



REGIONAL PLAN OF ACTION FOR NUTRITION 2019-2022

BICOL REGION



Be one of the spoons!

The National Nutrition Council (NNC) logo is a spoke of spoons denoting that improving the nutrition situation cannot be achieved by spoonfeeding alone, nor by the generosity of a single sector's 'spoon'. The solution requires a collaborative effort, or a contribution from several 'spoons'. It means creating and recreating ideas, seeking unity and a totality of approach for the improvement of Filipino lives.



MAP OF BICOL REGION

Table of Contents

List of Tables.....	i
List of Figures	i
Acronyms	ii
Message from the RNC Chairperson	v
Message from the NNC Secretariat.....	vi
RNC V Resolution and Agency Commitments	vii
RDC Resolution.....	ix
EXECUTIVE SUMMARY	x
Section I. The Regional Nutrition Situation Analysis	1
Section II. Outcome Targets.....	15
Section III. RPAN Programs and Projects	18
Section IV. Estimates of Budgetary Requirements for RPAN V	32
Section V. Risks and Mitigation Analysis	38
Section VI: The RPAN Institutional Arrangements	47
Section VII: Monitoring, Reporting and Evaluation Mechanism for the RPAN	48
Section VIII: RPAN Region V Implementation Plan and Results Framework	49
Annex 1. Nutrition Sensitive Projects	70
Annex 2. RPAN Region V Programs and Projects to Meet the Standards and Achieve the Regional Outcome Targets	83
Annex 3. Summary of Budgetary Requirements, Region V RPAN 2019-2022, by Program, by Project, by year and with recommended action to fill resource gap	118

List of Tables

Table 1. Coverage of selected services within the first 1000 days period	6
Table 2. 2022 Outcome Targets.....	15
Table 3. RPAN Region V Programs and Projects	18
Table 4. Description of RPAN Region V Programs, Projects and Their Outputs	22
Table 5. Summary of Budgetary Requirements by program and share of program budget to total RPAN.....	32
Table 6. Summary Budget Estimates for Programs and Projects	33
Table 7. Region V RPAN Risks Analysis and Mitigation Measures	39
Table 8. RPAN Region V Results Framework Matrix.....	50

List of Figures

Figure 1. Location map of Region V	1
Figure 2. Comparison of prevalence of malnourished among children less than 5 years in Bicol with National prevalence, FNRI-DOST 2011, 2013, 2015.....	2
Figure 3. Comparison of prevalence of malnourished 5-10 y/old children in Bicol with National prevalence, FNRI-DOST 2011, 2013, 2015.....	3
Figure 4. Comparison of prevalence of malnourished 10-19 y/old children in Bicol with national prevalence, FNRI-DOST 2011, 2013, 2015	3
Figure 5. Prevalence of underweight, stunting, wasting and overweight among children 0-60 months: Philippines, 2013, <i>Source: FNRI 2013</i>	8
Figure 6. Prevalence of anemia in GIDAs and non GIDAs, by age group: Philippines, 2013.....	8
Figure 7. Percentage of households considered food secure by socio-demographic: Philippines, 2013. <i>Source: FNRI 2013</i>	9

Acronyms

ADRA	– Adventist Development and Relief Agency
AO	– Administrative Order
BNS	– Barangay Nutrition Scholar
CDC	– Child Development Center
CDW	– Child Development Worker
DA	– Department of Agriculture
DAR	– Department of Agrarian Reform
DEPED	– Department of Education
DILG	– Department of the Interior and Local Government
DOH	– Department of Health
DOLE	– Department of Labor and Employment
DOST	– Department of Science and Technology
DPWH	– Department of Public Works and Highways
DSWD	– Department of Social Welfare and Development
FHSIS	– Field Health Service Information System
FNRI	– Food and Nutrition Research Institute
F1K	– First 1,000 Days
GIDA	– Geographically Isolated and Disadvantaged Areas
IFA	– Iron Folic Acid
IP	– Indigenous People
MFF	– Mandatory Food Fortification
MNP	– Multiple Micronutrient Powder
NDAP	– Nutrition-Dietitian Association of the Philippines
NDHS	– National Demographic and Health Survey
NEDA	– National Economic and Development Authority
NGA	– National Government Agencies
NGO	– Non-government Organizations
NiEm	– Nutrition in Emergencies
ND	– Nutritionist-Dietitian
NO	– Nutrition Officer
NNC	– National Nutrition Council
NNS	– National Nutrition Survey
NSD	– Nutrition Surveillance Division
NPPD	– Nutrition Policy and Planning Division
OOMP	– Overweight and Obesity Management Prevention
OPT	– Operation Timbang
PCA	– Philippine Coconut Authority
PDP	– Philippine Development Plan
PHILCAN	– Philippine Coalition of Advocates for Nutrition Security
POPCOM	– Commission on Population
PPAN	– Philippine Plan of Action for Nutrition
PSA	– Philippine Statistics Authority
PW	– Pregnant women
RNC	– Regional Nutrition Committee
RNPC	– Regional Nutrition Program Coordinator
RPAN	– Regional Plan of Action for Nutrition
RTWG	– Regional Technical Working Group
SNP	– Supervised Neighborhood Play
TP	– Total Population
WIFA	– Weekly Iron-Folic Acid
WRA	– Women of Reproductive Age

ACKNOWLEDGEMENT

One of the principal instruments in achieving the outcome targets in the PPAN 2017-2022 is the formulation of the Regional Plan of Action for Nutrition (RPAN) in all the 17 regions of the Philippines. The formulation of a Regional Plan of Action for Nutrition embodies the key commitments of critical regional agencies, in particular the member agencies of the Regional Nutrition Committees, along the PPAN programs. The RPAN is a plan that commits regional sector agencies to actions and resources to address the priority nutrition problems in the region as well as contribute to their proportionate share of the malnutrition burden and corresponding targets in the PPAN.

In pursuit of the spirit of PPAN 2017-2022, the National Nutrition Council (NNC) through the leadership of Assistant Secretary of Health and NNC Executive Director IV Maria-Bernardita T. Flores, CESO II directed all the NNC Regional Offices to initiate and coordinate the preparation of the RPAN and complete the preparation of such plans for budget years 2019-2022. The formulation of the RPANs was made possible with the support of Nutrition International through its Technical Assistance for Nutrition - PHL 03¹ cooperation with UNICEF Philippines.

The efforts of the National RPAN Planning Team (NRPT) organized by NNC to assist in the RPAN formulation is also recognized. The NRPT is composed of technical staff from the members of the NNC Technical Committee (DOH, DILG, DA, NEDA, DAR, UP-BIDANI) and from development partners: Nutrition International Philippines, UNICEF Philippines, Food and Agriculture Organization, World Food Programme, and PHILCAN (represented by World Vision Development Foundation, Inc.). The planning staff and senior officers of NNC as well as the NI – PHL 03 consultants from Alcanz International LLC also formed part of the NRPT. The International Institute of Rural Reconstruction was invited as resource person.

¹ PHL 03 - Long term support to the National Nutrition Council to operationalize the PPAN and advance the national nutrition agenda in the Philippines

The Region V (BICOL REGION) RPAN Formulation Process

The National Nutrition Council Secretariat led, coordinated and guided the formulation of the RPAN 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 V RPAN planning process was participatory, inter-sectoral and multi-level as it engaged the participation of the RNC-Region V 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 V RPAN 2019-2022:

1. RPAN Planning Workshop, 14 March to 16 March 2018, St. Giles Hotel, Makati City
2. First RPAN Review Meeting by the Regional Technical Working Group, 18 April 2018, Legazpi City
3. First Presentation of the Draft RPAN 2019-2022 during the RNC Meeting No. 1 s. 2018, 24 April 2018
4. Second RPAN Review Meeting by the Regional Technical Working Group, 23 October 2018, Legazpi City
5. Regional Nutrition Committee Meeting, 30 October 2018, Legazpi City

The RPAN was approved by the Region V Regional Nutrition Committee on 30 October 2018 following the issuance of RNC Resolution No. 2, series of 2018.



Message from the RNC Chairperson

The Philippine Plan of Action for Nutrition (PPAN), 2017-2022 is an integral part of the Philippine Development Plan 2017-2022. It is consistent with the Duterte Administration 10-point Economic Agenda, the Philippine Health Agenda, and the development pillars of Malasakit, Pagbabago, and Kaunlaran, and the vision of Ambisyon 2040.

The PPAN 2017-2022 was formulated against the backdrop of the double burden of malnutrition with undernutrition and overnutrition. It factors in and considers country commitments to the global community as embodied in the 2030 Sustainable Development Goals (particularly those related to food security, nutrition, and sustainable agriculture), the 2025 Global Targets for Maternal, Infant and Young Child Nutrition, and the 2014 International Conference on Nutrition. The PPAN is a result-based plan with SMART results at different levels designed in a result framework. It consists of eight nutrition specific programs, and 11 nutrition-sensitive programs, and 3 enabling programs.

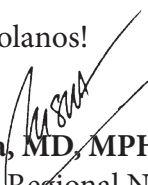
Operationalizing the PPAN 2017-2022 into programs, projects and activities is primarily a responsibility of Local Government Units. The regional level also plays a catalytic role for nutrition action. It serves as a link between the national government and the local government units and even communities. This allows for policy formulation to be more rooted to realities at the ground. Furthermore, implementation of nutrition-specific and nutrition-sensitive programs and enabling projects should be inspired not only by local realities but also by national directions. As such, action for nutrition improvement at the regional level should be both strategic at the same time action-oriented. This Regional Plan of Action for Nutrition (RPAN) 2019-2022 of the Bicol Region is one such plan.

I therefore congratulate the members of the Regional Nutrition Committee (RNC) of Bicol Region for formulating its RPAN 2019-2022 through a series of workshops and consultations among government agencies, non-government organizations including civil society organizations and other key players within the region. There are 11 nutrition-related programs and 64 projects initially identified by the inter-agency members to implement the RPAN. I am equally confident that this will be used to formulate budget proposals, programs to generate funding assistance from development partners and for engaging other sectors to be involved in nutrition action.

An equally important challenge is on ensuring that efforts to address nutrition problems are parallel and synergistic to other efforts towards poverty alleviation and eradication, agriculture development, generation of employment and for ensuring economic growth and development to create a synergistic effect. Hence, nutrition should be treated as both a concern by itself and one that cuts across and through various sectors.

Let the pursuit of these challenges be driven by a passion that recognizes that good nutrition is a primary foundation for improving the quality of the country's human resource base today and tomorrow. Let actions uphold that good nutrition is not simply an effect of economic development but is in fact an investment to achieve economic development. And, may working together to achieve good nutrition be a full expression of each one's obligation and contribution toward the full realization of each Bicolano's right to food and good nutrition.

Let us therefore work together for Better Nutrition for healthy Bicolanos!


Ernie V. Vera, MD, MPH, CHA, CESO IV
Chairperson, Regional Nutrition Committee
OIC Director IV
Center for Health Development Bicol, DOH



Message from the NNC Secretariat

The Regional Plan of Action for Nutrition (RPAN) 2019-2022 was prepared in 2018 with the vision of making Bicol a Nutritionally Improved Region in the country.

This means that poverty is reduced, jobs and livelihood opportunities are available, and members of the family especially the children and mothers regularly avail health and nutrition related services for the improvement of their nutritional status.

Part of crafting this Regional Plan of Action for Nutrition 2019-2022 was a series of consultations conducted by the Regional Nutrition Committee (RNC) secretariat to gather inputs from all government agencies in the region including representatives from non-government organizations and the academe to ensure that the entire process of nutrition in development would be inclusive. We thank all those who participated in the formulation of the Regional Plan of Action for Nutrition 2019-2022.

This plan is a living document that validates RNC's commitment to achieve the region's nutrition in development goals with its 11 programs and 64 projects comprising nutrition specific, nutrition sensitive, and enabling programs towards the eradication of high levels of stunting, wasting, and undernutrition in the region. The Plan follows the major programs of the Philippine Plan of Action for Nutrition 2017-2022, an integral part of the Philippine Development Plan 2017-2022.

We hope that through this plan, government agencies, non-government organizations, and local government units provide continuous support and involvement in nutrition program in the region through budget allocations and engagement in various nutrition actions. We urge our local chief executives to make nutrition a priority, ensuring that funds are made available and provided in their respective local development plans.

Together, let us break the vicious cycle of malnutrition and foresee a healthier and more productive Bicolanos in the future!


ARLENE R. REARIO, RND, MPS, MNSA
Regional Nutrition Program Coordinator
National Nutrition Council RO V

RNC V Resolution and Agency Commitments

Republic of the Philippines
Department of Health
NATIONAL NUTRITION COUNCIL
Region V

REGIONAL NUTRITION COMMITTEE Resolution No. 2, Series of 2018

Approving and Adopting the Regional Plan of Action for Nutrition (PPAN) 2019-2022

WHEREAS, the social contract of *His Excellency, President Rodrigo R. Duterte* is focused on institutional reform, economic stability and inclusive growth;

WHEREAS, maternal and child undernutrition continue to be of alarming levels in the Bicol Region as shown in the 2015 National Nutrition Survey and reported by Food and Nutrition Research Institute of the DOST;

WHEREAS, these nutritional problems have economic and social costs to the country;

WHEREAS, these nutritional problems deprive Filipinos of their right to food and good nutrition;

WHEREAS, the country has committed to pursue the 2030 Agenda for Sustainable Development and Sustainable Development Goals, particularly the goal on ending hunger, achieving food security, and improving nutrition; and the Global Targets 2025 for Maternal, Infant and Young Child Nutrition;

WHEREAS, global evidence has established the need for nutrition-specific and nutrition-sensitive interventions, the former referring to interventions that address the immediate causes of undernutrition most of which are under the health sector and the latter to interventions that have other objectives but have been tweaked to contribute to nutritional outcomes and enabling strategies;

WHEREAS, the attainment of nutritional well-being is a main responsibility of families but duty bearers like government organizations and non-government organizations should help the families especially the marginalized, to be able to provide for their own nutritional needs;

NOW THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, in consideration of the foregoing, we the Regional Nutrition Committee members do hereby adopt the Regional Plan of Action for Nutrition (RPAN) 2019-2022 as the framework for achieving nutritional adequacy and thus, contribute to a better quality of life of Bicolanos;

RESOLVED FURTHER, that we commit our departments, agencies and organizations to:

1. Translate the priority actions into concrete activities, the budgetary requirements of which will be integrated in our annual budgets, which will include funding from development partners; in the spirit of cooperation, complementation of each other's efforts and in coordination with the NNC Secretariat; and
2. Advocate for nutrition to be a perspective and component of our policies, plans, and programs.

RESOLVED FURTHER, for the National Nutrition Council Secretariat to ensure that the RPAN 2019-2022 is disseminated as widely as possible to enable stakeholders to align their efforts along the priority concerns;

RESOLVED FURTHER, for the National Nutrition Council to monitor and to ensure that this resolution is fully implemented.

RESOLVED FURTHER, that copies of this resolution be forwarded to the Regional Development Council through the Social Development Committee, NEDA RO V for support and/or appropriate action.

Approved this 30th day of October 2018, in Legazpi City.



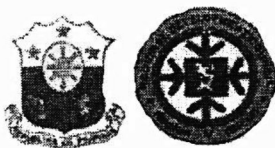
NAPOLEON L. AREVALO, MD, MPH, CESO IV
OIC-Regional Director IV and Chairperson
Regional Nutrition Committee
Center for Health Development-Bicol

Attested:



ARLENE R. REARIO, RND, MPS, MNSA
RNC Secretary and Regional
Nutrition Program Coordinator
National Nutrition Council, RO V

RDC Resolution



REPUBLIC OF THE PHILIPPINES
REGIONAL DEVELOPMENT COUNCIL
BICOL REGION

RDC Resolution No. 48, Series of 2018

**ADOPTING AND SUPPORTING
THE REGIONAL PLAN OF ACTION FOR NUTRITION 2019 TO 2022**

Whereas, the Regional Plan of Action for Nutrition (RPAN) 2019 to 2022 is the blueprint of the region's nutrition in development where the goal, objectives, guiding principles, strategic thrusts, programs, project and activities (PPAs) are articulated;

Whereas, the RPAN 2019 to 2022 consists of 8 nutrition-specific, 3 nutrition-sensitive and enabling programs with 64 projects that will be implemented by national agencies, Bicol University, non-government organizations in various local government units in the region through public-private partnership;

Whereas, nutrition specific programs are designed to produce nutritional outcomes and addresses the immediate causes of malnutrition due to inadequate dietary intake and disease;

Whereas, the Regional Nutrition Committee, during its meeting on 30 October 2018, passed Resolution No 2, Series of 2018 (Annex A) approving and adopting the regional plan and requests the RDC to adopt the RPAN 2019-2022; and

Whereas, the Social Development Committee, during its meeting on November 9, 2018, passed Resolution No. 41, Series of 2018 endorsing to the RDC to support the RPAN 2019 to 2022.

NOW, THEREFORE, on motion Dir. Arnel B. Garcia of DSWD Region 5, duly seconded by PSR Aurora C. De Guzman, **BE IT RESOLVED, AS IT IS HEREBY RESOLVED**, to adopt and support the RPAN 2019 to 2022.

UNANIMOUSLY APPROVED, this 7th day of December, Two Thousand and Eighteen at NEDA Region 5, Legazpi City, Philippines.

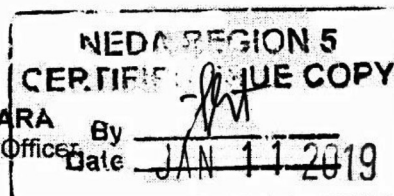
Certified Correct:

ARD EDNA CYNTHIA S. BERCES
RDC Secretary

Attested:

DIR. AGNES E. TOLENTINO
RDC Vice Chairperson

Approved:

GOV. AL FRANCIS C. BICHARA
RDC Chairperson and Presiding Officer

EXECUTIVE SUMMARY

The Regional Plan of Action for Nutrition 2019-2022 is the response of Region V to the alarming nutritional problems in the region. Levels of under nutrition 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 V has one of the highest and significant levels of stunting at 40.2%. Underweight (28.4%) and wasting (8.2 %) are also high.

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 do 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 40.2 % to 31.2 % by end 2022. Wasting prevalence among under 5 will be reduced from 8.2% to 6.7% 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 64 projects. The program is consisted 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 V and in the country.

The budget estimated for 2019-2022 for the 11 programs amount to PhP 5,575,181,501, with an annual average of about PhP 1,393,795,375. The funded portion is PhP 4,986,133,440 representing 89.43% of total, while the unfunded portion amounts to PhP 589,048,061 representing 10.57%. 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 V 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 V, BICOL REGION

Regional Profile

Bicol Region, also known as Bicolandia, is situated at the southernmost tip of the Luzon landmass. The region has a total land area of roughly 18,139.08 square kilometers, 6.0 percent of the country's total land area. It is politically subdivided into six (6) provinces (Albay, Camarines Sur, Camarines Norte, Catanduanes, Masbate and Sorsogon), one (1) chartered city (Naga City), six (6) component cities (Iriga, Legazpi, Ligao, Masbate, Sorsogon and Tabaco), 107 municipalities and 3,471 barangays. At present, it has 14 Congressional Districts. The northernmost province, Camarines Norte, is bordered on the north by the province of Quezon, thereby connecting the region to the rest of Luzon.

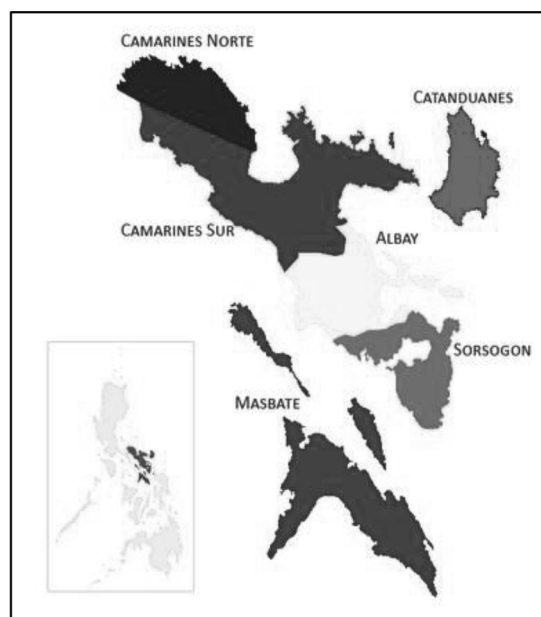


Figure 1. Location map of Region V

Bicol's topography ranges from slightly undulating to rolling and from hilly to mountainous. The region is endowed with numerous mountains and volcanoes, most famous of which is Mt. Mayon in Albay with the highest elevation at 2,462 meters above sea level. Seventy percent of Bicol's land area is classified as alienable and disposable; forest lands account for 29 percent while unclassified forest land is one percent. There are 91,930 hectares classified as ancestral domain of Indigenous Peoples (IPs) with certificates of ancestral domain title.

In recent years, the regional population dramatically increased at an average annual rate of 1.29 percent between 2010 and 2015, reaching a 5,796,989 population as of 2015 census. The region's population density increased to 320 persons per square kilometer in 2015 (PSA, 2015). For 2017, the regional population is 6,266,652.

Camarines Sur is the region's largest province in area and population, occupying 5,266.8 km² or around 29.9 percent of the total land area with a projected population of 2,120,318 for 2017. Catanduanes is the smallest in area and population with only 1,511.5 km² (583.6 sq mi) or 8.6 percent of the total regional area and a projected population of 287,041 for 2017.

Nutrition Situation

Malnutrition among preschool, school-age and adolescents

Overall, the Bicol Region manifests an increasing trend in the prevalence of underweight, stunting, wasting and overweight/obesity among young and school-age children, as shown in 2 survey periods in 2013 and 2015 (Figures 2 and 3). This situation needs urgent attention because the prevalence is either high or very high in terms of WHO classification for public health significance. Notably, the region ranked number four among the 17 regions with high prevalence of stunting among 0-5 years old in 2015 recorded at 40.2 percent, higher than the national prevalence of 33.4 percent. In particular, the province of Catanduanes is highly affected by three forms of undernutrition among 0-5 years old with prevalence of 37 percent underweight, 58 percent stunting, and 11.2 percent wasting (2015 NNS). On the other hand, a large number of malnourished children ages 5-10 years old can be found in Masbate province with prevalence of 51.2 percent underweight, 49.3 percent stunting, and 13.3 percent wasting (2015 NNS). Both underweight and wasting prevalence among 0-5 year-old children are high according to classification of WHO in terms of public health significance. For 5-10 year-olds, these problems are classified as very high and serious.

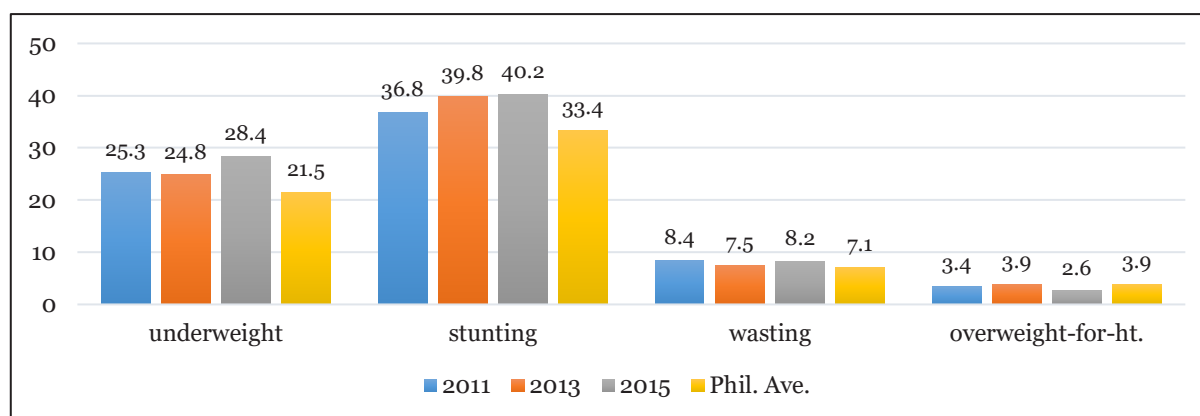


Figure 2. Comparison of prevalence of malnourished among children less than 5 years in Bicol with National prevalence, FNRI-DOST 2011, 2013, 2015

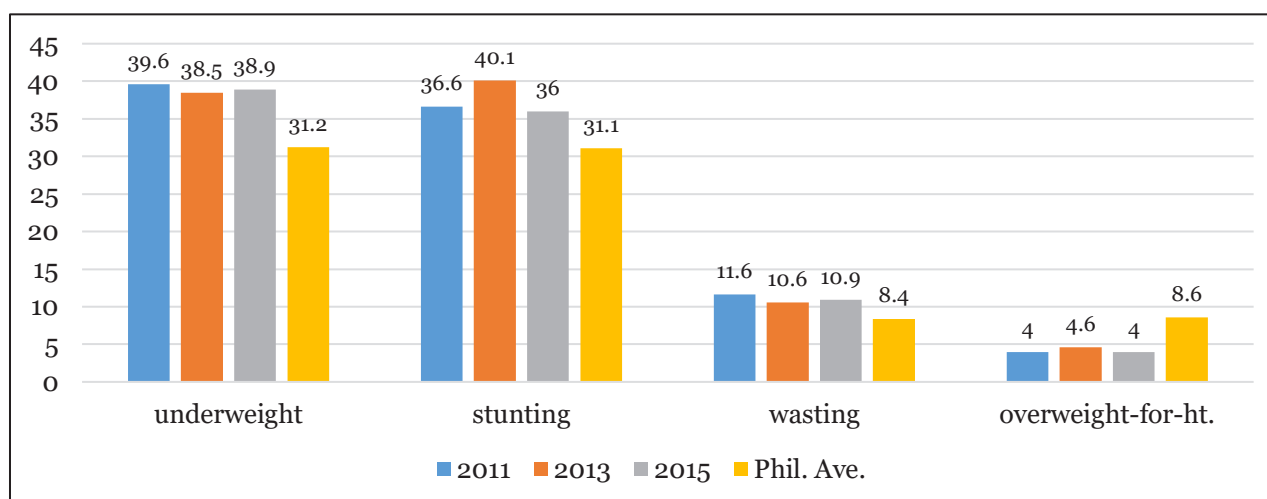


Figure 3. Comparison of prevalence of malnourished 5-10 y/old children in Bicol with National prevalence, FNRI-DOST 2011, 2013, 2015

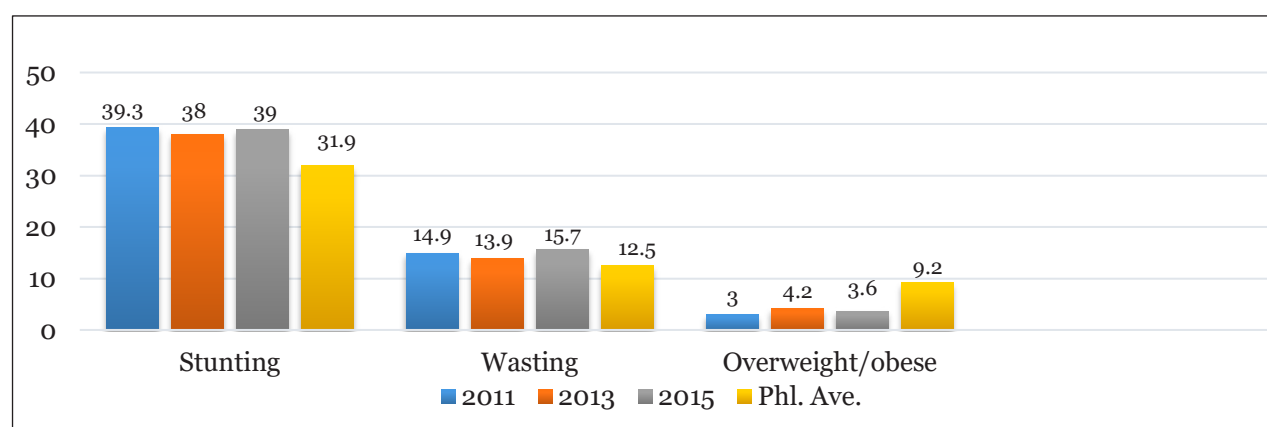


Figure 4. Comparison of prevalence of malnourished 10-19 y/old children in Bicol with national prevalence, FNRI-DOST 2011, 2013, 2015

The malnutrition problems in the region can also be observed among adolescents 10-19 years old with an increasing prevalence of stunting from 38 percent in 2013 to 39 percent in 2015 and wasting from 13.9 percent in 2013 to 15.7 percent in 2015 (Fig. 4). The latest prevalence rates are higher than the national prevalence. For the adults, the prevalence of chronic energy deficiency decreased minimally from 11.8 percent in 2013 to 11.7 percent in 2015 but is still higher than the national prevalence of 10.3 percent.

The nutrition of pregnant women is also of concern. The prevalence of nutritionally at-risk pregnant women in Bicol Region (27.6 percent) is higher than that of the national level at 24.8 percent (NNS 2015). Insufficient energy intake during pregnancy can increase a woman's chances of having a low-birth weight infant. The prevalence of Chronic Energy Deficiency among adults in Bicol is 11.7 percent, higher than the national level (10.3 percent).

The prevalence of low birthweight is recorded at 14.4 percent in the region as per NNS, DOST-FNRI, 2015. Low birthweight is understood as a likely cause of undernutrition in later years of life if not addressed immediately before the child reaches the age of 2 years.

The health and nutrition situation of adolescents is closely tied up with the health and nutrition of mothers. The prevalence of stunting and wasting among 10-19 year-old in the region based on 2015 NNS results is 39.0 percent and 15.7 percent, respectively. This is higher than the national average of 31.9 percent (stunting) and 12.5 percent (wasting) (Figure 4).

In Region V, the gap between adolescence and motherhood is narrowing with the increasing incidence of pregnancy among teenagers over the years. The Young Adult Fertility and Sexuality Study (YAFS) 4 indicated that the mean age of first sexual experience is getting younger among female adolescents in the Region, from 18.6 years in 1994 to 18.2 years in 2013. The same study showed that teenage fertility quadrupled in the past decade with those 15-19 years old having the highest percentage among females who are mothers. Fertility among female teenagers tend to rise with age, with the highest percentage of childbearing at 19 years.

Adolescence and pregnancy are two physiological states with high nutritional requirements for growth and development. Thus, the occurrence of both states in a single individual (i.e. pregnant adolescent) increases risks for undernutrition and low birth weight. Teenage pregnancies are classified as high-risk pregnancies.

The prevalence of low birth weight (LBW) among teenagers is also 15 percent higher than among mothers aged 20 and above. Adolescents do not usually attend prenatal care as in many cases, pregnancy is kept secret until it becomes obvious. Very few health centers in the region are part of the movement towards adolescent friendly health services.

Micronutrient deficiencies

Micronutrient deficiencies affect the vulnerable groups such as children and lactating women. Vitamin A deficiency manifests among children 6 months to five years old at 28.5 percent. Iodine deficiency disorders indicated by UIE concentration of <50 mcg/L percent among 6-12 years old children and lactating women is 18.7 percent and 29.5 percent, respectively, which continue to be of public health concern.

Immediate and Underlying Causes of Malnutrition

Dietary intake and health condition as determinants of malnutrition

Using the ASEAN Conceptual Framework on Malnutrition, stunting in Bicol region can be seen as determined by immediate and underlying causes such as dietary intake and other health conditions, particularly in the First 1000 Days of Life.

Dietary Intake

According to FNRI, food consumption among Filipino households differs in amount and kind of food. The typical diet of Bicolanos is a combination of rice-fish-vegetables. The mean one-day per capita total intake of Bicol is 797 grams in terms of weight as compared to the national level (844 grams). Highest food consumption was obtained for fats and oils (21 grams), higher than the national mean one-day per capita intake (15 grams), followed by sugar and syrups (14 grams), starchy roots and tubers (13 grams), milk and milk products (46 grams). Meanwhile, for fish and fish products, the mean

one-day per capita intake of Bicolano is 100 grams which is almost equal to the national level (101 grams). Meat and meat products (40 grams) consumption is below the national mean one-day per capita intake (61 grams), poultry (15 grams), eggs (12 grams), and with very low consumption of dried beans, nuts and seeds (5 grams) among the 17 regions. Intake of vegetables, which includes green, leafy and yellow vegetables and other vegetables, was 120 grams; for fruits, the mean one-day per capita intake is 34 grams. The mean one-day per capita energy and nutrient intake, and proportion of households meeting Recommended Energy Intake among Bicolanos was 30.8 percent (DOST-FNRI, NNS 2015).

Infant and Young Child Infant Practices

It can be said that there is a sub-optimal quality of infant and young child feeding practices in the region. The National Nutrition Survey (NNS) 2015 reported that 64.1 percent of children 0-5 months in the region were exclusively breastfed, with mean duration of 9.0 months. Children meeting the minimum acceptable diet are 16.3 percent, lower than the national average of 18.6 percent.

Food insecure households in Region V remain a major concern affecting children 6-23 months. Based on the NNS 2013, only 29.7 percent of the total households are food secure, making Bicol Region having the lowest percentage of food secure households. Camarines Sur has the highest number of food secure households at 33.6 percent while Masbate has the smallest number of food secure households at 21.4 percent.

As of 2017, there were three complementary and supplementary food plants existing in the region (Camarines Sur Bicol State University for Agriculture (CBSUA), Iriga City, and Aroroy, Masbate) where some LGUs can procure requirements for complementary feeding. However, neither the region nor any of its provincial governments have a systematic and organized program to make full use of the capacities of these plants to provide continuous supply for its region-wide requirements.

The nutritional situation of pre-school (24-59 months) and school children are being addressed by the Department of Social Welfare and Development (DSWD) and Department of Education (DepEd) respectively. The child development center and supervised neighborhood play (SNP), both programs of the DSWD, provide early child education and 120 days of supplementary feeding to child beneficiaries. As of 2017, a total of 152,400 children were enrolled in the 4,331 day care centers now called Child Development Centers in the barangays including those in geographically isolated and disadvantaged areas (GIDAs) and serving indigenous peoples (IPs). There are however important issues of equity and effectiveness of the program. In 2017, only 42.5 percent of children 24-59 months in the region were enrolled in child development centers and SNPs. The supplementary feeding program in Region V includes monthly nutrition education with mothers to enhance their knowledge and skills in overall nutrition and proper food selection and preparation through Parents Effectiveness Service (PES). This is complemented by “Pabasa Sa Nutrisyon” sessions held in many barangays in the region where mothers and caregivers are the usual clients. More recently, the “Idol Ko si Nanay Learning Session” in 4 areas covered by the ECCD Program were started in late 2017.

It is important to note that improvement in the nutritional status of preschool children is affected by various factors in the home including family's economic capacity, sanitation, and exposure to diseases, among others. Year after year, child development center workers report undernutrition relapse among children who were completely rehabilitated in the 120-day supplementary feeding after summer break. Mothers' education on nutrition either through the CDCs and Family Development Sessions appear to yield very little results. Private sector monitoring of quality of child development centers is not being undertaken by the DSWD in the region.

A similar phenomenon occurs among school children of elementary age. The 120-day supplementary feeding provided in the schools appears to address hunger and classroom attention but the lack of parent education on good nutrition practices did not help to improve the nutritional status of children, thereby resulting in the same recurring malnutrition among the school children. There are several interventions in schools in the region, including school gardens, deworming, micronutrient supplementation, proper hand washing, personal and oral hygiene, healthy lifestyle promotion, among others. There are also a few schools in the region which are facsimiles of the experience of International Institute of Rural Reconstruction (IIRR) where these various nutrition interventions in schools are organized by the school in an integrated fashion with better nutritional outcomes. However, there is a need to multiply these schools in the region to optimize government investments.

Health conditions among children in general

Data on maternal and child health services revealed that these were deficient relative to standards of the Department of Health. Table 1 shows the coverage of such services from FHSIS and the NDHS relative to the standards of the DOH under the First One Thousand Days (F1K) program.

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

Selected Indicators of Services and Care during the FIK	Philippines	Region 5	Source of Data
Percent of mothers with on time (1 st trimester) first prenatal check-up during their last/current pregnancy	69.5	96.2	NDHS 2017
Proportion of pregnant women with four or more prenatal visits (%)	53.50 75.8	52.2 67.1	FHSIS 2015 NNS 2015
Proportion of pregnant women given complete iron with folic acid supplements (%)	47.22	89.5	NDHS 2017
Percentage of women receiving two or more tetanus toxoid injections during last pregnancy	53.6	57.9	NDHS 2017
Percentage of births delivered in a health facility	61.1 78.0	50.8 72.6	NDHS 2013 NDHS 2017
Exclusive Breastfeeding (0-5 months)	48.8	64.1	NNS 2015
Mean duration of breastfeeding (mos.)	8.3	19.5	NDHS 2017
Breastfeeding with complementary Feeding of 6-11 months	57.7	66.3	NNS 2015
Breastfeeding with complementary Feeding of 12-23 months	43.1	46.0	NNS 2015
Percentage of children 6-23 months meeting the Minimum Acceptable Diet	18.6	16.3	NNS 2015

It was reported by the regional nutritionist that there was an inadequate supply of Vitamin A supplements for routine and GP supplementation in 2015 and 2016. Thus, the targeted coverage for vitamin A supplementation of lactating women was not achieved.

In addition, the supply chain issue in the region particularly coming from the province to the municipalities down to the barangay affects micronutrient supplementation performance in the region. One of this is iron supplementation among adolescents in junior and senior high school wherein the delivery of supplies in 2017 was delayed. Hence, supplementation was not implemented during the targeted school year.

Further gaps exist in its provision and consumption according to prescribed dosage. What can be traced at the Rural Health Units (RHUs) is the distribution allocation but not actual consumption.

The low level of compliance to ante natal service standards together with the lack of adequate dietary intake of pregnant women as manifested by 11.7 percent of CED in particular can explain persistent stunting among children.

Unless the major gaps in the compliance to the standards of the First One Thousand Days (FIK) program are addressed immediately, the regional outcomes in stunting and other outcomes will prove elusive at the end of the PPAN period 2022.

Infection and disease play a major role in the nutrition landscape of Region V. DOH Region V reports Pneumonia, Sepsis/Septicemia and Diarrheal Diseases as the top three leading causes of Under-five Mortality in 2016. The leading causes of child morbidity among under-five year old children are diarrhea and acute respiratory infections. Pneumonia was the leading cause of Under Five Mortality in 2014 posting a rate of 4.18 per 1,000 livebirths, followed by sepsis/septicemia at 1.78 per 1,000 livebirths.

Diarrhea among children under five is high at 10.6 percent, ranking the region as that with second highest prevalence (NDHS 2013). In relation to hygiene and sanitation, stools of about 53.2 percent of children under five are not disposed safely.

Malnutrition among Population Groups and Provinces in the Region

Malnutrition is widely prevalent in the region but there are groups that are more affected than others. Geographically isolated and disadvantaged areas (GIDA) and indigenous people (IP) communities show even higher prevalence of stunting, wasting and anemia (Figures 5 & 6). Also, only about 1 in 5 households engaged in agriculture are food secure (Figure 7).

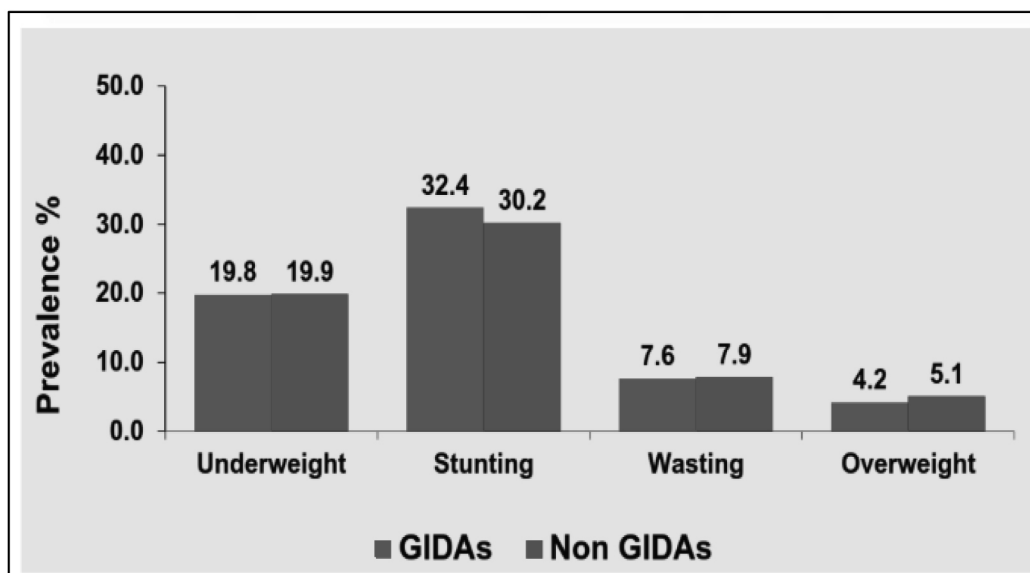


Figure 5. Prevalence of underweight, stunting, wasting and overweight among children 0-60 months: Philippines, 2013, *Source: FNRI 2013*

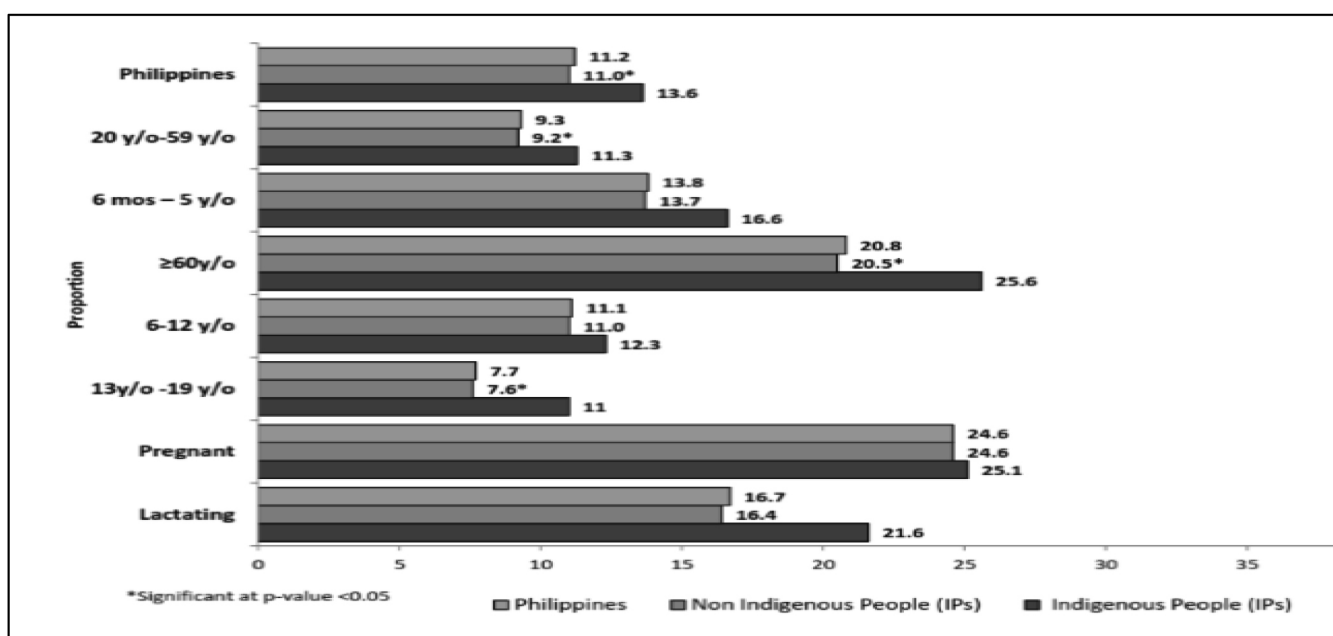


Figure 6. Prevalence of anemia in GIDAs and non GIDAs, by age group: Philippines, 2013
Source: FNRI 2013

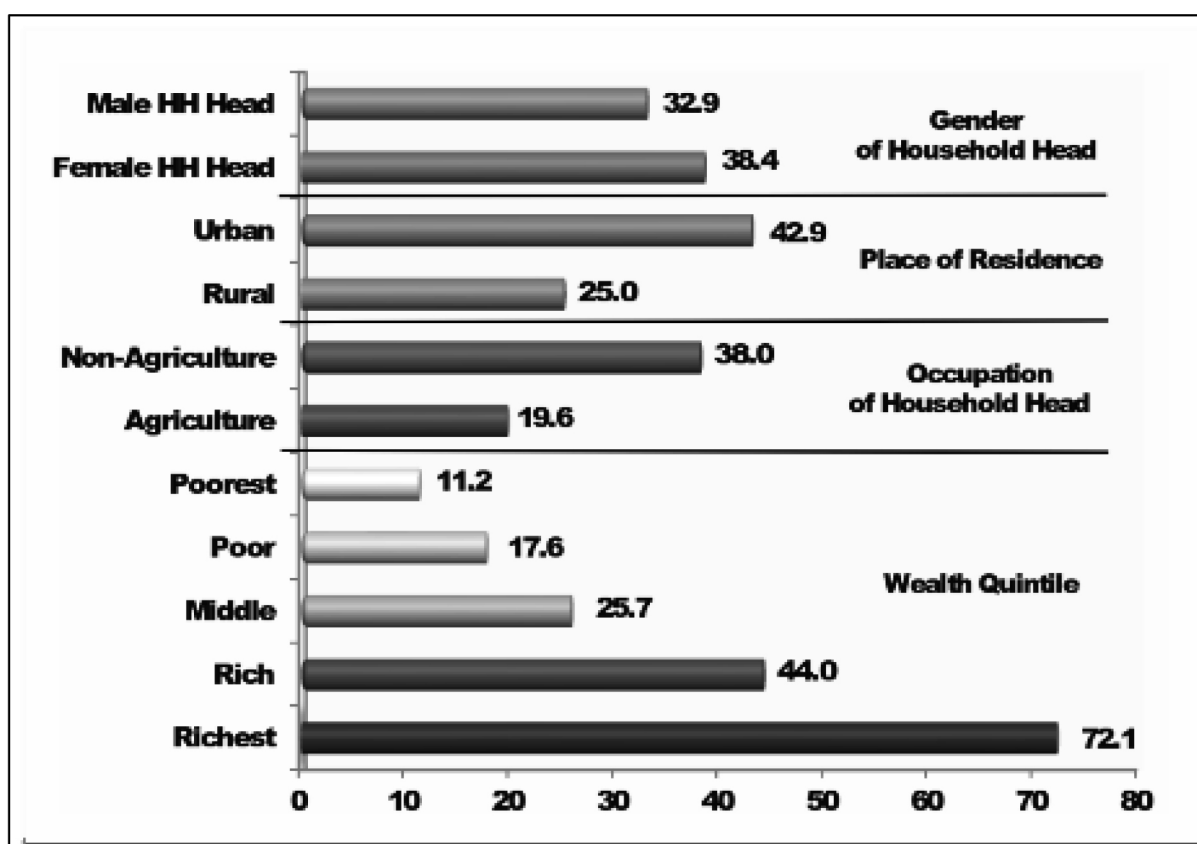


Figure 7. Percentage of households considered food secure by socio-demographic: Philippines, 2013. Source: FNRI 2013

As indicated earlier, among the six provinces in the region, those with the highest levels of stunting are Catanduanes (58.0 percent) and Masbate (48.0 percent), much higher than the average for Region V (40.2 percent). Meanwhile, those with highest levels of wasting are Catanduanes (11.2 percent) and Albay (10.2 percent), again more than the regional prevalence rate (8.2 percent).

Access to quality health services

Among the significant factors leading to malnutrition are lack of access to and quality of health services. The Regional Development Report 2017-2022 (RDP) indicated that access to quality health services has improved with the increased coverage of the National Health Insurance Program (NHIP) as the health insurance relieves families, especially the poor and marginalized groups, from unexpected medical financial burdens. As of June 2016, however, Philhealth coverage was still only 89 percent due to increase in population, incomplete database of dependents, and exclusion of indigenous peoples.

There are 109 hospitals and 480 non-hospital facilities in the region which are accredited by Philhealth. Based on the 2015 *Listahanan* assessment of the Department of Social Welfare and Development (DSWD), a total of 983,394 poor individuals were not going to health centers.

Access to safe water and sanitary toilet facilities

The RDP also indicated that safe water was accessible only to 81.5 percent of total households (partial data only), far from the Bicol RDP 2011-2016 target of 100 percent. Based on the 2015 *Listahanan* assessment, a total of 135,334 poor households in the region had no access to safe water. Among the hindering factors to attaining the target were negative perception of people on the payment of water fees and inadequate counterpart funding from LGUs for water supply projects.

Likewise, sanitary toilet facilities were accessible only to 68 percent of the households, still short of the target of 79 percent. A total of 177,876 poor households had no sanitary toilet facilities. The lack of safe water and sanitary toilet facilities contributes to poor health of household members and malnutrition.

Basic Causes of Malnutrition

The same ASEAN Analytical Framework for Malnutrition indicates several basic or root causes of malnutrition, particularly social, economic, and political aspects of development. The following discussion of these issues draws primarily from the relevant chapters and sections of the Region V Regional Development Plan 2017-2022.

Education

Level and quality of education are considered among the significant social factors that determine nutritional status. The RDP reported that literacy and some basic education outcomes have improved but not all school age children were in school. Results from the 2013 Functional Literacy, Education and Mass Media Survey (FLEMMS) of the PSA showed that functional literacy rate, or the ability to read, write, and compute, increased to 87 percent, surpassing the target of 83 percent. However, not all school age children were in school. Out-of-school children, as defined in the FLEMMS, are persons aged six to 14 years who are not attending school, while out-of-school youth are persons aged 15 to 24 years who are not attending school, have not finished any college or post-secondary course, and are not working. Top reasons for not attending school are marriage, lack of family income to send children to school, and lack of personal interest. This undermines the learning abilities of the children as future workers and leaders. Poor households with out-of-school children and youth find it harder to break the inter-generational cycle of poverty. There were more female youth who stopped attending school than male youth.

The Millennium Development Goal of achieving universal primary education was not achieved, as indicated by the less than 100 percent net enrolment rate and completion rate in primary education, as well as the unequal ratio of girls and boys in primary education.

Based on the 2015 *Listahanan* assessment, a total of 203,432 poor children aged three to 17 years old were not attending school. A hindering factor is the absence of schools in remote barangays. Total number of barangays in the region is 3,471 but as of 2016, there were only 3,148 public elementary schools, 688 public junior high schools, and 608 senior high schools.

Moreover, the 2011 Survey on Children of the PSA estimated that 23 percent (around 472,500) of children aged five to 17 years old in the region were working. This was higher than the national average of 19 percent. The same survey estimated that Bicol region has 304,000 children in hazardous labor, the second highest in the country.

The RDP stressed that raising the quality of basic education remains a challenge. The average national achievement test (NAT) score for the region of 68 percent was below the 75 percent passing mark. This was attributed to inadequate capacities of teachers and inadequate learning materials, tools, and equipment. Additional classrooms were constructed, and additional teachers were hired for the 2016 implementation of the senior high school. Moreover, skills acquired by higher education graduates do not match the skills required by higher paying jobs. The underemployment rate in the region remained high at 25 percent in July 2016, reflecting a mismatch between the available skills of the labor force and the required skills in the labor market. Thus, the region sees the need for continued reforms to make the skills training programs and higher education courses more attuned to changing industry needs and labor requirements.

Economic Trends

Economic conditions are also basic determinants of the malnutrition situation. According to the RDP, the region's economy grew at an average rate of 5.8 percent from 3.5 percent in 2010 to 8.4 percent in 2015. Services accounted for the biggest share of the region's economy with an average share of 56 percent over a six-year period, followed by agriculture, hunting, forestry and fishery (AHFF) at 24 percent, and industry at 20 percent. The AHFF share to the total economy continued to decline from 26 percent in 2010 to 24 percent in 2015. The decline in AHFF was absorbed by the industry sector which has been increasing since 2012.

Among the underlying causes of malnutrition which may be considered is the poor performance of the agriculture, forestry and fisheries (AFF) sector in the region. Among the poorest in the agricultural sector are the landless farmers and coconut farm workers as well as fisher folks and there are indications that they suffer from stunting and wasting.

Chapter 8 of the RDP 2017-2022 identified the constraints and challenges³ faced during the previous plan period and possible scenarios over the incoming plan period that will likely affect the sector. Improving food security and reducing agricultural losses in the region remained elusive. Production and productivity of most crops and livestock were below plan targets. Commercial and municipal fishery production kept on declining except aquaculture which surpassed production targets in 2014 and 2015 (RDP 2017-2022, Chapter 2).

³The constraints and challenges include the following: (1) weak growth of AFF performance in the past three years, (2) low or declining years of agricultural crops, (3) slow progress in crop diversification, and (4) persistent and long-standing challenges in the AFF, such as limited access to credit insurance, low farm mechanization and inadequate postharvest facilities, inadequate irrigation, insufficient support for research and development, weak extension service, ageing farmers and fisher folks, and failure to fully implement the agrarian reform program, continue to hamper productivity, (5) limited connectivity between production areas and markets and poor compliance in product standards resulting in low competitiveness of the AFF's products, (6) vulnerability to disaster and climate risks and resource degradation, and (7) inefficient delivery of services in agrarian reform.

The Plan targeted an increase in the AFF gross value added (GVA) annual growth rate of 0.7 percent. From 2011 to 2015, it recorded an average growth rate of 2.5 percent annually exceeding the annual target. However, the sector was not able to sustain its growth because of its vulnerability to climate related events. The AFF sector only performed well in 2012. It continued to slow down until 2015 due to the impact of calamities such as tropical cyclones (TC) and El Nino. Some crops, like coconut and abaca, have not fully recovered when struck again by another TC. There was also minimal increase in the production of rice, high value crops, livestock, and poultry. The AFF sector was further pulled down by the decline in the production of corn, coconut and sugarcane, while fish production manifested a downward trend.

Poverty

Relative to other regions, Bicol continued to lag with the second lowest Gross Regional Domestic Product (GRDP) per capita. The relative low value may be attributed to minimal regional production but relatively high population of the region. Bicol is the sixth most populous region in 2016 with approximately 6.1 million people. The magnitude of poor population in the region is estimated at 2.2 million Bicolanos. In the last 9 years (2006-2015) poverty incidence among population declined by 5.1 percentage points, marking at 36.0 percent in 2015. This implies that nearly 4 in every 10 Bicolanos live below the poverty threshold which is at Php 21,476 in 2015. However, the poverty incidence among families also dropped to 27.5 percent from 32.3 percent in 2012. This implies that nearly 3 in every 10 families live below the poverty threshold. The magnitude of poor families in the region is estimated at 346,964 families in 2015. A family of five in Bicol needed at least Php 295 per day to meet the family's basic food and needs to be considered poor in 2015. Among the provinces, Albay registered the lowest poverty incidence both among population and among families at 25.2 percent and 17.6 percent, respectively in 2015. These values are lower than the regional value but slightly higher than the national value. Camarines Sur ranked second with the lowest poverty incidence followed by Camarines Norte, Sorsogon and Catanduanes. Masbate had the highest poverty incidence but has been consistently declining since 2006. It is also important to note that from 2012 to 2015 three provinces experienced an increase in poverty incidence: Camarines Norte, Catanduanes, and Sorsogon (NEDA/PSA). The food insecure households represent about 70.3 percent of all households in the region. About 80 percent of these are covered by the 4Ps program of the DSWD.

In terms of the proportion and number of poor individuals in the region, the PSA estimates that in 2015, 36 percent or about 2,172,415 individuals are poor, making Bicol the region with the second highest number of poor populations. A major concern is food poverty or subsistence incidence, which is the proportion of families or individuals with incomes below the minimum amount to satisfy the nutritional requirements to remain socially and economically productive.

About 103,860 families (8 percent) or 714,681 individuals (12 percent) are in extreme poverty. The expanded coverage of the 4Ps, the flagship program of the government on social welfare and protection, contributed largely to increase the access to adequate and quality education and health services, especially by the poor.

Among the poorest and most disadvantaged groups in the region are the *Indigenous Peoples (IPs)*. According to the National Commission for Indigenous Peoples (NCIP), there are about 50,000 IPs in the region who belong to different ethnic groups, i.e., *Agta, Agta-Tabangnon, Agta- Cimarron, Kabihug, and Dumagat*. The IPs are among the disadvantaged sectors identified under the Social Reform and Poverty Alleviation Act because of their vulnerability to exploitation and discrimination.

The RDP notes that extractive activities (i.e., mining and logging), “development work” (e.g., hydroelectric dams), in-migration, territorial control mechanisms (e.g., expropriation of land, imposition of territorial boundaries, and other such policies), among others, lead to displacement and place great pressure on the preservation of their resources and way of life. Based on the 2015 *Listahanan*, there were 7,896 poor households belonging to IP groups. However, only 1,714 IP household beneficiaries were registered under the 4Ps in 2015, which was only 22 percent of the total identified poor IP households.

Threats brought about by climate change

The region’s geographical location makes it susceptible to various hazards such as tropical cyclones, floods, landslides, droughts, volcanic eruption, and earthquakes. The region’s vulnerability to these hazards has serious and long-lasting impact on crop yield and on the livelihoods of vulnerable farmers and fisherfolks. It also has an impact on the attitude of farmers in improving their productivity because of fear that their investments will just be lost from these calamities.

Disasters are some of the leading causes of damage to property and even deaths and can often lead to malnutrition as people lose access to food and livelihood and essential services. The Bicol RDP 2011-2016 target to achieve zero casualties during disaster events was partially attained. Based on the data from the Office of Civil Defense (OCD) Region 5, reduction to casualties, in terms of death, was noted from 83 individuals in 2011 to 20 individuals in 2015. To attain the plan target, various interventions were conducted in the region focusing on prevention and mitigation, preparedness, response, and rehabilitation and recovery.

Governance and political risks also contribute to situations of malnutrition in the region. These include effects of policies and regulation, and armed conflict and other security threats. Some development policies and regulations (for example, total log ban, closed fishing season, closure of mines) have sometimes resulted in community displacement and termination of the stable income of people. In face of security threats, some land owners choose not to cultivate their agricultural lands for fear of being harassed by insurgents.

The RDP states as among its objectives by 2022, the following outcomes: (a) peace agreements with all internal armed conflict groups are successfully negotiated and implemented; and (b) communities in conflict-affected and conflict-vulnerable areas are protected and developed.

Nutrition governance

Of the total 114 towns and cities, 1 belongs to sixth class municipality, 16 belong to fifth class, another 36 belong to fourth class, another 26 are classified third class and 14

belong to second class while only a small group of 25 are classified as first class. The total IRA share of the region was a meagre Php 29,929,897,595 in 2017.

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 resides in the health sector, and nutrition supportive programs, the long term prospect of transforming the region's poor performance in nutrition can be achieved by addressing both the (1) enabling factors that play a huge role in the planning, resourcing and management of nutrition programs and (2) basic causes of malnutrition.

Majority of the barangays (98 percent) in the region have at least one Barangay Nutrition Scholar (BNS). About 40 percent have more than 1 BNS because of its size and the ability of the barangay to provide a small allowance for their services. Allowances range from P200 to 3,000 with most cities providing higher monetary allowance to volunteer workers. Since 2009, the region has been conducting training on Nutrition Program Management (NPM). However, with the change of leadership as a result of election every three years, about 15 percent of the nutrition action officers are not trained on NPM. The number of District and City Nutrition Program Coordinators have been decreasing with the transfer of professional nutritionist-dietitians employed by provinces to hospitals. There are 18 DCNPCs now from the previous 22 but they are complemented by 19 nutrition coordinators from different LGUs.

Of the 114 towns and cities, about 98.0 percent have designated or full time MNAOs. Reportedly, 60 percent of these LGUs Local Nutrition Committees are functional which is hardly consistent with the worsening trend of malnutrition in the region. There has been only one LGU awarded a Consistent Regional Outstanding Winner in Nutrition⁴ or CROWN award (Iriga City, Camarines Sur) for excellence in nutrition performance in the last 10 years. Results of the annual MELLPI conducted in all provinces and cities indicate a decreasing trend in the average rate obtained by the LGUs.

Malnutrition in Region V is a critical problem intertwined with the development of the region. Improving programs around the First 1000 days seems promising given already existing programs to work from; adjustments in the preschool and school nutrition program is also feasible as they require relatively small incremental investments. The strengthening of the enabling environment will require closer support and resources from the regional NNC office and the Regional Nutrition Committee especially in local government mobilization. The introduction of nutrition sensitive programs in existing economic and livelihood as well as infrastructure to short-cut the trickle-down approach is also promising.

The Regional Nutrition Action Plan 2019-2022 of Region V 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.

⁴ A national award conferred by the National Nutrition Council for improved nutrition performance for three consecutive years.

Section II. Outcome Targets

The Regional Plan of Action for Nutrition of Region V 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 V 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. 2022 Outcome Targets

To reduce levels of child stunting and wasting

Indicator ¹	Baseline	2022 Target	Regional Target set by the RTWG
- Prevalence (in percent) of stunted children under five years old	40.2	25.7	31.2
- Prevalence (in percent) of wasted children			
- Under five years old	8.2	4.9	6.7
- 6 – 10 years old	10.9	4.9	7.4

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>		
Prevalence (in percent) of children 6 months to 5 years old with vitamin A deficiency (low to deficient serum retinol)	28.5	14.9
<u>Anemia</u>		
• Prevalence (in percent) of anemia among women of reproductive age (15 y/o to 49 y/o)	7.8 2015 NNS	6.0
<u>Iodine deficiency disorders</u>		
• Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	150	≥100
- Pregnant women	120	≥150

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).

Indicator¹	Baseline	2022 Target
- Lactating women	93	≥100
• Percent with urinary iodine concentration <50 mcg/L		
- Children 6-12 years old	18.7	18.6
- Lactating women	29.5	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	2.6	2.5
- 6 – 10 years old ²	4.0	3.9

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	Baseline¹	2022 Target	Regional Target set by the RTWG
Adolescents ¹	3.6	3.5	3.5
Adults ²	25.2	18.7	22.2

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	27.6	22.3
Reduce the prevalence of low birthweight ³	19.6	15.2
Increase the percentage of infants 5-month-old who are exclusively breastfed ¹	64.1	85.0 ⁴
Increase the percentage of children 6-23 months old meeting the minimum acceptable diet ¹	16.3	19.7
Increase the percentage of households with diets that meet the energy requirements ²	32.6	38.2

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

⁴Regional target was set by RNC-RTWG due to high prevalence rate of FNRI-DOST Baseline data 2015.

Key Strategies to Achieve 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 in order 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 V RPAN consists of 11 programs and 64 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 V Programs and Projects

Program	Project
PROGRAM 1. MATERNAL, INFANT AND YOUNG CHILD FEEDING (MIYCF) and FIRST 1000 DAYS (F1K) Enabling Program for FIK	Project 1. Mobilization of LGUs on the First 1000 days
	Project 2. Information Management in the F1K
	Project 3. Strengthening of health delivery system for F1K
Micronutrient Supplementation	Project 4. Iron folate, iodine and calcium supplementation to pregnant and lactating women
	Project 5. Iron supplementation to low birth weight infants and MNP supplementation to children 6-23 months
	Project 6. Vitamin A Supplementation for postpartum women and children 6-23 months old
Dietary Supplementation	Project 7. Mobilization of LGU resources for dietary supplementation (for pregnant women and children 6-23 months)
Infant and Young Child Feeding (IYCF)	Project 8. Establishment of Complementary Food Production Processing Plant as part of the IYCF
	Project 9. Establishment of Pinoy Nutrition Hub and Positive Deviant Hearth
	Project 10. Mobilization of barangay officials to organize IYCF support groups
	Project 11. Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces), Breastfeeding in Transit, and the Mother-Baby Friendly Hospital Initiative (MBFHI)
Philippine Integrated Management of Acute Malnutrition (PIMAM)	See Project 30
Nutrition Promotion for	Project 12. Communication Support for F1K

Program	Project
Behaviour Change	
PROGRAM 2. DIETARY SUPPLEMENTATION	Project 13. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised neighborhood Plays including partnership with Against Hunger and Poverty (SFP-PaHP)
	Project 14. Community-based Feeding for malnourished children (Kabisig ng Kalahi)
	Project 15. Parent Effectiveness Session among Parents and Caregivers of children enrolled in CDCs and SNPs
	Project 16. Supplementary Feeding in schools
	Project 17. School Based Complementary Health services
PROGRAM 3. ADOLESCENT HEALTH AND DEVELOPMENT	Project 18. U 4 U / Teen Trail
	Project 19. Parent Teen Talk
	Project 20. Establishment and Management of Teen Centers and Adolescent Friendly Spaces and Health Facilities
	Project 21. Weekly Iron Folic Acid (WIFA) Supplementation to Adolescent Female Learners
	Project 22. Reproductive Health Care and Substance Abuse Prevention
	Project 23. Basic and Specialized Health Services and Health Care
	Project 24. Mobile Theatre and Short Film Making
PROGRAM 4. MICRONUTRIENT SUPPLEMENTATION	Project 25. Vitamin A supplementation for children 24-59 months
	Project 26. Anemia Reduction among Women of Reproductive Age (WRA)
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION	Project 27. Promotion of Healthy Lifestyle
	Project 28. Weight Management Intervention (for Overweight and Obese individual)
PROGRAM 6. MANDATORY FOOD FORTIFICATION	Project 29. Advocacy for and Monitoring of Compliance of RA 8976 and RA 8172
PROGRAM 7. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	Project 30. Establishment of PIMAM Facilities, Capacities and Provision of Services and Monitoring

Program	Project
PROGRAM 8. NUTRITION IN EMERGENCIES	Project 31. Capacity Building of Local Nutrition Clusters on Nutrition in Emergencies
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE	Project 32. Health and Nutrition Education (among learners and parents/caregivers) including School Crop Museum and Garden-Based Food Education
	Project 33. Film Production on Women and Children's Health and Nutrition
	Project 34. Health behaviour change through radio programming
PROGRAM 10. NUTRITION SENSITIVE PROGRAM	Project 35. Gulayan sa Paaralan
	Project 36. Establishment of Food Innovation Center (FIC)
	Project 37. Partnership Against Hunger & Poverty
	Project 38. Farm to Market Road
	Project 39. Special Area for Agricultural Development (SAAD)
	Project 40. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)/ Family Welfare Program
	Project 41. Small Enterprise Technology Upgrading Program (SETUP)
	Project 42. Community Empowerment through Science and Technology (CEST)
	Project 43. Infrastructure Projects of DPWH, including convergence projects with partner agencies
	Project 44. Community-Managed Potable Water Supply Sanitation and Hygiene (CP-WASH)
	Project 45. Village Level Farms-Focused Enterprise Development
	Project 46. Climate Resilient Farm Support Project (CRFSP)
	Project 47. Sustainable Livelihood Support
	Project 48. Skills Training for Livelihood
	Project 49. Industry Cluster Enhancement
	Project 50. S&T Interventions for Livelihood Development (Community-based/related projects)
	Project 51. Accelerated Coconut Planting/Replanting Project (ACPRP)
	Project 52. KANIB Enterprise Development Project (KEDP) -Coconut Intercropping Project
	Project 53. Natural Farming System

Program	Project
	Project 54. Community Managed Savings and Credit Association (COMSCA)
	Project 55. Construction of Water System
	Project 56. Promotion of safe and hygienic environment (Water, Sanitation, Hygiene)
	Project 57. Home Gardening
	Project 58. Barangay United Loan and Savings Association (BULSA for Health)
	Project 59. Convergence on Livelihood Assistance for ARBs Project (CLAAP)
	Project 60. Family Planning Sessions
	Project 61. Operational Research on the Nutrition Sensitive Projects
PROGRAM 11. ENABLING PROGRAM	Project 62. Mobilization of Local Government Units for Delivery of Nutrition Outcomes
	Project 63. Policy Development for Food and Nutrition
	Project 64. Management Strengthening Support to RPAN Effectiveness

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

<i>NUTRITION SPECIFIC PROGRAMS</i>	
<p>PROGRAM 1. MATERNAL, INFANT AND YOUNG CHILD FEEDING (MIYCF) AND FIRST 1000 DAYS (F1K) PROGRAM</p> <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). 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>Pinoy Nutrition Hub and the Positive Deviant (PD) Hearth approaches are included as projects under IYCF and F1K as both seek to address malnutrition (including MAM) among children within the first 1000 days using local food sources. The projects are also behavior change approach that enable caregivers to learn practices by doing them on their own.</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 for the First 1000 days	1-O.1. All provinces and 107 municipalities and 7 cities mobilized for F1K and nutrition
Project 2. Information Management in the F1K	2-O.1. F1K database developed and utilized by LGUs
Project 3. Strengthening of Health Delivery for F1K	3-O.1. LGU compliance to F1K package of services reviewed
	3-O.2. Enhanced/Strengthened delivery system/network for F1K
Project 4. Iron folate, iodine and calcium supplementation to pregnant and lactating women	4-O.1. All RHUs providing iron folate, iodine and calcium carbonate supplements to pregnant and lactating women based on standards
	4-O.2. A system of tracking consumption of supplements operationalized

Project 5. Iron supplementation to low birth weight infants and MNP supplementation to children 6-23 months	5-O.1. <i>All RHUs providing iron supplements to low birth weight infants at MNP to children 6 to 23 months based on standards</i>
	5-O.2. <i>A system of tracking consumption of iron supplements and MNP operationalized</i>
Project 6. Vitamin A Supplementation for postpartum women and children 6-23 months	6-O.1. All RHUs providing 1 tablet of 200,000 IU Vitamin A capsule to postpartum women; 1 tablet of 100,000 IU Vitamin A capsule to children 6 to 11 months; and 1 tablet of 200,000 IU Vitamin A capsule given to children 12 to 23 months every 6 months
	6-O.2. All RHUs providing 1 Vitamin A capsule to high risk children
	6-O.3. A system of tracking vitamin A supplementation operationalized
Project 7. Mobilization of LGU Resources for dietary supplementation (for pregnant women and children 6-23 months)	7-O.1. LCEs in 107 municipalities and 7 cities issue policy with budget allocation to implement dietary supplementation program for nutritionally at-risk PW and children 6-23 months belonging to the food insecure families
Project 8. Establishment of Complementary Food Production Processing Plant as part of the IYCF	8-O.1. Number of Complementary Food Production Processing Plants supplying complementary food to target recipients
Project 9. Establishment of Pinoy Nutrition Hub (PNH) and Positive Deviant Hearth (PDH)	9-O.1. Number of LGUs that established PNH and PDH
Project 10. Mobilization of barangay officials to organize IYCF support groups	10-O.1. All 3, 471 barangays in Region V have IYCF nutrition support groups firmly established by end of 2022
Project 11. Advocacy for Stronger Enforcement and Compliance Monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces, Breastfeeding in Transit, and the Mother baby friendly hospital initiatives (MBFHI))	11-O.1. <i>All Health Facilities in Bicol Region are Certified as Mother-Baby Friendly Facility</i>
	11-O.2. <i>At least 155 of government and private offices and business establishments in Bicol Region have established breastfeeding stations</i>
Project 12. Communication Support for F1K	12-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K 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 preschoolers 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, LGU in partnership with NGOs and development partners.</p>	
Project Title	Project Output/s
Project 13. Supplementary Feeding in Child Development Centers and Supervised Neighborhood Plays including partnership with Against Hunger and Poverty (SFP-PaHP)	13-O.1. <i>Number of children enrolled in feeding using indigenous foods and/or locally produced foods equivalent to 1/3 RENI</i>
Project 14. Community-based Feeding for malnourished children (Kabisig ng Kalahi)	14-O.1. Number of preschool children outside CDCs and not enrolled in DepEd provided with daily hot meal and milk for 120 days
Project 15. Parent Effectiveness Session among Parents and Caregivers of children enrolled in CDCs and SNPs	15-O.1. Number of parents and caregivers who complete the 9 modules and attend the PES monthly
Project 16. Supplementary feeding in schools	16-O.1. 100% of ES providing supplementary feeding for 120 days
Project 17. School based complementary health services	17-O.1. 100% of all ES providing complementary health services at satisfactory level
PROGRAM 3. 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>The Adolescent Health will ensure the provision of a package of preventive and curative interventions. Prevention interventions include the following: preconception care: family planning, delayed age at first pregnancy, prolonging of inter-pregnancy interval, abortion care, psychosocial care, and folic acid supplement, oral health, counselling on healthy lifestyle, deworming and vaccination. Curative interventions for high-risk adolescents include management of anemia and other micronutrient deficiencies, management of malnutrition for underweight and obesity.</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</p>	

resources.	
Project Title	Project Outputs
Project 18. U 4 U ⁷ / Teen Trail	18.O.1. 100% of all schools delivering U 4 U at satisfactory level 18.O.2. Number of training batches conducted/implemented 18.O.3. Number of youths reached
Project 19. Parent Teen Talk	19.O.1. Number of LGUs implementing Parent Teen Talk 19.O.2. Number of training conducted per province and municipality
Project 20. Establishment and Management of Teen Centers and Adolescent Friendly Spaces and Health Facilities	20.O.1. Number of teen centers and adolescent friendly spaces established and functional 20.O.2. Number of trained/organized adolescent peer counselors in schools and in the community
Project 21. Weekly Iron Folic Acid (WIFA) Supplementation to Adolescent Female Learners	21.O.1. Number of female adolescent school children given complete dosage iron folic supplementation
Project 22. Reproductive Health Care and Substance Abuse Prevention	22.O.1. Number of sponsored communities receiving YouHealth services
Project 23. Basic and Specialized Health Services and Health Care	23.O.1. Number of sponsored communities receiving basic and specialized health care services
Project 24. Mobile Theatre and Short Film Making	24.O.1. Number of LGUs/communities reached by mobile theater 24.O.2. Number of short films produced
PROGRAM 4. 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 Outputs
Project 25. Vitamin A Supplementation for children 24-59 months old	25-O.1. All RHUs providing Vit. A supplement to children aged 24-59 months based

⁷ Interactive peer to peer approach to deliver key messages in the prevention of teenage pregnancy; spread of STI-HIV Aids

	on standards
Project 26. Anemia Reduction among women of reproductive age (WRA)	26-O.1. All RHUs providing iron folic-acid to WRA
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 27. Promotion of Healthy Lifestyle	27-O.1. Number of programs on healthy lifestyle developed and implemented by agencies and LGUs supported by policy issuances 27-O.2. Number of LGUs/communities with designated open space/ facilities
Project 28. Weight Management Intervention (for Overweight and Obese individuals)	28-O.1. Number of LGUs with Nutritionist dietitian 28-O.2. Number of agencies and LGUs with weight management activities
PROGRAM 6. MANDATORY FOOD FORTIFICATION	
<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. 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 29. Advocacy for and Monitoring of compliance to RA 8976 and 8172	29-O.1. A system for both monitoring of compliance and plan for advocacy completed and implemented

PROGRAM 7. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	
<p>Program Description:</p> <p>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.</p> <p>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”.</p> <p>The RPAN shall implement the PIMAM Program through a project named Enhancement of PIMAM Facilities 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.</p> <p>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 interphases with the Nutrition in Emergencies Program as emergencies and disasters could trigger an increase in acute malnutrition.</p> <p>The program is led by the DOH, in partnership with LGUs, NGOs, and developmental partners, in particular UNICEF and WFP.</p>	
Project Title	Project Outputs
Project 30. Establishment of PIMAM Facilities, Capacities and Provision of Services and Monitoring	30-O.1. Delivery system for PIMAM established and fully operational across the region
PROGRAM 8. NUTRITION IN EMERGENCIES	
<p>Program Description:</p> <p>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 rehabilitation⁸. 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 undernutrition and worsening of nutritional status</p>	

⁸Disasters are a big downward pull to the state of nutrition and in the Philippines, including Region V 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 PPAN outcomes being achieved.

particularly in prolonged disasters and emergencies.	
Project Title	Project Outputs
Project 31. Capacity Building of Local Nutrition Clusters on Nutrition in Emergencies	31-O.1. All remaining provinces, cities and municipalities with fully functional Local Nutrition Cluster with 31-O.2. 100% of LGUs capacitated on nutrition in emergencies and provided with technical assistance in formulating Nutrition in Emergencies plan (to be integrated in the LNAP and LDRRM Plan)
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOR CHANGE	
<p>Program Description:</p> <p>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.</p> <p>The RPAN takes a systematic approach towards building its nutrition program for behavior change with three projects commencing with the review of existing actions followed by designing a nutrition promotion for behavior change program appropriate and feasible for the region and subsequently its implementation.</p> <p>The Program aims to strengthen the provision of behavior changing nutrition promotion opportunities covering during 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.</p> <p>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.</p>	
Project Title	Project Outputs
Project 32. Health and Nutrition Education (among learners and parents/caregivers including School Crop Museum and Garden-Based Food Education	32-O.1. Number and % of schools implementing the initiative
Project 33. Film Production on Women and Children's Health and Nutrition	33-O.1. Number of communities reached
Project 34. Health behaviour change through radio programming	34-O.1. Number of radio programs aired
<u>NUTRITION SENSITIVE PROGRAMS</u>	
PROGRAM 10. NUTRITION SENSITIVE PROGRAM	
<p>Program Description:</p> <p>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</p>	

environmental conditions of families.

The Region V RPAN 2019-2022 identified nutrition-sensitive projects ranging from agriculture, health, education, livelihood, 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 35. Gulayan sa Paaralan	General Outputs for Nutrition-Sensitive Projects, see Annex 1 for details: 35-59-O.1. 25 projects in the region with tweaking strategies for nutritional impact 35-59-O.2. XX families enrolled in projects tweaked for nutritional impact 35-59-O.3. XX families involved in nutrition sensitive projects with increased income
Project 36. Establishment of Food Innovation Center (FIC)	
Project 37. Partnership Against Hunger & Poverty	
Project 38. Farm to Market Road	
Project 39. Special Area for Agricultural Development (SAAD)	
Project 40. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)/ Family Welfare Program	
Project 41. Small Enterprise Technology Upgrading Program (SETUP)	
Project 42. Community Empowerment through Science and Technology (CEST)	
Project 43. Infrastructure Projects of DPWH, including convergence projects with partner agencies	
Project 44. Community-Managed Potable Water Supply Sanitation and Hygiene (CP-WASH)	
Project 45. Village Level Farms-Focused Enterprise Development	
Project 46. Climate Resilient Farm Support Project (CRFSP)	
Project 47. Sustainable Livelihood Support	
Project 48. Skills Training for Livelihood	

Project 49. Industry Cluster Enhancement	
Project 50. S&T Interventions for Livelihood Development (Community-based/related projects)	
Project 51. Accelerated Coconut Planting/Replanting Project (ACPRP)	
Project 52. KANIB Enterprise Development Project (KEDP) -Coconut Intercropping Project	
Project 53. Natural Farming System	
Project 54. Community Managed Savings and Credit Association (COMSCA)	
Project 55. Construction of Water System	
Project 56. Promotion of safe and hygienic environment (Water, Sanitation, Hygiene)	
Project 57. Home Gardening	
Project 58. Barangay United Loan and Savings Association (BULSA for Health)	
Project 59. Convergence on Livelihood Assistance for ARBs Project (CLAAP)	
Project 60. Family Planning Sessions	60-O.1. Number of sessions conducted using modules with enhanced nutrition concepts 60-O.2. Number of facilitators trained/oriented on the enhanced modules
Project 61. Operational Research on the Nutrition Sensitive Projects	61-O.1. Research completed and feed into redesign
<u>ENABLING PROGRAMS</u>	
PROGRAM 11. ENABLING PROGRAM	
Program Description: There are three inter-related projects under the enabling programs of Region V 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 <i>LGU Mobilization for Nutritional Outcomes</i> 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 delivery 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.

Project Title	Project Outputs
Project 62. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	62-O.1. At least one LCE from the province, city and municipal LGU enlisted as Nutrition Champions
	62-O.2. Partnership to support LGU mobilization in the region established and strengthened
Project 63. Policy Development for Food and Nutrition	63-O.1. Number of policies in support of and to facilitate improvement of nutrition status of Bicol passed
	63-O.2. Compendium of nutrition and nutrition-related policies, resolutions and issuances/directives relevant to Region V developed
Project 64. Management Strengthening Support to RPAN Effectiveness	64-O.1. NNC Regional Office Work and Financial Plan adjusted to the requirements of the RPAN
	64-O.2. Pool of LGU Mobilizers organized
	64-O.3. Number of NDs deployed

PLANNED PROJECT OUTPUTS AND ACTIVITIES

Annex 2 on the RPAN Programs and Projects to Meet the Standards and Achieve the Regional Outcome Targets contains description of activities by project and describes the output completion over the 5-year period of the plan. Annex 2 provides a glimpse of the implementation plan in respect to every output of each project.

Section IV. Estimates of Budgetary Requirements for RPAN V

Table 4 presents the budget estimates by program as well as the respective budget share of each to the total RPAN budget. Table 5 provides the estimate for the 11 programs and 64 projects included in the RPAN. The table indicates both funded and unfunded components of the budgetary requirements. The budget estimated for 2019-2022 for the 11 programs amount to PhP 5,575,181,501, with an annual average of about PhP 1,393,795,375. The funded portion is PhP 4,986,133,440 representing 89.43% of total, while the unfunded portion amounts to PhP 589,048,061 representing 10.57%. 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 V RPAN 2019-2022, by Program, by Project, by year, and with recommended action to fill resource gaps.

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: MIYCF and First 1000 Days (F1K)	643,108,768	11.54
Program 2: Dietary Supplementation	1,219,077,469	21.87
Program 3: Adolescent Health and Development	1,130,342,820	20.3
Program 4: Micronutrient Supplementation	80,640,000	1.45
Program 5: Overweight and Obesity Management and Prevention	0	0.00
Program 6: Mandatory Food Fortification ⁹	400,000	0.01
Program 7: Philippine Integrated Management of Acute Malnutrition (PIMAM)	9,197,058	0.16
Program 8: Nutrition in Emergencies	1,179,783	0.02
Program 9: Nutrition Promotion for Behaviour Change	4,090,950	0.07
Program 10: Nutrition Sensitive	2,484,390,447	44.56
Program 11: Enabling Program	2,754,206	0.05
Grand Total	5,575,181,501	100.0

⁹Budgets 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: MIYCF AND FIRST 1000 DAYS (F1K)		642,433,768	675,000
Project 1. Mobilization of LGUs for F1K	DOH, NNC	3,090,720	200,000
Project 2. Information Management in the F1K	DOH, LGUs		
Project 3. Strengthening of Health Delivery for F1K	DOH, ADRA Phils., NNC, LGUs	4,962,965	
Project 4. Iron, iodine and calcium supplementation to pregnant and lactating women	DOH, LGUs	408,847,596	
Project 5. Iron supplementation to low birth weight infants and MNP supplementation to children 6-23 months	DOH, LGUs	195,667,948	
Project 6. Vitamin A Supplementation for postpartum women and children 6-23 months	DOH, LGUs	1,423,859	
Project 7. Mobilization of LGU Resources for dietary supplementation (for pregnant women and children 6-23 months)	DOH, LGUs		
Project 8. Establishment of Complementary Food Production Processing Plant as part of the IYCF	DOH, DOST, FNRI, NNC, LGUs	5,518,613	
Project 9. Establishment of Pinoy Nutrition Hub and Positive Deviant Hearth	WVDFI	3,152,948	
Project 10. Mobilization of barangay officials to organize IYCF support groups	DOH, WVDFI, ADRA Phils., NNC, LGUs	6,956,630	
Project 11. Advocacy for Stronger Enforcement and Compliance Monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces), Breastfeeding in Transit, and MBFHI	DOH, NNC, DOLE, LGUs	132,000	475,000
Project 12. Communication Support for F1K	DOH, NNC	12,680,490	
PROGRAM 2: DIETARY SUPPLEMENTATION		1,218,288,569	788,900
Project 13. Supplementary Feeding Program in Child Development Centers and SNP	DSWD, LGUs	1,133,376,630	394,450
Project 14. Parent Effectiveness Session	DSWD, LGUs		394,450

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
among Parents and Caregivers of children enrolled in CDCs and SNPs			
Project 15. Community-based Feeding for malnourished children (Kabisig ng Kalahi)	DSWD, LGUs		
Project 16. Supplementary Feeding in school	DEPED, Children Int'l	13,499,767	
Project 17. School based complementary health services	DEPED, DOH	71,412,172	
Program 3: ADOLESCENT HEALTH AND DEVELOPMENT		584,577,420	545,765,400
Project 18. U 4 U/ Teen Trail	POPCOM, DepEd	350,000	
Project 19. Parent Teen Talk	POPCOM LGUs,	502,035	
Project 20. Establishment and Management of Teen Centers and Adolescent Friendly Spaces and Health Facilities	POPCOM LGUs,	2,716,000	
Project 21. Weekly Iron Folic Acid (WIFA) Supplementation to Adolescent Female Learners	DepEd, DOH	529,869,600	545,765,400
Project 22. YouHealth	Children Int'l	13,557,450	
Project 23. Basic and Specialized Health Care Services	Children Int'l	36,570,800	
Project 24. Mobile Theatre and Short Film Making	ADRA Phils	462,525	
PROGRAM 4: MICRONUTRIENT SUPPLEMENTATION		46,080,000	34,560,000
Project 25. Vitamin A Supplementation to 25-59 months old children	DOH, LGUs	7,080,000	
Project 26. Anemia Reduction among Women of Reproductive Age including adolescent female learners	DOH, LGUs	39,000,000	
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION		0	0
Project 27. Promotion of Healthy Lifestyle			
Project 28. Weight Management Intervention (for Overweight and Obese individual)	DOH, RNC, LGUs		

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
PROGRAM 6. MANDATORY FOOD FORTIFICATION		400,000	0
Project 29. Advocacy for and Monitoring of compliance to RA 8976 and 8172	DOH, FDA	400,000	
PROGRAM 7. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)		9,197,058	0
Project 30. Establishment of PIMAM Facilities, Capacities and Provision of Services and Monitoring	DOH, ADRA Phils., FNRI, NNC, LGUs	9,197,058	
PROGRAM 8. NUTRITION IN EMERGENCIES		1,179,783	0
Project 31. Capacity Building of local nutrition committees on nutrition in emergencies	DOH, NNC, RNC	1,179,783	
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOR CHANGE		4,090,950	
Project 32. Health and Nutrition Education (among learners and parents/caregivers) including School Crop Museum and Garden-Based Food Education	DepEd	1,300,000	
Project 33. Film Production on Women and Children's Health and Nutrition	ADRA Phils	886,515	
Project 34. Health and Nutrition behavior change through radio programming	ADRA Phils	1,904,435	
PROGRAM 10. NUTRITION SENSITIVE PROGRAM		2,478,112,355	6,278,092
Project 35. Gulayan sa Paaralan	DepEd	2,280,000	
Project 36. Establishment of Food Innovation Center (FIC)	DOST	23,205,000	
Project 37. Partnership Against Hunger and Poverty	DAR	33,300,000	
Project 38. Farm-to-Market Road	DPWH	25,789,200	
Project 39. Special Area for Agricultural Development (SAAD)	DA	450,800,562	
Project 40. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)/ Family Welfare Program	DOLE	1,130,000	4,134,190
Project 41. Small Enterprise Technology Upgrading Program (SETUP)	DOST	197,242,000	
Project 42. Community Empowerment through Science and Technology (CEST)	DOST	13,389,316	

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Project 43. Infrastructure Projects, including convergence projects with partner agencies	DPWH	1,000,000,000	
Project 44. Community-Managed Potable Water Supply Sanitation and Hygiene (CP-WASH)	DAR	1,830,000	
Project 45. Village Level Farms-Focused Enterprise Development	DAR	23,895,000	
Project 46. Climate Resilient Farm Support Project (CRFSP)	DAR, LGUs, RNC, DRR	84,500,000	
Project 47. Sustainable Livelihood Support	DAR and DA	64,000,000	
Project 48. Skills Training for Livelihood	BU, DSWD	200,000,000	
Project 49. Industry Cluster Enhancement	DTI, DA, DAR, DOLE, DOST, BFAD, BFAR	19,675,000	375,000
Project 50. S&T Interventions for Livelihood Development (Community-based/related projects)	DOST	127,140,425	
Project 51. Accelerated Coconut Planting/Replanting Project (ACPRP)	PCA	200,000	560,641
Project 52. KANIB Enterprise Development Project (KEDP) -Coconut Intercropping Project	PCA	168,615	1,208,261
Project 53. Natural Farming System	WVDF	6,298,282	
Project 54. Community Managed Savings and Credit Association (COMSCA)	WVDF	7,417,540	
Project 55. Construction of Water System	EDUCO		
Project 56. Promotion of safe and hygienic environment (Water, Sanitation, Hygiene)	ADRA Phils.	549,010	
Project 57. Home Gardening	ADRA Phils.	7,112,140	
Project 58. Barangay United Loan and Savings Association (BULSA for Health)	ADRA Philippines	1,641,255	
Project 59. Operational Research on the Nutrition Sensitive Projects	RNC, NNC		
Project 60. CLAAP	DSWD	186,000,000	
Project 61. Family Planning Sessions	ADRA Phils, DOH, PopCom, LGUs	549,010	
PROGRAM 11. ENABLING PROGRAM		1,773,537	980,669
Project 62. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	RNC	973,537	980,669

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Project 63. Policy Development for Food and Nutrition	RNC		
Project 64. Management Strengthening Support to RPAN Effectiveness	RNC	800,000	
Grand Total		4,986,133,440	589,048,061

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 PhP 589,048,061. 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. It appears therefore that the funding gap is far from being huge and the chances of closing the funding gap is reasonable. 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.

Section V. Risks and Mitigation Analysis

The RPAN was subjected to 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 need to be revisited 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 V. **(see Table below)**

Table 7. Region V RPAN Risks Analysis and Mitigation Measures

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Political	<p>Possible change in form of government to Federalism and its various implications may lead to: Disruption of program and services delivery; and termination/turn over and uncertainty in the movement of personnel.</p> <p>Also, full implementation of the changes in laws and government structures will impact on Nutrition Program management and implementation.</p>	<p>In order to mitigate the risks, the National Nutrition Office and the Regional Nutrition Committee should formulate a position paper to ensure the appropriate inclusion of nutrition in the state structures, programs and budget.</p> <p>There is also a compelling need for NNC Central and regional office to ensure visible presence of nutrition in the regional government agenda and priorities through active participation in all discussions related to federalism.</p>	<p>Review and redesign Plans and Programs to suit the demands of the new form/system of government when already in place</p>
	Barangay and SK Elections 2018 and local and national elections 2019 may create disruptions in Nutrition Program implementation due to change in administration and possible shift to new directions, thrusts and priorities.	<p>Immediately reorganize Provincial/City/Municipal and Barangay Nutrition Action Committees</p> <p>Orientation/re-orient members of the Provincial/City/Municipal and Barangay Nutrition Action Committees</p>	<p>Restructure existing committees</p> <p>Review/reassess existing plans and revise the plans and reprogram budgets, if <i>necessary</i></p>
	Turn-over of local and national officials (elective and appointive) and some LGU workers and support groups might cause disruption in the normal delivery of nutrition services or total cessation of planned programs that may lead to increase in the prevalence of malnutrition.	Prepare and adopt a transition plan for a smooth shift to new systems, processes along with new directions/thrusts	<p>Submit revised or totally new plans on nutrition</p> <p>Consider implementation of programs under realigned budgets</p>
	Nutrition programs are not priority of some LCEs resulting in allocations provided by the LGU for nutrition programs that are inadequate or very limited.	Intensify advocacy on the benefits and impact of more resources poured out for the support of nutrition programs/initiatives implementation	<p>Ensure DILG intervention on this to convince the unsupportive LCEs</p> <p>Conduct Dialogue</p> <p>Make nutrition a focus topic for the</p>

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
			<p>Newly Elected Officials (NEO) Orientation Trainings</p> <p>Have NNC suggest to DILG CO for the inclusion of the nutrition indicators in SGLG Scorecard</p>
	<p>With no permanent plantilla position for Nutrition Action Officers, there is an absence of a permanent NAO at the LGUs who the nutrition focal persons are who is supposed to primarily serve as driver on nutrition and will ensure the promotion and implementation of nutrition programs.</p>	<p>Request DBM's approval for a plantilla position provided LGUs have not exceeded PS ceiling</p>	<p>Enact local Sanggunian Resolutions approving the request of the concerned LCEs for a permanent plantilla position for their respective NAOs</p>
	<p>Because some LGUs' nutrition plans are not integrated into LDIP, the nutrition programs included in the Local Nutrition Action Plans are not prioritized and provided with corresponding resource allocation/funding and end up not being implemented.</p> <p>Non- or short implementation of nutrition programs results in non-eradication of nutrition problem.</p>	<p>Ensure timely preparation of the LNAPs and strict observance of the local budgeting process and calendar so that LNAPs are actually deliberated upon and integrated in the AIPs/LDIP and incorporated in the respective LGU Annual Budgets</p>	<p>Conduct LNAP formulation workshops in the municipalities, cities, and provinces</p> <p>Ensure that NNC provides necessary technical assistance in the LNAP formulation workshops</p> <p>Require NAOs and BNSs to submit to the Local Sanggunian their LNAPs</p>
Economic	<p>Poverty incidence in the region is higher than the national average (36.0 %- regional incidence rate and 21.6% as of 2015, per PSA data). This implies limited economic and livelihood opportunities especially in the far-flung areas as well as difficulties in conflict-affected areas.</p>	<p>Facilitate wide dissemination of government programs and services</p> <p>Provide greater livelihood support funds for these areas (prioritized areas)</p> <p>Promote local stability by employing strategies that would ensure peace and order in the known conflict-areas</p>	<p>Strengthen the partnership of various government agencies, NGOs and other funding institutions</p> <p>Strengthen law enforcement and encourage community vigilance, cooperation and volunteerism for peace and order</p> <p>Augment/deploy more police/military force in these areas /Active community</p>

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
		Increase visibility of uniformed personnel of PNP/PA in the area	involvement of the police/army
	Frequent brownouts in <i>Bicol</i> and high cost of <i>electricity</i> despite the fact that <i>Bicol</i> has two major power plants (in <i>Tiwi</i> , <i>Albay</i> and <i>Bacon-Manito</i>) contribute to poor business climate and discourage investors from coming to the area, leading to increased unemployment rate and low/insufficient family income/poverty which is the main cause of increased prevalence of malnutrition.	Promote the use of alternative/renewable source of energy Ensure government support and incentives to entrepreneurs venturing in alternative power supply generation/manufacturing/provision	Ensure strong convergence of different agencies/partners Provide subsidy for consumers availing of or shifting to alternative sources of electric energy
	Marginalized farmers are greatly affected by natural calamities/disaster especially typhoons and flooding, due to the continuing effects of climate change and also attributable to the natural geographic location and topographic conditions of the region. These disasters contribute to limited income for marginalized sectors and poor families.	Orient communities on proper DRR-CCA measures	Educate/train the rural farmers on alternative farming/agriculture technology and practices
	Lack of access to credit and presence of credit and micro- financing institutions in the area means less opportunities for social and economic development of SMEs. This often is the reason for more people seeking opportunities abroad.	Provide more livelihood and skill trainings and provision of financial assistance	Sustain the ALS Program; continue the provision of livelihood support program like the Cash-for-Work; LGU to attract/invite more credit and micro-financing institutions to operate in the poor areas; and encourage the development of the creation and cooperatives

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Social	High fertility rate especially among poor women is a contributory factor to rise in population and poverty incidence and higher probability for malnourished members of the family.	Sustain the promotion of family planning programs and other appropriate interventions	Implement measures to have a unified “beneficiaries” identification for all nutrition programs and full implementation of the RPRH Law
	Continuing culture of dependency may result from government programs like 4Ps and may develop a negative behavior/attitude of dependency of beneficiaries on financial assistance by government and who no longer strive harder to earn a living.		
	Many areas still lack access to potable water and electric power supply.		
Techno-logical	LGUs not able to keep up with the technological advancement (on line, M&E, laptops, computers)	Promote technology for better access to livelihood opportunities by marginal sectors	
	Changing food preferences and lifestyles (influence of media and peers) affect food intake and practices that impact on nutrition. Proliferation of Genetically Modified Organism such as in rice, corn chicken, etc., raises issues of possible effects on health and nutrition.	Promote better access to nutritious food Promote and implement “indigenous” technology innovation (for improved food consumption and household level food security)	Intensify implementation of nutrition sensitive interventions with specific focus on developing and enhancement of livelihood programs and promotion of micro, small, medium enterprise.
Legal	Weak implementation and localization of nutrition related laws prevent significant nutrition improvement.	Enforce EO 51 on the regulation of the breast milk substitutes; Ensure proper dissemination of policies and guidelines for nutrition management in disaster situation; Simplify policies and guidelines for frontline workers;	

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
		<p>Ensure strict compliance of health and nutrition related policies with imposed penalties and sanctions;</p> <p>Integrate nutrition concepts and wellness in the K-12 curriculum;</p> <p>Enforce strictly Fortification Law to ensure compliance to fortification standards of mung beans, rice and flour industries/manufacturers;</p> <p>Enforce strictly No Smoking Law in all establishments and working places;</p> <p>Implement strictly WHO-CGS in determining nutritional status of infants, pre-school and school children;</p> <p>Establish Breastfeeding Areas in all establishments, facilities and workplaces;</p> <p>Implement the Breastfeeding In-transit in all public vehicles, sea crafts and vessels;</p> <p>Implement higher education services to steer career interests towards science, technology, engineering, agri-fisheries and mathematics which are building blocks of a knowledgeable economy. (CHED Memo No. 46, s. 2012)</p> <p>Enforce health and nutrition policies for IPs, marginalized families, differently abled, elderly;</p> <p>Raise awareness on RA 10068 otherwise known as the “Organic Agricultural Act”</p>	

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
		<p>Implement RA 2066 in the implementation mother-baby friendly initiatives in public and private health facilities.</p> <p>Implement strictly DepEd Order No. 013, s. 2017 to include selling and serving nutritious complementary snacks and meals in the school canteens.</p> <p>Implement primary care level to specialty center services in compliance to clinical standards, culturally sensitive and responsive in times of emergency and disasters.</p>	
Environmental	Depletion of natural resources: agricultural, inland, water, mangrove, watershed areas, water supply means that resources are becoming inadequate to supply the needs of the ever-growing population.	<p>Promote avoidance of food wastage, sustainable agriculture and intensify protection and conservation of forests and watershed areas</p> <p>Implement and adopt strictly existing policies and strengthening the protection and management of coastal and marine resources;</p> <p>Enforce strictly environmental policies, e.g. solid waste management, environmental conservation and protection, Clean Air Act, Clean Water Act, and other environmental policies</p>	<p>Implement stronger linkages of nutrition sensitive interventions in environmental; protect/encourage and mobilize the communities to plant, replant and do backyard and/or urban gardening</p> <p>Strictly go after violators of illegal fishing</p>

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	<p>Adverse effects of climate change (flooding, frequent typhoons and other natural/man-made disasters) lead to worsening nutrition situation during and after disasters/calamities.</p>	<p>Adopt agri-technologies to promote the use and increase in farm productivity; pursue effective agro/agri and fishery resource management</p> <p>Institutionalize and strengthen nutrition clusters and implementation of nutrition in emergencies/promote disaster preparedness and mitigation measures</p>	<p>Integrate Nutrition Cluster Preparedness and Response Plan into the over-all Regional Disaster Risk Reduction and Management Plan.</p> <p>Ensure active participation of the Nutrition Cluster in the Regional DRRMC</p> <p>Ensure that LGUs formulate Food Security Plans</p> <p>Advocate for nutritious food in the relief packages of LGUs/Government agencies and NGOs and private donors</p>
	<p>Nutritious foods are available but unaffordable. Poor families are therefore deprived of good nutrition and access to complete and balanced nutrition.</p> <p>Proliferation of water refilling stations indicates limited access to potable water.</p>	<p>Promote integrated production and farm diversification to build agricultural resilience of local communities.</p> <p>Provide vegetable seeds and tools for the establishment of communal schools and household urban container gardens for food source and income generation.</p> <p>Promote increase in production of rice, HVC, livestock, poultry, corn, coconut, sugarcane and aquamarine resources.</p> <p>Implement National Greening Program, Mangrove Rehabilitation Program, Establishment of Marine Protected Areas and sanctuaries, capacity building on coastal resources management to LGUs and fisherfolks, among others.</p> <p>Intensify implementation of DRR-CCA interventions including prevention, mitigation preparedness, rehabilitation and recovery from the regional to local</p>	<p>Set control/regulatory measures on the transport of locally produced goods/manufactured and harvested products that are brought to outside the region</p> <p>Pursue collaboration among LGUs, agencies and NGOs in the implementation of safe and sustainable water supply and sanitation projects.</p>

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
		level.	
Cultural & Religious	Some family planning methods are not acceptable to some religious sects/LGUs. This becomes a constraint to the full implementation of the RPRH Law resulting in fast population growth and lingering poverty and malnutrition problem	<p>Sustain the promotion of family planning programs and interventions</p> <p>Continue engagement and dialogues with religious leaders/proper orientation on the benefits/advantages of adopting benefits under the RPRH Law</p> <p>Intensify nutrition promotion for behavior change (e.g., myths, superstitious belief on food consumption)</p>	Intensify nutrition promotion programs for behavior change in schools, communities
	Indigenous People (IP) communities lack knowledge and information on proper nutrition. These communities retain some customary practices which are backward and with negative implications on nutrition.	Work toward change in mind set and behavior of the members of the IP communities attuned to the principles and practices of proper nutrition	<p>Conduct sustained information, education campaign to IP communities on proper nutrition</p> <p>Expand RNC/LNC membership to include IP Mandatory Representative as regular members</p>

Section VI: The RPAN Institutional Arrangements

The RPAN Results Matrix defines the individual institutional accountability for each of the projects (output/s), programs and common accountabilities with respect to programs and outcome targets. The RPAN then consist of individual and shared accountabilities to deliver outputs and outcomes. The delivery of outcomes and outputs which shall entail institutional resources and processes are ultimately the responsibility of the accountable regional agencies.

Institutional accountabilities also include accountability for coordination of the RPAN. The Regional Nutrition Committee, as the counterpart body of the NNC Governing Board at the regional level, shall primarily serve as the mechanism to oversee the progressive implementation of the RPAN. This function covers integrating and harmonizing actions for nutrition improvement at the regional level. It will be composed of the same agencies as the NNC Governing Board with additional member agencies as may be needed and appropriate for the region. The RNC will continue to coordinate nutrition action at the provincial/city/municipal levels covered by the region.

Its functions are to formulate, coordinate, monitor and evaluate the regional nutrition action plan. It also extends technical assistance to local nutrition committees along nutrition program management. It may create technical working groups, and other similar inter-agency groups to attend to address particular issues and strengthen inter-agency coordination.

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 NNC Regional Office as RNC Secretariat shall facilitate the following: 1) formulation of the Annual Regional Work and Financial Plan to support the implementation of RPAN; 2) convening of the RNC quarterly meetings; and 3) annual program implementation review at the last quarter of the year.

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 Regional Nutrition Committee of Region V. The Results Matrix will be broken down by NNC Regional Office V 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 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 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 (NSD) and the Nutrition Policy and Planning Division (NPPD) 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.

Section VIII: RPAN Region V Implementation Plan and Results Framework

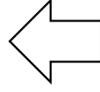
The RPAN Region V results framework contains all the major information related to the Plan. It contains the regional outcome targets, programs and projects, their outputs and corresponding activities, as well as responsible agencies and estimated resource requirements. In the results framework matrix (Table 8), the implementation plan with respect to the outputs of the projects has also been defined for years 2018-2022. The RPAN Region V 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 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 53 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 results framework.

In the RPAN results framework, the accountability of agencies vis a vis budgets, outputs, coverage and shared outcomes among agencies is made explicit. A table in Annex 2 is also provided to reflect agency accountability by project and outputs.

Table 8. RPAN Region V Results Framework Matrix

**RPAN Region V Outcome
Targets**



PROGRAM 1: MATERNAL, INFANT AND YOUNG CHILD FEEDING (MIYCF) AND FIRST 1000 DAYS (F1K)					
Project/Strategy/Output	Target			Agency/ies involved	
	2019	2020	2021	2022	
1. Mobilization of LGUs on the First 1000 days					
Output 1-O.1. <i>All provinces and 107 municipalities and 7 cities mobilized for F1K and nutrition</i>	Catanduanes (11 LGUs)	Masbate (21 LGUs)	Cam Norte (12) Albay (18) Cam Sur (37)	Sorsogon	DOH, NNC, LMP, DILG, RDC, LGUs
Activity 1-A.1. Consultation meeting with League of Provinces of the Philippines (LPP) and League of Municipalities of the Philippines (LMP) on F1K					
Activity 1-A.2. DILG to issue MC on support of LGUs to F1K and integrating F1K in AIP; corresponding EP, AO and Ordinance to be issued by LCEs					
Activity 1-A.3. Integration of F1K in Annual Investment Plan of LGUs					
Activity 1-A.4. DOH/NNC launch an incentive package (award) for the best LGUs implementing the F1K					
2. Information Management in the F1K					
Output 2-O.1. <i>F1K database developed and utilized by LGUs</i>	1	/	/	/	DOH, NNC, LGUs
Activity 2-A.1. <i>Integration of database and information system for F1K with DOH existing information system (ClinicSys)</i>	1				
Activity 2-A.2. Training on database management		Catanduanes, Masbate, Albay	Cam Norte, Cam Sur	Sorsogon	

PROGRAM 1: MATERNAL, INFANT AND YOUNG CHILD FEEDING (MIYCF) AND FIRST 1000 DAYS (F1K)					
Activity 2-A.3.	Implementation of the system for F1K		3 PLGUs	Additional 2 PLGUs	Additional 1 PLGU
Activity 2-A.4.	Monitoring, provision of TA, evaluation				
3. Strengthening of health delivery system for F1K					
Output 3-O.1.	LGU compliance to F1K package of services reviewed	/			DOH, ADRA Phils., NNC, LGUs
Output 3-O.2.	Enhanced/Strengthened delivery system/network for F1K	/	/	/	/
Activity 3-A.1.	Orientation of service providers on ECCD F1K monitoring tool				
Activity 3-A.2.	Use of existing ECCD F1K monitoring tool for compliance of provinces, cities and municipalities	2 PLGUs monitored Catanduanes, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon
Activity 3-A.3.	Undertake provincial review with clusters of municipal RHU teams (or inter local health zone) including planning for next year	2 PLGUs monitored Catanduanes, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon
Activity 3-A.4.	Promotion of access to health services and provision of actual health services				
Activity 3-A.5.	Conduct of Technical Assistance, Monitoring and Evaluation (TAME)	2 PLGUs monitored Catanduanes, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon
4. Iron, iodine and calcium supplementation to pregnant and lactating women					
Output 4-O.1.	All RHUs providing iron, iodine and calcium carbonate supplements to pregnant and lactating women based on standards	134	134	134	DOH, NNC, LGUs
Output 4-O.2.	A system of tracking consumption of supplements operationalized	2 PLGUs monitored Catanduanes, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon

PROGRAM 1: MATERNAL, INFANT AND YOUNG CHILD FEEDING (MIYCF) AND FIRST 1000 DAYS (F1K)					
Activity 4-A-1.	Improve planning for logistics and distribution	114 LGUs regionwide	114 LGUs regionwide	114 LGUs regionwide	114 LGUs regionwide
Activity 4-A-2.	Execution of system for tracking iron supplementation of pregnant and lactating women, and low birth weight infants	2 PLGUs monitored Catanduanes, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon
Activity 4-A-3.	Communication support through the rural health system	134	134	134	134
Activity 4-A-4.	Monitoring, reporting and adjustments	134	134	134	134
5. Iron supplementation to low birth weight infants and MNP supplementation to children 6-23 months					
Output 5-O-1.1.	<i>All RHUs providing iron supplements to low birth weight infants at MNP to children 6 to 23 months based on standards</i>	134	134	134	DOH, NNC, LGUs
Output 5-O-2.	<i>A system of tracking consumption of iron supplements and MNP operationalized</i>	2 PLGUs monitored Catanduanes, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon
Activity 5-A-1.	Improve planning for logistics and distribution	114 LGUs regionwide	114 LGUs regionwide	114 LGUs regionwide	114 LGUs regionwide
Activity 5-A-2.	Execution of system for tracking consumption of MNP	2 PLGUs monitored Catanduanes, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon
Activity 5-A-3.	Communication support through the rural health system	134	134	134	134
Activity 5-A-4.	Monitoring, reporting and adjustments	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide

PROGRAM 1: MATERNAL, INFANT AND YOUNG CHILD FEEDING (MIYCF) AND FIRST 1000 DAYS (F1K)						
6. Vitamin A Supplementation for postpartum women and children 6-23 months s old						
Output 6-O.1.1. All RHUs providing 1 capsule of 200,000 IU Vitamin A to postpartum women; 1 capsule of 100,000 IU Vitamin A to children 6 to 11 months; and 1 capsule of 200,000 IU Vitamin A given to children 12 to 23 months every 6 months	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	DOH, NNC, LGUs
Output 6-O.2.2. All RHUs providing 1 vitamin A capsule to high risk children	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	
Output 6-O.3.3. A system of tracking vitamin A supplementation operationalized	2 PLGUs monitored Catanduanes, Masbate			3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon	
Activity 6-A.1.1. Improve planning for logistics and distribution	114 LGUs regionwide	114 LGUs regionwide	114 LGUs regionwide	114 LGUs regionwide	114 LGUs regionwide	
Activity 6-A.2.2. Execution of system for tracking vitamin A supplementation	2 PLGUs monitored Catanduanes, Masbate			3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon	
Activity 6-A.3.3. Communication support through the rural health system	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	
Activity 6-A.4.4. Monitoring, reporting and adjustments	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	
7. Mobilization of LGU resources for dietary supplementation						
Output 7-O.1.1. LCEs in 107 municipalities and 7 cities issue policy with budget allocation to implement dietary supplementation program for nutritionally at-risk PW and children 6-23 months belonging to the food insecure families	107 muns, 7 cities	107 muns, 7 cities	107 muns, 7 cities	107 muns, 7 cities	107 muns, 7 cities	DOH, NNC, LGUs

PROGRAM 1: MATERNAL, INFANT AND YOUNG CHILD FEEDING (MIYCF) AND FIRST 1000 DAYS (F1K)					
Activity 7-A.1. Planning for the supplementation program for LGUs including definition of the supplementary food package	Catanduanes MLGUs	Masbate MLGUs	Camarines Sur MLGUs Camarines Norte MLGUs Albay MLGUs	Sorsogon MLGUs	
Activity 7-A.2. Implementation	Catanduanes MLGUs	Masbate MLGUs	Camarines Sur MLGUs Camarines Norte MLGUs Albay MLGUs	Sorsogon MLGUs	
Activity 7-A.3. Monitoring and adjustments	Catanduanes MLGUs	Masbate MLGUs	Camarines Sur MLGUs Camarines Norte MLGUs Albay MLGUs	Sorsogon MLGUs	
8. Establishment of Complementary Food Production Processing Plant as part of the IYCF					
Output 8-O.1. <i>Number of Complementary Food Production Processing Plants supplying complementary food to target recipients</i>					
Activity 8-A.1. Selection of LGUs that are willing to establish Complementary Food Production Processing Plant			Gubat, Sorsogon; Oas, Albay; CBSUA, Pili Iriga City, San Lorenzo Ruiz, Camarines Norte		DOH, DOST, FNRI, NNC, LGUs
Activity 8-A.2. Capacity building for LGUs and partners					
Activity 8-A.3. Operationalization of the Plans for Complementary Food Plants and Marketing					
Activity 8-A.4. Monitoring, reporting and adjustments					
9. Establishment of Pinoy Nutrition Hub (PNH) and PD Hearth (PDH)					WVDFI, LGUs
Output 9-O.1 Number of LGUs that established PNH and PDH					

PROGRAM 1: MATERNAL, INFANT AND YOUNG CHILD FEEDING (MIYCF) AND FIRST 1000 DAYS (F1K)						
Activity 9-A-1.	Selection of target municipalities					
Activity 9-A-2.	Conduct of social preparation activities					
Activity 9-A-3.	Training of local implementers					
Activity 9-A-4.	Implementation of project					
Activity 9-A-5.	Monitoring, reporting and adjustments					
10. Mobilization of barangay officials to organize IYCF/nutrition support groups						
Output 10-O.1.	<i>All 3, 471 barangays in Region 5 have IYCF nutrition support groups firmly established by end of 2022</i>	1000 barangays	1000 barangays	771 barangays	3471 barangays	DOH, WVDfL, ADRA Phils., NNC, LGUs
Activity 10-A.1.	Advocacy and policy support for organization and reactivation of IYCF nutrition support groups	1000 barangays	1000 barangays	771 barangays		
Activity 10-A.2.	Print additional support materials for IYCF nutrition support groups and capacity building plan	1000 barangays	1000 barangays	771 barangays		
Activity 10-A.3.	Capacity Building of Health Workers and volunteers on IYCF (breastfeeding and complementary feeding and dietary counselling for mothers)	1000 barangays	1000 barangays	771 barangays		
Activity 10-A.4.	Conduct of breastfeeding counselling of trained IYCF peer counsellors to pregnant and lactating mothers					
Activity 10-A.5.	Conduct of cooking demonstrations					
Activity 10-A.6.	Implementation of other activities of the IYCF nutrition support groups					
Activity 10-A.7.	Monitoring, reporting and adjustments	1000 barangays	1000 barangays	771 barangays		
11. Enforcement and Compliance Monitoring on EO 51, RA 10028, Breastfeeding in Transit, and MBFHI						
Output 11-O.1.	<i>All Health Facilities in Bicol Region are Certified as Mother-Baby Friendly Facility</i>	100%	100%	100%	100%	
Output 11-O.2.	<i>At least 155 of government and private offices and business establishments in Bicol Region have</i>	25%	50%	75%	100%	

PROGRAM 1: MATERNAL, INFANT AND YOUNG CHILD FEEDING (MIYCF) AND FIRST 1000 DAYS (F1K)						
	<i>established breastfeeding stations</i>					
Activity 11-A.1.	Training for hospitals staff (clinical and non-clinical) on Lactation Management	25 facilities	25 facilities	25 facilities	25 facilities	
Activity 11-A.2.	Accreditation of Health Facilities as Mother-Baby Friendly Facility	25 facilities	25 facilities	25 facilities	25 facilities	
Activity 11-A.3.	Establishment of Breastfeeding Stations in offices and business establishments	25 offices/ establishments	35 offices/ establishments	45 offices/ establishments	50 offices/ establishments	
Activity 11-A.4.	Implementation of Breastfeeding in Transit	Catanduanes	Masbate	Camarines Norte	Sustained implementation	
12. Communication Support for F1K						
Output 12-O.1.	<i>A regional strategy in line with the national strategy for the communication support on F1K fully developed and implemented</i>					DOH, NNC, LGUs
Activity 12-A.1.	Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days	1 complan				
Activity 12-A.2.	Pretest of communication materials and tools	2 PLGUs Catanduanes, Masbate				
Activity 12-A.3.	Implementation	2 PLGUs Catanduanes, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon	
Activity 12-A.4.	Monitoring and adjustments	2 PLGUs		3 PLGUs	1 PLGU	
PROGRAM 2. DIETARY SUPPLEMENTATION						
PROJECT/STRATEGY/OUTPUT		TARGET				AGENCY/IES INVOLVED
		2019	2020	2021	2022	

13. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays Output 13-O.1. <i>Number of children enrolled in feeding using indigenous foods and/or locally produced foods equivalent to 1/3 RENI</i> Output 13-O.2. <i>Number of LGU Focal Persons and CDW Presidents trained on WHO-CGS and Sanitation and Safety/Proper Food Handling</i> Activity 13-A.1. Downloading of Financial resources to LGUs Activity 13-A.2. Establishment of partnership with Against Hunger and Poverty (SFP-PaHP) Activity 13-A.3. Capacity Building of CDWs on the management of supplementary feeding, nutritional assessment and development of nutrient-dense cycle menu Activity 13-A.4. Implementation of the supplementary feeding Activity 13-A.5. Monitoring of human resource performance and identification of evolving training needs Activity 13-A.6. Evaluation of training and continuing review of training tools for periodic adaptation to new needs Activity 13-A.7. Undertake training activities for new staff and refresher training Activity 13-A.8. Project monitoring and provision of technical assistance to LGUs Activity 13-A.9. Regional PIR and planning workshop for the next calendar year					DSWD-LGU
	148,955 preschool children	151,934 preschool children	154,937 preschool children	158,072 preschool children	
	196 133	196 133	196 133	196 133	
	Php 268,119,000	Php 273,481,200	Php 278,951,400	Php 284,529,600	
	114 LGUs	114 LGUs	114 LGUs	114 LGUs	
14. Community-based Feeding for Malnourished Children (Kabisig ng Kalahi) Output 14-O.1. <i>Number of preschool children outside CDCs and not enrolled in DepEd provided with daily hot meal and milk for 120 days</i>					NGO-DSWD-LGU
150 malnourished children	150 malnourished children	150 malnourished children	150 malnourished children		

Activity 14-A.1.	Orientation on the SFP guidelines to stakeholders	5 LGUs	5 LGUs	5 LGUs	5 LGUs	
Activity 14-A.2.	MOA with target LGUs	5 LGUs	5 LGUs	5 LGUs	5 LGUs	
Activity 14-A.3.	Downloading of Financial Resources to target LGUs	5 LGUs				
Activity 14-A.4.	Monitoring and Provide Technical Assistance to target LGUs					
15. Parent Effectiveness Session among Parents and Caregivers of children enrolled in CDCs and SNPs						
Output 15-O.1.	<i>Number of parents and caregivers who complete the 9 modules and attend the PES monthly</i>	142,837	147,122	151,535	156,081	DSWD-LGU
Activity 15-A.1.	Conduct of monthly parent effectiveness session (learning with fun) for parents and caregivers of children enrolled in CDCs and SNPs					
16. Supplementary Feeding in Schools						
Output 16-O.1.	<i>100% of ES providing supplementary feeding for 120 days</i>	3,149	3,149	3,149	3,149	DEPED, Children Int'l.
Activity 16-A.1.	100% of identified SW and W in all schools provided with supplementary feeding for 120 days	55,689 SW 141,420 W	50, 121 SW 138,592 W	49,620 SW 134,434 W	49,124 SW 129,057 W	
Activity 16-A.2.	Iron supplementation for all school aged children classified as SW and W	55,689 SW 141,420 W	50, 121 SW 138,592 W	49,620 SW 134,434 W	49,124 SW 129,057 W	
Activity 16-A.3.	100% of all kinder in PPAN focused areas provided with supplementary feeding for 120 days	127,306	147,747	156,143	164,538	
Activity 16-A.4.	Monitoring, evaluation and awards	3,149	3,149	3,149	3,149	
17. School Based Complementary Health services						
Output 17-O.1.	100% of ES providing complementary health services at satisfactory level	3,149	3,149	3,149	3,149	DEPED
Activity 17-A.1.	Downloading and distribution of health inputs/commodities					
Activity 17-A.2.	Implementation of the project					

Activity 17-A.3.	Monitoring and evaluation						DepEd
PROGRAM 3. ADOLESCENT HEALTH AND DEVELOPMENT							
Project/Strategy/Output		Target				Agency/ies involved	
		2019	2020	2021	2022		
18. U 4 U / Teen Trail							
Output 18-O.1.	<i>100% of all schools delivering U 4 U at satisfactory level</i>						
Output 18-O.2.	<i>Number of training batches conducted/implemented</i>	13 batches	13 batches	13 batches	13 batches		
Activity 18-A.1.	Identification of youth groups to be trained						
Activity 18-A.2.	Training of youth groups on identification of risky sexual behavior and on prevention of early pregnancy (school and out of school)	2	2	2	2	POPCOM, DepEd	
Activity 18-A.3.	Implementation of the project	4 types	4	4	4		
19. Parent Teen Talk							
Output 19-O.1.	<i>Number of LGUs implementing Parent Teen Talk</i>	10	10	10	10	POPCOM LGUs,	
Output 19-O.2.	<i>Number of training conducted per province and municipality</i>	6	6	6	6		
Activity 19-A.1.	Identification and enrolment of parent-child pair to the training (following selection criteria of the training)	/	/	/	/		
Activity 19-A.2.	Conduct of 3-day training, participated by parents and their children for PPAN priority provinces and its municipalities	/	/	/	/		
Activity 19-A.3.	Distribution of IEC materials on related topics	1	1	1	1		
Activity 19-A.4.	Monitoring and evaluation	/	/	/	/		
20. Establishment of Management of Teen Centers and Adolescent Friendly Spaces and Health Facilities							
Output 20-O.1.	<i>Number of teen centers and adolescent friendly spaces established and functional</i>	1	1	1	1	POPCOM LGUs,	
Output 20-O.2.	<i>Number of trained/organized adolescent peer counselors in schools and in the community</i>						

Activity 20-A.1.	Recruitment and training of adolescent peer counselors in schools (per National High School) and in the community							
Activity 20-A.2.	Designate space/room for teen counseling in schools and health centers equipped with guidance counselor and adolescent peer counsellor						1	
Activity 20-A.3.	IEC materials on adolescent problems developed and distributed/aired						1	
Activity 20-A.4.	Implementation of counselling services and referral of							
Activity 20-A.5.	adolescents to health services							
Activity 20-A.6.	Establish LGU-NGO-GO partnership on the provision of health and nutrition services							
Activity 20-A.7.	Provision of health and nutrition services							
Activity 20-A.8.	Monitoring, adjustments and scaling up							
21. Weekly Iron Folic Acid (WIFA) to Adolescent Female Learners								
Output 24-O.1.	<i>Number of female adolescent school children given complete dosage iron folic supplementation</i>	220, 710	225, 876	231, 039	236, 203	DepEd, DOH		
Activity 21-A.1.	Promotion of the benefits of iron folic acid supplementation							
Activity 21-A.2.	Downloading of resources							
Activity 21-A.3.	Provision and consumption of supplements							
Activity 21-A.4.	Monitoring, reporting and adjustments							
Activity 21-A.5.	Promotion of the benefits of iron folic acid supplementation							
22. YouHealth								
Output 22-O.1.	Number of sponsored communities receiving YouHealth services	TBD	TBD	TBD	TBD			Children International
Activity 22-A.1.	Identification of target areas and conduct of social preparation activities							

Activity 22-A.2.	Conduct of health education workshops on Reproductive Health and Substance Abuse Prevention							
Activity 22-A.3.	Monitoring, evaluation, adjustments for scaling up							
23. Basic and Specialized Health Care Services								
Output 23-O.1.	Number of sponsored communities receiving basic and specialized health care services	TBD	TBD	TBD	TBD			Children Int'l
Activity 23-A.1.	Identification of target areas and conduct of social preparation activities							
Activity 23-A.2.	Provision of basic and specialized health care/services							
Activity 23-A.3.	Monitoring, evaluation, adjustments for scaling up							
24. Mobile Theatre and Film Making								
Output 24-O.1.	<i>Number of LGUs/communities reached by mobile theater</i>							ADRA Phils
Activity 24-A.1.	Coordination with LGU/barangay/school officials							
Activity 24-A.2.	Planning for setting up mobile theatre							
Activity 24-A.3.	Implementation of project							
Activity 24-A.4.	Monitoring, evaluation, adjustments for scaling up							
PROGRAM 4. MICRONUTRIENT SUPPLEMENTATION								
25. Vitamin A supplementation for children 24-59 months								
Output 25-O.1.	All RHUs providing Vit. A supplement to children aged 24-59 months based on standards	100%	100%	100%	100%			DOH, LGUs
Activity 25-A.1.	Downloading of Vitamin, A supplements							
Activity 25-A.2.	Provision of Vit.A supplements to well-nourished and sick children following DOH standards							
Activity 25-A.3.	Monitoring, reporting and adjustments							
26. Anemia Reduction among Women of Reproductive Age (WRA)								
								DOH, LGUs

Output 26-O.1.	All RHUs providing iron folic-acid to WRA	100%	100%	100%	100%	
Activity 26-A.1.	Screening / Assessment of anemia					
Activity 26-A.2.	Provision of Iron -folic acid					
Activity 26-A.3.	Promotion of Healthy Diet (food rich in iron)					
Activity 26-A.4.	Production and promotion of healthy snacks (Fortified with iron+folic)					
Activity 26-A.5.	Monitoring, assessment and adjustments					
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION						
27. Promotion of Healthy Lifestyle						
Output 27-O.1.	<i>Number of programs on healthy lifestyle developed and implemented by agencies and LGUs supported by policy issuances</i>	20	20	20	20	DOH, NNC, LGUs
Output 27-O.2.	<i>Number of LGUs/communities with designated open space/ facilities</i>					
Activity 27-A.1.	Multimedia campaign on importance of healthy lifestyle and physical activity					
Activity 27-A.2.	Issuance of policies by LGUs supporting healthy lifestyle and healthy food choices					
Activity 27-A.3.	Program on healthy lifestyle developed and implemented by agencies and LGUs including nutritional assessment of employees					
Activity 27-A.4.	Provision or designation of open space or facility for physical activities					
Activity 27-A.5.	Monitoring of LGUs on the compliance for policy on healthy food environment					
28. Weight Management Intervention (for Overweight and Obese individuals)						
Output 28-O.1.	<i>Number of LGUs with Nutritionist dietitian</i>					
Output 28-O.2.	<i>Number of agencies and LGUs with weight management activities</i>					
Activity 28-A.1.	Compliance to RA 10862on hiring of nutritionist dietitian for every municipality					
Activity 28-A.2.	Screening of overweight and obese adults in health centers					

Activity 28-A.3.	Implementation of weight management activities such as Zumba, Diabetes Clinic, nutrition counselling and enrolment of overweight and obese						
Activity 28-A.4.	Monitoring, evaluation and adjustments						
PROGRAM 6. MANDATORY FOOD FORTIFICATION							
29. Advocacy for and Monitoring of Compliance of RA 8976 and RA 8172							
Output 29-O.1.	100% Provinces, Municipalities and Cities oriented, assessed and activated Bantay Asin Task Force	6 provinces, 7 cities and 107 municipalities	6 provinces, 7 cities and 107 municipalities	6 provinces, 7 cities and 107 municipalities	6 provinces, 7 cities and 107 municipalities	DOH, FDA	
Activity 29-A.1.	Provision of Iodized salt testing kits in all LGUs	40% of target LGUs	50% of target LGUs	60% of target LGUs	70% of target LGUs		
Activity 29-A.2.	LGU monitoring of markets and bakeries on their use of fortified food ingredients/products (iodized salt, fortified oil and flour, etc.)	40% of target LGUs	50% of target LGUs	60% of target LGUs	70% of target LGUs		
PROGRAM 7. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)							
30. Establishment of PIMAM Facilities, Capacities and Provision of Services and Monitoring							
Output 30-O.1.	Delivery system for PIMAM established and operational	1 ITC	2 ITC	2 ITC		DOH, ADRA	
Output 30-O.2.	At least 60% of staff of public health facilities fully trained in managing and providing PIMAM interventions					Phils., FNRI, NNC, LGUs	
Activity 30-A.1.	Training of provincial, municipal, RHU staff and community health workers on PIMAM	25 health workers	25 health workers	75 health workers			
Activity 30-A.2.	Establishment of ITC and OTC sites	1 ITC Masbate and Cam Norte RHUs	2 ITC Sorsogon RHUs	2 ITC			
Activity 30-A.3.	Delivery of ITC/OTC services (number of SAM/MAM Cases cured or rehabilitated using RUTF, RUSF etc.)	200 children	100 children	75 children			

PROGRAM 8: NUTRITION IN EMERGENCIES					
Project/Strategy/Output	Target				Agency/ies involved
	2019	2020	2021	2022	
31. Capacity Building of Local Nutrition Clusters on Nutrition in Emergencies					
Output 31-O.1. <i>All remaining provinces, cities and municipalities with fully functional Local Nutrition Cluster with</i>	Camarines Sur, Masbate City, 54 muns	100% provs, cities and muns	100% provs, cities and muns	100% provs, cities and muns	DOH, NNC, RNC
Output 31-O.2. <i>100% of LGUs capacitated on nutrition in emergencies and provided with technical assistance in formulating Nutrition in Emergencies plan (to be integrated in the LNAP and LDRRM Plan)</i>	100%	100%	100%	100%	
Activity 31-A.1. Consultative meeting/ Advocacy and lobbying to LCEs					
Activity 31-A.2. Issuance/Re-issuance of resolutions/executive orders on Regional/Local Nutrition Committees					
Activity 31-A.3. Conduct of NiEm trainings including information management and orientation on ICS and PIMAM					
Activity 31-A.4. Development of NiEm plan and Integration to DRRM plan					
Activity 31-A.5. Capacity mapping and prepositioning of supplies					
Activity 31-A.6. Monitoring, evaluation and adjustments					
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE					
Project/Strategy/Output	Target				Agency/ies involved
	2019	2020	2021	2022	
32. Health and Nutrition Education (among learners and parents/caregivers) including School Crop Museum and Garden Food Based Education					
Output 32-O.1. <i>Number and % of schools implementing the initiative</i>					DepEd
Major activities:					

PROGRAM 10: NUTRITION SENSITIVE PROGRAMS

35. Gulayan sa Paaralan	DepEd, DA
36. Establishment of Food Innovation Center (FIC)	DOST
37. Partnership Against Hunger and Poverty	DAR, DA, DSWD, LGU, RNC, FAO-WFP ARBO
38. Farm-to-Market Road	DPWH, DA
39. Special Area for Agricultural Development (SAAD)	DA
40. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)/ Family Welfare Program	DOLE
41. Small Enterprise Technology Upgrading Program (SETUP)	DOST
42. Community Empowerment through Science and Technology (CEST)	DOST
43. Infrastructure Projects of DPWH, including convergence projects with partner agencies	DPWH and partner agencies
44. Community-Managed Potable Water Supply Sanitation and Hygiene (CP-WASH)	DAR, LGU, RNC, MNAO, ARBOs, DA and other government agencies
45. Village Level Farms-Focused Enterprise Development	DAR, DOST, NNC, LGU, DTL, DA, ARBO
46. Climate Resilient Farm Support Project (CRFSP)	DAR, LGUs, RNC, DRR
47. Sustainable Livelihood Support	DAR, DA
48. Skills Training for Livelihood	BU, DSWD
49. Industry Cluster Enhancement	DTI, DA, DAR, DOLE, DOST, BFAD, BFAR
50. S&T Interventions for Livelihood Development (Community-based/related projects)	DOST
51. Accelerated Coconut Planting/Replanting Project (ACPRP)	PCA
52. KAAANIB Enterprise Development Project (KEDP) -Coconut Intercropping Project	PCA
53. Natural Farming System	WVDFI
54. Community Managed Savings and Credit Association (COMSCA)	WVDFI
55. Construction of Water System	EDUCO
56. Promotion of safe and hygienic environment (Water, Sanitation, Hygiene)	ADRA Phils
57. Kitchen Gardening	ADRA Phils

58.Barangay United Loan and Savings Association (BULSA for Health)					ADRA Phils	
59. Convergence on Livelihood Assistance for ARBs Project (CLAAP)					DAR, DA, DSWD	
General Outputs for Nutrition-Sensitive Projects, see Annex 1 for details:						
35-59-O.1. 19 projects in the region tweaking strategies for nutritional impact						
35-59-O.2. XX families enrolled in projects tweaked for nutritional impact						
35-59-O.3. XX families involved in nutrition sensitive projects with increased income						
Major Activities for Nutrition-Sensitive Projects, see Annex 1 for details:						
35-59-A.1 Determination of tweaking strategies for the project selected						
35-59-A.2. Decision on other features to prepare implementation in the region						
35-59-A.3. Implementation, monitoring and reporting of the project						
35-59-A.4. General research developed with NEDA and the academe						
60.	Family Planning Sessions					ADRA Phils
Output 60-O.1. Number of sessions conducted using modules with enhanced nutrition concepts						
Output 60-O.2 Number of facilitators trained/oriented on the enhanced modules						
Activity 60.A.1. Review and enhancement of exiting FP modules to integrate nutrition concepts						
Activity 60.A.2. Training of facilitators on the enhanced modules						
Activity 60.A.3. Conduct of FP sessions using enhanced modules						
Activity 60.A.4. Monitoring, evaluation, adjustments for scaling						
61. Operational Research on the Nutrition-Sensitive Projects						NNC, RNC

61-O.1. Research completed and feed into redesign									
61-A.1. Development of TOR									
61-A.2. Contracting of research project									
61-A.3. Implementation of research project									
PROGRAM 11: ENABLING PROGRAM									
62. Mobilization of Local Government Units for Delivery of Nutritional Outcomes									
Output 62-O.1. <i>At least one LCE from the province, city and municipal LGU enlisted as Nutrition Champions</i>						3	3	3	RNC
Output 62-O.2. <i>Partnership to support LGU mobilization in the region established and strengthened</i>									
Activity 62-A.1. <i>Issuance and dissemination of DILG MC enjoining all the LGUs to vigorously implement the RPAN 2019-2022</i>									
Activity 62-A.2. <i>Political endorsement of LPP in support of PPAN implementation</i>									
Activity 62-A.3. <i>Organization/re-activation and strengthening of LNC</i>									
Activity 62-A.4. <i>Designation of full-time NAOs in LGUs</i>									
Activity 62-A.5. <i>Development of evaluation tool in identifying nutrition champions (criteria/indicators)</i>									
Activity 62-A.6. <i>Documentation of best practices of nutrition champion LGUs</i>									
Activity 62-A.7. <i>Selection of nutrition champion LGUs</i>									
Activity 62-A.8. <i>Conduct of NGO Forum</i>									
Activity 62-A.9. <i>Attendance to and active participation in RNC meetings and other highly significant activities</i>									
63. Policy Development for Food and Nutrition									
Output 63-O.1. <i>Number of policies in support of and to facilitate improvement of nutrition status of Bicol passed</i>									RNC
Output 63-O.2. <i>Compendium of nutrition and nutrition-related policies, resolutions and issuances/directives relevant to Region V developed</i>									

Activity 63-A.1.	Additional policies, resolutions, directives and other issuances and compilation of all existing policies, directives, issuances and NNC Board resolutions on Nutrition							
Activity 63-A.2.	Issuance of JMC/Resolution by the NNC Governing Board making the Annual Evaluation of Local Level Plan Implementation mandatory for provinces, cities and municipalities							
Activity 63-A.3.	Monitoring Functionality of LNCs							
Activity 63-A.4.	Development of Assessment Tool for Monitoring and Assessment of the Functionality of LNCs							
Activity 63-A.5.	Expanding composition/membership of LNAC to include DAR, DPWH, NCIP, local leagues and NGOs/CSOs, civic orgs. semi/private entities and all other duty-bearers with significant PPAs on nutrition, for greater and stronger convergence on various nutrition services							
Activity 63-A.6.	Request/require member agencies to designate permanent and alternate representatives to the RNET							
64. Management Strengthening Support to RPAN Effectiveness								
Output 64-O.1.	NNC Regional Office Work and Financial Plan adjusted to the requirements of the RPAN	/	/	/	/	/	/	RNC
Output 64-O.2.	Pool of LGU Mobilizers organized	/	/	/	/	/	/	
Output 64-O.3.	Number of Nutritionist Dietitians deployed	TBD	TBD	TBD	TBD	TBD	TBD	
Activity 64-A.1.	Staff complement of NNC RO right-sized to the requirements of the RPAN							
Activity 64-A.2.	RNC and TWG together with NNC RO staff fit for purpose of RPAN implementation and coordination							
Activity 64-A.3.	Pool of LGU mobilizers trained							
Activity 64-A.4.	Recruitment and deployment of NDs in PPAN focus areas particularly on mobilization of LGUs and support to the requirements of these LGUs							
Activity 64-A.5.	Capacity building of NDs on mobilization of LGUs and support to the requirements of these LGUs							

Annex 1. Nutrition Sensitive Projects

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
Gulayan sa Paaralan	Regionwide	100% of ES and SS	Use of Gulayan sa Paaralan to benefit child nutrition	Vegetable gardens established Vegetable gardens harvests used in the school children feeding # of project implementers trained	Consultation with partner agencies. Conduct Training on Good Agricultural practices on vegetable production Provision of hybrid seeds and other gardening inputs Conduct of supplementary feeding using vegetable harvests Monitoring and technical supervision	DA DepEd	Increased consumption of vegetables	Improved nutritional status of school children
Establishment of Food Innovation Center (FIC)	Regionwide	2019 - 1 FIC	Targeting nutritionally depressed areas	# of FIC established # of customers served Local linkages established Improved financial efficiency	Evaluation for scaling up Selection and identification of target areas and beneficiaries Establish linkages with critical agencies and partners Development of FIC concepts and prototypes Establishment of the FIC Capacity building and operationalization of FIC Marketing and distribution Project monitoring including financial efficiency	DOST		

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
Partnership Against Hunger and Poverty	Regionwide	1,600 AR beneficiaries	Targeting ARBOs in nutritionally depressed municipalities/ Communities and ARBO members in food poor families	40 Agrarian Reform Beneficiaries Organizations (ARBOs) involved Number of ARBs trained	<p>Evaluation and adjustments</p> <p>Provision of organizational capability building and enterprise development</p> <p>Conduct orientation meetings and resource mapping with project stakeholders</p> <p>Coordinate with partner agencies such as DSWD, DA and LGUs</p> <p>Assist participating agrarian reform beneficiary organizations (ARBOs) and smallholder farmers in the production and timely delivery of the food items required by the supplementary feeding program for the Day Care Centers</p> <p>Provide complementary support services to participating ARBOs and smallholder farmers through rural infrastructure</p> <p>Assist the concerned ARBOs in accessing credit through the Agrarian Production Credit Program (APCP) and in establishing linkages with other institutional markets</p> <p>Provide capacity development support and technical assistance to ARBOs and smallholder farmers in agri-enterprise development through technical assistance and support services</p>	DAR, DA, DSWD, LGU, RNC, FAO- WFP ARBO	<p>Improved farm productivity</p> <p>Improved agricultural production</p>	<p>Increased family income</p> <p>Improved nutritional status</p>
Farm-to-Market Road	Regionwide	2019 – 5	Provide employment	Farm to Market	Social Preparation of LCEs	DPWH, DA	Jobs generated	Improved

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
Special Area for Agricultural Development (SAAD)		areas 2020 – 7 2021 – 10 2022 - 12	opportunities to workers from poorest of the poor and family families with pregnant women/ malnourished child/ren.	Road constructed in depressed areas Number of jobs generated	(dialogue/leveling of expectations) Inform project engineer about the objective of the project tweaked for nutrition-sensitivity Hiring of laborers Monitoring and evaluation of project implementation Evaluation of the program: Interview 41 workers on previous month income Expansion to scale based on lessons and findings		in target areas Improved income and increased food consumption	nutritional status Decrease in malnutrition prevalence
	Regionwide	TBD	Provide assistance to nutritionally depressed, IP, GIDA municipalities and food poor and nutritionally challenged families	# of municipalities assisted	Identification of areas and coordination/linkage with relevant agencies, officials Conduct of area validation and Technology Needs Assessment (TNA) Provision of technical assistance Conduct of livelihood trainings Project Implementation Monitoring documentation and reporting Evaluation and expansion to scale based on lessons	DA	Increased source of income	Improved nutritional status and prevalence of malnutrition
	Regionwide		Targeting nutritionally depressed areas for livelihood/employment	# of nutritionally depressed areas	Selection of priority areas and target beneficiaries	DOLE	Increased knowledge on proper nutrition	Improved nutritional status
DOLE Integrated Livelihood and Emergency and								

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
Employment Program (DILEEP)/ Family Welfare Program			Strengthening nutrition component through integration of nutrition concepts	reached # of companies with established FWP	<p>Establish partnership with relevant agencies</p> <p>Provision of technical assistance</p> <p>Approval of proposals for livelihood projects</p> <p>Hiring of laborers/employees</p> <p>Planning and organizing in-plant family welfare program</p> <p>Conduct of consultative meetings with concerned agencies and companies</p> <p>Integration of nutrition concepts and development/provision of appropriate information education and communication (IEC) materials promoting family welfare concerns</p> <p>Conduct of orientation-seminars, advocacy sessions and capability building activities labor and management leaders, members of Family Welfare Committees, plant clinic staff (nurses, midwives, doctors), and peer educators in partnership with concerned government</p> <p>Provision of technical supervision and support interventions</p> <p>Monitoring, evaluation and adjustments.</p>		<p>and healthy lifestyle</p> <p>Increased opportunities for livelihood and additional income sources</p> <p>Improved family income</p>	
Small Enterprise Technology Upgrading Program	Regionwide	TBD	Provision of assistance to SMEs in nutritionally depressed	# of SMEs in target areas assisted	<p>Selection of priority areas</p> <p>Masterlisting of SMEs and</p>	DOST	Opportunities for entrepreneurial provided	Improved nutritional status of target

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
(SETUP)			areas	# of beneficiaries reached	beneficiaries with nutritionally- vulnerable family members Provision of technical assistance Provision of equipment and technical training Project Implementation Development and promotion of beneficiaries' products integrated with nutrition information Conduct tracking and monitoring on the status of the targeted beneficiaries Monitoring documentation and reporting Evaluation and expansion to scale based on lessons		Increased productivity and income	beneficiaries
Community Empowerment through Science and Technology (CEST)	Gubat, Sorsogon; San Lorenzo Ruiz, Camarines Norte; San Pascual and Claveria, Masbate; Vinzons, CamNorte; Garchitorena and Del Gallego, Camarines Sur		Provide assistance to nutritionally depressed municipalities	# of municipalities assisted	Technology Needs Assessment (TNA) Proposal Evaluation/Preparation MOA Signing Fund Release Program/Project Implementation Monitoring and Evaluation Documentation and Reporting Creation and signing of the joint circular among the 4 agencies.	DOST	Increased employment opportunities Increased family income and access to food	Improved nutritional status
Infrastructure	Regionwide	TBD	Hiring of laborers from the barangays coming	Joint circular among NNC,		DPWH and partner	Increased employment	Improved nutritional

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
Projects			from poorest of the poor and family members of families with pregnant women/malnourished children Priority for employment of the 50% common labors and 30% of the skilled labors required by RA 6685	DILG, DOLE, and DPWH issued Number of employed from poorest of the poor and family member/s of families with pregnant women/malnourished child/ren.	Hiring of laborers from the barangays coming from poorest of the poor and family members of families with pregnant women/malnourished children. Monitoring, reporting and evaluation Expansion to scale based on lessons and findings	agencies	opportunities Increased family income and access to food	status
Community-Managed Potable Water Supply Sanitation and Hygiene (CP-WASH)	Regionwide	All 6 provinces	Targeting ARBOs in nutritionally depressed municipalities/communities	16 Agrarian Reform Beneficiaries Organization (ARBOs) provided with support facilities and equipment 6 provinces provided with WATSAN facilities 1000 Agrarian Reform Beneficiaries trained (2019-100, 2020-200, 2021-300; 2022-400) # of targeted	Meeting dialogue with LGUs, RNC and concerned ARB organizations to amend existing MOA with LGUs to integrate nutrition in the project Identify farming households with high prevalence of malnutrition/water borne diseases as program participants in coordination with MNAOs Pooling of IEC materials (videos, printed materials) for nutrition education sessions Implementation of the nutrition sensitive lens of the project Select and capacitate barangay level nutrition champions to lead nutrition-related activities of the project Monitor and evaluate and report	DAR, LGU, RNC, MNAO, ARBOs, DA and other government agencies	Improved water source Decrease in incidence of water borne diseases	Improved knowledge and skills on good nutrition

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
				<p>farming households and 80 farming HH participants of WASH focused livelihood, trainings and basic farm tools participated in nutrition education</p> <p># of targeted farming household members developed as nutrition champions</p>	project progress			
Village Level Farms-Focused Enterprise Development	Regionwide	TBD	Targeting ARBOs in nutritionally depressed municipalities/communities	<p>Number of ARBOs involved</p> <p>Number of ARBs trained</p>	<p>Conduct of Enterprise Development Interventions</p> <p>Conduct Consultation with ARBOs covered under VLFFED</p> <p>Conduct ARBO level trainings on Nutrition, technology on food fortification etc.</p> <p>Provision of additional working capital to finance scaled up production</p> <p>Engage other markets for distribution of fortified products</p> <p>Conduct tracking and monitoring on the status of the targeted beneficiaries</p>	DAR, DOST, NNC, LGU, DTI, DA, ARBO	<p>Improved farm productivity</p> <p>Improved agricultural production</p>	<p>Increased family income</p> <p>Improved nutritional status</p>

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
Sustainable Livelihood Support	Regionwide	TBD	Prioritizing ARBOs with nutritionally-vulnerable family members	# of ARBOs with that received assistance for product enhancement	<p>Profiling of members of ARBOs/ARBs by presence of nutritionally-vulnerable members in the family</p> <p>Meeting with the identified ARBs for orientation on nutrition-related activity</p> <p>Implementation of the project</p> <p>Monitoring (through their book of accounts) and evaluation of program</p>	DAR	<p>Increased productivity</p> <p>Increased family income and access to food</p>	Improved nutritional status
Skills Training for Livelihood/Enterprise Development	Regionwide	By Province	Prioritizing 4ps with nutritionally vulnerable family members	# of 4Ps who received assistance for skills training for livelihood program	<p>Profiling of 4ps beneficiaries</p> <p>Conduct of skills and capacity training for beneficiaries</p> <p>Development and promotion of beneficiaries' products integrated with nutrition information</p>	BU, DSWD	<p>Increased employment opportunities</p> <p>Increased family income</p> <p>Increased access to food</p>	Improved nutritional status
Industry Cluster Enhancement	Regionwide	TBD	Project prioritization to nutritionally depressed areas and nutritionally challenged families and beneficiaries	<p># of nutritionally depressed areas reached</p> <p># of beneficiaries reached</p> <p># of trainings conducted</p>	<p>Masterlisting of beneficiaries with nutritionally-vulnerable family members</p> <p>Identification of beneficiaries with nutritionally-vulnerable family members</p> <p>Conduct of skills and capacity training for beneficiaries</p> <p>Development and promotion of beneficiaries' products integrated with nutrition information</p> <p>Masterlisting of beneficiaries with nutritionally-vulnerable family</p>	DTI, DA, DAR, DOLE, DOST, BFAD, BFAR	<p>Improved income</p> <p>Improved access to food</p>	Improved nutritional status
S&T Interventions for Livelihood	Regionwide	TBD	Targeting areas with food poor families	# of areas reached	Masterlisting of beneficiaries with nutritionally-vulnerable family	DOST	Availability of livelihood	Improved nutritional

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
Development (Community- based/related projects)				<p># of beneficiaries reached</p> <p># of livelihood trainings conducted</p>	<p>members</p> <p>Identification of beneficiaries with nutritionally-vulnerable family members</p> <p>Conduct of skills and capacity training for beneficiaries</p> <p>Development and promotion of beneficiaries' products integrated with nutrition information</p>		<p>opportunities</p> <p>Increased family income</p>	<p>status</p> <p>Decrease in malnutrition prevalence</p>
Accelerated Coconut Planting/Replanting Project (ACPRP)	Regionwide	111,888 HH	<p>Targeting households with undernourished family members</p> <p>Prioritizing IP and GIDA communities</p>	<p># of households provided with coconut seedlings</p>	<p>Project Orientation and training of farmers on good agricultural practices in coconut production.</p> <p>Seed nut sowing / Nursery establishment.</p> <p>Nursery inspection by the assigned agriculturist</p> <p>Planting of coconut seedlings.</p> <p>Inspection of stabilized coconut seedlings after 3-4 months after planting</p> <p>Payment of incentives for good quality seedlings at 2 feet tall and for stabilized coconut trees</p> <p>Distribution to and planting of coconut seedlings by coconut farmers</p> <p>Distribution of coconut seedlings to indigenous people.</p> <p>Inspection of stabilized coconut</p>	PCA	<p>Availability of livelihood opportunities</p> <p>Increased family income</p>	<p>Improved nutritional status</p> <p>Decrease in malnutrition prevalence</p>

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
KAAANIB Enterprise Development Project (KEDP) -Coconut Intercropping Project					seedlings after 3-4 months after Payment of stabilized coconut seedlings.			
	Regionwide	32 coconut farming households	Prioritizing nutritionally depressed areas and poorest coconut farming families	# of coconut farming households provided with additional income from the 16 multiplier farms to receive Livestock (Goat, M/F) # of coconut farming households with additional income from planting of Intercrops such as cacao and vegetables (ampalaya, eggplant, others) in 34,000 hectares of coconut farms	Orientation seminar on priority sites Development planning Development and management of sites and support system Project implementation Deed of Undertakings Site visit / Monitoring Meetings / trainings conducted by PCA agriculturist. Evaluation and adjustments	PCA	Availability of opportunities for additional income Improved family income	Nutritional status improved Prevalence of malnutrition decreased
Natural Farming System	Albay Sorsogon Camarines Sur Camarines Norte	200	Prioritizing families of undernourished children in beneficiary selection.	Number of families of undernourished children (0-5yo) capacitated on NFS.	Training families on Natural Farming System	World Vision	Increased food consumption of Families	Decrease in undernutrition (underweight and wasting)

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
Community Managed Savings and Credit Association (COMSCA)	Albay Sorsogon Camarines Sur Camarines Norte	400	Prioritizing families of undernourished children in beneficiary selection.	Families of undernourished children (0- 5yo) are oriented and organized to join COMSCA groups.	Orientation of families on COMSCA; Actual saving.	World Vision	Improved capacity to save Increased income	Decrease in undernutrition (underweight and wasting)
Construction of Water System	Basaran ES, Daraga; Cilicao Community Water Systems, Daraga; Bariw, Camalig, Dona Mercedes, Guinobatan; Muladbucad Pequenon, Guinobatan; Amtic, Ligao; Canagong, Oas; Bustrat, Nabua	8 locations	Prioritizing families with undernourished children Prioritizing communities in need of proper sanitation	# of water systems constructed	Conduct workshop for operations and maintenance to beneficiaries Organize structure for management of water systems	EDUCO	Increased access to safe water and sanitation Improved hygiene	Decline in water-borne diseases Improved nutritional status

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
Promotion of safe and hygienic environment (Water, Sanitation, Hygiene)	Camarines Sur: Calabanga, Garchitorena, Prentacion, San Jose	4200 HH	Targeting nutritionally-at-risk beneficiaries, i.e. WRA and U5 children	# of beneficiaries reached	Gender and environment sensitive training program conducted within Community Support Group (CoSuG) for Health on preventive health issues and appropriate care for WRAs, and U5 girls and boys Session 1: Safe Motherhood and Maternal Nutrition Session 2: Newborn Health, Proper IYCF Practices Session 3: Water, Sanitation, and Hygiene (WASH) Session 4: Family Planning	ADRA Phils	Increased access to safe water and sanitation Improved hygiene	Decline in water-borne diseases Improved nutritional status
Home Gardening	Camarines Sur: Calabanga, Garchitorena, Prentacion, San Jose	4200 HH	Targeting nutritionally-at-risk beneficiaries – WRA	# of beneficiaries reached # of climate and gender sensitive home gardening trainings conducted	Training on home gardening using permaculture principles Provision of seeds and tools	ADRA Phils	Increased food accessibility	Improved nutritional status

Project	Locations (Province/LGU)	Coverage	Tweaking Strategy	Output/s	Major Activities	Agency/ ies Responsible	Expected Intermediate Results	Expected Nutritional Impact
Barangay United Loan and Savings Association (BULSA for Health)	Camarines Sur: Calabang, Garchitorena, Precentacion, San Jose	140 BULSA groups	Prioritizing families of undernourished children in beneficiary selection.	# of community support groups for Health with access to health-saving mechanism established	Training on the technicalities of the saving mechanism	ADRA Phils	Increased capacity to save Increased income	Decrease in undernutrition (underweight and wasting)
Convergence on Livelihood Assistance for ARBs Project (CLAAP)	Regionwide	By region		# of trainings conducted	Planning supervision and procurement of materials for the establishment of farmers' agribusiness Capacity building trainings	DAR, DSWD	Availability of opportunities for additional income Improved family income	Nutritional status improved Prevalence of malnutrition decreased

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

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
PROGRAM 1. MIYCF AND FIRST 1000 DAYS (F1K)						
Mobilization of LGUs on the First 1000 days						
1-O.1. <i>All provinces and 107 municipalities and 7 cities mobilized for F1K and nutrition</i>	DOH, NNC, LMP, DILG, RDC, LGUs	Catanduan es (11 LGUs)	Masbate (21 LGUs)	Cam Norte (12) Albay (18) Cam Sur (37)	Sorsogon	NGAs, NGOs
1-A.1. Consultation meeting with League of Provinces of the Philippines (LPP) and League of Municipalities of the Philippines (LMP) on F1K						
1-A.2. DILG to issue MC on support of LGUs to F1K and integrating F1K in AIP; corresponding EP, AO and Ordinance to be issued by LCEs						
1-A.3. Integration of F1K in Annual Investment Plan of LGUs						
1-A.4. DOH/NNC launch an incentive package (award) for the best LGUs implementing the F1K						
2. Information Management in the F1K						
2-O.1. <i>F1K database developed and utilized by LGUs</i>	DOH, NNC, LGUs	1	/	/	/	NGAs

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
2-O.2. <i>Integration of database and information system for F1K with DOH existing information system (ClinicSys)</i>		1				
2-A.1. Training on database management			Catanduan es, Masbate, Albay	Cam Norte, Cam Sur	Sorsogon	
2-A.2. Implementation of the system for F1K			3 PLGUs	Additional 2 PLGUs	Additional 1 PLGU	
2-A.3. Monitoring, provision of TA, evaluation						
3. Strengthening of health delivery system for F1K						
3-O.1. <i>LGU compliance to F1K package of services reviewed</i>	DOH, ADRA Phils., NNC, LGUs	/				NGAs, NGOs, LGUs, dev't partners
3-O.2. <i>Enhanced/Strengthened delivery system/network for F1K</i>		/	/	/	/	
3-A.1. Orientation of service providers on ECCD F1K monitoring tool						
3-A.2. Use of existing ECCD F1K monitoring tool for compliance of provinces, cities and municipalities		2 PLGUs monitored Catanduan es, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon	

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
3-A.3. Undertake provincial review with clusters of municipal RHU teams (or inter local health zone) including planning for next year		2 PLGUs monitored Catanduanes, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon	
3-A.4. Conduct of Technical Assistance, Monitoring and Evaluation (TAME)		2 PLGUs monitored Catanduanes, Masbate		3 PLGUs Camarines Norte, Cam Sur, Albay	1 PLGU Sorsogon	
4. Iron, iodine and calcium supplementation to pregnant and lactating women						
4-O.1. <i>All RHUs providing iron, iodine and calcium carbonate supplements to pregnant and lactating women based on standards</i>	DOH, LGUs	134	134	134	134	NGA
4-O.2. <i>A system of tracking consumption of supplements operationalized</i>		2 PLGUs monitored Catanduanes, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon	
4-A.1. Improve planning for logistics and distribution		114 LGUs regionwide	114 LGUs regionwide	114 LGUs regionwide	114 LGUs regionwide	
4-A.2. Execution of system for tracking iron supplementation of pregnant and lactating women, and low birth weight infants		2 PLGUs monitored Catanduanes, Masbate		3 PLGUs Camarines Norte, Camarines Sur	1 PLGU Sorsogon	

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
4-A.3. Communication support through the rural health system		134	134	Albay 134	134	
4-A.4. Monitoring, reporting and adjustments		134	134	134	134	
5. Iron supplementation to low birth weight infants and MNP supplementation to children 6-23 months						
5-O.1. <i>All RHUs providing iron supplements to low birth weight infants at MNP to children 6 to 23 months based on standards</i>	DOH, LGUs	134 RHUs	134 RHUs	134 RHUs	134 RHUs	NGA, NGOs
5-O.2. <i>A system of tracking consumption of iron supplements and MNP operationalized</i>		2 PLGUs monitored Catanduan es, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon	
5-A.1. Improve planning for logistics and distribution		114 LGUs	114 LGUs	114 LGUs	114 LGUs	
5-A.2. Execution of system for tracking consumption of MNP		2 PLGUs Catandua nes, Masbate		3 PLGUs Cam Nor, Cam Sur Albay	1 PLGU Sorsogon	
5-A.3. Communication support through the rural		134 RHUs	134 RHUs	134 RHUs	134 RHUs	

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
health system						
5-A.4. Monitoring, reporting and adjustments		134 RHUs	134 RHUs	134 RHUs	134 RHUs	
6. Vitamin A Supplementation for postpartum women and children 6-23 months old						
6-O.1. All RHUs providing 1 capsule of 200,000 IU Vitamin A to postpartum women; 1 capsule of 100,000 IU Vitamin A to children 6 to 11 months; and 1 capsule of 200,000 IU Vitamin A given to children 12 to 23 months every 6 months	DOH, LGUs	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	NGA, NGOs
6-O.2. All RHUs providing 1 vitamin A capsule to high risk children		134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	
6-O.3. A system of tracking vitamin A supplementation operationalized		2 PLGUs monitored Catanduan es, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon	
6-A.1. Improve planning for logistics and distribution		114 LGUs regionwide	114 LGUs regionwide	114 LGUs regionwide	114 LGUs regionwide	
6-A.2. Execution of system for tracking vitamin A supplementation		2 PLGUs monitored Catanduan es, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon	

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
6-A.3. Communication support through the rural health system		134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	
6-A.4. Monitoring, reporting and adjustments		134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	134 RHUs regionwide	
7. Mobilization of LGU resources for dietary supplementation						
7-O.1. <i>LCEs in 107 municipalities and 7 cities issue policy with budget allocation to implement dietary supplementation program for nutritionally at-risk PW and children 6-23 months belonging to the food insecure families</i>	DOH, NNC, LGUs	107 muns, 7 cities	107 muns, 7 cities	107 muns, 7 cities	107 muns, 7 cities	NGAs, LGUs
7-A.1. Planning for the supplementation program for LGUs including definition of the supplementary food package		Catanduan es MLGUs	Masbate MLGUs	Cam Sur MLGUs Cam Norte MLGUs Albay MLGUs	Sorsogon MLGUs	
7-A.2. Implementation		Catanduan es MLGUs	Masbate MLGUs	Camarines Sur MLGUs Camarines Norte MLGUs Albay MLGUs	Sorsogon MLGUs	

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
7-A.3. Monitoring and adjustments		Catanduan es MLGUs	Masbate MLGUs	Camarines Sur MLGUs Camarines Norte MLGUs Albay MLGUs	Sorsogon MLGUs	
8. Establishment of Complementary Food Production Processing Plant as part of the IYCF						
8-O.1. <i>Number of Complementary Food Production Processing Plants supplying complementary food to target recipients</i>	DOH, DOST, FNRI, NNC, LGUs	Gubat, Sorsogon; Oas, Albay; CBSUA, Pili Iriga City, San Lorenzo Ruiz, Camarines Norte				NGAs, NGOs, priv. sector
8-A.1. Selection of LGUs that are willing to establish Complementary Food Production Processing Plant						
8-A.2. Capacity building for LGUs and partners						
8-A.3. Operationalization of the Plans for Complementary Food Plants and Marketing						
8-A.4. Monitoring, reporting and adjustments						
9. Establishment of Pinoy Nutrition Hub (PNH) and PD Hearth (PDH)						
Output 9-O.1. <i>Number of LGUs that established</i>	WVDFI,	4 municipali	4 municipalit			NGOs

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
<i>PNH and PDH</i>	LGUs	ties (50 barangays)	ies (50 barangays)			
9-A.1. Selection of target municipalities						
9-A.2. Conduct of social preparation activities						
9-A.3. Training of local implementers						
9-A.4. Implementation of project						
9-A.5. Monitoring, reporting and adjustments						
10. Mobilization of barangay officials to organize IYCF/nutrition support groups						
10-O.1. <i>All 3, 471 barangays in Region V have IYCF nutrition support groups firmly established by end of 2022</i>	DOH, WVDFI, ADRA Phils., NNC, LGUs	1000 barangays	1000 barangays	771 barangays	3471 barangays	
10-A.1. Advocacy and policy support for organization and reactivation of IYCF nutrition support groups		1000 barangays	1000 barangays	771 barangays		
10-A.2. Print additional support materials for IYCF nutrition support groups and capacity building plan		1000 barangays	1000 barangays	771 barangays		
10-A.3. Capacity Building of Health Workers and volunteers on IYCF (breastfeeding and complementary feeding and dietary counselling for		1000 barangays	1000 barangays	771 barangays		

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
mothers)						
10-A.4. 10.4. Conduct of breastfeeding counselling of trained IYCF peer counsellors to pregnant and lactating mothers						
10-A.5. Conduct of cooking demonstrations						
10-A.6. Implementation of the activities of the IYCF nutrition support groups in the region						
10-A.7. Monitoring, reporting and adjustments		1000 barangays	1000 barangays	771 barangays		
11. Enforcement and Compliance Monitoring on EO 51, RA 10028, Breastfeeding in Transit and MBFHI						
11-O.1. All Health Facilities in Bicol Region are Certified as Mother-Baby Friendly Facility	DOH, RNC, DOLE, NNC, LGUs	100%	100%	100%	100%	NGAs, LGUs
11-O.2. At least 155 of government and private offices and business establishments in Bicol Region have established breastfeeding stations		25%	50%	75%	100%	
11-A.1. Training for hospitals staff (clinical and non-clinical) on Lactation Management		25 facilities	25 facilities	25 facilities	25 facilities	
11-A.2. Accreditation of Health Facilities as Mother-		25 facilities	25 facilities	25 facilities	25 facilities	

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Baby Friendly Facility						
11-A.3. Establishment of Breastfeeding Stations in offices and business establishments		25 offices/ establishments	35 offices/ establishments	45 offices/ establishments	50 offices/ establishments	
12. Communication Support for F1K						
12-O.1. <i>A regional strategy in line with the national strategy for the communication support on F1K fully developed and implemented</i>	DOH, NNC, LGUs	/	/	/	/	NGAs
12-A.1. Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days		1 complan				
12-A.2. Pretest of communication materials and tools		2 PLGUs Catanduan es, Masbate				
12-A.3. Implementation		2 PLGUs Catanduan es, Masbate		3 PLGUs Camarines Norte, Camarines Sur Albay	1 PLGU Sorsogon	
12-A.4. Monitoring and adjustments		2 PLGUs		3 PLGUs	1 PLGU	

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
PROGRAM 2. DIETARY SUPPLEMENTATION						
13. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays						
13-O.1. <i>Number of children enrolled in feeding using indigenous foods and/or locally produced foods equivalent to 1/3 RENI</i>	DSWD-LGU	142,837 preschool children	147,122 preschool children	151,535 preschool children	156,081 preschool children	NGA
13-O.2. <i>Number of LGU Focal Persons and CDW Presidents trained on WHO-CGS and Sanitation and Safety/Proper Food Handling</i>		196 133	196 133	196 133	196 133	
13-A.1. Downloading of Financial resources to LGUs		114 LGUs	114 LGUs	114 LGUs	114 LGUs	
13-A.2. Establishment of partnership with Against Hunger and Poverty (SFP-PaHP)						
13-A.3. Capacity Building of CDWs on the management of supplementary feeding, nutritional assessment and development of nutrient-dense cycle menu						
13-A.4. Implementation of the supplementary feeding						
13-A.5. Monitoring of human resource performance						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
and identification of evolving training needs						
13-A.6. Evaluation of training and continuing review of training tools for periodic adaptation to new needs						
13-A.7. Undertake training activities for new staff and refresher training						
13-A.8. Project monitoring and provision of technical assistance to LGUs						
13-A.9. Regional PIR and planning workshop for the next calendar year		114 LGUs	114 LGUs	114 LGUs	114 LGUs	
14. Community-based Feeding for Malnourished Children (Kabisig ng Kalahi)						
14-O.1. <i>Number of preschool children outside CDCs and not enrolled in DepEd provided with daily hot meal and milk for 120 days</i>	NGO-DSWD-LGU	150 malnourished children	150 malnourished children	150 malnourished children	150 malnourished children	NGAs
14-A.1. Orientation on the SFP guidelines to stakeholders		5 LGUs	5 LGUs	5 LGUs	5 LGUs	
14-A.2. MOA with target LGUs		5 LGUs	5 LGUs	5 LGUs	5 LGUs	
14-A.3. Downloading of Financial Resources to target LGUs						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
14-A.4. Monitoring and Provide Technical Assistance to target LGUs						
15. Parent Effectiveness Session among Parents and Caregivers of children enrolled in CDCs and SNPs						
15-O.1. <i>Number of parents and caregivers who complete the 9 modules and attend the PES monthly</i>	DEPED	142,837	147,122	151,535	156,081	NGAs, LGUs
15-A.1. Conduct of monthly parent effectiveness session (learning with fun) for parents and caregivers of children enrolled in CDCs and SNPs						
16. Supplementary Feeding in Schools						
16.O.1. <i>100% of ES providing supplementary feeding for 120 days</i>	DEPED, Children Int'l.	3,149	3,149	3,149	3,149	NGA
16.O.2. <i>100% of identified SW and Win all schools provided with supplementary feeding for 120 days</i>		55,689 SW 141,420 W	50, 121 SW 138,592 W	49,620 SW 134,434 W	49,124 SW 129,057 W	
16-A.1. Iron supplementation for all school aged children classified as SW and W		55,689 SW 141,420 W	50, 121 SW 138,592 W	49,620 SW 134,434 W	49,124 SW 129,057 W	

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
16-A.2. 100% of all kinder in PPAN focused areas provided with supplementary feeding for 120 days		127,306	147,747	156,143	164,538	
16-A.3. Monitoring, evaluation and awards		3,149	3,149	3,149	3,149	
17. School Based Complementary Health services						
Output 17-O.1. 100% of ES providing complementary health services at satisfactory level	DEPED, DOH	3,149	3,149	3,149	3,149	NGA, NGOs
17-A.1. Downloading and distribution of health inputs/ commodities						
17-A.2. Implementation of the project						
17-A.3. Monitoring and evaluation						
PROGRAM 3. ADOLESCENT HEALTH AND DEVELOPMENT						
18. U 4 U / Teen Trail						
18-O.1. 100% of all schools delivering U 4 U at satisfactory level	POPCOM, DepEd	2	2	2	2	NGA
18-O.2. Number of training batches conducted/implemented		13	13	13	13	

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
18-A.1. Identification of youth groups to be trained						
18-A.2. Training of youth groups on identification of risky sexual behavior and on prevention of early pregnancy (school and out of school)						
18-A.3. Implementation of the project						
19. Parent Teen Talk						
19.O.1. <i>Number of LGUs implementing Parent Teen Talk</i>	POPCOM LGUs	10	10	10	10	NGA, LGUs
19.O.2. <i>Number of training conducted per province and municipality</i>		6	6	6	6	
19 A.1. Identification and enrolment of parent-child pair to the training (following selection criteria of the training)		/	/	/	/	
19 A.2. Conduct of 3-day training, participated by parents and their children for PPAN priority provinces and its municipalities		/	/	/	/	
19 A.3. Distribution of IEC materials on related		1	1	1	1	

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
topics						
19 A.4. Monitoring and evaluation		/	/	/	/	
20. Establishment of Management of Teen Centers and Adolescent Friendly Spaces and Health Facilities						
Output 20-O.1. <i>Number of teen centers and adolescent friendly spaces established and functional</i>	POPCOM LGUs	1	1	1	1	NGA, LGUs
Output 20-O.2. <i>Number of trained/organized adolescent peer counselors in schools and in the community</i>						
20-A.1. Recruitment and training of adolescent peer counselors in schools (per National High School) and in the community						
20-A.2. Designate space/room for teen counseling in schools and health centers equipped with guidance counselor and adolescent peer counsellor						
20-A.3. IEC materials on adolescent problems developed and distributed/aired						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
20-A.4. Implementation of counselling services and referral of adolescents to health services						
20-A.5. Establish LGU-NGO-GO partnership on the provision of health and nutrition services						
20-A.6. Provision of health and nutrition services						
20-A.7. Monitoring, adjustments and scaling up						
21. Weekly Iron Folic Acid (WIFA) to Adolescent Female Learners						
21-O.1. <i>Number of female adolescent school children given complete dosage iron folic supplementation</i>	DepEd, DOH	220, 710	225, 876	231, 039	236, 203	NGA
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	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
21-A.5. Promotion of the benefits of iron folic acid supplementation						
22. YouHealth						
22-O.1. <i>Number of sponsored communities receiving YouHealth services</i>	Children Int'l	TBD	TBD	TBD	TBD	NGO
22.A.1. Identification of target areas and conduct of social preparation activities						
22.A.2. Conduct of health education workshops on Reproductive Health and Substance Abuse Prevention						
22.A.3. Monitoring, evaluation, adjustments for scaling up						
23. Basic and Specialized Health Care Services						
23-O.1. <i>Number of sponsored communities receiving basic and specialized health care services</i>	Children Int'l	TBD	TBD	TBD	TBD	NGO
23-A.1. Identification of target areas and conduct of social preparation activities						
23-A.2. Provision of basic and specialized health care/services						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
23-A.3. Monitoring, evaluation, adjustments for scaling up						
24. Mobile Theatre and Short Film Making						
24-O.1. Number of LGUs/communities reached by mobile theater	ADRA Phils, BU	TBD	TBD	TBD	TBD	NGO
24-O.2. Number of short films produced						
24-A.1. Coordination with LGU/barangay/school officials						
24-A.2. Planning for setting up mobile theatre						
24-A.3. Implementation of project						
24-A.4. Monitoring, evaluation, adjustments for scaling up						
PROGRAM 4. MICRONUTRIENT SUPPLEMENTATION						
25. Vitamin A supplementation for children 24-59 months						
25-O.1. All RHUs providing Vit. A supplement to children aged 24-59 months based on standards	DOH, LGUs	100%	100%	100%	100%	NGA, NGOs
25-A.1. Downloading of Vitamin, A supplements						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
25-A.2. Provision of Vit.A supplements to well-nourished and sick children following DOH standards						
25-A.3. Monitoring, reporting and adjustments						
26. Anemia Reduction among Women of Reproductive Age (WRA)						
26-O.1. All RHUs providing iron folic-acid to WRA	DOH, LGUs	100%	100%	100%	100%	NGA
26-A.1. Screening / Assessment of anemia						
26-A.2. Provision of Iron -folic acid						
26-A.3. Promotion of Healthy Diet (food rich in iron)						
26-A.4. Production and promotion of healthy snacks (Fortified with iron+folic)						
26-A.5. Monitoring, assessment and adjustments						
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION						
27. Promotion of Healthy Lifestyle						
27-O.1. <i>Number of programs on healthy lifestyle developed and implemented by agencies and LGUs supported by policy issuances</i>	DOH, RNC, NNC, LGUs, HEIs, SUCs	20	20	20	20	NGA, NGOs, LGUs

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
27-O.2. <i>Number of LGUs/communities with designated open space/ facilities</i>						
27-A.1. Multimedia campaign on importance of healthy lifestyle and physical activity						
27-A.2. Issuance of policies by agencies and LGUs supporting healthy lifestyle and healthy food choices						
27-A.3. Program on healthy lifestyle developed and implemented by agencies and LGUs including nutritional assessment of employees						
27-A.4. Provision or designation of open space or facility for physical activities						
27-A.5. Monitoring of LGUs on the compliance for policy on healthy food environment						
28. Weight Management Intervention (for Overweight and Obese individuals)						
28-O.1. <i>Number of LGUs with Nutritionist dietitian</i>	DOH, RNC, NNC, LGUs					NGA, NGOs, LGUs
28-O.2. <i>Number of agencies and LGUs with weight management activities</i>						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
28-A.1. Compliance to RA 10862 on hiring of nutritionist dietitian for every municipality						
28-A.2. Screening of overweight and obese adults in health centers						
28-A.3. Implementation of weight management activities such as Belly Good for Health, Zumba, Diabetes Clinic, nutrition counselling and enrolment of overweight and obese						
28-A.4. Monitoring, evaluation and adjustments						
PROGRAM 6. MANDATORY FOOD FORTIFICATION						
29. Advocacy for and Monitoring of Compliance of RA 8976 and RA 8172						
29-O.1. 100% Provinces, Municipalities and Cities oriented, assessed and activated Bantay Asin Task Force	DOH, FDA	6 provinces, 7 cities and 107 municipalities	6 provinces, 7 cities and 107 municipalities	6 provinces, 7 cities and 107 municipalities	6 provinces, 7 cities and 107 municipalities	NGA, NGOs, LGUs
29-A.1. Provision of Iodized salt testing kits in all LGUs		40% of target	50% of target	60% of target LGUs	70% of target	

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
		LGUs	LGUs		LGUs	
29-A.2. LGU monitoring of markets and bakeries on their use of fortified food ingredients/products (iodized salt, fortified oil and flour, etc.)		40% of target LGUs	50% of target LGUs	60% of target LGUs	70% of target LGUs	
PROGRAM 7. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)						
30. Establishment of PIMAM Facilities, Capacities and Provision of Services and Monitoring						
30-O.1. <i>Delivery system for PIMAM established and operational</i>	DOH, ADRA Phils., FNRI, NNC, LGUs	1 ITC	2 ITC	2 ITC		NGA, NGOs, LGUs
30-O.2. <i>At least 60% of staff of public health facilities fully trained in managing and providing PIMAM interventions</i>		30%	40%	50%	60%	
30-A.1. Training of provincial, municipal, RHU staff and community health workers on PIMAM		25	25	75		
30-A.2. Establishment of ITC and OTC sites		1 ITC Masbate and Cam Norte	2 ITC Sorsogon RHUs	2 ITC		

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
		RHUs				
30-A.3. Delivery of ITC/OTC services (number of SAM/MAM Cases cured or rehabilitated using RUTF, RUSF etc.)		200 children	100 children	75 children		
PROGRAM 8: NUTRITION IN EMERGENCIES						
31. Capacity Building of Local Nutrition Clusters on Nutrition in Emergencies						
31-O.1. <i>All remaining provinces, cities and municipalities with fully functional Local Nutrition Cluster with</i>	DOH, NNC, RNC	Camarines Sur, Masbate City, 54 muns	100% provs, cities and muns	100% provs, cities and muns	100% provs, cities and muns	NGA, NGOs, LGUs
31-O.2. <i>100% of LGUs capacitated on nutrition in emergencies and provided with technical assistance in formulating Nutrition in Emergencies plan (to be integrated in the LNAP and LDRRM Plan)</i>		100%	100%	100%	100%	
31-A.1. Consultative meeting/ Advocacy and lobbying to LCEs						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
31-A.2. Issuance/Re-issuance of resolutions/executive orders on Regional/Local Nutrition Committees						
31-A.3. Conduct of NiEm trainings including information management and orientation on ICS and PIMAM						
31-A.4. Development of NiEm plan and Integration to DRRM plan						
31-A.5. Capacity mapping and prepositioning of supplies						
31-A.6. Monitoring, evaluation and adjustments						
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE						
32. Health and Nutrition Education (among learners and parents/caregivers) including School Crop Museum and Garden Food Based Education						
32-O.1. <i>Number and % of schools implementing the initiative</i>	DepEd					NGA, NGOs, LGUs
32-A.1. Launching of “OK (Oplan Kalusugan) sa DepEd” on April						
32-A.2. Implementation of Nutrition Month every						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
July						
32-A.3. Participation in the Global handwashing day in October						
32-A.4. Promotion of existing nutrition materials and programs for teachers (e.g. Oh My Gulay, Egg module, Vegetable module)						
32-A.5. Establishment of school crop museum						
32-A.6. Advocacy, model building and implementation of the Garden-based Food education						
32-A.7. Monitoring, review and adjustments						
33. Film Production and other Trimedia on Women and Children's Health and Nutrition						
33-O.1. <i>Number of communities reached</i>	ADRA Phils, BU					NGO
33-A.1. Identification and selection of target areas						
33-A.2. Coordination with local and school officials						
33-A.3. Implementation of the project						
33-A.4. Monitoring, review and adjustments						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
34. Health and Nutrition behavior change through radio programming						
34-O.1. Number of radio programs aired	ADRA Phils					NGO
34-A.1. Coordination with radio networks						
34-A.2. Development of broadcast materials and contest mechanics						
34-A.3. Airing of radio programs						
34-A.4. Awarding of prizes to winning radio listeners						
34-A.5. Monitoring, review and adjustments						
PROGRAM 10: NUTRITION SENSITIVE PROGRAMS						
35. Gulayan sa Paaralan	DepEd					
36. Establishment of Food Innovation Center (FIC)	DOST, BU	1 BRFICC				DOST, BU
37. Partnership Against Hunger and Poverty	DAR					
38. Farm-to-Market Road	DPWH					
39. Special Area for Agricultural Development (SAAD)	DAR					

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
40. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)/ Family Welfare Program	DOLE					
41. Small Enterprise Technology Upgrading Program (SETUP)	DOST					
42. Community Empowerment through Science and Technology (CEST)	DOST					
43. Infrastructure Projects of DPWH, including convergence projects with partner agencies	DPWH					
44. Community-Managed Potable Water Supply Sanitation and Hygiene (CP-WASH)	DAR					
45. Village Level Farms-Focused Enterprise Development	DAR					
46. Climate Resilient Farm Support project (CRFSP)	DAR, LGUs, RNC, DRR					
47. Sustainable Livelihood Support	DAR, DA					
48. Skills Training for Livelihood	BU, DSWD, Masbate SU, LGUs, TESDA, other Gas, GOs,	Camarine s Norte, Camarine s Sur, Albay,				

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
	Private Institutions	Sorsogon, Catanduanes, Masbate				
49. Industry Cluster Enhancement	DTI, DA, DAR, DOLE, DOST, BFAD, BFAR					
50. S&T Interventions for Livelihood Development (Community-based/related projects)	DOST					
51. Accelerated Coconut Planting/Replanting Project (ACPRP)	PCA					
52. KAAANIB Enterprise Development Project (KEDP) -Coconut Intercropping Project	PCA					
53. Natural Farming System	WVDFI					
54. Community Managed Savings and Credit Association (COMSCA)	WVDFI					
55. Construction of Water System	EDUCO					
56. Promotion of safe and hygienic environment (Water, Sanitation, Hygiene)	ADRA Phils					

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
57. Home Gardening	ADRA Phils					
58. Barangay United Loan and Savings Association (BULSA for Health)	ADRA Phils					
59. Convergence on Livelihood Assistance for ARBs Project (CLAAP)	DAR, DA, DSWD					
General Outputs for Nutrition-Sensitive Projects, see Annex 1 for details:						
35-59-O.1. 25 projects in the region tweaking strategies for nutritional impact						
35-59-O.2. XX families enrolled in projects tweaked for nutritional impact						
35-59-O.3. XX families involved in nutrition sensitive projects with increased income						
Major Activities for Nutrition-Sensitive Projects, see Annex 1 for details:						
35-59-A.1 Determination of tweaking strategies for the project selected						
35-59-A.2. Decision on other features to prepare implementation in the region						
35-59-A.3. Implementation, monitoring and reporting of the project						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
35-59-A.4. General research developed with NEDA and the academe						
60. Family Planning Sessions						
60.O.1. <i>Number of sessions conducted using modules with enhanced nutrition concepts</i>	ADRA Phils, LGUs	TBD	TBD	TBD	TBD	NGO, NGA, LGUs
60.O.2. <i>Number of facilitators trained/oriented on the enhanced modules</i>						
60.A.1. Review and enhancement of exiting FP modules to integrate nutrition concepts						
60.A.2. Training of facilitators on the enhanced modules	BU, DOH	TBD				DOH
60.A.3. Conduct of FP sessions using enhanced modules						
60.A.4. Monitoring, Evaluation, adjustments for scaling up						
61. Operational Research on the Nutrition-Sensitive Projects						
61-O.1. <i>Research completed and feed into redesign</i>	NNC, RNC		/			
61-A.1. Development of TOR						
61-A.2. Contracting of research project						
61-A.3. Implementation of research project						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
PROGRAM 11: ENABLING PROGRAM						
62. Mobilization of Local Government Units for Delivery of Nutritional Outcomes						
Activity 62-A.1. <i>At least one LCE from the province, city and municipal LGU enlisted as Nutrition Champions</i>	RNC	3	3	3	3	NGA, NGOs, LGUs
Activity 62-A.2. <i>Partnership to support LGU mobilization in the region established and strengthened</i>		/	/	/	/	
62-A.1. Issuance and dissemination of DILG MC enjoining all the LGUs to vigorously implement the RPAN 2019-2022						
62-A.2. Political endorsement of LPP in support of PPAN implementation						
62-A.3. Organization/re-activation and strengthening of LNC						
62-A.4. Designation of full-time NAOs in LGUs						
62-A.5. Development of evaluation tool in identifying nutrition champions (criteria/indicators)						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
62-A.6. Documentation of best practices of nutrition champion LGUs						
62-A.7. Selection of nutrition champion LGUs						
62-A.8. Conduct of NGO Forum						
62-A.9. Attendance to and active participation in RNC meetings and other highly significant activities						
63. Policy Development for Food and Nutrition						
63-O.1. <i>Number of policies in support of and to facilitate improvement of nutrition status of Bicol passed</i>	RNC	/	/	/	/	NGA, NGOs, LGUs
63-O.2. <i>Compendium of nutrition and nutrition-related policies, resolutions and issuances/directives relevant to Region V developed</i>		/				
63-A.1. Additional policies, resolutions, directives and other issuances and compilation of all existing policies, directives, issuances and NNC Board resolutions on Nutrition						
63-A.2. Issuance of JMC/Resolution by the NNC Governing Board making the Annual						

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Evaluation of Local Level Plan Implementation mandatory for provinces, cities and municipalities						
63-A.3. Monitoring Functionality of LNCs						
63-A.4. Development of Assessment Tool for Monitoring and Assessment of the Functionality of LNCs						
63-A.5. Expanding composition/membership of LNAC to include DAR, DPWH, NCIP, local leagues and NGOs/CSOs, civic orgs. semi/private entities and all other duty-bearers with significant PPAs on nutrition, for greater and stronger convergence on various nutrition services						
63-A.6. Request/require member agencies to designate permanent and alternate representatives to the RNET						
64. Management Strengthening Support to RPAN Effectiveness						
64-O.1. <i>NNC Regional Office Work and Financial Plan adjusted to the requirements of the RPAN</i>	RNC	/	/	/	/	NGA, NGOs, LGUs
64-O.2. <i>Pool of LGU Mobilizers organized</i>		/	/	/	/	

Project Title, Outputs and Major Activities	Agency/ ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
64-O.3. <i>Number of Nutritionist Dietitians deployed</i>		TBD	TBD	TBD	TBD	
64-A.1. Staff complement of NNC RO right-sized to the requirements of the RPAN						
64-A.2. RNC and TWG together with NNC RO staff fit for purpose of RPAN implementation and coordination						
64-A.3. Pool of LGU mobilizers trained						
64-A.4. Recruitment and deployment of NDs in PPAN focus areas particularly on mobilization of LGUs and support to the requirements of these LGUs						
64-A.5. Capacity building of NDs on mobilization of LGUs and support to the requirements of these LGUs						

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

PROGRAM/ PROJECT	Agency/ ies Resposi ble	Budgetary Requirement								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunde d	
Program 1: IYCF and First 1000 Days (F1K)		157,719,065	0	149,934,523	325,000	159,419,134	150,000	175,361,047	200,000	642,433,768	675,000	Undertake resource mobilization through partnership with NGOs, LGUs and development partners
Project 1. Mobilization of LGUs for F1K	DOH, NNC	3,090,720.00			200,000.00					3,090,720	200,000	
Project 2. Information Management in the F1K	DOH, LGUs											
Project 3. Strengthening of Health Delivery for F1K	DOH, LGUs	4,962,965								4,962,965		
Project 4. Iron, iodine and calcium supplementation to pregnant and lactating women	DOH, LGUs	88,094,720		96,904,192		106,594,611		117,254,072		408,847,596		
Project 5. Iron supplementation to low birth weight infants and MNP supplementation to children 6-23 months	DOH, LGUs	42,160,730		46,376,803		51,014,483		56,115,932		195,667,948		
Project 6. Vitamin A Supplementation for postpartum women and children 6-23 months	DOH, LGUs	306,800		337,480		371,228		408,351		1,423,859		

[illegible]

Project 14. Parent Effectiveness Session among Parents and Caregivers of children enrolled in CDCs and SNPs	DSWD, LGUs		394,450															394,450			
Project 15. Community-based Feeding for malnourished children (Kabisig ng Kalahi)	DSWD, LGUs																				
Project 16. Supplementary Feeding in school	DEPED	6,399,392			5,648,502			718,832				733,042							13,499,767		
Project 17. School based complementary health services	DEPED, DOH	17,404,185			17,700,056			18,000,957				18,306,973							71,412,172		
Program 3: Adolescent Health and Development		286,413,235	264,819,600	297,905,750	280,945,800	127,308	131,127	584,577,420	545,765,400												Forge and secure partnership and financial support from NGAs, NGOs, LGUs, development partners and private sector.
Project 18. U 4 U / Teen Trail	POPCOM, DepEd	350,000																	350,000		
Project 19. Parent Teen Talk	POPCOM LGUs,	120,000		123,600		127,308	131,127.24												502,035		
Project 20. Establishment and Management of Teen Centers and Adolescent Friendly Spaces and Health Facilities	POPCOM LGUs,	2,716,000																	2,716,000		
Project 21. Weekly Iron Folic Acid (WIFA) Supplementation to Adolescent Female Learners	DepEd, DOH	257,106,600	264,819,600	272,763,000	280,945,800														529,869,600	545,765,400	Other costs covered under Proj. 26

Project 22. YouHealth	Children Int'l	6,739,450											13,557, 450		
Project 23. Basic and Specialized Health Care Services	Children Int'l	18,369,650											36,570, 800		
Project 24. Mobile Theatre and Film Making	ADRA Phils	462,525											462,52 5		
Program 4. Micronutrient Supplementation		11,520,000	11,520,000	11,520,000	11,520,000	11,520,000	11,520,000	11,520,000	11,520,000	11,520,000	11,520,000	11,520,000	46,080, 000	34,560,000	
Project 25. Vitamin A Supplementation	DOH, LGUs	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	7,080,000		
Project 26. Anemia Reduction among WRA including female adolescent learners		9,750,000	9,750,000	9,750,000	9,750,000	9,750,000	9,750,000	9,750,000	9,750,000	9,750,000	9,750,000	9,750,000	39,000, 000		
Program 5. Overweight and Obesity Management and Prevention		0	0	0	0	0	0	0	0	0	0	0	0	0	
Project 27. Promotion of Healthy Lifestyle	DOH, RNC, LGUs													0	Integrated in DOH Healthy Lifestyle Program; Unfunded activities to be proposed in Tier 2 of budgets of agencies
Project 28. Weight Management Intervention (for Overweight and Obese individuals)															
Program 6: Mandatory Food Fortification Program		100,000	0	100,000	0	100,000	0	100,000	0	100,000	100,000	100,000	400,000	0	
Project 29. Advocacy and Monitoring of compliance to RA 8976 and 8172	DOH, NNC	100,000		100,000		100,000		100,000		100,000	100,000	100,000	400,000	0	

Program 7: Philippine Integrated Management of Acute Malnutrition (PIMAM)		9,197,058																	9,197,058	0	To be proposed under Tier 2 of respective agency budgets
Project 30. Establishment of PIMAM Facilities and Provision of Services and Monitoring	DOH, FNRI, NNC, LGUs	9,197,058																	9,197,058	0	
Program 8: Nutrition in Emergencies		282,000							290,460				299,174						308,149	0	To be proposed under Tier 2 of respective agency budgets
Project 31. Capacity Building of local nutrition committees on nutrition in emergencies	DOH, NNC, RNC	282,000						290,460					299,173.80						308,149	0	
Program 9: Nutrition Promotion for Behavior Change		4,090,950						0	0	0	0	0	0	0	0	0	0	0	4,090,950		
Project 32. Health and Nutrition Education (among learners and parents/caregivers) including School Crop Museum and Garden-Based Food Education	DepEd	1,300,000																	1,300,000		Integrated in school curricula
Project 33. Film Production on Women and Children's Health and Nutrition and Learning Through Play (LTP)	ADRA Phils	886,515																	886,515		
Project 34. Health and Nutrition behavior change through radio programming	ADRA Phils	1,904,435																	1,904,435		

Program 10: Nutrition Sensitive	1,714,270,824	302,741	451,207,801	1,681,546	151,840,992	2,047,717	160,792,739	2,246,088	2,478,112,355	6,278,092	To be proposed under Tier 2 of respective agency budgets
Project 35. Gulayan sa Paaralan	430,000		500,000		600,000		750,000		2,280,000	0	
Project 36. Establishment of Food Innovation Center (FIC)	5,000,000		5,500,000		6,050,000		6,655,000		23,205,000	0	
Project 37. Partnership Against Hunger and Poverty	5,525,000		8,400,000		9,375,000		10,000,000		33,300,000	0	
Project 38. Farm-to-Market Road	25,789,200								25,789,200	0	
Project 39. Special Area for Agricultural Development (SAAD)	151,277,000		299,523,562						450,800,562	0	
Project 40. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)/ Family Welfare Program	1,130,000			1,249,000		1,373,900		1,511,290	1,130,000	4,134,190	
Project 41. Small Enterprise Technology Upgrading Program (SETUP)	42,500,000		46,750,000		51,425,000		56,567,000		197,242,000	0	
Project 42. Community Empowerment through Science and Technology (CEST)	2,872,000		3,159,310		3,475,241		3,882,765		13,389,316	0	
Project 43. Infrastructure Projects, including convergence projects with partner agencies	1,000,000,000								1,000,000,000	0	

Project 44. Community-Managed Potable Water Supply Sanitation and Hygiene (CP-WASH)	DAR	390,000		420,000		480,000		540,000		1,830,000	0	
Project 45. Village Level Farms-Focused Enterprise Development	DAR	4,720,000		6,490,000.00		6,195,000.00		6,490,000.00		23,895,000	0	
Project 46. Climate Resilient Farm Support Project (CRFSP)	DAR, LGUs, RNC, DRR	22,500,000.00		20,500,000.00		20,500,000.00		21,000,000.00		84,500,000	0	
Project 47. Sustainable Livelihood Support	DAR and DA	14,500,000.00		16,500,000.00		16,500,000.00		16,500,000.00		64,000,000	0	
Project 48. Skills Training for Livelihood	BU, DSWD	200,000,000.00								200,000,000		
Project 49. Industry Cluster Enhancement	DTI, DA, DAR, DOLE, DOST, BFAD, BFAR	4,675,000.00		4,800,000.00		5,000,000.00		5,200,000.00		19,675,000	375,000	
Project 50. S&T Interventions for Livelihood Development (Community-based/related projects)	DOST	30,390,000.00		31,301,700.00		32,240,751.00		33,207,973.53		127,140,425	0	
Project 51. Accelerated Coconut Planting/Replanting Project (ACPRP)	PCA	100,000	90,000	100,000	90,100		190,210		190,331	200,000	560,641	
Project 52. KAANIB Enterprise Development Project (KEDP) -Coconut Intercropping Project	PCA	84,307.50	212,741.13	84,307.50	242,445.99		358,606.62		394,467.28	168,615	1,208,261	

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Project 64. Management strengthening support to RPAN effectiveness	NNC, DOH, RNC	200,000		200,000		200,000		200,000		200,000		800,000	0	
Grand Total		2,487,284,464	277,668,141	1,216,487,695	294,717,007	627,013,300	13,967,271	655,065,981	2,695,643	4,986,133,440	589,048,061	5,575,181,501		

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