



**47<sup>th</sup> Nutrition Month**

**MALNUTRISYON  
PATULOY NA LABANAN,**

**FIRST 1000 DAYS  
TUTUKAN!**

**#Laking1000 #2021NutritionMonth #First1000Days**



# Presentation outline

1. Get to know more about Nutrition Month
2. What is our nutrition situation?
3. How are we addressing malnutrition?
4. Opportunities for stakeholders



# 2021 Nutrition Month Campaign Objectives

EDUCATE

1. Increase the understanding of the First 1000 Days of life strategy and the PPAN as overall framework

ENCOURAGE

2. Facilitate collaboration among various stakeholders for scaled up interventions to fight malnutrition

ENGAGE

3. Generate interactions from stakeholders about nutrition



# POSITIONING STATEMENT

The Nutrition Month campaign is an institutionalized campaign that offers an opportunity for various stakeholders to come together to inform about the most relevant nutrition issue in the Philippines. This year, the call to action is:

“By working **together**, we can end all forms of malnutrition. Let us scale up critical actions in the first 1000 days of life!”



# Target Audience and Key Messages

Buntis -Kumain ng sapat , para tamang weight gain ang katapat.

Pamilya - Maging madiskarte sa pagpapakain kay baby.

Local chief executive  
Nutrisyon ng aking bayan, aking pananagutan.

Lahat - Suportahan ang PPAN. Invest in the First 1000 Days.



## KEY MESSAGES: Pag-asa sa ABAKADA

**A**lagaan ang mga buntis

**B**reastfeeding kay baby

**K**omplementary feeding na sapat

**D**apat lahat suportado ang PPAN





# Kanutrisyon Mo, Jessica Lanuzo

• Source:  
NNC/2021/MKMR



# Our nutrition situation



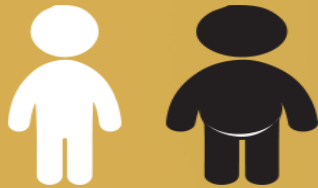
## WASTING

5.6% of children under-5  
(800,000)



## STUNTING

30.3% of children under-5  
(3.4 Million)

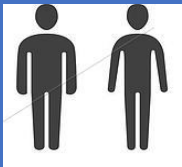


## OBESITY

4.0% of children under-5  
37.2% among adults



## MICRONUTRIENT DEFICIENCIES (Hidden hunger)



**Chronic Energy  
Deficiency** 8% of adults



**HUNGER** 21%  
**FOOD INSECURITY** 53.9%





# Breastfeeding Practices

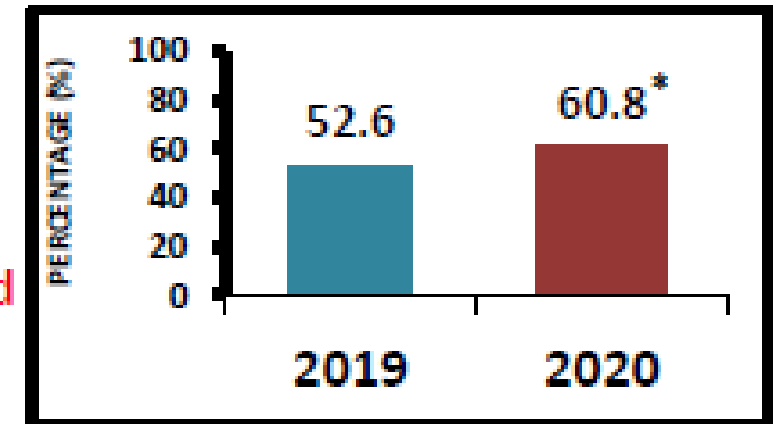
COVID-19 did not affect drastically the breastfeeding practice.



Exclusively breastfeeding

## 60.8 %

of children 0-5.9 months were **exclusively breastfed** during COVID-19 pandemic

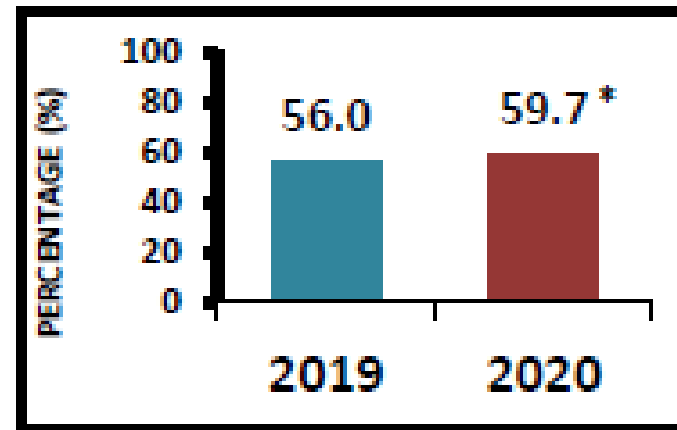


\*not significantly different

Current breastfeeding

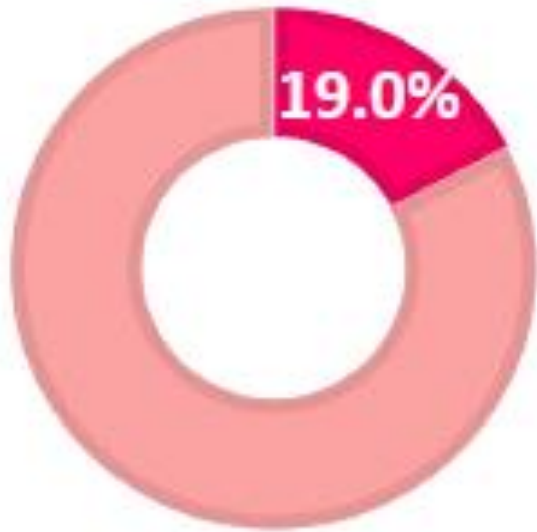
## 59.7 %

of children 0-23 months were **currently breastfed** during COVID-19 pandemic



\*not significantly different

# Breastfeeding practices



of children 0-23 months had  
**stopped breastfeeding**  
during COVID-19 pandemic



**61.8 %**  
Decided not to breastfeed



**15.5%**



**2.7 %**

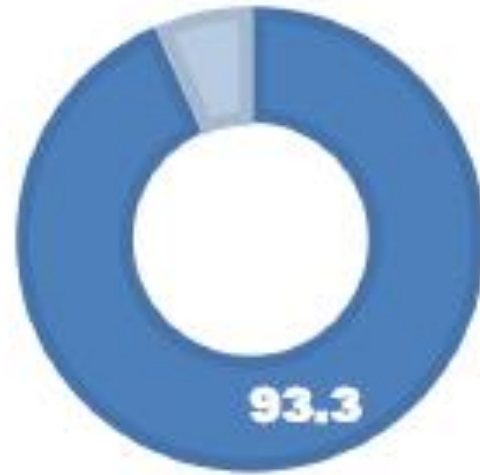


**9.1%**  
Child did not want  
to be breastfed

# Complementary feeding practices



**Meeting Minimum  
Dietary Diversity**



**Meeting Minimum  
Meal Frequency**



**Meeting Minimum  
Acceptable Diet**

**COVID-19 did not affect complementary feeding practices.**

- ◆ **Dietary Diversity Score** is a proxy indicator of micronutrient adequacy.
- ◆ **Minimum meal frequency** is proxy indicator of energy adequacy.
- ◆ **Minimum acceptable diet** is a proxy of both energy and micronutrient adequacy.



# Top complementary foods consumed by children 0-23 months



**45.6 %**  
Commercial baby food



**19.5 %**  
Mashed vegetables



**14.4 %**  
Porridge/lugao



**7.6 %**  
Rice



**3.2 %**  
Fruits

# What is the impact of the pandemic on **NUTRITION**?

- Families had limited access to food
- “*Ayuda*” food items were insufficient to meet nutritional needs
- Interruptions of nutrition programs and services
- Maternal health services were affected
- Physical inactivity and unhealth behaviors increased

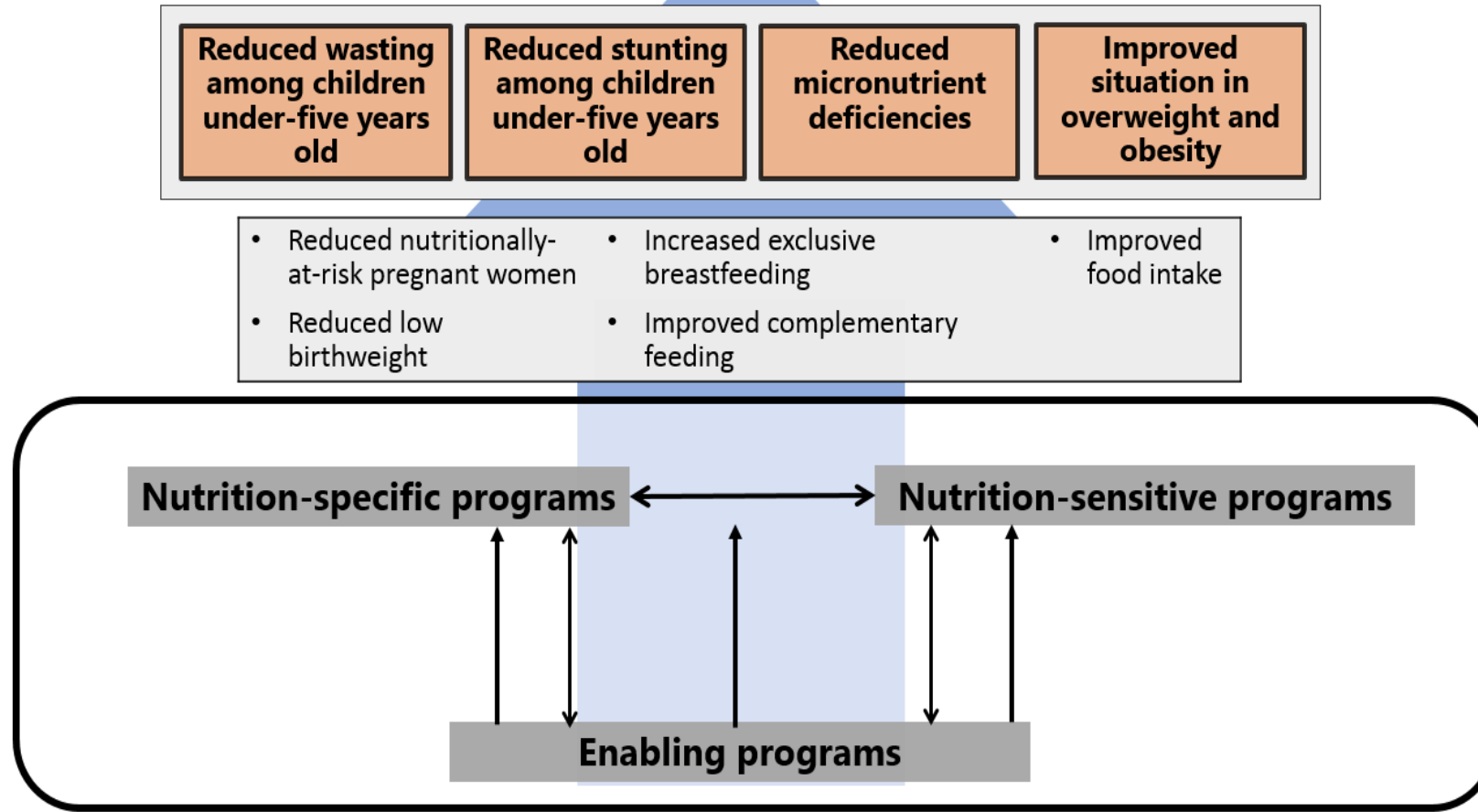


*Source: 2020 RNAS. DOST-FNRI.*



# PPAN 2017-2022

Ambisyon 2040, Philippine Development Plan *and* Sustainable Development Goals



Regional Plan of Action for Nutrition

Local Nutrition Action Plan  
(Provincial, City/Municipal, Barangay)







# PPAN 2017-2022

## What are the nutrition-specific interventions?

Programs that address the immediate causes of malnutrition. Specifically, these are inadequate food intake and intake of food of poor nutrient quality; poor maternal and child caring practices; and disease.



Infant and Young Child Feeding



Integrated Management of Acute Malnutrition



National Dietary Supplementation Program



Nutrition in Emergencies



National Nutrition Promotion Program for Behavior Change



Mandatory Food Fortification



Micronutrient Supplementation



Overweight and Obesity Management and Prevention Program



# FIRST 100 DAYS

- Starts from conception up to the first two years of a child
- “**golden window of opportunity**” where health, nutrition, and development foundations are established
- Its impact:
  - Optimum growth and development
  - Higher IQ and better performance in school
  - Lower risk of diseases and overall better health
  - Increased productivity and higher income
  - Reduced child deaths



# CONTINUE AND SCALE UP CRITICAL INTERVENTIONS IN THE FIRST 1000 DAYS OF LIFE

## PREGNANCY

1. At least 4 pre-natal visits in 3 trimesters (1-1-2)
2. 180 tablets of Iron-folic acid supplementation
3. Balanced protein-energy dietary supplementation

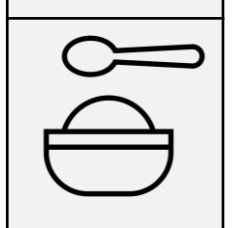
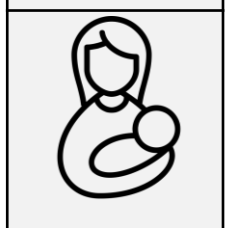
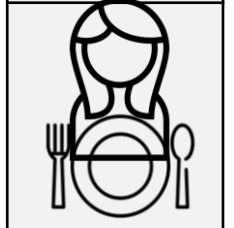
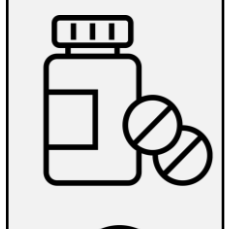
## YOUNGER STAGE OF INFANCY (*Birth to 5 months*)

4. Exclusive breastfeeding for the first 6 months

## OLDER STAGE OF INFANCY & TODDLERHOOD (*6 -24 months*)

5. Age-appropriate complementary feeding with continued breastfeeding
6. Micronutrient supplementation (Vit. A, Micronutrient Powder)

*“Evidence suggests that specific multisectoral, nutrition-specific evidence-based interventions could reduce child stunting by **20%**, if scaled to **90%** coverage” – World Health Organization (WHO) and Lancet Journal*



# Malnutrition can be prevented particularly during the first 1,000 days of life

1. Antenatal multiple micronutrient supplementation to reduce risk of stillbirths, low birthweight and small-for-gestational age babies;
2. Provision of supplementary food in food-insecure settings.
3. Use of locally produced, ready to use supplementary and therapeutic food to manage acute malnourished children;
4. Preventive small-quantity lipid based nutrient supplementation for children aged 6 to 23 months for positive effects in child growth.

*Source: Keats, E. C., Das, J. K., Salam, R. A., Lassi, Z. S., Imdad, A., Black, R. E., & Bhutta, Z. A. (2021). Effective interventions to address maternal and child nutrition: an update of the evidence. 1 May 2021. The Lancet Child & Adolescent Health, Volume 5, Issue 5, 367-384.*



# Malnutrition can be prevented particularly during the first 1,000 days of life

5. Integrated interventions including diet, exercise, and behavior therapy for prevention and management of childhood obesity;
6. Nutrition-sensitive programs that yield nutritional benefits including malaria prevention, preconception care, and water, sanitation, and hygiene (WASH) promotion; and
7. Improved coverage of interventions to reach the most vulnerable groups.

*Source: Keats, E. C., Das, J. K., Salam, R. A., Lassi, Z. S., Imdad, A., Black, R. E., & Bhutta, Z. A. (2021). Effective interventions to address maternal and child nutrition: an update of the evidence. 1 May 2021. The Lancet Child & Adolescent Health, Volume 5, Issue 5, 367-384.*



# Basis for LGU Funding for nutrition

- DILG Memorandum Circular 2018-42 – enjoins all LGUs to prioritize in their allocation of local funds the PPAN included in their local nutrition action plans formulated in accordance with the PPAN 2017-2022
- DILG-DOH Joint Memorandum Circular 2019-0001 – Guidelines for integration of PAPs from the PPAN to the local development plans, investment programs and budget of LGUs
- DBM guidelines on annual LGU budget preparation that requires LGUs to prepare local nutrition action plans
  - National Budget Memorandum No. 130
  - Local Budget Memoranda No. 77 S. 2018
  - Local Budget Memoranda No. 80. 2020
  - Local Budget Memoranda No. 82. 2021





# Policies and programs that support nutrition

- **RA 11148** *Kalusugan at Nutrisyon ng Mag-Nanay Act*
- **RA 11210** 105-Day Expanded Maternity Leave Law **RA 11037** *Masustansyang Pagkain para sa Batang Pilipino Act*
- **RA 10410** Early Years Act
- **RA 10028** Expanded Breastfeeding Promotion Act
- **RA 8976** Food Fortification Law
- **RA 8172** ASIN Law
- **EO 51** Philippine Milk Code



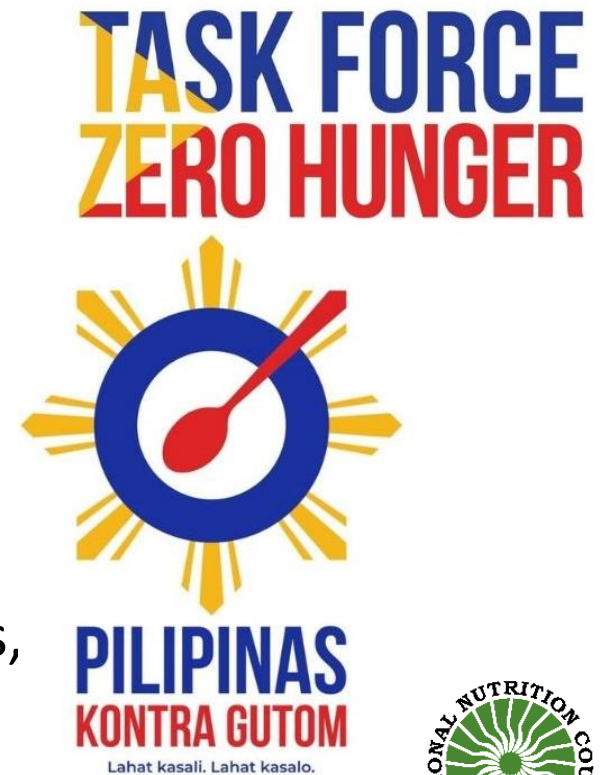
# Platforms for collaboration

- **IATF on Zero Hunger**

- Launched the **National Food Policy** under the leadership of the Office of the Cabinet Secretary
- Involve all government stakeholders to eradicate hunger, achieve food security, improve the nation's nutrition situation, and promote sustainable agriculture.

- ***Pilipinas Kontra Gutom (PKG) Movement***

- National and multisectoral anti-hunger movement with support from the private sector, NGOs and foundations, CSOs, and digital and media partners





# Platform for collaboration

- **Scaling Up Nutrition (SUN) Movement**
  - Global movement to convene different sectors to implement actions aligning nutrition targets
- **SUN Philippines**
  - Organized sectors including: United Nations, donors, civil society, business, academe, and government
  - Adopted SUN Strategy 3.0 in June



# Current support for nutrition?



Personal  
development?



Service  
delivery?



Policies and  
budgets?



Nutrition  
education?



Advocate?



Don't care?

# How can stakeholders support nutrition?



# Opportunities to support nutrition: **National Government**

1. Strengthen policies and programs on scaling up nutrition interventions
2. Invest in nutrition through inclusion of nutrition programs in the national annual budget, operational plans, and human resources
3. Establish more nutrition-sensitive programs to address basic and underlying causes of malnutrition
4. Prioritize nutritionally vulnerable groups as beneficiaries in nutrition-specific and nutrition-sensitive government programs





# Opportunities to support nutrition: **Local Government**

1. Adopt the PPAN in local nutrition action plan and annual investment plan
2. Increase support to nutrition programs and its implementation, with focus on the first 1000 days with adolescents, pregnant and lactating women, and infants and young children as primary beneficiaries
3. Ensure delivery of essential health and nutrition programs in the first 1000 days, as mandated by RA 11148



# Opportunities to support nutrition: **Local Government**

4. Improve access of health and nutrition programs in far-flung areas, geographically-isolated and disadvantaged areas, urban poor, resettlement areas and indigenous peoples
5. Coordinate with national government agencies through the regional offices in capacity building and technical assistance for implementation of programs on health and nutrition



# Opportunities to support nutrition: **Private sector**



1. Create an enabling work environment for women and children
2. Ensure protection of women in the labor industry by establishing lactation stations and provision of breastfeeding breaks (RA 10028)
3. Provide and allow expanded maternity leave to encourage proper postpartum care and exclusive breastfeeding
4. Tweak budget and plans for nutrition-related activities and services to employees and clientele
5. Comply with EO 51 for manufacturers of breastmilk substitutes



# Opportunities to support nutrition: **Media**



1. Develop materials for information, education, and communication of nutrition messages to the public
2. Disseminate factual information on good nutrition through print, television, radio, digital media, and other media
3. Promote good and healthy nutrition practices in commonly consumed media like film and television, as well as digital media
4. Encourage the public to participate in national and local health and nutrition programs



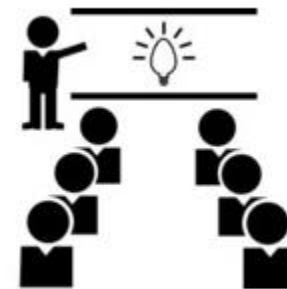
# Opportunities to support nutrition: **Civil society**



1. Advocate for increased attention to nutrition in the first 1000 days, and more investment on it
2. Empower communities to support programs for prevention of malnutrition in the first 1000 days
3. Work with the government in strengthening efforts to address malnutrition
4. Widen reach of nutrition programs to areas with less access to health and nutrition programs
5. Join the Scaling Up Nutrition Civil Society Alliance.



# Opportunities to support nutrition: **Academe**



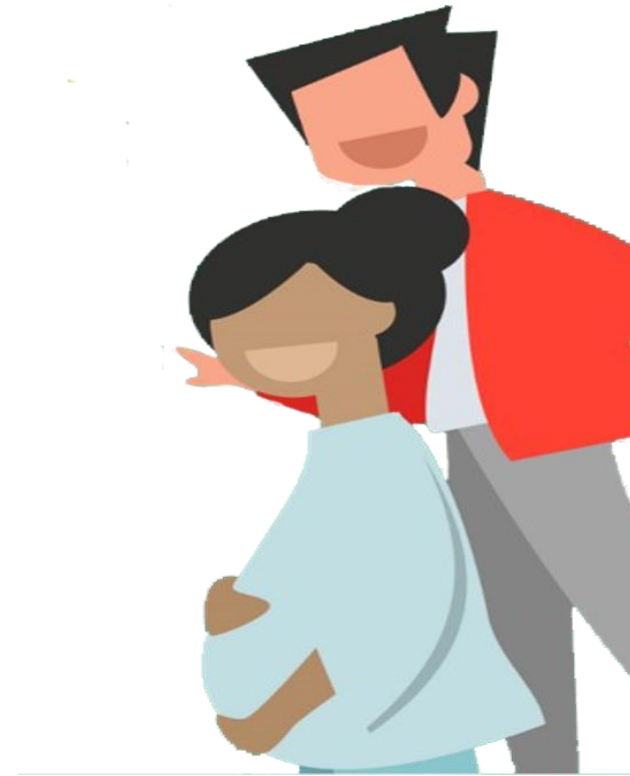
1. Ensure that nutrition is part of the curricula.
2. Conduct webinars, online fora, and other activities on nutrition
3. Have its extension programs promote good nutrition and encourage the school and university constituents' participation
3. Conduct research on nutrition aligned with the PPAN Research Agenda
4. Join the Scaling Up Nutrition Academe Network





# Opportunities to support nutrition: **Families/Individuals**

1. Practice good nutrition in your family
2. Participate in nutrition programs
3. Help others achieve proper nutrition by doing voluntary work in communities
4. Innovate and think out of the box.



# ACTIVITIES TO SUPPORT NUTRITION MONTH CAMPAIGN

1. Disseminate Nutrition Month through streamers, websites, and social media
2. Conduct nutrition webinars and online fora
3. Review and tweak organization plans and budgets to include nutrition-related activities and services
4. Participate in Nutrition Month activities in your community and that of the NNC and other agencies with observance of minimum health standards
5. Do volunteer work in nutrition



# Call to action for nutrition!

Let us **all work together** to eliminate all forms of malnutrition, raise a new #Laking1000 generation of Filipinos achieving their full potential.

Be one of the spoons to advocate for good nutrition among Filipinos beginning in the first 1000 days of life!

Sa PPAN, Panalo ang Bayan!





For more information, please contact

**NATIONAL NUTRITION COUNCIL**  
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 Avenue Extension, Taguig City  
 (632) 8843-0142  
<http://www.nnc.gov.ph>



**National Nutrition Council (Official)**

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**First 1000 Days PH**

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