4. Formulation and Implementation of a Regional Complementary Food Production Strategy	DOH, NNC, DOST					National Government Agency
Output:		1				
4-O.1. A Strategic plan for a Regional Complementary Food Production developed and implemented						
Major Activities:						
4-A.1. Engagement with CSOs, NGOs, NGAs, business sector and other stakeholders						
4-A.2. Formulation of the strategic plan and securing organizational resources for implementation						
4-A.3. Operationalization of the Plan for Complementary Food Plant						
4-A.4. Monitoring and evaluation						
Project 5. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code) and RA 10028 (Breastfeeding Area in Workplaces)	DOH, NNC, LGUs					NGA, NGOs, private sector
Outputs:		10%	10%	10%	10%	
5-O.1. Increased number of health and non-health facilities/establishment compliant to EO 51 and RA10028						
Major activities:						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
5-A.1. Organization of monitoring team (EO 51 Task Force) supported by a policy issuance						
5-A.2. Orientation on the protocol of monitoring compliance						
5-A.3. Conduct of monitoring visits to health and non-health facilities and establishments						
5-A.4. Submission of monitoring results and action taking						
5-A.5. Media advocacy on EO 51 and RA 10028						
5-A.6. Evaluation and adjustments						
Project 6. Provision of I-Rice among Pregnant Women food insecure households and GIDA Areas	DOH, NNC, LGUs					NGAs
OUTPUT		100%	100%	100%	100%	
6-O.1. ALL pregnant women of food insecure households and GIDA areas provided with I-Rice						
Major Activities:						
6-A.1. Masterlisting and Pregnancy Tracking by LGUs						
6-A.2. Communication support through the rural health system						
6-A.3. Distribution/Provision of I-Rice						
6-A.4. Monitoring, and reporting in all RHUs						
6-A.5. Evaluation and adjustments for scaling up						
Project 7. Mobilization of LGU resources for dietary supplementation	DOH, NNC, LGUs					NGAs, LGUs, NGOs, private sector
Outputs:						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
7-O.1. 116 municipalities and 9 cities with budget allocation and implementing dietary supplementation program for nutritionally at risk pregnant and lactating women, and children 6-23 months belonging to the food insecure families		3 cities 25% muns	6 cities 50% muns	75% muns	100% muns	
Major activities:						
7-A.1. Conduct of planning workshop for the supplementation program						
7-A.2. Development of guidelines including definition of supplementary food package						
7-A.3. Implementation phase						
7-A.4. Monitoring, evaluation and adjustments						
Project 8. Iron supplementation for pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months old	DOH, LGUs					NGAs, LGUs
Outputs:		100%	100%	100%	100%	
8-O.1. All RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants and MNP to 6-23 months old children						
8-O.2. A system for tracking consumption of iron supplements developed and operational		1	/	/	/	
Major activities:						
8-A.1. Improve planning for logistics and distribution						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
8-A.2. Implementation of the tracking system iron supplementation of pregnant and lactating women, and low birth weight infants						
8-A.3. Monitoring, and reporting through the Pharmacist in every municipality						
8-A.4. Preparation of IEC Materials to be used during the implementation of the program						
8-A.5. Communication support through the rural health system						
8-A.6. Monitoring, evaluation and adjustments						
Project 9. Vitamin A Supplementation for postpartum women and children 6-23 months old	DOH, LGUs					NGAs, LGUs
Outputs:		100%	100%	100%	100%	
9-O.4. All RHUs providing 1 200,000 IU Vitamin A capsule to postpartum women; 1 100,000 IU Vitamin A capsule to children 6 to 11 months; and 1 200,000 IU Vitamin A capsule to children 12 to 23 months every 6 months						
9-O.5. All RHUs providing 1 vitamin A capsule to high risk children		100%	100%	100%	100%	
9-O.6. A system for tracking consumption of iron supplements developed and implemented		1	/	/	/	
Major activities:						
9-A.1. Improve planning for logistics and distribution						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
9-A.2. Implementation of the tracking system for vitamin A consumption						
9-A.3. Communication support through the rural health system						
9-A.4. Monitoring and reporting in all RHUs through the Pharmacist in every municipality						
9-A.5. Preparation of IEC Materials to be used during the implementation of the program						
9-A.6. Monitoring, evaluation and adjustments						
Project 10. Communication Support for the First 1000 Days	DOH, NNC, NGO's, PIA					National Government
Output:		/	/	/	/	
10-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K fully developed and implemented						
Major activities:						
10-A.1. Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days						
10-A.2. Development of key messages and communication materials and collaterals						
10-A.3. Pre-testing of developed materials						
10-A.4. Quad Media Mobilization including the Regional Organization of Nutrition Development Advocacy (RONDA)						
10-A.5. Implementation, monitoring and adjustments						
Program # 2: NATIONAL DIETARY SUPPLEMENTATION PROGRAM Coverage:						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Project 11. Supplementary Feeding Program for children enrolled in child development centers and supervised neighborhood plays	DSWD, LGUs					NGA, LGUs
Outputs: 11-O.1. 100% LGUs implementing supplementary feeding in CDC and SNPs by the end of 2022		112	117	122	125	
11-O.2. All children in CDCs and SNPs provided with supplementary feeding		77,833	81,725	85,812	90,103	
Major activities:						
11-A.1. Orientation and Capacity building of M/SWDOs and CDWs (WHO-CGS)						
11-A.2. Consultation dialogue with C/MSDWOs, C/MNAOs, Accountant, COA						
11-A.3. Development and dissemination of regional standard cycle menu						
11-A.4. Purchase of height boards, hanging weighing scale, cooking and eating utensils						
11-A.5. Production and Distribution of nutrition related IEC materials						
11-A.6. Deworming and micronutrient supplementation						
11-A.7. Implementation of supplementary feeding						
11-A.8. Monitoring, evaluation (including PIR) and adjustments						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
11-A.9. Consultation dialogue with C/MSDWOs, C/MNAOs, Accountant, COA						
11-A.10. Program Implementation Review		1	1	1	1	
Project 12. Supplementary Feeding in GIDA and IP areas and Malnourished Children not enrolled CDCs	DSWD					DSWD
Output: 12-O.1. Number of LGUs covered		24	TBD	TBD	TBD	
Major activities: 12-A.1. Orientation to M/SWDOs and CDWs						
12-A.2. Preparation of regionalize standard menu						
12-A.3. Feeding to identified pre-school children not enrolled in CDC						
12-A.4. Deworming and micronutrient supplementation						
12-A.5. Consultation dialogue with C/MSDWOs, C/MNAOs, Accountant, COA						
12-A.6. Monitoring, evaluation (research) and adjustments						
Project 13. School-Based Supplementary Feeding	DepEd					National Government
Outputs: 13-O.1. All public elementary schools implementing SBFP following the guidelines		14 Sch Div. Ofc 76,852 Learners	14 Sch Div. Ofc 78,491 learners	14 Sch Div. Ofc 80,124 learners	14 Sch Div. Ofc 81,834 learners	
Major activities: 13-A.1. Nutritional Assessment						
13-A.2. Downloading of funds						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
13-A.3. Procurement of goods						
13-A.4. Implementation of the 120 days supplementary feeding						
13-A.5. Monitoring and evaluation						
Project 14. School-based complementary health services	DepEd, DOH					National Government, NGOs, private sector
Output: 14-O.1. All schools providing package of complementary health services at satisfactory level		100%	100%	100%	100%	
Major activities:						
14-A.1. Downloading of financial resources and commodities						
14-A.2. Schools' implementation of the package of health services (including Bright Smiles, Bright Futures)						
14-A.3. Monitoring, evaluation and awards						
PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION						
Project 15. Vitamin A supplementation for 24-59 months	DOH, LGUs					National Government
Output: 15-O.1. 100% of children aged 24-59 months given Vit. A supplements		100%	100%	100%	100%	
Major activities:						
15-A.1. Downloading of Vitamin A supplements						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
15-A.2. Provision of Vit. A supplements to well-nourished and sick children following DOH standards						
15-A.3. Monitoring, reporting and adjustments						
Project 16. Anemia reduction among women of reproductive age (WRA)	DOH, LGUs					National Government, NGOs, private sector
Outputs: 16-O.1. 100% of WRA received and consumed iron folic-acid		100%	100%	100%	100%	
Major activities:						
16-A.1. Screening / Assessment of anemia						
16-A.2. Provision of Iron -folic acid						
16-A.3. Promotion of Healthy Diet (food rich in iron)						
16-A.4. Production and promotion of healthy snacks (Fortified with iron+folic)						
16-A.5. Monitoring and follow-up						
PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT Coverage:						
Program Component						
Project 17. "U4U"/Teen Trail	POPCOM, PIA, LGU					NGAs, NGOs, LGUs
Output						
17-O.3. # of U4U Teen Trail conducted		1	1	1	1	
17-O.4. Number of peer educators training conducted		1	1	1	1	
Major activities:						
17-A.1. Conduct of coordination meetings						
17-A.2. Peer educators training						
17-A.3. Conduct of U4U Teen Trail (Summit on adolescent health)						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
17-A.4. Strengthened quad-media communication support 17-A.5. Monitoring, evaluation and adjustments for scaling up						
Project 18. Establishment and Management of Teen Centers and Adolescent-Friendly Spaces	LGU/School, POPCOM					LGU, NGA
Outputs:						
18-O.1. # of teen centers and adolescent-friendly spaces established and fully operational		2	2	2	2	
Major Activities:						
18-A.1. Mapping of schools and areas without teen centers and adolescent-friendly spaces and Identification of target areas						
18-A.2. Conduct of consultative meetings and orientation with target areas						
18-A.3. Forging of Memorandum of Agreement for center/spaces establishment						
18-A.4. Capability building of guidance counselors, peer counsellors and staff						
18-A.5. Operationalization of the center/spaces, Monitoring, evaluation and adjustments						
Project 19. "LPPEAHD"- Learning Package for Parent Education on Adolescent Health and Development	POPCOM					National Government, LGUs

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Outputs: 19-O.1. Number of LPPEAHD TOT and roll out trainings conducted		2	2	2	2	
Major activities: 19-A.1. Conduct of consultations and advocacy meetings with LGUs 19-A.2. Conduct of Training of Trainers 19-A.3. Development of IEC materials 19-A.4. Roll out of LPPEAHD						
19-A.5. Monitoring, evaluation and adjustment for scaling up						
Project 20. Peer Education through the Sexually Healthy and Personally Effective (SHAPE)	POPCOM					National Government, LGUs
Outputs: 20-O.1. Number of peer education TOT and roll out trainings conducted		2	2	2	2	
Major activities: 20-A.1. Conduct of consultations and advocacy meetings with LGUs and schools 20-A.2. Conduct of Training of Trainers among population workers 20-A.3. Development of IEC materials 20-A.4. Roll out of peer education through SHAPE in LGUs and schools						
20-A.5. Monitoring, evaluation and adjustments for scaling up						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Project 21. Weekly Iron-Folic Acid Supplementation	DepEd, DOH					NGA
Output: 21-O.1. All female adolescents' learners given WIFA		100%	100%	100%	100%	
Major Activities:						
21-A.1. Promotion of the benefits of iron folic acid supplementation						
21-A.2. Downloading of resources						
21-A.3. Provision and consumption of supplements						
21-A.4. Monitoring, reporting and adjustments						
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION Coverage:						
Project 22. Promotion of Healthy Lifestyle	DOH, NNC, RNC, PIA					National Government
Outputs: 22-O.1. Number of advocacy/media campaigns conducted		10	10	10	10	
22-O.2. Health and wellness among sectors institutionalized		100% of RNC members				
Major activities:						
22-A.1. Conduct of consultative meetings						
22-A.2. Advocacy for policy support						
22-A.3. Mobilization of the Regional Media (RONDA) and PIA media channels Conduct of media campaigns						
22-A.4. Intensifying campaign on Go Sustansiya, Go Sigla, Go Slow sa						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Tagay, Go Smoke-Free tapping the quadmedia						
22-A.5. Provision of technical assistance to agencies in developing healthy lifestyle program/projects for employees						
22-A.6. Agency implementation of healthy lifestyle projects						
22-A.7. Development, reproduction and dissemination of IEC and promotional materials						
22-A.8. Monitoring, reporting, and adjustments						
Project 23. Healthy Food Environment	NNC, DepEd, DOH, LGUs					NGAs, LGUs, NGOs
23-0.2. All public-School Canteens compliant to Department Order no. 13 s 2017		100%	100%	100%	100%	
23-0.3. Number of offices, institutions and establishments supporting healthy food environment		10	15	15	20	
Major activities:						
23-A.1. Coordination with DepEd, LGUs, agencies and establishments						
23-A.2. Advocacy with RDC for a policy issuance supporting DepEd Department Order 13, s. 2017						
23-A.3. Dissemination and adoption on the RDC resolution by LGUs and agencies						
23-A.4. Conduct of monitoring visits						
23-A.5. Monitoring, evaluation and adjustments						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Project 24. Weight Management Intervention	DOH, NNC, LGUs					National Government Agency/ies, LGUs
24-O.1. All, cities and municipalities are implementing weight management activities (including weight program policy, diabetic clinic and hypertension club) by the end of 2022		9 cities 25% muns	50% muns	75% muns	100% muns	
Major activities:						
24-A.1. Advocacy sessions for LGUs						
24-A.2. Masterlisting of overweight and/or obese adults and adolescents by LGUs						
24-A.3. Launching and implementation of weight management activities/interventions (Hataw exercise, Zumba, Jog/Walk for a Cause, etc)						
24-A.4. Advocacy on setting up weight management clinics, diabetic and hypertension clubs						
24-A.5. Monitoring, evaluation and adjustments						
PROGRAM 6. MANDATORY FOOD FORTIFICATION						
Coverage:						
Project 25. Advocacy for and Compliance Monitoring of RA 8976 and 8172	DOH, FDA, NNC, RBATF					National government, private sector
Outputs:						
25-O.1. A mechanism for advocacy and compliance monitoring food fortification strengthened and implemented		1	(1)	(1)	(1)	
25-O.2. Improvements in the compliance level for MFF evidenced in the region		80% salt producers 20% rice millers	80% salt producers 20% rice millers	80% salt producers 20% rice millers	80% salt producers 20% rice millers	

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Major activities:						
25-A.1. Strengthening of the Regional MFF Task Forces (including Bantay Asin Task Force)						
25-A.2. Development of regional protocol/guidelines on MFF monitoring						
25-A.3. Capacity building for the Task Forces						
25-A.4. Conduct of advocacy activities, consultative dialogues and quad media campaigns (ASIN and I-Rice Fora)						
25-A.5. Monitoring, reporting and adjustments						
PROGRAM 7. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)						
Project 26. Enhancement of PIMAM Facilities, Capacities and Provision of Services	DOH, FNRI, NNC, LGU					National Government, LGUs
Outputs:						
26-O.1. Delivery system for PIMAM established and fully operational across the region		/	/	/	/	
Major activities:						
26-A.1. Building of Capacity of Local Implementers						
26-A.2. Provision and supply management of F75, F100 RUTF and RUSF and its equivalent in RHUs						
26-A.3. Delivery of ITC/OTC and TSFP services for treatment and management of and MAM						
26-A.4. Monitoring, reporting, and adjustments						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
PROGRAM 8. NUTRITION IN EMERGENCIES						
Coverage:						
Project 27. Building and Strengthening capacities for nutrition in emergencies	NNC, DOH, DILG, LGU					National Government, LGUs
Outputs: 27-O.1. 100% of Regional/ local nutrition clusters organized and fully capacitated on Nutrition in Emergencies: <ul style="list-style-type: none"> - NiEm plan integrated in DRRM plans - Capacity mapping - NEm info system - IYCF-E 		50%	75%	100%	100%	
27-O.2. 100% of LGUs with stock piling of essential nutrition supplies and commodities		50%	100%	100%	100%	
Major activities: 27-A.1. Organization of local nutrition clusters supported by policy issuance						
27-A.2. Conduct of trainings on Nutrition in Emergencies to cover the remaining 60 LGUs						
27-A.3. Conduct of training on Information Managements System among selected members of the Regional and Provincial Nutrition Clusters						
27-A.4. Mapping of trained personnel on NiEm, Breastfeeding Support Group, Nutrition Assessment	NNC	100%				
27-A.5. Prepositioning of Ready-to-use Complementary Foods	NNC, DOH, LGU					
27-A.6. Development and dissemination of NiEm Materials Through quad media	NNC, DOH, LGU					

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
27-A.7. Provision of the minimum service package for nutrition in emergencies (pre, during, post disaster) 27-A.8. Monitoring, assessment and adjustments	NNC, DOH, LGU					
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE Coverage:						
Project 28. Nutrition Promotion in Child Development Centers and Schools	DSWD, DepED, NNC, LGU					National Government
Output: 28-O.1. All parents of children in CDCs provided with PES/FDS		77,833	81,725	85,812	90,103	
28-O.2. All public schools implementing health and nutrition education activities for learners and parents/caregivers		14 Schools Div. Ofc (2,406 elem sch & 573 Sec sch)	14 Sch Div.Ofc (2,406 ES, 573 SS)	14 Sch Div.Ofc (2,406 ES, 573 SS)	14 Sch Div.Ofc (2,406 ES, 573 SS)	
Major activities: 28-A.1. Conduct of Parent Effectiveness Session/Family Development Session						
28-A.2. Promote utilization/consumption of iodized salt and other fortified foods						
28-A.3. Health and Nutrition Integration in curriculum						
28-A.4. Implementation of Nutrition Month every July						
28-A.5. Implementation of policy and guideline on healthy food and beverages in schools and DepEd offices.						
28-A.6. Medical, Dental, Nursing and Nutrition Services						
28-A.7. Nutrition Drug Education Program						
28-A.8. Health and Nutritional Assessment of Public School Learners						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
28-A.9. Monitoring, reporting, evaluation and adjustments						
Project 29. Nutrition Promotion in Communities	NNC, DOH, PIA, LGUs					National Government, LGUs
Outputs: 29-O.1. Nutrition Promotion in the communities Institutionalized		/	/	/	/	
Major Activities: 29-A.1. Strengthened regionwide advocacy thru various communication platforms (broadcast, print, social media)						
29-A.2. Massive Celebration of Nutrition Month						
29-A.3. Conduct of nutrition education classes including Pabasa sa Nutrisyon						
29-A.4. Development of local policies for Nutrition Promotion at community level						
29-A.5. Conduct of nutrition education fora and related activities						
29-A.6. Monitoring, reporting, evaluation and adjustments						
Project 30: Nutrition Promotion in the Workplace	DOLE, NNC, RNC Members					National Government
Outputs: 30-O.1. Number of agencies, offices with policies and program/project/activities on nutrition promotion in the workplace		All RNC Members				
Major Activities: 30-A.1. Issuance and dissemination of RNC resolution supporting Nutrition Promotion						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
for Behavior Change (NPBC) and the formulation of a NPBC Plan 30-A.2. Conduct of consultative meetings 30-A.3. Provision of technical assistance on the formulation of NPBC to all RNC members						
30-A.4. Issuance of agency policies and implementation of NPBC plan including promotion and availability of nutritious foods in canteens and office events						
30-A.5. Monitoring, reporting, evaluation and adjustments						
PROGRAM 10. NUTRITION SENSITIVE PROGRAMS Coverage:						
Project 31. Gulayan sa Paaralan	DA, DepEd					National Government Agency/ies
Project 32. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	DOLE					National Government Agency/ies
Project 33. Potable Water Support to ARAs	DAR					National Government Agency/ies
Project 34. Village Level Farm Focused Enterprise Development (VLFED)	DAR					National Government Agency/ies
Project 35. SALINTUBIG	DILG, LGUs					National Government Agency/ies
Project 36. Farm to Market Road	DPWH, DA					National Government Agency/ies
Project 37. Sustainable Livelihood Program	DSWD					National Government Agency/ies
General Outputs for Nutrition-Sensitive Projects, see Annex __ for details:						
31-37-0.1. 7 projects in the region with tweaking strategies for nutritional impact						
31-37-0.2. XX families enrolled in projects tweaked for nutritional impact						
31-37-0.3. XX families involved in nutrition sensitive projects with increased income						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Major Activities for Nutrition-Sensitive Projects, see Annex __ for details:						
31-37-A.1. Determination of tweaking strategies for the project selected						
31-37-A.2. Decision on other features to prepare implementation in the region						
31-37-A.3. Implementation, monitoring and reporting of the project						
31-37-A.4. General research developed with NEDA and the academe						
Project 38. Operational Research on the Nutrition Sensitive Projects						
Output:						
38-O.1. Research completed and feed into redesign						
Major Activities:						
38-A.1. Development of TOR						
38-A.2. Contracting of research project						
38-A.3. Implementation of research project and dissemination of results						
PROGRAM 11. ENABLING PROGRAM						
Project 39. Mobilization of LGUs for Delivery of Nutrition Outcomes	RNC, LGU					National Government Agency/ies, LGUs
Outputs:						
39-O.1. Unified LGU mobilization strategy for delivery of nutritional outcomes developed and implemented		/	/	/	/	
39-O.2. All P/C/M nutrition committees organized/reorganized and strengthened		100% P/C 25% M	50% M	75% M	100% M	
39-O.3. Nutrition Champions identified and mobilized		/	/	/	/	

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Major Activities:						
39-A.1. Formulation of a unified LGU mobilization strategy for delivery of nutritional outcomes						
39-A.2. Consultations and advocacy with P/C/M local chief executives						
39-A.3. Organization, reorganization and strengthening of local nutrition committees						
39-A.4. Identification and mobilization of nutrition champions						
39-A.5. Implementation of the LGU mobilization strategy						
39-A.6. Monitoring, evaluation and adjustments						
Project 40. Policy Development for Food and Nutrition	RNC Members, LGUs					National Government Agency/ies, LGUs
Outputs:						
40-O.1. Policy guidelines issued at regional and local levels		/	/	/	/	
40-O.2. Regional policy and research agenda developed and implemented		1	1	1	1	
Major activities:						
40-A.1. Inventory, compilation and review of existing policies on food and nutrition						
40-A.2. Development of a regional policy and research agenda						
40-A.3. Development and dissemination of policy papers and policy briefs						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
40-A.4. Organization and mobilization of Champion policymakers and lobby groups						
40-A.5. Advocacy and lobbying on: <ul style="list-style-type: none"> - creation of plantilla positions for full-time Nutrition Action Officers - setting up of nutrition office with corresponding budget - hiring of Nutritionist-dieticians and full deployment/security of tenure of BNSs - automatic 5% budget allocation - nutrition indicators in SGLG 						
40-A.6. Monitoring, assessment, documentation and updating						
Project 41. Management Strengthening Support to RPAN Effectiveness	RNC, NNC					National Government Agency/ies
Outputs:						
41-O.1. RNC and NNC Region I strengthened for Effective Implementation of the RPAN		/	/	/	/	
41-O.2 Partnership with NGOs/CSOs for RPAN Effectiveness revitalized		/	/	/	/	
Major activities:						
41-A.1. Conduct of strengthening workshops (strategic planning, team building; learning visits)						
41-A.2. Hiring of additional regional NNC staff (1 NO1, 1 NO2, 1NO3, 1 NO4, 1 AA6, 1 Accountant including NDs as committed by DOH)						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
41-A.3. Capability building of RNC/RNET, NNC RO staff, NDs and other relevant partners on F1K, LGU mobilization and continuing education on technical updates						
41-A.4. Strengthening the conduct of RNC joint activities (RNC meetings, MELLPI, RNAC, NGO and Business Sector Fora, One Stop Shop Caravan, etc)						
41-A.5. Mobilization of local nutrition workers' associations and federations for support to RPAN effectiveness						
41-A.6. Expansion of networking and linking with NGOs/CSOs including conduct of NGO Forum and annual conferences						
41-A.7. Monitoring, evaluation, documentation and adjustments						
Project 42. Public Advocacy for Improved Support to Nutrition in the Region	RNC, NNC					National Government Agency/ies
Outputs:						
42-0.1. Communication/Advocacy Plan for the RPAN developed and implemented		1				
42-0.2. Multi sectoral support for improved nutrition in the region firmed up		/	/	/	/	

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
42-A.1. Launching of the RPAN and forging of commitment to improving nutrition in the region						
42-A.2. Conduct of multi-sectoral coordination and advocacy meetings						
42-A.3. Implementation of the Communication/Advocacy Plan						
42-A.4. Intensified quad media mobilization including the NNC Nutriskwela community radio network and the Regional Organization of Nutrition Development Advocacy (RONDA)						
42-A.5. Monitoring, reporting and adjustments						

Annex 3. Summary of Budgetary Requirements, Region 1 RPAN 2019-2022, by Program, by Project, by year and with recommended action to fill resource gap.

PRORAM/PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Program 1: IYCF and F1K		59,497,763	11,000,000	65,297,465	3,000,000	71,677,226	3,000,000	78,694,953	3,000,000	275,167,407	20,000,000	
Project 1: Mobilization of LGUs for the F1K	DOH	2,449,500	1,000,000	2,694,450	1,000,000	2,963,895	1,000,000	3,260,284	1,000,000	11,368,129	4,000,000	
Project 2: Strengthening Health Delivery System for F1K Communication Support for F1K	DOH	56,800		62,400		68,648		75,512		263,360		
Project 3: Information Management in the F1K	DOH	147,500		162,250		178,475		196,322		684,547		
Project 4: Formulation and Implementation of a Regional Complementary Food Production Strategy	DOH, DOST, NNC		10,000,000		2,000,000		2,000,000		2,000,000		16,000,000	
Project 5: Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code) and RA 10028 (Breastfeeding Area in Workplaces)	DOH	312,300		343,530		377,883		415,671		1,449,384		
Project 6: Provision of I-Rice among Pregnant Women in NHTS and GIDA Areas	DSWD											Cost still to be determined; to be included in agency budget (Tier 2) or sourced out from partners
Project 7: Mobilization of LGU resources for dietary supplementation	DOH, LGU	1,499,940		1,499,940		1,499,940		1,499,940		5,999,760		

PRORAM/PROJECT	Agenc y/les Respo nsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Project 8: Iron Supplementation for pregnant and lactating women, and LBW infants, and MNP supplementation to children 6-23 months	DOH	52,465,043		57,711,547		63,482,702		69,830,972		243,490,265		
Project 9: Vitamin A Supplementation for postpartum women and children 6-23 months old	DOH	266,680		293,348		322,683		354,951		1,237,662		
Project 10: Communication Support for the First 1000 Days	DOH	2,300,000		2,530,000		2,783,000		3,061,300		10,674,300		
Program 2: National Dietary Supplementation Program		309,639,960		320,172,870		331,223,040		342,584,280		1,303,620,150		
Project 11. Supplementary Feeding Program for children enrolled in child development centers and supervised neighborhood plays	DSWD , LGU	140,099,400		147,105,000		154,461,600		162,185,400				Included in the micronutrient supplementatio n cost
Project 12: Micronutrient Supplementation to undernourished children enrolled in CDCs	DOH											
Project 13: School- Based Feeding Program (SBFP)	DEPE D	169,540,560		173,067,870		176,761,440		180,398,880		699,768,750		
Project 14: School Based Complementary Health Services	DEPE D	1,962,275		2,003,100		2,045,850		2,087,950		8,099,175		
Program 3. Micronutrient Supplementation	DOH	9,759,200		10,735,120		11,808,632		12,989,495		45,292,447		

PRORAM/PROJECT	Agenc y/ies Respo nsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Project 15. Vitamin A supplementation for 24-59 months	DOH	1,699,200		1,869,120		2,056,032		2,261,635		7,885,987		
Project 16. Anemia reduction among women of reproductive age (WRA)	DOH	8,060,000		8,866,000		9,752,600		10,727,860		37,406,460		
Program 4: Adolescent Health And Development		28,908,000		29,668,800		32,551,680		35,722,848		126,791,528		
Project 17: “U4U”/Teenchat	POPC OM	150,000		150,000		150,000		150,000		600,000		
	DOH	200,000		200,000		200,000.00		800,000				
Project 18: Establishment of Teen Centers	POPC OM, DOH	2,000,000								2,000,000.00		
Project 19: Learning Package for Parent Education on Adolescent Health and Development	POPC OM, DOH	350,000		350,000.00		350,000		350,000		1,400,000		
Project 20: Peer Education Project	POPC OM	140,000		140,000		140,000		140,000		560,00		
Project 21. Weekly Iron-Folic Acid Supplementation	DOH	26,208,000		28,828,800		31,711,680		34,882,848		121,431,528		
Program 5: Overweight and Obesity Management and Prevention	DOH	241,500	150,000	264,100	150,000	288,960	150,000	316,306	150,000	1,110,866	600,000	
Project 22: Promotion of Healthy Lifestyle	DOH	226,000		248,600		273,460		300,806		1,048,866		
Project 23. Healthy Food Environment	DOH		100,000		100,000		100,000		100,000		400,000	
Project 24. Weight Management Intervention	DOH	15,500	50,000	15,500	50,000	15,500	50,000	15,500	50,000	62,000	200,000	
Program6: Mandatory Food Fortification		250,000	500,000	250,000	500,000	250,000	500,000	250,000	500,000		2,000,000	

PRORAM/PROJECT	Agency/ ies Respo nsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Project 25: Advocacy for and Compliance Monitoring of RA 8976 and RA 8172	DOH, FDA, NNC	250,000	500,000.00	250,000	500,000.00	250,000	500,000.00	250,000	500,000	1,000,000	2,000,000	
Program 7: PIMAM		1,318,800		1,355,760		1,396,416		1,441,138		5,512,114		
Project 26: Enhancement of PIMAM Facilities, Capacities and Provision of Services	DOH	369,600.00		406,560.00		447,216.00		491,937.60		1,715,313.60		
	-trng											
	Procur ement of RUSF	949,200		949,200		949,200		949,200		3,796,800		
Program 8: Nutrition in Emergencies		131,250	1,000,000	144,375	1,000,000	158,812.	1,000,000	174,693	1,000,000	609,131	4,000,000	
Project 27: Building and Strengthening capacities for nutrition in emergencies (preparedness, response and recovery)	DOH	131,250.00	1,000,000.00	144,375.00	1,000,000.00	158,812.50	1,000,000.00	174,693.75	1,000,000.00	609,131.25	4,000,000	
Program 9: Nutrition Promotion for Behaviour Change		1,000,000		1,000,000		1,000,000		1,000,000		4,000,000		
Project 28: Nutrition Promotion in Child Development Centers and Schools	DEPE D	Incorporate in the curriculum										
Project 29: Nutrition Promotion in Communities	NNC	1,000,000		1,000,000		1,000,000		1,000,000		4,000,000		
Project 30: Nutrition Promotion in the Workplace	DOLE, RNC	TBI										
Program 10: Nutrition Sensitive Programs		52,659,175	12,500,000	53,121,905	6,500,000	53,613,139	500,000	54,131,979	5,372,000	213,526,198	30,872,000	
Project 31: Gulayan sa Paaralan	DEPED DA	6,696,900	12,000,000	7,118,804	6,000,000	7,567,289	6,000,000	8,044,028	4,872,000	29,427,022	28,872,000	

PRORAM/PROJECT	Agenc y/ies Respo nsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Project 32: DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	DOLE	32,000,000		32,000,000		32,000,000		32,000,000		128,000,000		
Project 33: Potable Water Support to ARAs	DAR	TBI										
Project 34: Village Level Farm Focused Enterprise Development (VLFED)	DAR	TBI										
Project 35: SALINTUBIG	DILG, NAPC	12,000,000		12,000,000		12,000,000		12,000,000		48,000,000		
Project 36: Farm to Market Road (DPWH, DA)	DPWH , DA	TBI										
Project 37: Sustainable Livelihood Program	DSWD	TBI										
Project 38: Operational Research on the Nutrition Sensitive Projects	RNC				2,000,000						2,000,000	
Program 11: Enabling Programs		1,520,000	2,000,000	1,520,000	1,000,000	1,520,000	1,000,000	1,520,000	2,000,000	6,080,000	8,000,000	
Project 39: Mobilization of LGUs for Delivery of Nutrition Outcomes	RNC, NNC		1,000,000		1,000,000		1,000,000		1,000,000		4,000,000	
Project 40: Policy Development for Food and Nutrition	RNC, NNC	20,000		20,000		20,000		20,000				
Project 41: Management Strengthening Support to RPAN Effectiveness	RNC, NNC	500,000		500,000		500,000		500,000		2,000,000		
Project 42. Public Advocacy for Improved Support to Nutrition in the Region	RNC, NNC	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	4,000,000	
TOTAL												

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Regional Nutrition Committee



CHAIR



ALL
P/CNAOs



NATIONAL NUTRITION COUNCIL

Regional Office I

DOH-RO I Compound, Parian, San Fernando City

Tel/Fax No. (072) 607-6594

Email Address: nncregioni@yahoo.com.ph

Webpage: www.nnc.gov.ph/regional-offices/regioni

Facebook Page: www.facebook.com/nncregion1