

*Region X
Northern Mindanao*



Regional Plan of Action for Nutrition

2019 - 2022

One Region in Nutrition!

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Glossary of Abbreviations and Acronyms

CED	- Chronic Energy Deficiency
CROWN	- Consistent Regional Outstanding Winner in Nutrition
DOST PINOY	- DOST-Package for the Improvement of Nutrition of Young Children
F1K	- First 1000 Days
FHSIS	- Field Health Service Information System
FNRI	- Food and Nutrition Research Institute
IDD	- Iodine Deficiency Disorders
IYCF	- Infant and Young Child Feeding
MAD	- Minimum Acceptable Diet
MAM	- Moderate Acute Malnutrition
NDHS	- National Demographic and Health Survey
NNC	- National Nutrition Council
NNS	- National Nutrition Survey
PIMAM	- Philippine Integrated Management of Acute Malnutrition
PPAN	- Philippine Plan of Action for Nutrition
RNC	- Regional Nutrition Committee
RPAN	- Regional Plan of Action for Nutrition
SAM	- Severe Acute Malnutrition
SNP	- Supervised Neighborhood Play
TSFP	- Targeted Supplementary Feeding Program
UIE	- Urinary Iodine Excretion
VAD	- Vitamin A Deficiency
VADD	- Vitamin A Deficiency Disorders

MESSAGE FROM THE RNC X CHAIRPERSON




The Department of Health Regional Office X recognizes the collaborative efforts and true endeavor of all the member agencies, that includes the national government agencies, non-government organizations and other stakeholders in the crafting of the Regional Plan of Action for Nutrition (RPAN) 2019-2022.

The sectoral plan really is of prime importance for all of us stakeholders and partners, since this would serve as a guide in the implementation of various nutrition and health-related programs, projects and activities that is in accordance with the standards and guidelines of the Department of Health.

We are happy and hopeful that through this plan, program managers and frontline Health and nutrition workers can efficiently implement nutrition interventions not just nutrition-specific but also nutrition sensitive programs to combat malnutrition problems in the region.

On behalf of the Department of Health, I wish to thank all the stakeholders and partners who contributed to the crafting of this Regional Plan of Action for Nutrition. Let us work together for the betterment of all children and mothers as well.


NIMFA B. TORRIZO, MD
Regional Director, CHD X
Chairperson, Regional Nutrition Committee

RNC X Resolution and Agency Commitments



Republika ng Pilipinas
KAGAWARAN NG KALUSUGAN
NATIONAL NUTRITION COUNCIL X
2nd Floor Door 1, Rego Bldg., Agoho Drive,
Zone 1, Carmen, Cagayan de Oro City



REGIONAL NUTRITION COMMITTEE X Resolution No. 3, Series of 2018

APPROVING AND ADOPTING THE REGIONAL PLAN OF ACTION FOR NUTRITION 2019-2022

WHEREAS, The National Nutrition Council Governing Board (NNC-GB) approved the Philippine Plan of Action for Nutrition (PPAN) 2019-2022 through Resolution No. 1, Series of 2017;

WHEREAS, the PPAN 2019-2022 is the country's national framework plan on nutrition, the overall goal is to contribute to significant reduction in the prevalence of stunting, wasting, micronutrient deficiencies and halt any further increase in overweight and obesity with special focus on critical package of interventions during the First 1,000 Days of Life.

WHEREAS, the PPAN 2019-2022 was formulated to pursue the 2030 Agenda for Sustainable Development, contribute to the achievement of the 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, to localize the PPAN and in consideration of the regional priorities of NORTHERN MINDANAO as indicated in its Regional Development Plan (RDP), 2017-2022, there is a need to translate the key strategies and priority actions of the PPAN at the sub-national level;

WHEREAS, to fully operationalize the PPAN, the Regional Nutrition Committee X, formulated the Regional Plan of Action for Nutrition 2019-2022 which outlined programs, projects and activities that RNC X will pursue to facilitate and contribute in achieving PPAN targets and the desired nutrition outcomes that RNC X hoped to achieve during the plan period;

NOW, THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, Regional Nutrition Committee X, being the policy making and coordinating body on nutrition in the region do hereby approve and adopt the RPAN 2019-2022;

RESOLVE FURTHER, that we commit our agencies or organizations to undertake concrete actions to:

1. Pursue the programs and projects stated herein and continue to identify and update it during the implementation of the plan;
2. Ensure the availability of the needed resources including related budgetary requirements in the agency budget proposal to achieve the goal and targets;

3. Advocate for nutrition to be a perspective and component of our policies, plans and programs

RESOLVED FURTHER, for the National Nutrition Council X to ensure that the plan is disseminated to allow alignment of efforts of various stakeholders along the priority concerns;

RESOLVED FINALLY, that the National Nutrition Council X to monitor and to ensure full implementation of this resolution.

APPROVED, June 19, 2018
First Semester RNC Meeting
Apple Tree Resort and Hotel, Opol,
Misamis Oriental

Certified Correct:


GLADYS MAE S. FERNANDEZ
Secretary, RNC X
OIC-Nutrition Program Coordinator, NNC X

APPROVED:


NIMFA B. TORRIZO, MD, MPH
Chairperson, RNC X
Regional Director, CHD X

Introduction

Hunger and malnutrition persist and remain a problem not only in the country but also in Northern Mindanao. The results of the National Nutrition Survey in 2015 showed that 36.5% or 236,505 children are stunted, 27.7% are underweight and about 25,270 are wasted. Stunting is the most dominant form of undernutrition and has permanent effects on a child's growth and development. Survey findings showed that the poverty incidence among families in Northern Mindanao was 30.3%, subsistence incidence or the proportion of Filipinos whose income falls below the food threshold was estimated at 13.8% (PSA, 2015) and the families who experienced hunger was 18.2% (PSA, 2013). Meanwhile, overnutrition was also a problem wherein the prevalence of overweight and obesity among children and adults are also on the rise.

In addressing the problems related to nutrition and consistent with the functions and role of the Regional Nutrition Committee (RNC) X as the coordinating body on nutrition in the region, the Regional Plan of Action on Nutrition (RPAN) 2019-2022 was formulated. It is consistent with the Philippine Plan of Action on Nutrition (PPAN) 2017-2022, Philippine Health Agenda as well as the Administration's Economic Agenda and commitment to good governance to the Filipino people especially in capacitating the poor, through healthcare, education, social protection and other services. The PPAN is the country's blueprint of actions for nutrition improvement.

The RPAN will serve as a roadmap to address and improve the nutritional status of the region. It consists of the programs and activities of the different stakeholders which include the Local Government Units (LGUs), the different government and non-government agencies working together for the welfare and development of the region. The RPAN consists of nutrition-specific programs that will address immediate causes of malnutrition and nutrition-sensitive programs for the underlying causes of malnutrition.

The Region X RPAN Formulation Process

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

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

The Region X RPAN planning process was participatory, inter-sectoral and multi-level as it engaged the participation of the representatives from the RNC-Region X 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 X RPAN 2018-2022:

1. RPAN Planning Workshop, 22-24 March 2018, Marianne Suites Hotel, Cagayan de Oro City
2. RNC Special Meeting to review and finalize the zero draft RPAN 2019-2022, 23 April 2018, VIP Hotel, Cagayan de Oro City
3. Regional Nutrition Committee (RNC) First Semester Meeting (presentation of RPAN final draft), 19 June 2018, Cagayan de Oro City
4. RNC Meeting for RPAN approval, 19 June 2018, Cagayan de Oro City

¹ RNC is the NNC Governing Board regional counterpart

The Region X Regional Plan of Action for Nutrition was approved on June 19, 2018 following the issuance of RNC Resolution No. 3, series of 2018, Approving and Adopting of the Regional Nutrition Plan of Action 2019 to 2022 of Region X.

Nutrition Profile of Northern Mindanao

Estimated Population by Age/Physiological Group Based on the Projected Population, 2015		
Total population (2015, PSA)		4,799,700
- Male		2,424,800
- Female		2,374,900
0-59 months (13.5%)		647,959
60-120 months (11.7%)		561,565
121-228 months (20%)		959,940
20 years and above (48.6%)		233,265,420
Women of reproductive age (15-49 years old) (60%)		2,879,820
Pregnant women		129,591
Lactating mothers		143, 991
Nutritional Status Indicators/Population Group (NDHS & NNS 2013)	Prevalence (%)	Equivalent Number in 2017
Low Birth Weight Infants	20.6%	13,347
Infants 5 mos. old who are exclusively breastfed	59.5%	385,536
Children 6-23 months old meeting the Minimum Acceptable Diet	23.6%	152,918
UNDERNUTRITION (NNS, 2015)		
Under five years old children		
- Underweight	20.4 %	132,183
- Stunting	36.5%	236,505
- Wasting	4%	25,918
School age children (5-10 years old)		
- Underweight	27.6%	154,991
- Stunting	37%	207,778
- Wasting	4.5%	25,270
Adolescents (ages 10-19 years old)		
- Stunting	39.2%	376,296
- Wasting	8.9%	85,434
Adults (≥ 20 years)		
Chronic energy deficiency (CED)	8.4%	195,942
Overweight	25.1%	585,496
Obese	7.9%	184,279
Pregnant women		
- Nutritionally at-risk	15.4%	25,870
Lactating mothers		
- Wasted and CED	7.2%	10,367
OVERNUTRITION (NNS, 2015)		
- Overweight/obese	28.4%	40,893
- Children under five years old	2%	12,959
- School age children	5%	28,078
- Adolescents	7.3%	70,075
- Adults 20 years and above	33%	769,775

MICRONUTRIENT DEFICIENCY (NNS, 2013)		
Vitamin A deficiency among children 6 months to 5 years old	21%	125,992
Anemia among women of reproductive age		
13-19 y	5.4%	51,836
20-<60 y	7.9%	184,279
Median urinary iodine concentration, mcg/L		
- Children 6-12 years old		121 mcg/L
- Pregnant women		64 mcg/L
- Lactating women		53 mcg/L
- Children 6-12 years old with UIE concentration <50 mcg/L	23.6%	
- Lactating women with UIE concentration <50 mcg/L	34.2%	49,244
HOUSEHOLDS WITH DIETS THAT MEET THE ENERGY REQUIREMENTS (NNS,2013)	26.9%	
LBW data from National Demographic Health Survey Assessment criteria in determining magnitude and severity of underweight, stunting and wasting in children under-five years old (0 to 59 months old) as public health problem (WHO, 1995): Underweight:<10% – low; 10-19% - medium; 20-29% – high; ≥30% – very high. Stunting: <20% – low; 20-29% - medium; 30-39% - high; ≥40% – very high. Wasting: <5% – acceptable; 5-9% – poor; 10-14% - serious; ≥15% – critical		

Executive Summary

The Regional Plan of Action for Nutrition 2018-2022 is the response of the Region X to the alarming nutritional situation in the region. The 2015 National Nutrition Survey shows the region as marked by a high prevalence of stunting among children below five years old at 36.5 percent or around 236,505 children. The prevalence of wasting affects 4.0% percent of children below five and 4.5 percent of children age 5 to 10. The same 2015 National Nutrition Survey recorded 15.4 percent of pregnant women in Region X as nutritionally-at risk. These nutritional problems are caused by a range of causes: immediate causes such as inadequate food intake and diseases; underlying causes such as food insecurity, inadequate care, and inadequate health services and unhealthy environment; and root causes such as poverty, natural disasters and man-made emergencies owing to conflict, lack of education, underemployment and unemployment.

The RPAN establishes regional outcome targets for 2022 toward reducing stunting, wasting and obesity, as well as micronutrient deficiencies, among other indicators. Among 0-5-year-old children, the stunting levels will be reduced from 36.5 percent to 28.0 percent by end 2022. Wasting prevalence will be reduced from 4.0 percent to less than 2.0 percent by the end of the RPAN period among the same group of children. Targets for obesity and micronutrient deficiencies were also included.

To address the problems identified during the planning process, the RPAN indicates 11 programs which translate into 41 projects. The programs consist of 9 nutrition-specific programs, 1 nutrition-sensitive program, and 1 enabling program. These follow the life stages of the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. The RPAN provides the necessary focus on the First 1000 Days program, given its huge potential in addressing the major nutritional issues in Region X and in the country. All 11 programs constitute the RPAN with an additional program to address the huge challenge of adolescent health, adolescent pregnancy in the region and in the country.

The budget estimated for 2019-2022 for all 11 programs amount to Php3,256,851,799, with an annual average of about Php8.2 M. The funded portion is Php2,920,082,959 which is 90% percent of total, while the unfunded portion amounts to Php336,768,840 representing 10% percent. Financing come mostly from General Appropriations and Local Budgets from IRA. The funding shortfalls will be generated mainly from Tier 2 budget process together with financing from development partners working in the region and provisions from local sources.

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 X 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 UNICEF and 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

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.

- defines the institutional accountabilities to deliver outputs and outcomes to include accountability for coordination which rests on the Regional Nutrition Committee
- 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

Section I. The Regional Nutrition Situation Analysis

Profile of Northern Mindanao (Region X)

Northern Mindanao (Region X) is one of 17 regions in the Philippines and is located in the north-central part of Mindanao. The region is composed of the provinces of Bukidnon, Camiguin, Lanao del Norte, Misamis Occidental, and Misamis Oriental. It has two (2) highly urbanized cities, namely, Cagayan de Oro City and Iligan City and seven (7) component cities: El Salvador City, Gingoog City, Malaybalay City, Oroquieta City, Ozamis City, Tangub City, and Valencia City. The total number of municipalities and barangays are 84 and 2,022, respectively. It is bounded by the Mindanao Sea on the north, Western Mindanao on the west, CARAGA Region on the east, and Regions XI and XII on the south.

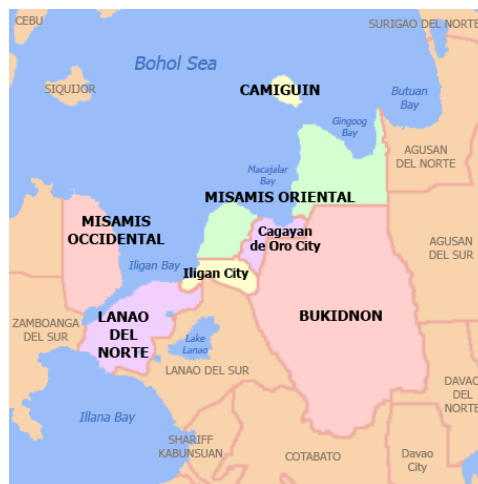


Figure 1. Location map of the provinces of Region X

The region has a total land area of 2,045,850 sq. km., with a combination of plains, rolling hills, mountains, and coastal areas and is endowed with rich soil, abundant minerals, and agricultural resources. More than 60 percent of Northern Mindanao's total land area are classified as forest. Its seas abound with fish and other marine products. Northern Mindanao is the major trans-shipment hub and industrial center in the Southern Philippines due to its strategic location and serves as the gateway to and from the rest of Mindanao. Its modern port facilities and extensive road networks linking it to various parts of the Mindanao region makes it an attractive destination for tourism all year round.

The 2015 Census of Population (POPCEN) showed Northern Mindanao with a total population of 4,799,700 with an annual population growth rate of 1.92 percent in 2010-2015. Bukidnon had the biggest population with 1.42 million followed by Misamis Oriental with 889,000 while Camiguin had the smallest population with 88,000. The vast majority of the region's inhabitants are migrants from Cebu and Bohol. Some other inhabitants are of Waray,

Ilongo, Zamboangueno, Maranao, and Tausug descent, while the indigenous Bukidnons and Manobos populate the inner highlands.

The region has an employment rate of 95.9 percent while underemployment rate decreased from 30 percent in 2013 to 26.9 percent in 2016. The region's poverty incidence among families dropped from 32.8 percent in 2012 to 30.5 percent in 2015, implying that about 30 out of every 100 families in the region still remain poor (PSA, 2015).

Of the total 93 towns and cities, 3 are classified as sixth class municipalities, 22 as fifth class, 1 city and 24 are fourth class, another 10 towns and 2 cities are classified third class, 11 towns and 3 cities belong to second class; and 2 cities and 15 towns are classified as first class (Table 1). Malaybalay, Valencia, El Salvador, Tangub, Oroquieta, Iligan, Gingoog became component cities more than five years ago. The total IRA share of the region is a meagre PHP 23,095,452,808 in 2016.

Table 1. Income Classification of Cities and Municipalities in Region X as of 2015

Province	1 st Class	2 nd Class	3 rd Class	4 th Class	5 th Class	6 th Class	Total
BUKIDNON							
Cities	1	1	-	-	-	-	2
Municipalities	11	4	3	2	-	-	20
MISAMIS ORIENTAL							
Cities	1	1	-	-	-	-	2
Municipalities	2	5	1	8	6	1	23
CAMIGUIN							
Cities	-	-	-	-	-	-	-
Municipalities	-	-	1	-	3	1	5
LANAO DEL NORTE							
Cities	-	1	-	-	-	-	1
Municipalities	1	2	3	7	9	-	22
MISAMIS OCCIDENTAL							
Cities	-	-	2	1	-	-	3
Municipalities	-	-	2	7	4	1	14
TOTAL							
Cities	2	3	2	1	1	-	9
Municipalities	15	11	10	24	22	3	84

Source: Bureau of Local Government Finance

The Regional Nutrition Situation

Trends of Undernutrition

Against the backdrop of the region's socioeconomic development, the high prevalence of stunting and wasting among children in Northern Mindanao have been alarming and are a cause of concern for the regional authorities. Based on the National Nutrition Survey of 2015 conducted by the Food and Nutrition Research

Institute, the prevalence of *stunting*, an indication of chronic malnutrition, increased from 33.3 percent in 2013 to 36.5 percent in 2015 among children 0 to 5 years old. While there is a significant decrease in the prevalence of both *wasting* and *overweight* (see Figure 1), the prevalence of *underweight* increased to 20.4 percent in 2015 from 17.6 percent in 2013. According to the WHO cut off standards, the high 36.5 percent stunting prevalence of Northern Mindanao (higher than the national average of 33.4 percent) is considered a public health problem.

Stunting and Wasting

There are two provinces in the region, Bukidnon and Lanao del Norte, which are listed among the 36 provinces nationwide with high levels of stunting among under-five children. Lanao del Norte has a 45 percent stunting prevalence rate or equivalent to 61,905; while Bukidnon has 37.6 percent or about 71,837 under-five children short for their age

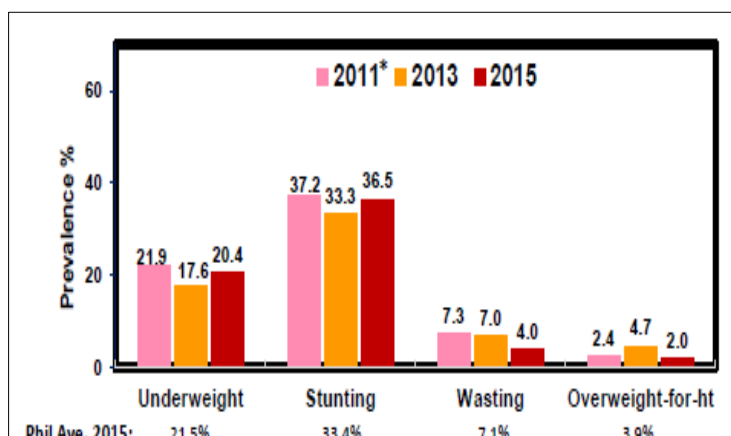


Figure 1. Prevalence of Undernutrition among under 5 children in Region X, 2011, 2013 and 2015.

Source: National Nutrition Survey, 2011, 2013 and 2015 (FNRI-DOST)

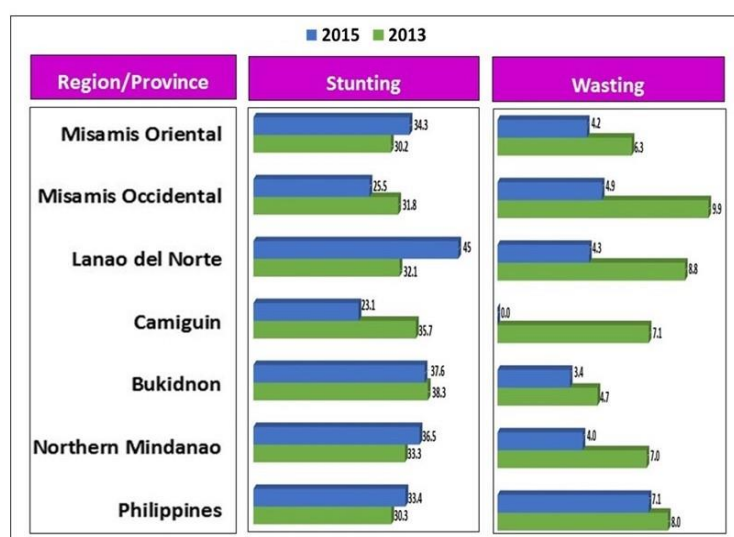


Figure 2. Prevalence of Stunting and Wasting among under 5 children in Region X, 2013 and 2015.

Source: National Nutrition Survey, 2011, 2013 and 2015 (FNRI-DOST)

(Figure 2). With respect to wasting among under-5 children among the five provinces, Misamis Occidental registered the highest prevalence at 4.9 percent, followed by Lanao del Norte at 4.3 percent. Camiguin had no data in 2015 due to insignificant sample size during the survey. Overall, compared to the national prevalence, the wasting prevalence of Region X (7.0 percent) is only slightly lower than the national estimate of 7.3 percent.

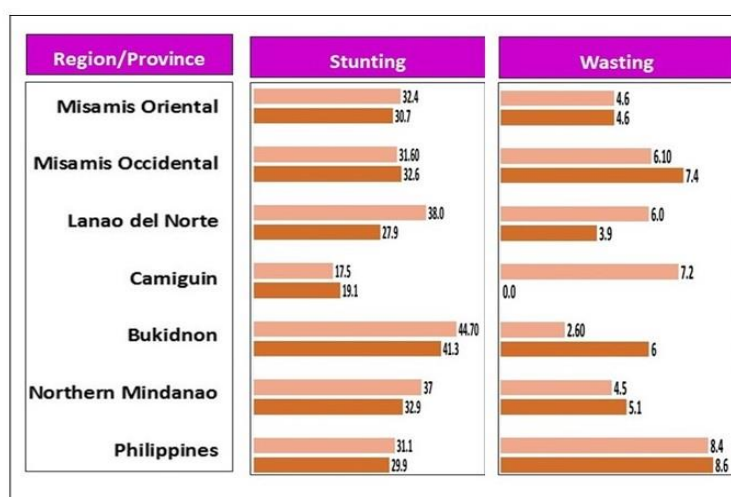


Figure 3. Prevalence of Stunting and Wasting among 6-10 years old children in Region X, 2013 and 2015.

Source: National Nutrition Survey, 2011, 2013 and 2015 (FNRI-DOST)

For children 6 to 10 years old, the stunting prevalence of the region was 37 percent, higher than the national figure of 31 percent. Bukidnon and Lanao del Norte are the top provinces with high stunting prevalence rate (44.7 percent and 38 percent, respectively). Wasting among school age children was highest in Camiguin at 7.2 percent and lowest in Bukidnon at 2.60 percent.

Overweight and Obesity

Childhood obesity can greatly affect children's physical health, emotional well-being, and self-esteem. Figure 4a shows that among the age groups, prevalence of overweight and obese is highest and increasing among children 10-19 years old with 7.3 percent in 2015 compared to younger children. Although the region's data is lower than the

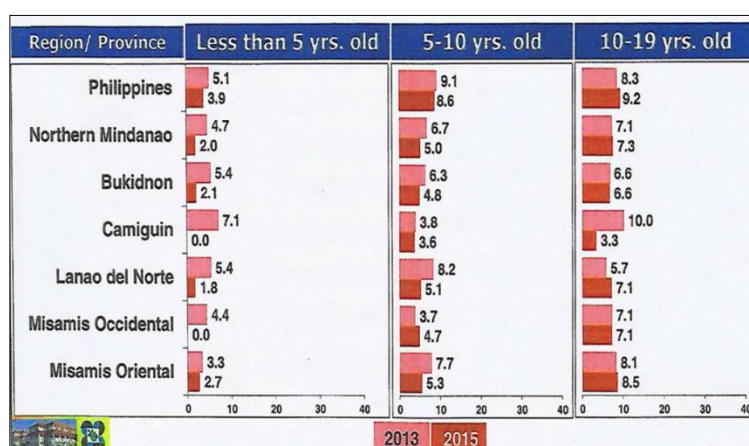


Figure 4a. Prevalence of Overweight and Obese among 0-19 years old, Philippines and Region X by province: 2013 and 2015

Source: National Nutrition Survey, 2011, 2013 and 2015 (FNRI-DOST)

national (9.2 percent), the province of Misamis Oriental had a prevalence rate of 8.5 percent, the highest among the region's provinces.

Overweight and obesity among adults is a continuing nutrition concern in the region. In 2015, 33 percent of adults had weights above the desirable level, with Misamis Oriental having the highest prevalence with 38.2 percent, followed by Misamis

Occidental with 35.5 percent (Figure 4b). Overweight and

obesity increase the burden of several non-communicable diseases such as cardiovascular diseases, diabetes, and cancer.



Figure 4b. Prevalence of Overweight and Obese among Adults, Philippines and Region X by province: 2013 and 2015

Source: National Nutrition Survey, 2011, 2013 and 2015 (FNRI-DOST)

Nutritional Status of Pregnant Women

15 out of 100 pregnant women in Northern Mindanao are nutritionally at-risk. Figure 5 shows that the prevalence of nutritionally at-risk pregnant women in the region is 15.4 percent --significantly lower than the national prevalence of 24.8 percent. Although the trend in the region is decreasing (from 27.2 percent in 2011, to 27.1 percent in 2013), the figure is still in the double digits. Thus, there is a need to address this concern to prevent low birth weight among infants. Low birth weight in Northern Mindanao was placed at 20.6 % in 2013 (NDHS 2013).

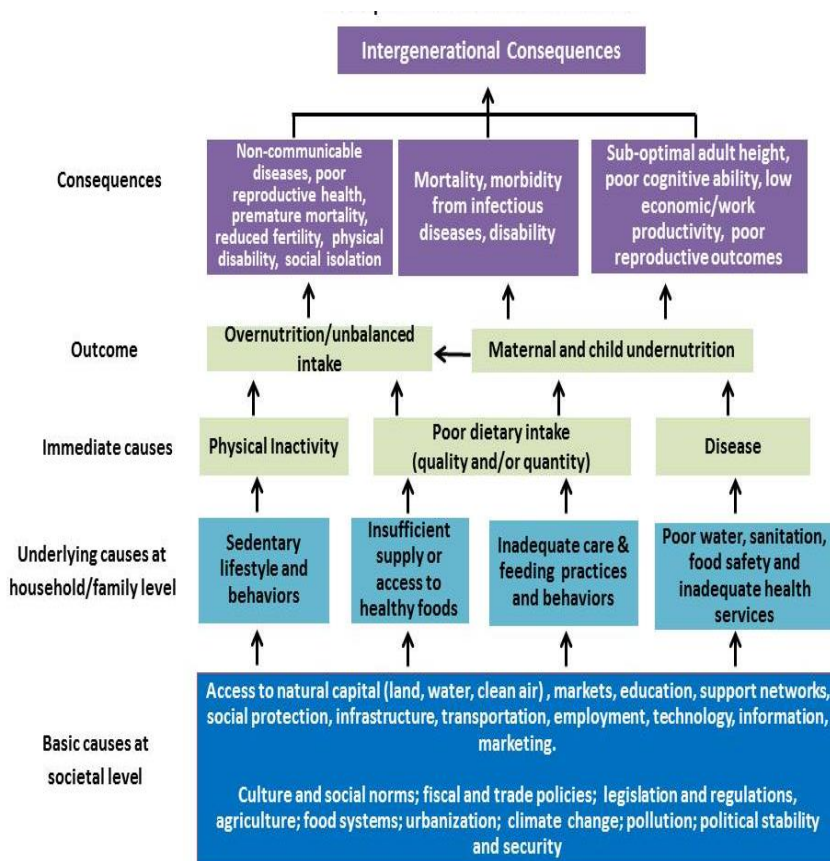


Figure 5. Prevalence of nutritionally at-risk pregnant women, Region X and Philippines, 2013 and 2015

Source: National Nutrition Survey, 2011, 2013 and 2015 (FNRI-DOST)

Analytical Framework for Identifying Causes of Malnutrition

The Philippine Plan of Action for Nutrition uses the ASEAN Conceptual Framework of Malnutrition as an analytical framework for identifying causes and outcomes and consequences of poor health and nutrition. See figure 6 below.



Source: ASEAN/UNICEF/WHO (2016) Regional Report on Nutrition Security in ASEAN Volume 2

Figure 6. ASEAN Conceptual Framework of Malnutrition

Within this framework, undernutrition is seen as caused by immediate factors of poor dietary intake (in terms of quantity and quality), and disease. Food insecurity, poor caring practices, unhealthy household environment, and inadequate health services are seen as the underlying causes. Other than unbalanced food intake, physical inactivity and sedentary lifestyle and behaviors constitute the immediate and underlying causes of overnutrition. These causes are in turn linked to basic causes that relate to, among others, poverty, access to resources, employment, education, and dimensions along social and political stability and security.

Immediate Causes of Malnutrition

The First One Thousand Days. In analyzing the immediate causes of stunting and other forms of malnutrition, looking at dietary intake and diseases in the first 1000 days or the period of pregnancy to the first two years of life is key. The first 1000 days concept has been introduced in the region in the last few years. Food intake of pregnant women, antenatal services, birthing, breastfeeding, and complementary feeding of the 6-23 months old children are considered critical to the reduction and ultimately, prevention of stunting and other forms of malnutrition in the region.

Data reflected in Tables 2 and 3 reveal that while some services and care during the First 1000 days are higher in Region X compared to national indicators, there is still a big window for the given sub-optimal quality of infant and young child feeding (IYCF) practices in the region.

Table 2. Infant and young child feeding practices

Selected Indicators of Services and Care during the F1K	Philippines	Region X	Source of Data
Exclusive Breastfeeding (0-5 months)	48.8	59.5	NNS 2015
Mean duration of exclusive breastfeeding	4.2	3.9	NNS 2015
Breastfeeding with complementary Feeding of 6-11 months	57.7	71.3	NNS 2015
Breastfeeding with complementary Feeding of 12-23 months	43.1	39.9	NNS 2015
Percentage of children 6-23 months meeting the Minimum Acceptable Diet	29.2	23.6	NNS 2015

The National Nutrition Survey (NNS) 2015 reported that only 59.5 percent of children 0-5 months were exclusively breastfed. The mean duration (in months) of exclusive breastfeeding in the region of 3.9 months indicates sub-optimal exclusive breastfeeding practices. In addition, only 23.6 percent of children 6-23 months meet the Minimum Acceptable Diet (MAD)¹ in the region. This indicator shows that there is a problem with the quality of the diet given to children of said ages due to poor complementary feeding practices by the mothers or child caregivers.

¹ Proportion of children 6-23 months meeting both the minimum dietary diversity (foods from at least 4 food groups) and the minimum meal frequency (energy intake from foods other than breast milk)

The low compliance to ante natal service standards together with the inadequate dietary intake of pregnant women particularly those who are nutritionally at-risk, and the low rate of exclusive breastfeeding are cited in global studies (UNICEF) to explain stunting handicap at birth and within the first five months, while the poor dietary intake among children 6-23 months old explains the spike in the stunting levels at the end of the First 1000 Days (F1K).

Table 3. Coverage of selected services within the first 1000 days period

Selected Indicators of Services and Care during the FIK	Philippines	Region X	Source of Data
% of mothers with on time (1st trimester) first prenatal check-up during their last/current pregnancy	69.5	71.0	NNS 2015
Proportion of pregnant women with four or more prenatal visits (%)	75.8	81.5	NNS 2015
Proportion of pregnant women given complete iron with folic acid supplements	47.22	47.75	FHSIS 2015
Percentage of women receiving two or more tetanus toxoid injections during last pregnancy	53.6	46.1%	NDHS 2013
Percentage of births delivered in a health facility	77.7 78.0	76.0 74.3	NDHS 2017 NNS 2015

Utilization of prenatal care services as indicated by prenatal visits of the pregnant women in the region is registered at 71 percent. This may have an impact on distribution of iron and folic acid supplements and tetanus toxoid injections which is recorded at 47.75percent and 46.1 percent, respectively. Based on FHSIS 2015, three leading causes of infant deaths were due to pneumonia, bacterial sepsis of newborn, and respiratory distress of newborn.

Micronutrient Deficiencies

Micronutrient deficiencies such as anemia and iodine deficiency disorder persist in Region X. The 2013 NNS revealed that anemia in the region was highest among children 6 months to 5 years old, as well as among children 6 to 12 years old at 13.5 percent and 12.5 percent prevalence rates, respectively. The region's figures are higher than the national prevalence rate.

The iodine status of the population is best measured by urinary iodine excretion (UIE). The epidemiological criteria for assessment of iodine nutrition in a population based on median or range of urinary iodine concentration for school-age children (6-12 years old) should not be below 20 ug/L and not more than 200ug/L. The optimal (adequate) range should be 100-199 ug/L. Northern Mindanao's iodine status among 6-12 years old children in 2013 was 121 ug/L which is within optimal range. However, there is Iodine Deficiency Disorder (IDD) among pregnant women in the region.

Complementary Feeding

To supplement the food intake of infants and young children, there are complementary feeding programs organized by the Department of Science and Technology's Food and Nutrition Research Institute (FNRI-DOST) through their DOST PINOY (Package for the Improvement of Nutrition of Young Children). The DOST PINOY is a package which includes 120-day feeding of children 6 to 35 months with complementary food blends and snack curls developed by the FNRI-DOST, together with nutrition education and backyard gardening.

As of 2017, there were only 2 complementary and supplementary food plants existing in the region located at Xavier University and at the University of Science and Technology of Southern Philippines in Cagayan de Oro City, from which LGUs can procure requirements for complementary feeding. Two centers will be established in 2018 in Lanao del Norte and Misamis Occidental.

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

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) programs of the DSWD provide early child education and 120 days of supplementary feeding to children beneficiaries. As of 2017, a total of 3,380 centers served

141,935 preschool children in barangays including those in geographically isolated and disadvantaged areas (GIDAs) and in indigenous peoples (IPs) communities.

There are however issues of equity and effectiveness of the programs. In 2017, only 33 percent of children 24-59 months in the region were enrolled in child development centers and SNPs. The supplementary feeding program in Region X includes monthly nutrition education with mothers to enhance their knowledge and skills in overall nutrition and proper food selection and preparation. 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 after summer break among children who had been rehabilitated in the preceding 120-day supplementary feeding. According to the research by the College of Human Ecology – University of the Philippines Los Baños (CHE-UPLB, 2015), mother's education on nutrition either through the Child Development Centers or Family Development Sessions appear to yield very little results.

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 result in the same fate of 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, which may need to be reinforced.

Diseases and Infections

Infections and diseases play a major role in the nutrition landscape of Region X. DOH Region X reports respiratory problems, hypertension, and pneumonia as the three leading causes of mortality in 2017. Among children under five years old the leading causes of mortality are pneumonia, fetal death and neonatal death (FHSIS 2017, DOH X).

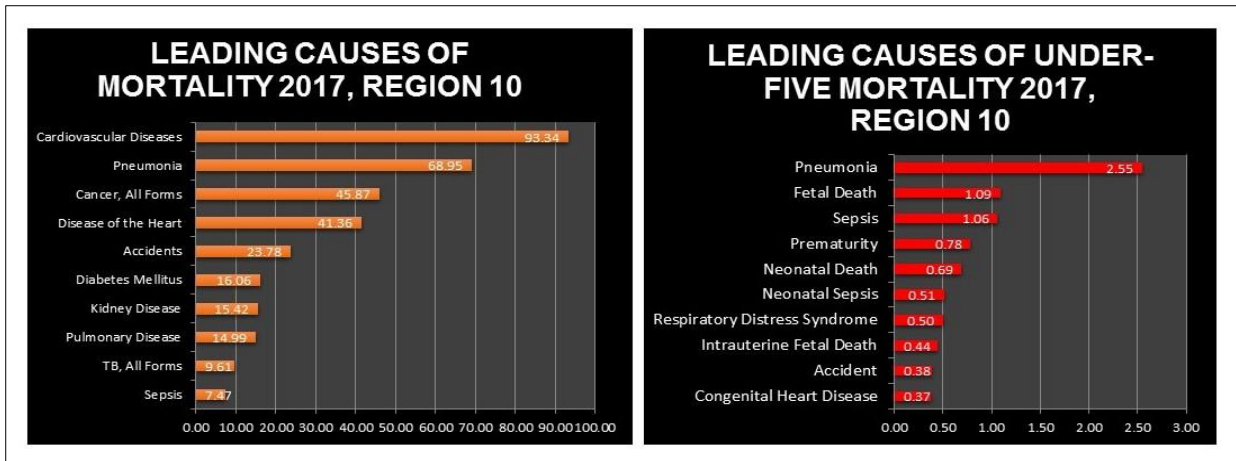


Figure 7. Leading Causes of Mortality among Adults and Under-Five Children, 2017
Source: 2017 FHSIS, DOH X

Underlying Causes of Malnutrition

Chapter 11 of the Regional Development Plan (RDP) summarizes an assessment of health and nutrition situation in the region. It stressed that *“Malnutrition in the region is caused by a number of factors including those related to health care, and food intake with underlying socioeconomic and cultural factors, such as poverty and lack of limited education.”* The Plan enumerated the challenges which the health sector continues to face.

Provision of healthcare and services. The RDP reported that standard health manpower to population ratios, except for nurses, during the period 2011-2015 were not attained, particularly for physicians, sanitary inspectors, dentist and even midwives. The LGUs also lack ambulatory services due to constraints of health personnel, equipment, and supplies. Consequently, the health sector faces serious gaps in health services provision especially in Geographically Isolated and Depressed Areas (GIDAs). These areas remain inaccessible, making the delivery of health services difficult if not impossible. Areas where armed conflicts exist (i.e., Communist insurgency and clan warfare) are the hardest to reach. Moreover, indigenous peoples (IPs) in remote areas are yet to receive health services and facilities that are more culture-sensitive.

Lifestyle. Factors such as sedentary lifestyle, lack of physical activities, easily accessible fast food items, excessive smoking and alcohol consumption, increase the risk of lifestyle diseases and complications (i.e., hypertension, heart ailments, diabetes, etc.).

Environmental health. The problem of inadequate waste management, including the improper disposal of medical and other hazardous wastes, remains. Households' access to safe water reached 94.05 percent in 2015, lower than the plan target of universal coverage. Moreover, household access to sanitary toilets was 80.69 percent in 2015, lower than the plan and MDG target of 88 percent. Households still unreached by safe water and proper waste disposal and sanitation services are highly vulnerable to infection and disease, which in turn may lead to malnutrition or death.

The RDP added “Among the general public, the poor sector of the population experiences the greater risk of sliding deeper into poverty due to increasing frequency and intensity of disasters and high cost of medication and hospitalization.”

Food Security Status of Households

Hunger and malnutrition are closely related with food security status. Food security occurs “when all people at all times have sufficient access to safe and nutritious food to meet their dietary needs and maintain healthy lifestyle”.

The annual per capita on food or subsistence incidence among families in Region X is 13.8 percent (PSA, 2015) equivalent to an estimated 141,640 food insecure-families. Among the provinces in the region, Bukidnon has the highest subsistence incidence with 26 percent followed by Lanao del Norte which has 17.7 percent.

Based on the 2015 NNS results, the mean one-day per capita energy intake and proportion of households meeting the required dietary intake in the region was only 26.7 percent. About 73.3 percent of households had insufficient food and nutrient intake compared to the national estimate of 31 percent.

The IPC³ Chronic Food Insecurity analysis done by the National Nutrition Council (NNC) in collaboration with the Food and Agriculture Organization (FAO) in 2017 analyzed and mapped the levels of the region's chronic food insecurity (CFI) situation and covered all the five provinces. The results revealed that Northern Mindanao is classified as Level 3 Moderate CFI, affecting 33.25 percent of the population or approximately 1.5M people. Bukidnon had the highest

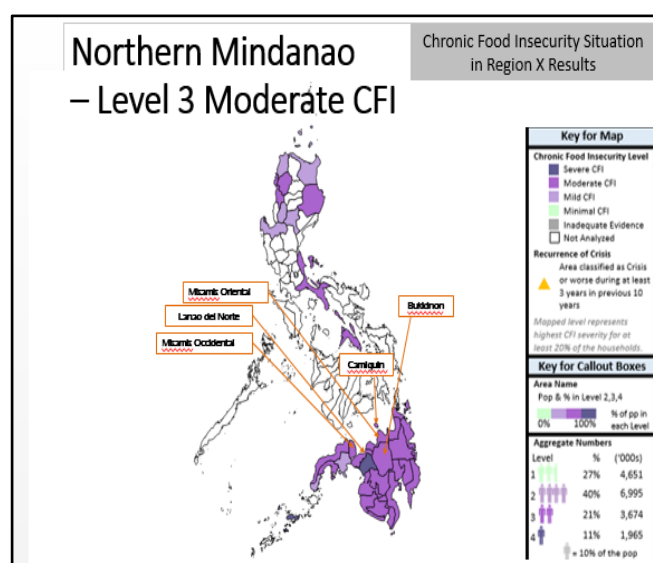


Figure 8. Chronic Food Insecurity Situation in Region X Results
Source: National Nutrition Council, 2016

number of chronically food insecure population (574,843 people or 40 percent of population) followed by Misamis Oriental (485,782 people or 29 percent). Among the drivers of food insecurity are: increasing prices of food commodities; diets with inadequate share of energy from macronutrients (carbohydrates, proteins and fat); high poverty incidence; high percentage of low-paying livelihood occupations among paid farmers, laborers and unskilled workers; substantial proportion of population relying on unsafe water and unimproved sources of cooking fuel.

Root Causes of Malnutrition in the Region

Among the socioeconomic and political dimensions of food insecurity and malnutrition are slow growth of the agriculture sector, levels of poverty and employment, disaster vulnerability, and conflict. The following sections on some of the root causes of malnutrition draw principally from the relevant sections of the Regional Development Plan 2017-2022.

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

Agriculture, Forestry and Fisheries (AFF)

Among the root causes of food insecurity and malnutrition which may be considered is the slow growth of the agriculture, forestry and fisheries (AFF) sector in the region as the sector is essential in facilitating growth and reducing inequality. This is due to its critical role in providing livelihood to more than a third of the region's labor force, especially among the poor farmers and fisherfolk in the rural areas. AFF is the second major source of employment with 38 percent of the employed or 759,000, but lowest in terms of productivity (P85, 880 in 2015) compared to the industry sector (P385, 104), and services sector (P123, 871). The sector is also key in providing raw materials to the manufacturing and service sectors in expanding their respective agro-processing business ventures, which would eventually create more stable employment 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 challenges⁴ 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).

The RDP pointed out that the growth potential of the region's agriculture sector is constrained by low adoption of technologies on sustainable farming practices, including appropriate farm mechanization, and inadequate infrastructure and logistics support. Other constraints include the continuing degradation of forests and watersheds and the inadequate water supply during the dry season which lead to the reduction of land utilization and aggravate crop damage. Agricultural areas have declined due to the premature conversion of prime agricultural lands into residential and commercial uses. Land tenure insecurity persists with the delays in the land acquisition and distribution program of the Department

of Agrarian Reform, affecting 1,468 landholdings and covering 12,987 hectares. The sector is also highly vulnerable to climate change-related hazards, such as floods, typhoons, and droughts, which damage infrastructure and crops, and seriously impair agricultural productivity.

In the fisheries sector, illegal and unsustainable fishing practices have resulted in marine resource depletion and damages to fisheries. The effects of climate change affecting marine, coastal, and inland environments caused uncertainty in the supply of fish both from marine and aquaculture fisheries.

Labor and Employment

As presented in Chapter 2 of the RDP, while the region's labor force was growing by 1.5 percent annually in 2010-2015, coupled with an average employment rate of 94.8 percent, underemployment persisted with an average of more than 25 percent to the total employed. Apart from underemployment, the sector still faces a number of challenges, such as low labor market participation of women, child labor, youth unemployment, inadequate skills and competencies of the labor force, low labor productivity, and the need to provide more employment opportunities to the growing labor force.

Results of the 2010 Census of Population and Housing showed laborers and unskilled workers comprising 30 percent or 435,699 workers among the total employed 15 years old and over, by major occupation group, in the region. This was followed by farmers, forestry workers, and fishermen at 28 percent. Both occupation groups imply low labor productivity, low salary, and irregular or seasonal jobs.

Agriculture, forestry and fishing comprised 46 percent or 669,379 workers of the total gainfully employed 15 years old and over, which suggests that this sector is the main source of income, and as such poverty is also widespread. Households who did not own any land comprised 65.7 percent, while those who owned land reached 34.3 percent of the total households in the region, which suggests the lack of assets or resources.

Region X also posted a high proportion of working children of 13.6 percent in 2015, higher than the national level of only six percent. The proportion of working children is highest among 15-17 years old at 29.5 percent even as youth unemployment and underemployment persist. Limited domestic employment opportunities push Filipino workers to work abroad. In 2015, Region X shared 2.8 percent of the total overseas Filipino workers (OFWs) estimated at nearly 2.5 million.

Conflict

RDP Chapter 17 notes that regional economic development has been adversely affected with the presence of insurgent groups in the region and in its adjoining areas. The Communist Party of the Philippines- New People's Army- National Democratic Front (CPP-NPA-NDF) has long operated in the provinces of Bukidnon and Misamis Oriental while the Moro Islamic Liberation Front (MILF) has been recruiting from the provinces of Bukidnon and Lanao del Norte. The RDP stresses

“Creating a positive environment to finally end the armed conflict has become more challenging after decades of failed peace talks and ceasefire agreements which only increased the enmity and distrust between parties. Moreover, the positive environment must address the root causes that fueled the armed struggles, which were never totally addressed and/or resolved amidst past peace talks and agreements, such as, among others, security in land tenure, poverty, and absence of government services in the locality.”

Conflict-affected communities experience disruptions in their lives, and are often displaced from their homes and livelihood, if not harmed or killed in the crossfire. Basic services deteriorate, children's schooling interrupted, livelihood destroyed, and access to them by health or humanitarian personnel made difficult. Evacuation centers are unable to provide adequate essential services and protection, and incidence of disease can be expected. In all cases, access to food in adequate amounts and quality is limited, resulting in worsening health and nutrition status.

Disaster Risks

RDP Chapter 18 indicated the region's exposure to disaster risks. From the period October 2005 to December 2014, a total of 177,460 families, comprising 621,134 individuals were affected by 12 types of natural disasters in the region. Flash floods affected the most number of families constituting about 29 percent of the total affected by disasters. Between October 2005 to December 2014, a total of 1,348 deaths were recorded of which 1,233 were caused by flash flood, or 91 percent of the lives lost due to natural calamities. Aside from heavy casualties and high numbers of injured or missing, natural disasters bring about huge destruction to homes, production areas, essential infrastructure and facilities. The displacement of communities also means food insecurity, economic hardship, and breakdown of social services and networks. Disease and malnutrition frequently manifest in rising numbers, and restoration of communities to their normal life situations take a long time.

Moving Forward with the Regional Plan of Action for Nutrition

While the short term and medium-term landscape of all forms of malnutrition in the region can be addressed by nutrition specific programs, majority of which are resident in the health sector, and by 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.

Of the 84 towns and 9 cities in Region X, almost 100 percent of them have designated or full time Nutrition Action Officers. Of these LGUs, 75 percent are reportedly functional which is hardly consistent with the worsening trend of malnutrition in the region. However, there have been twelve (12) LGUs awarded as Consistent Regional Outstanding Winner in Nutrition⁵ (CROWN) for excellence in nutrition performance in the last 10 years.

⁵ A national award conferred by the National Nutrition Council for improved nutrition performance for three consecutive years.

Malnutrition in Region X is a critical problem that affects the development of the region. Health promoting programs around the first 1000 days seems promising given already existing programs to work from; adjustments in the preschool and school nutrition program are 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 RNC 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 X 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 in turn identified programs and projects that will be pursued to achieve these targets.

Section II. Region X 2022 OUTCOME TARGETS

The Regional Plan of Action for Nutrition of Region 10 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 2040⁶, (2) reducing inequality in human development outcomes, and (3) reducing child and maternal mortality.

Region 10 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 4. Regional Outcome Targets

To reduce levels of child stunting and wasting

Indicator ⁷	Baseline	2022 Target
• Prevalence (in %) of stunted children under five years old	36.5%	28%
• Prevalence (in %) of wasted children		
- Under five years old	4.0%	3.0%
- 6-10 years old	4.5%	3.5%

To reduce micronutrient deficiencies to levels below public health significance

Indicator ⁸	Baseline	2022 Target
Vitamin A Deficiency		
- 6 mos. – 5 years old	21%	14.9%
Anemia		
• Prevalence (in %) of anemia among:		
- Women of reproductive age (15-49 years old)	No data from NNS	-
• Iodine Deficiency Disorder		
Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	121 mcg/L	≥100
- Pregnant women	64 mcg/L	≥150
- Lactating women	53 mcg/L	≥100
% with urinary iodine concentration <50 mcg/L		
- Children 6-12 years old	23.6	19.9
- Lactating women	48.7	19.9

⁶ 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).

⁷ Baseline based on 2015 updating national nutrition survey conducted by the Food and Nutrition Research Institute

⁸ Baseline based on 2015 updating national nutrition survey conducted by the Food and Nutrition Research Institute

No increase in overweight among children

Indicator ⁹	Baseline	2022 Target
• Prevalence (in %) of overweight		
- Under 5 years old	2%	2%
- 6-10 years old	5.0%	4.9%

To reduce overweight among adolescents and adults

Indicator ¹⁰	Baseline	2022 Target
Adolescents	7.3%	4.9%
Adults	33.0%	29.7%

Sub-outcome

Indicator ¹¹	Baseline	2022 Target
Reduce the proportion of nutritionally-at-risk pregnant¹²	15.4%	12.4%
Reduce the prevalence of low birth weight (LBW)¹³	20.6	16.0%
Increase the percentage of infants 5 months old who are exclusively breastfed¹⁴	-	-
Increase the percentage of children 6-23 months old meeting the minimum acceptable diet¹⁵	23.6%	28.5%
Increase the percentage of Households with diets that meet energy requirements¹⁶	26.9%	31.5%

⁹ Baseline based on 2015 updating national nutrition survey conducted by the Food and Nutrition Research Institute

¹⁰ Baseline based on 2015 updating national nutrition survey conducted by the Food and Nutrition Research Institute.

¹¹ Baseline based on 2015 updating national nutrition survey conducted by the Food and Nutrition Research Institute.

¹² Baseline based on 2015 updating national nutrition survey conducted by the Food and Nutrition Research Institute.

¹³ Baseline based on 2013 National Demographic and Health Survey.

¹⁴ No data from the National Nutrition Survey

¹⁵ Baseline based on 2015 updating national nutrition survey conducted by the Food and Nutrition Research Institute.

¹⁶ Baseline based on 2013 National Demographic and Health Survey.

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 determinants¹⁷ 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.

¹⁷ 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 RPAN 2019-2022 consists of 11 programs and 41 projects. These 11 interventions follow partly the life stages of the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. All the 11 nutrition-specific, nutrition sensitive and enabling programs constitute the RPAN. 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 otherwise is less visible if one follows the current program classifications in the PPAN. The complete list of programs and projects in this classification is detailed below:

Table 5a. RPAN Region 10 Programs and Projects

PROGRAM	Projects	
PROGRAM 1: INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K)	Project 1.	Mobilization of LGUs in the First 1000 days
	Project 2.	Information Mangement in the F1K
	Project 3.	Strengthening of health delivery system for F1K Compliance
Enabling Program For F1k		
Micronutrient Supplementation	Project 4.	Iron supplementation to pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months
	Project 5.	Vitamin A Supplementation for postpartum women and children 6-23 months old
Dietary Supplementation Program	Project 6.	Mobilization of LGU resources for Supplementary Feeding for Pregnant Women in Lanao del Norte
	Project 7.	Mobilization of LGU resources for Supplementary feeding for children 6-23 months belonging to food insecure families
Infant and Young Child Feeding (IYCF)	Project 8.	Advocacy for Stronger Enforcement and Compliance Monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces, Breastfeeding Seats in Transit), including Mother baby friendly hospital initiatives (MBFHI)
	Project 9.	Strengthening of Breastfeeding and Complementary Feeding

Nutrition Promotion for Behavior Change	Project 10. Communication Support for F1K
Philippine Integrated Management of Acute Malnutrition (PIMAM)	See Project 26
PROGRAM 2: DIETARY SUPPLEMENTATION PROGRAM¹⁸	Project 11. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays
	Project 12. School-Based Feeding Program
	Project 13. School-Based Complementary Health Services
PROGRAM 3: MICRONUTRIENT SUPPLEMENTATION	Project 14. Vitamin A supplementation for children 24-59 months
	Project 15. Anemia Reduction among Women of Reproductive Age
	The projects below belong to the micronutrient supplementation, national dietary supplementation program and IYCF. They are listed here without numbers as they have been previously listed in the programs mentioned:
	<ul style="list-style-type: none"> • Iron supplementation to pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months • Vitamin A Supplementation for postpartum women and children 6-23 months old • Iron Supplementation for Anemic Children in Child Development Centers • Iron Supplementation for School Children • Weekly Iron with Folic Acid supplementation
PROGRAM 4: MANDATORY FOOD FORTIFICATION	Project 16. Advocacy for and Monitoring of Compliance of RA 8976 and RA 8172
PROGRAM 5: NUTRITION IN EMERGENCIES	Project 17. Building and Strengthening Capacities for Nutrition in Emergencies
PROGRAM 6. NUTRITION PROMOTION FOR BEHAVIOR CHANGE	Project 18. Formulation and Implementation of the Regional Program on Nutrition Promotion for Behavior Change
PROGRAM 7: ADOLESCENT HEALTH AND DEVELOPMENT	Project 19. Enhancement of “SHAPE” and U4U Teen Trail
	Project 20. Enhancement of Parent Trail Training
	Project 21. Establishment and Management of the Information Service Delivery Network (ISDN) for AHD
	Project 22. Weekly Iron with Folic Acid supplementation for Adolescent Female Learners
PROGRAM 8: OVERWEIGHT AND OBESITY	Project 23. Promotion of Healthy Lifestyle
	Project 24. Healthy Food Environment

¹⁸ Dietary and micronutrient supplementation programs outside the first 1000 days

MANAGEMENT AND PREVENTION (ADULT)	Project 25. Weight Management Intervention
PROGRAM 9: PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	Project 26. Enhancement of PIMAM Facilities, Capacities and Provision of services
PROGRAM 10: NUTRITION SENSITIVE PROGRAM	Project 27. Production Support Services (Garden of Go, Grow and Glow Initiative)
	Project 28. Tiangge sa DA
	Project 29. Community Empowerment through Science and Technology - CEST
	Project 30. Complementary Food Centers (Support Project for CEST)
	Project 31. Food Safety Training
	Project 32. Potable Water Support to Agrarian Reform Areas (ARAs)
	Project 33. Climate Resilient Farm Support Project (CRFSP)
	Project 34. Partnership Against Hunger & Poverty (PAHP)
	Project 35. Gulayan sa Paaralan
	Project 36. SALINTUBIG
	Project 37. Diskwento Caravan
	Project 38. Operational Research on the Nutrition-Sensitive Projects
PROGRAM 11: ENABLING PROGRAM	Project 39. Mobilization of Local Government Units for the Delivery of Nutritional outcomes
	Project 40. Policy Development for Food and Nutrition
	Project 41. Management Strengthening Support to RPAN Effectiveness

Table 1b. Description of RPAN Region X Programs, Projects and their Outputs

NUTRITION SPECIFIC PROGRAMS	
PROGRAM 1. INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K) PROGRAM	
<p>Program Description:</p> <p>The IYCF and the First 1000 Days Program aims to improve the delivery of services to all pregnant women to ensure healthy newborns and to lactating women to inculcate the practice of exclusive breastfeeding and complementary feeding with continued breastfeeding to infants 0 to 23 months by building and sustaining an enabling supportive environment in various settings. Based on global evidence, promoting IYCF and F1K is among the package of child nutrition interventions that can significantly bring down undernutrition, particularly stunting.</p> <p>Under 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; Micronutrient powder supplementation to children 6-23 months; promotion of breastfeeding and complementary feeding practices; organization of IYCF support groups; and compliance monitoring of Executive Order 51 (Milk Code) and Republic Act 10028 (Breastfeeding Area in Workplaces). Also included in the Region X RPAN is the monitoring of bus operators on compliance of Breastfeeding Seats in Transit.</p> <p>The program is led by the Department of Health in partnership with sectoral agencies, LGUs, NGOs, and development partners.</p>	
Project Title	Project Output/s
Project 1. Mobilization of LGUs on the First 1000 days	1-O.1. By the end of 2022, all 5 provinces, 9 cities and at least 50 municipalities and cities mobilized for F1K and nutrition
Project 2. Information Management in the F1K	2-O.1. A harmonized system of information for the efficient and effective implementation of F1K services utilized by the health system and the LGUs
Project 3. Strengthening of Health Delivery for F1K	3-O.1. Annual Performance and Implementation Review of RHUs, other multi-sectoral agencies and LGUs on F1K compliance completed
	3-O.2. F1K compliance integrated in successive plans of RHUs, other multi-sectoral agencies and LGUs

Project 4. Iron supplementation for pregnant and lactating women and low birth weight infants, and MNP supplementation to children 6-23 months	4-O.1. All RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants and MNPs to children 6 to 23 months 4-O.2. A system of tracking consumption of IFA supplements and MNP developed and operationalized
Project 5. Vitamin A Supplementation for postpartum women and children 6-23 months	5-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
	5-O.2. All RHUs providing 1 Vitamin A capsule to high risk children (diarrhea and measles)
	5-O.3. A system of tracking vitamin A supplementation developed and operationalized
Project 6. Mobilization of LGU resources for Supplementary Feeding for Pregnant Women from poor families in Lanao del Norte	6-O.1. All pregnant women of poor families in Lanao del Norte received dietary supplementation
Project 7. Mobilization of LGU resources for Supplementary feeding for children 6-23 months belonging to food insecure families	7-O.1. LCEs in 30 municipalities issue policy with budget allocation to implement dietary supplementation program for children 6-23 months belonging to the food insecure families
Project 8. Advocacy for Stronger Enforcement and Compliance Monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces, Breastfeeding Seats in Transit), including Mother baby friendly hospital initiatives (MBFHI)	8-O.1. Organizations and entities exercising their commitment to enforcement and compliance monitoring on EO 51, RA 10028 and RA 10410
	8-O.2. 85% of Breastfeeding area in workplaces and bus companies are RA 10028 compliant;
	8-O.3. 85% of hospitals are MBFHI compliant

Project 9. Strengthening of the breastfeeding and complementary feeding program	9-O.1. 85% of health personnel, NAOs, and BNSs trained on complementary feeding
	9-O.2. 85% of LGUs with organized breastfeeding/IYCF support group and peer counsellors
Project 10. Communication Support for F1K	10-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K fully developed and implemented

PROGRAM 2. NATIONAL DIETARY SUPPLEMENTATION PROGRAM

Program Description:

The Dietary Supplementation Program aims to safeguard the health of nutritionally-at-risk groups by providing: 1) nutritious foods to supplement diets of pre-schoolers and school children (Kinder to Grade 6); 2) information on healthy eating; and 3) referrals to health care. Beyond improvements in access to food, the program will have a positive impact on nutritional status, gender equity, and educational status, each of which contributes to improving overall levels of country and human development.

The Program will be jointly implemented by the DOH, DSWD, DepEd, and LGU in partnership with NGOs and development partners.

Project Title	Project Output/s
Project 11. Supplementary Feeding program in Child Development Centers and Supervised Neighborhood Play	11-O.1. 100% LGUs implementing supplementary feeding in CDC and SNPs by the end of 2022
	11-O.2. All children in CDCs and SNPs provided with supplementary feeding
Project 12. School-Based Feeding Program	12-O.1. All public elementary schools implementing supplementary feeding following the guidelines
Project 13. School-Based Complementary Health Services (Essential Health Care Program and WASH in Schools)	13-O.1. All schools providing package of complementary health services at satisfactory level

PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION PROGRAM

Program Description:

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.

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.

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.

Project Title		Project Outputs	
Project 14.	Vitamin A Supplementation for children 24-59 months	14-O.1.	100% of children 24-59 months given Vitamin A supplementation
Project 15.	Anemia Reduction among Women of Reproductive Age	15-O.1.	100% of WRA given Iron-Folic Acid

PROGRAM 4. MANDATORY FOOD FORTIFICATION PROGRAM

Program Description:

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.

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.

Capacity building packages for service providers and tools for health and nutrition counselling will be developed and updated. Adolescent Health Package for financing will be prioritized to ensure resources.

Project Title		Project Outputs	
Project 16.	Advocacy for and Monitoring of compliance to RA 8976 and 8172	16-O.1.	A system for both monitoring of compliance and plan for advocacy completed and implemented

PROGRAM 5. NUTRITION IN EMERGENCIES PROGRAM

Program Description:

Nutrition in Emergencies is one of the nutrition specific programs under the RPAN that seeks to build capacity of the Local Disaster Risk Reduction and Management Committees (LDRRMCs) / Nutrition Clusters (NCs) to integrate nutrition promotion and management activities in their disaster risk reduction and management plan in their LGUs. It seeks to

enable LGUs to deliver timely, appropriate and adequate nutrition services during emergencies. The program would cover actions to improve levels of preparedness, response and recovery and rehabilitation. The capacity building of the LDRMC/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 particularly in prolonged disasters and emergencies.

Project 17. Building and Strengthening Capacities for Nutrition in Emergencies

17-O.1. By end of 2022, all LGUs have:
a) NIE Plan integrated in DRRM Plan and finalized
b) trained NAOs/ BNS/BHW on NIE and Information Management
c) services, supplies and equipment coordinated and allocated at all levels;
d) harmonized NIE Reporting

PROGRAM 6. NUTRITION PROMOTION FOR BEHAVIOR CHANGE

Program Description:

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

The 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.

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

Project Title	Project Outputs
Project 18. Formulation and Implementation of the Regional Program on Nutrition Promotion for Behavior Change	18-O.1. A regional program on nutrition program for behavior change developed and implemented

PROGRAM 7. ADOLESCENT HEALTH AND DEVELOPMENT

Program Description:

The Adolescent Health and Development Program envisioned well-informed, empowered, responsible and healthy adolescents and youth. The program ensures that all adolescents have access to quality comprehensive health care and services in an adolescent and youth-friendly environment through nutrition education classes.

Integration of nutrition concepts shall be during the Parent Teen Trail Training and Information Service Delivery Network for Adolescent Health Development. The Department of Health leads the program in coordination with the Population Commission and Department of Education

Project 19. Enhanced of SHAPE and U4U modules through integration of nutrition concepts	19-O.1. Enhanced SHAPE and U4U module through integration of nutrition concepts
	19-O.2. Number of SHAPE and U4U classes conducted using enhanced module
Project 20. Enhancement of Parent Trail Training	20-O.1. Enhanced Parent Trail Module through integration of nutrition concepts
	20-O.2. Number of population officers trained on Parent Trail using enhanced module
Project 21. Establishment and Management the Information Service Delivery Network (ISDN) for AHD	21-O.1. Number of ISDN established and operationalized
	21-O.2. Number of population officers, school officials and peer educators trained on ISDN establishment and operationalization
Project 22. Weekly Iron with Folic Acid supplementation	23-O.1. All female students in Grades 7 to 10 in public secondary schools consumed iron-folic acid tablets (60 mg Iron, 400 mcg FA) once a week for three months for two rounds (August-October, January-March)

PROGRAM 8. OVERWEIGHT AND OBESITY

Program Description:

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 *National Healthy Lifestyle Program* or the *Go 4 Health Go sustansiya, Go sigla, Go smoke-free, and Go Slow sa Tagay* messages. The program aims to reduce the prevalence of overweight and obesity among adults.

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.

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.

Project 23. Promotion of Healthy Lifestyle	23-O.2. Number of advocacies Conducted on healthy lifestyle conducted
	23-O.1. Number of agencies/entities that institutionalized health and wellness activities among employees
Project 24. Healthy Food Environment	24-O.1. All school canteen compliant to DepEd Order no. 13 s. 2017
	24-O.2. Number of offices, institutions and establishments supporting healthy food environment
Project 25. Weight Management Intervention	25-O.1. All cities and municipalities are implementing weight management activities (including weight program policy, diabetic clinic and hypertension club) by the end of 2022

PROGRAM 9. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)

Program Description:

The Philippine Integrated Management of Acute Malnutrition (PIMAM) Program aims to locate the acutely malnourished especially those with severe and moderate acute malnutrition, and to provide the needed medical and nutritional intervention. The program expects to: 1) give Ready to Use Therapeutic Food (RUTF) and treat to at least 90% of Severe Acute Malnutrition (SAM) children; 2) give Ready to Use Supplementary Food (RUSF) access to at least 90% of Moderate Acute Malnutrition (MAM) children; and 3) treat at least 90% of wasted children.

The interventions will be delivered through in-patient treatment centers, out-patient treatment centers and target supplementary feeding program sites. Its implementation is

guided by DOH AO 2015-055 “National Guidelines on the Management of Acute Malnutrition of Children under 5 Years”. More specific protocols are contained in the “National Guidelines on the Management of Severe Acute Malnutrition (SAM) for Under-Five Children” and the “National Guidelines on the Management of Moderate Acute Malnutrition (MAM) for Under-Five Children”.

The RPAN shall implement the PIMAM Program through a project named Enhancement of PIMAM Facilities 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 In-Patient Therapeutic Care (ITC) and Out-Patient Therapeutic Care (OTC) and of MAM in Targeted Supplementary Feeding Program (TSFP), among others.

The RPAN recognizes that PIMAM shall be complemented by other nutrition interventions to sustain the normal status of rehabilitated children including nutrition counseling, especially on IYCF. It also interphases with the Nutrition in Emergencies Program as emergencies and disasters could trigger an increase in acute malnutrition.

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

Project Title	Project Outputs
Project 26. Enhancement of PIMAM Facilities, Capacities and Provision of Services	26-O.1. Delivery system for PIMAM established and fully operational across the region
	26-O.2. 75%% of health personnel fully capacitated on SAM/MAM management

NUTRITION SENSITIVE PROGRAMS

Program Description:

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

The Region 10 RPAN 2019-2022 identified nutrition-sensitive projects ranging from agriculture, health, education, livelihood, among others. These projects aim to improve the livelihood and employment of food insecure households whose children and mothers are disadvantaged nutritionally. Improvement in livelihood and employment will consequently increase 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, with focus 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 27. Production Support Services (G4 Initiative)	<p>General Outputs for Nutrition-Sensitive Projects see Annex 1 for details:</p> <p>27-37-O.1. 11 projects in the region with tweaking strategies for nutritional impact</p> <p>27-37-O.2. 75% families enrolled in projects tweaked for nutritional impact</p> <p>27-37-O.3. 75% families involved in nutrition sensitive projects with increased income</p>
Project 28. Tiangge sa DA	
Project 29. Community Empowerment through Science and Technology (CEST)	
Project 30. Complementary Food Centers (support project for CEST)	
Project 31. Food Safety Training	
Project 32. Potable Water Support to Agrarian Reform Areas (ARAs): <ul style="list-style-type: none"> A. Community – managed Potable Water, Sanitation and Hygiene (CP-WASH for Facilities) B. WASH Focused Enterprise/Livelihood (For Capacity Development) 	
Project 33. Climate Resilient Farm Support Project (CRFSP)	
Project 34. Partnership Against Hunger and Poverty (PAHP)	
Project 35. Gulayan sa Paaralan	
Project 36. SALINTUBIG	
Project 37. Diskwento Caravan	
Project 38. Operational Research on the Nutrition Sensitive Projects	38-O.1 Research completed and feed into redesign

ENABLING PROGRAMS

PROGRAM 10. ENABLING PROGRAM

Program Description:

There are three inter-related projects under the enabling programs of Region 10 RPAN 2019-2022. They include: Mobilization of Local Government Units for Nutritional Outcomes, Policy Development for Food and Nutrition, and Management Strengthening for PPAN Effectiveness.

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

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

Management Strengthening Support for RPAN Effectiveness aims to produce changes in the current system of RPAN 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 39. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	39-O-1. 100% of provinces and their constituent component cities and municipalities mobilized for delivery of nutritional outcomes including full deployment and enabling of BNSs
	39-O.2. Local chief executives from the province, city and municipalities enlisted as Nutrition Champions
	39-O.3. Partnership in the region to support LGU mobilization established and strengthened
Project 40. Policy Development for Food and Nutrition	40-O.1. Policy guidelines issued at regional and local levels
	40-O.2. Regional policy and research agenda developed and implemented
Project 41. Management Strengthening Support to RPAN Effectiveness	41-O.1 NNC Regional Structures and mechanisms strengthened to support RPAN Operationalization

SECTION IV: ESTIMATES OF BUDGETARY REQUIREMENTS FOR RPAN

Table 6a provides the budget estimates by program as well as the share of the total budget to the total RPAN budget. Table 6b provides the estimate for the 11 programs and 41 projects included in the RPAN. The table indicates both funded and unfunded components of the budgetary requirements. The budget estimated for 2019-2022 for all 11 programs amount to Php3,257,251,798.40 with an annual average of about Php8.2 M. The funded portion is Php2.9B representing 90% of total, while the unfunded portion amounts to Php336,768,840 representing 10%. Majority of the regular programs and project will be funded by the regional line agencies and the local government units mostly from the General Appropriations of national government agencies and Local Budgets from IRA. The funding shortfalls will be generated mainly from Tier 2 budget process and financing from development partners, NGOs 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 10 RPAN 2019-2022, by Program, by Project, by year and with recommended action to fill resource gap.

Table 6a. Summary of Budgetary Requirements by program and share of program budget to total RPAN

Programs	Total budget (pesos)	% of total RPAN budget
Program 1: IYCF and First 1000 Days (F1K)	233,937,575	7.18%
Program 2: National Dietary Supplementation Program	1,710,904,517.60	52.53%
Program 3: Micronutrient Supplementation Program ¹⁹	40,940,117	1.26%
Program 4: Mandatory Food Fortification Program ²⁰	222,768	0.01%
Program 5: Nutrition in Emergencies	626,535	0.02%

¹⁹ Part of budget cover is not costed since supplies are downloaded by Central Office to Regional Offices

²⁰ Budgets come from national level and estimates are not included so percentage share of programs to the RPAN budget do not show total picture

Programs	Total budget (pesos)	% of total RPAN budget
Program 6: Nutrition Promotion for Behavior Change	4,000,000	0.12%
Program 7: Adolescent Health and Development	916,613,628	28.14%
Program 8: Overweight and Obesity Management and Prevention ²¹	630,510	0.02%
Program 9: Philippine Integrated Management of Acute Malnutrition (PIMAM)	626,535	0.02%
Program 10: Nutrition Sensitive	346,424,400	10.62%
Program 11: Enabling Program	2,324,212.80	.07%
Grand Total	3,257,251,798.40	100%

²¹ Part of budget is integrated in the Prevention of Non-Communicable diseases Program of DOH

Table 6b. Summary Budget Estimates for Programs and Projects

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Program 1: IYCF and First 1000 Days (F1K)			
Project 1. Mobilization of LGUs on the First 1000 days	NNC, DOH		1,392,300
Project 2. Information Management in the F1K	DOH, NNC, LGUs	70,000	
Project 3. Strengthening of health delivery system for F1K	DOH, LGUs	50,000	496,540
Project 4. Iron supplementation for pregnant And lactating women and low birth weight infants, and MNP supplementation to children 6-23 months	NNC, DOH, LGU	228,808,407	
Project 5. Vitamin A Supplementation for Postpartum women and children 6-23 months	NNC, DOH, LGU	1,040,512	
Project 6. Supplementary Feeding for Pregnant Women in Lanao del Norte	DOH (lead), NNC 8, LGUs, DOST		800,000
Project 7. Supplementary feeding for children 6-23 months belonging to food insecure families	DOST, FNRI		850,000
Project 8. Advocacy for Stronger Enforcement and Compliance Monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Areas in Workplaces, Breastfeeding Seats in Transit), including Mother Baby friendly hospital initiatives (MBFHI)	DOH, DOLE, NNC	227,768	
Project 9. Strengthening of breastfeeding and complementary feeding program	DOH, NNC, LGU	129,948	
Project 10. Communication support for F1K	DOH, LGUs	77,100	
Program 2: National Dietary Supplementation Program			
Project 11. Supplementary Feeding for Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	DSWD, LGUs	1,027,693,717	
Project 13. School-Based Feeding Program	DepEd, DOH	669,267,722.60	
Project 14. School-Based Complementary Health Services (Essential Health Care Program and WASH in Schools)	DepED	13,943,078	

Program 3: Micronutrient Supplementation			
Project 15. Vitamin A Supplementation for children 24-59 months	DOH, LGU	6,188,309	
Project 16. Anemia Reduction among Women Of Reproductive Age	DOH, DepED	34,751,808	
Program 4: Mandatory Food Fortification Program			
Project 17. Advocacy for and Monitoring of Compliance to RA 8976 and 8172	DOH, NNC, LGUs	222,768	
Program 5: Nutrition in Emergencies Program			
Project 18. Building and Strengthening Capacities for Nutrition in Emergencies	DOH, NNC, LGUs	626,535	
Program 6: Nutrition Promotion for Behavior Change			
Project 19. Formulation and implementation of the Regional Program on Nutrition Promotion for Behavior Change	DOH, NNC, RBATF	4,000,000	
Program 7: Adolescent Health and Development			
Project 20. Nutrition education to manage teenage pregnancy and prevent further increase	POPCOM	260,000	
Project 21. Parent Trail of Trainers & Integration of nutrition concepts in the Parent Teen Trail module	POPCOM	1,080,000	
Project 22. Establishment and Management of the Information Service Delivery Network (ISDN) for AHD	POPCOM	40,000	
Project 23. Weekly Iron with Folic Acid supplementation	DepED, DOH	915,233,628	
Program 8: Overweight and Obesity			
Project 24. Promotion of Healthy Lifestyle and Diet Activity	DOH	510,510	
Project 25. Healthy Food Environment	DOH	10,000	30,000
Project 26. Weight Management Intervention	DOH	80,000	
Program 9. Philippine Integrated Management of Acute Malnutrition (PIMAM)			
Project 27. Enhancement of PIMAM Facilities, Capacities and Provision of Services	DOH	626,535	
Program 10. Nutrition Sensitive Program			

Project 28. Production Support Services (G4 Initiative)	DOH	330,000	
Project 29. Tiangge sa DA	DA	920,000	
Project 29. CEST: Community Empowerment through Science and Technology		400,000	
Project 30. Complementary Food Centers (support project for CEST)			
Project 31. Food Safety Consultancy Program		75,000	
Project 32. Potable Water Support to Agrarian Reform Areas (ARAs): A. Community – managed Potable Water, Sanitation and Hygiene (CP-WASH for Facilities) B. WASH Focused Enterprise/Livelihood (For Capacity Development)		306,600	
Project 33. Climate Resilient Farm Support Project (CRFSP)		668,800	
Project 34. Partnership Against Hunger and Poverty (PAHP)		1,425,000	
Project 35. Gulayan sa Paaralan		9,000,000	
Project 36. SALINTUBIG			332,000,000
Project 37. Diskwento Caravan		100,000	
Project 38. Operational Research on the Nutrition Sensitive Projects			1,200,000
ENABLING MECHANISM			
Project 39. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	NNC	2,178,485.40	
Project 40. Policy Development for Food and Nutrition	NNC	55,692	
Project 41. Management Strengthening Support to RPAN Effectiveness	NNC	90,035.40	
Grand Total		2,920,482,958.40	336,768,840

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 Php37,603,840. The funding gap can be addressed in three ways namely (1) proposing the project, program with shortfall in Tier 2 for 2019 to 2022; (2) allocating funds from the LGU budget for the same period and lastly (3) securing partnership and financial support from development partners. Private sector funding may also be available but a strategy for such needs to be developed by the leadership within the RNC.

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

The economic benefits of the region's investment in nutrition certainly far outweigh the investment costs. Not only will the investment result in healthier children, healthy lives and well-being for its citizens, it also means lesser government expenditures on health, with monies intended for medical expenses and the treatment of maladies going to infrastructure, social services and other basic services of government. In the long term, Region 10's investment will translate to increased access to economic benefits and opportunities, reduced inequality in human development and a productive workforce, among other benefits.

SECTION 5. RISKS ANALYSIS AND MITIGATION MEASURES

The RPAN was subjected into rigorous risks analysis and corresponding to the various risks identified, mitigation measures were determined. In the Program Implementation Review Plan (PIR) for the effective management of the RPAN, the table of risks and mitigation measures would require revisit to ensure emerging risks not covered during the exercise are factored in real time. The risks identified follow the PESTLE+C analysis covering political, economic, social, technological, legal, environmental and cultural dimensions. These risks and their corresponding mitigation strategies are specific to the situation in Region 10. **(See Table below).**

Table 7. Risks Analysis and Mitigation Measures

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Political	<p>It has been observed and actually experienced that there is usually a fast turn-over of health and nutrition workers every time that there is a change in leadership as a result of the electoral process. Changes in leadership affect the implementation of nutrition programs along the following:</p> <ul style="list-style-type: none"> - change in political agenda giving low priority to nutrition - lack of political will in enforcing policies on nutrition - limited budget for nutrition project implementation (both scaling up and for new and innovative projects) - discontinuity and disruption of programs and services - termination/replacement/transfer of nutrition staff 	<p>Strategies to mitigate the risks are as follows:</p> <ul style="list-style-type: none"> - Tap the DILG Newly Elected Officials (NEO) Program as a mechanism for a stronger advocacy and dialogue with newly elected local chief executives. This strategy can be used as a platform to advocate for the continuous enforcement of DILG Memorandum Circular 2010-147 on the retention of BHWs, BNS and DCWs even after elections as well as inclusion of nutrition agenda in the local development plans and investment programs. - Ensure functionality and full capacitation of the Local Nutrition committees specially the Barangay Nutrition Committees as the frontline structure on nutrition at the community level. 	<p>The LGU Mobilization for Delivery of Outcomes component of the RPAN should prioritize the development of a comprehensive LGU mobilization strategy to put in place an enabling environment that would beef up the nutrition infrastructure at the local levels (policies, human resources, structures, programs). It should build on the LGU Mentoring initiated by the RNC in 2016 where performing LGUs on nutrition (NHA recipients) mentor aspiring for improved nutrition and/or low performing LGUs on nutrition. These LGUs should be empowered for program implementation, monitoring, evaluation and scaling up. The efforts should be able to put nutrition at the priority agenda of the new leaderships.</p> <p>The LGU Mobilization Strategy should be designed to develop, capacitate, and manage LCE nutrition champions and ground mobilizers, including the BNSs as frontline workers/mobilizers.</p> <p>The alarming state of nutrition in the region and in the LGUs as a rallying point for mobilizing LGUs. Program adjustments based on the new thrusts and directions of the new LCE to be affected with a vigorous provision of technical assistance from the Regional Nutrition</p>

		<ul style="list-style-type: none"> - Close monitoring and evaluation of local nutrition projects and programs. 	Technical Committee and an enabling policy support from the Regional Development Council.
Economic	High poverty index and inflation rate are manifested with limited access to basic social services including health, nutrition, housing and social protection. Both has effects on the purchasing power of poor families further impacting on food accessibility. This may lead to increase of food-poor households and deterioration of their nutritional status.	<p>Among the mitigation measures that can be employed are the following:</p> <ul style="list-style-type: none"> - Intensify home and community food production (gardening) for easy access to food and livelihood opportunities - Prioritize poor family with malnourished children for livelihood and social safety net projects using the OPT Plus family profiling and <i>Listahanan</i> (NHTS-PR) of DSWD - Food supplementation of children, pregnant and lactating women from food insecure families. 	<p>The RPAN 2019-2022 initially identified nutrition sensitive projects that can contribute to improved nutritional outcomes through the provision of livelihood opportunities, employment opportunities for workers/laborers from food-poor families and families with malnourished children and PLWs. There is a need to capitalize, enhance and identify more of these nutrition sensitive projects even beyond the RPAN timelines. As such, there is a need to undertake the following:</p> <ul style="list-style-type: none"> - Tap agencies with social protection and livelihood programs - Organize and capacitate vulnerable groups at the community level for program participation (from GOs/NGOs/CSOs) - Intensify convergence of RNC member agencies, LGUs and NGOs/private sector with livelihood and social safety net programs.
Social	The region is being faced by the challenge of changing dietary patterns and lifestyle due to proliferation of fast food chains as a result of the shift to urbanization. This	<p>The risks identified can be mitigated through:</p> <ul style="list-style-type: none"> - responsible use of quad media (to include social media) to promote 	The Nutrition Promotion for Behavior Change Program of the RPAN should pursue the development of a

	<p>is coupled by media influencing the behavior patterns of Northern Mindanaoans which impacts on food choices and preferences.</p> <p>Limited breastfeeding facilities in public places.</p> <p>There are more working women in the region and this shift in role patterns force mothers relegate the care of their young children to house helps and other caregivers. There is increased risk for sub-optimal care and feeding practices (including breastfeeding) of children which may hinder their over-all development.</p> <p>Street children in urban centers (particularly adolescents) use rugby to ease hunger. This pose increased risks to malnutrition, teenage pregnancy and petty crimes.</p>	<p>healthy lifestyle and infant and young child feeding particularly breastfeeding</p> <ul style="list-style-type: none"> - Intensification of the <i>Nutriskwela</i>, <i>Katumbas ay Biyaya Radio</i>, <i>Radyo mo sa Nutrisyon</i> radio programs of NNC and nutrition promotion on multimedia platforms - advocacy on the establishment of lactation station in public places and workplaces - expand the training and development of community breastfeeding peer counsellors or support groups - Intensify coordination with LGUs and other concerned agencies in addressing the increased social problem of street children and street families. 	<p>behavior changing communication strategies to cover the following:</p> <ul style="list-style-type: none"> - integration of nutrition into the healthy lifestyle program e.g. healthy options in the school canteen, NCD prevention and control program - active engagement of the Northern Mindanao media group on nutrition – the Media Advocates for Nutrition in GOvernance in Region X (MANGO Diez - establish and monitor functionality of lactation rooms in government and private offices and public places (RA 10028) - integrate promotion of infant and young child feeding (specially breastfeeding) in the social safety net programs e.g. conditional cash transfer, parent education projects, supplementary feeding livelihood projects, among others - establish and maintain child-minding centers in government and private offices and public places - Strengthen the functional relation between the local nutrition committees with the Local Councils for the Protection of Children to address the issue of street children and street families
Technology	<p>Sedentary lifestyle has been identified as a contributing factor to non-communicable diseases (NCDs). The former (to a certain extent) at some point, however, results from increasing</p>	<p>Mitigation measures already discussed in earlier section on Social Risks.</p>	<p>In addition to the program design adjustments identified in the Social Risk Category, there is a need to intensify nutrition education and behaviour change communication using the Nutritional Guidelines for Filipinos (Muslim</p>

	<p>access and utilization to electronic gadgets (sitting long hours in front of computers, etc).</p> <p>Media has become a channel for misleading advertisements, promotion of instant foods, sugary and fatty foods.</p>		<p>Filipinos), 10 Kumainments and Pinggang Pinoy as main communication messages. Engaging and organizing the owners/operators of fast food chains and Hotels and Restaurants Association (COHARA) of concerned cities for nutrition advocacy can be explored. Collaboration with concerned government offices and LGUs to facilitate creation and implementation of healthy lifestyle programs need to be intensified.</p>
Legal	<p>Implementation of TRAIN Law or the Tax Reform for Acceleration and Inclusion Law (RA 10963) potentially increases the price of gasoline which has the direct effect in the prices of food and non-food commodities. The benefits of the tax reform may be offset by high prices of commodities and services which decrease the purchasing power of low income and poor families.</p>	<p>There is a need to ensure household level food security through implementation of community and backyard gardening and prioritize poor families with malnourished children for livelihood and social safety net projects.</p> <p>The mitigation measures under the Economic Risks category also applies under this component.</p>	<p>Unique to Region 10 is the G4 initiative – Garden of GO, Grow and Glow. The RPAN should intensify advocacy on the adoption of the initiative and use this as a main vehicle for ensuring food availability in the homes and communities.</p> <p>The RPAN should include in its legislative agenda the support the House Bill on utilizing portion of the tax collected from sweetened beverages for First 1000 Days program.</p>
Environmental	<p>Northern Mindanao is still faced with the risks of illegal conversion of agricultural lands to commercial and industrial uses, presence of mining industries and communities, frequent and severe natural disasters and poor sanitation and limited/lack of access to potable water.</p>	<p>Adoption of improved farm production practices and technologies to improve food productivity, conduct of periodic monitoring and analysis of food and nutrition indicators and prioritization of IP communities in health and nutrition interventions are among the measures that can mitigate the impact of risks.</p>	<p>The following can be integrated in the adjustments of the RPAN:</p> <ul style="list-style-type: none"> - Convergence of government agencies and financing institutions for the improvement of food production/productivity (e.g. availment of agricultural inputs/equipment, climate resilient technologies)

	<p>As a result, there is increased risks to:</p> <ul style="list-style-type: none"> - Limited area for food production that might lead to food insecurity - Displacement of IP and other vulnerable communities leading them landless and with limited livelihood opportunities - Presence/increase in water-borne diseases and infections 		<ul style="list-style-type: none"> - Support to the passage of the National Land Use (NaLUa) bill - Support to the enforcement of the Integrated Environment Management (IEM) - Establish/expand Early Warning System on Food and Nutrition Security to disaster-prone areas - Intensify information campaign on the effects of illegal mining - Improve local governance particularly in the provision of basic social services like potable water and sanitary toilet facilities
Cultural	<p>IP communities' cultural beliefs lead to limited acceptance to health and nutrition services (e.g. immunization, deworming). This is coupled with beliefs on early marriages and the eldest daughters as caretakers of other siblings. Both factors lead to:</p> <ul style="list-style-type: none"> - increased vulnerability to parasitic infection, diseases and illnesses - dropping out from school/illiteracy - malnutrition among teenage pregnant/mothers - low birth weight infants and stunted children - repeat of the vicious cycle of poverty and malnutrition 	<p>Among the most critical mitigation measures include the:</p> <ul style="list-style-type: none"> - promotion of culture-sensitive health care and nutrition practices - hiring of IP health and nutrition workers who are able to speak the language and understand the customs of the communities - sustain nutrition education for adolescent females in IP communities 	<p>The RPAN even beyond its timeframe should be able to:</p> <ul style="list-style-type: none"> - Intensify health and nutrition-education through engagement of tribal leaders and trained IP health workers on IP MNCHN - Strengthen linkage between Responsible Parenthood and Reproductive Health (RPRH) programs, as well as school health and nutrition services of concerned agencies and LGUs.

Section VI: The RPAN Institutional Arrangements

NNC and RNC Organizational Profile

The National Nutrition Council (NNC), as mandated by law, is the country's highest policy-making and coordinating body on nutrition. Its core functions are to formulate national food and nutrition policies and strategies and serve as the policy, coordinating and advisory body on food, nutrition and health concerns; coordinate planning, monitoring, and evaluation of the national nutrition program; coordinate the hunger mitigation and local nutrition action program to achieve relevant Sustainable Development Goals (SDG) 2.

The NNC also strengthens competencies and capabilities of stakeholders through public education, capacity building and skills development; coordinates the release of funds, loans, and grants from government organizations (GOs) and non-government organizations (NGOs); and calls on any department, bureau, office, agency and other instrumentalities of the government for assistance in the form of personnel, facilities and resources as the need arises. (National Nutrition Council)

Delivering the core functions of the National Nutrition Council is its Governing Board and Secretariat. The functions and multi-sector composition of the NNC are replicated at the sub-national levels. At the national level, three representatives from the private sector are appointed by the President of the Republic of the Philippines for a two-year term. The Secretariat, which serves as the executive arm of the Governing Board, works to advise the Board on nutrition policy and program matters; recommends a comprehensive food and nutrition policy, coordinates with government organizations (GOs) and non-government organizations (NGOs) for nutrition program management and resource programming, initiates the formulation and develop measures to improve implementation of the Philippines Plan of Action for Nutrition (PPAN); monitors and analyzes nutrition and related socio-economic data for a periodic statement on the country's nutrition situation; monitors and evaluates the PPAN; develops and implements a comprehensive advocacy, information and education strategy for the PPAN; and provides technical, financial, and logistics support to local government units (LGUs) and agencies for the development and implementation of nutrition programs and projects. At the regional level, the non-government representatives undergo a selection process as deemed appropriate by the Regional Nutrition Committee. The Regional Nutrition Committee also acts as the Regional Nutrition Cluster.

In Region X, the Regional Nutrition Committee as the local network of the NNC Governing Board is presented in the Figure 1. The Chair is the Regional Director of the Department of Health

and the vice-chairs are the Department of Interior and Local Government and Department of Agriculture Regional Field Office. There are 19 government agencies as members, two (2) from non-government organizations and three (3) from associations of nutrition workers in the region.

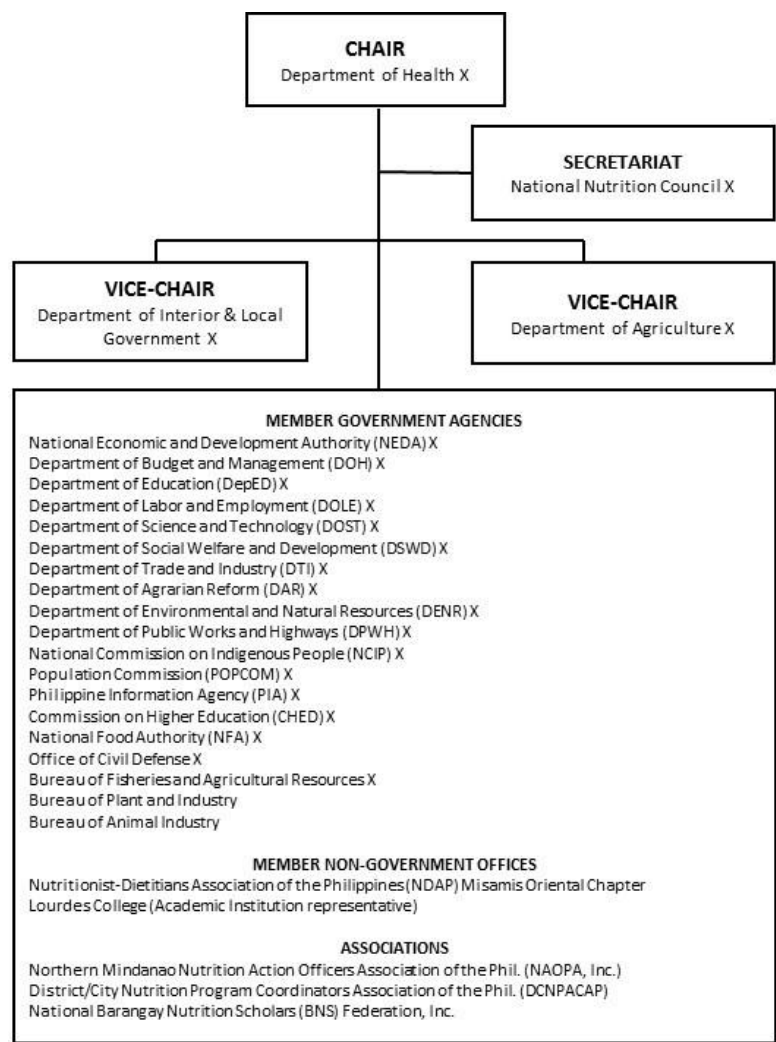


Figure 8. Regional Nutrition Committee X Organizational Structure

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 consists of agencies and shared accountabilities to deliver outputs and outcomes. The delivery of outcomes and outputs which entail institutional resources and processes are ultimately the responsibility of the accountable regional agencies and other stakeholders particularly the LGUs.

Institutional accountabilities also include the overall coordination of the RPAN implementation and monitoring. 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, and 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 address particular issues and strengthen interagency 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 the RPAN; 2) convening of the RNC semestral and special meetings; and 3) annual program implementation review (PIR) of the RPAN.

The RNC shall render report and provide updates of the RPAN implementation to the Regional Development Council through the Social Development Committee. Meanwhile, the RNC shall also coordinate with the Local Nutrition Committees in terms of the RPAN implementation and monitoring

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 of plan evaluation.

As a management tool, the region will use for RPAN monitoring the semi-annual reporting and management meetings of the RNC. The Results Matrix will be disaggregated by the NNC Regional Office every year into semi-annual plans and reported accordingly. While the reports are important, the agreements at the RNC are more vital in terms of ensuring the priority action areas are undertaken by individual agencies and the RNC as a whole in response to the emerging issues, problems and gaps in the RPAN implementation. The management decisions and action areas generated during the semi-annual and special meetings will guide the NNC Regional Office in monitoring the RPAN implementation.

The RNC will convene an annual *Program Implementation Review* (PIR) at the last quarter of every year. This will allow RNC member-agencies and local government units to integrate the priority action areas and revisions to the programs for the succeeding budget year. The PIR, benefits from the initial annual progress reports of the agencies and LGUs. It also undertakes a rigorous and reflective analysis to design improvements in the RPAN for the succeeding year. In the course of implementation, the NNC Regional Office will document and share important lessons and good practices that can guide the planning for the succeeding year.

The midterm review of the PPAN 2017-2022 is planned in 2019. The NNC in consultation with the 17 RNCs may agree to conduct regional mid-term reviews for the RPAN.

Each NNC Regional Office will work with the Nutrition Surveillance Division and the Nutrition Policy and Planning Division of the NNC to determine whether evaluation of the RPAN will be undertaken in 2022 in time for the review of the PPAN and the formulation of the successor PPAN 2023-2028. In case the region decides to have its own RPAN evaluation, then the RNC secretariat will prepare for such exercise by 2019.

Section VIII. RPAN Region X Implementation Plan and Results Framework

The Region X RPAN 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 (Table 8). In the results framework matrix, the implementation plan with respect to the outputs of the projects has also been defined for years 2018-2022. The Region X RPAN 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 by analyzing the match of the priority problems identified with the regional outcome targets. The coherence of the interventions vis-à-vis the regional outcome targets was then analyzed. In this particular exercise, careful review of the outcomes, planned coverage, as well as the outputs of the 41 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 results framework, the accountability of agencies vis a vis budgets, outputs, coverage and shared outcomes among agencies is made explicit.

Table 8. RPAN Region X 2019-2022 Results Framework

RPAN Region X Outcome Targets					
PROGRAM 1: INFANT AND YOUNG CHILD FEEDING (IYCF) 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. By the end of 2022, all 5 provinces, 9 cities and at least 50 municipalities and cities mobilized for F1K and nutrition.	15	25	40	50	DOH, NNC, DILG
Activity 1-A.1. RDC, Local chief executives declare a political statement on addressing malnutrition, and endorsement of F1K and approval of RPAN 2019-2022					
Activity 1-A.2. Issuance of DILG memo circular for the Adoption and Implementation of the PPAN 2017-2022, and RPAN 2019-2022					
Activity 1-A.3. Provincial Governors convene key officials and other stakeholders to a forum on F1K and RPAN 2019-2022 and issuance of respective resolutions.					
Activity 1-A.4. Preparation of P/M/CNAPs of all provinces, municipalities and cities including First 1000 days and RPAN program/projects					
2. Information Management in the F1K					
Output 2-O.1. A harmonized system of information for the efficient and effective implementation of F1K services developed and utilized by the health system and LGUs	1	/	/	/	DOH, NNC, LGUs
Activity 2-A.1. Review of the existing system					
Activity 2-A.2. Development of prototype database and information system for F1K					
Activity 2-A.3. Pilot implementation of the system for F1K					
Activity 2-A.4. Finalization of information system and for endorsement					
Activity 2-A.5. Full implementation of the system including data sharing and management adjustments					
3. Strengthening of Health Delivery for F1K including review of LGUs and other multi-sectoral agencies for F1K compliance					

Output 3-O.1. Annual Performance and Implementation Review of RHUs, other multi-sectoral agencies and LGUs on F1K compliance conducted	1	1	1	1	DOH, NNC, LGUs
Output 3-O.2. F1K compliance integrated in successive plans of RHUs, other multi-sectoral agencies and LGUs	1	1	1	1	
Activity 3-A.1. Preparation of tools and facilitators					
Activity 3-A.2. Continuous compliance monitoring					
Activity 3-A.3. Planning of review					
Activity 3-A.4. Execution of review					
Activity 3-A.5. Reporting of results					
Activity 3-A.6. Integration of results into new LGUs plans					
4. Iron supplementation to pregnant and lactating women, and low birth weight infants and MNP supplementation to children 6-23 months					
Output 4-O.1. All 93 RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 40 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants	80%	85%	90%	95%	DOH, NNC, LGUs
Output 4-O.2. A system of tracking consumption of IFA supplements operationalized	1	1	1	1	
Activity 4-A.1. Workshop on the development of the tracking system					
Activity 4-A.2. Capacity building among health workers					
Activity 4-A.3. Pilot testing and implementation of the health system					
Activity 4-A.4. Proper coordination through a systematic communication for the rural health unit Monitoring, reporting and adjustments					
Activity 4-A.5. Monitoring, reporting and adjustments					

4. Vitamin A Supplementation for postpartum women and children 6-23 months s old					
Output 5-O.1. All 93 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	85%	90%	95%	98%	DOH, NNC, LGUs
Output 5-O.2. All 93 RHUs providing 1 vitamin A capsule to high risk children (diarrhea and measles)	90%	95%	98%	100%	
Output 5-O.3. A system of tracking vitamin A supplementation operationalized	1	1	1	1	
Activity 5-A.1. Timely distribution and provision of procured logistics and micronutrient supplements					
Activity 5-A.2. Capacity building among health workers					
Activity 5-A.3. Pilot testing and implementation of the health system					
Activity 5-A.4. Proper coordination through a systematic communication for the rural health unit					
Activity 5-A.5. Monitoring, reporting and adjustments					
5. Mobilization of LGU resources for dietary supplementation for Pregnant Women in Lanao del Norte					
Output 6-O.1. All pregnant women of poor families in Lanao del Norte received dietary supplementation	85%	90%	90%	90%	DOH, NNC, LDN LGUs
Activity 6-A.1. Develop project mechanics including definition of supplementary food package, implementing guidelines and coordination and M&E mechanism					
Activity 6-A.2. Conduct orientation and coordination meetings to develop the mechanics, methodologies, and monitoring & evaluation tools for the dietary supplementation					
Activity 6-A.3. Provision of technical assistance on the Pilot implementation in identified municipalities in					
Activity 6-A.4. Assessment of pilot implementation					
Activity 6-A.5. Full implementation of the project, monitoring, reporting, and adjustments for scaling-up					

7. Mobilization of LGU resources for Supplementary feeding for children 6-23 months belonging to food insecure families						
Output 8-O.1.	<i>LCEs in 30 municipalities issue policy with budget allocation to implement dietary supplementation program for children 6-23 months belonging to the food insecure families</i>	10	15	20	30	NNC, LGUs
Activity 7-A.1.	Advocacy campaign on dietary supplementation					
Activity 7-A.2.	Conduct orientation and coordination meetings to develop the mechanics, methodologies, and monitoring & evaluation tools for the dietary supplementation					
Activity 7-A.3.	Pilot implementation in 5 municipalities					
8. Advocacy for Stronger Enforcement and Compliance Monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces, Breastfeeding Seats in Transit), including Mother baby friendly hospital initiatives (MBFHI)						
Output 8-O.2.	<i>Organizations and entities exercising their commitment enforcement and compliance monitoring on EO 51, RA 10028 and MBFHI</i>	70%	75%	80%	85%	DOH, RNC, NNC, LGUs
Output 8-O.3.	<i>85% of workplaces, public places and bus companies are RA 10028; compliant; 85% are MBFHI</i>	70%	75%	80%	85%	
Activity 8-A.1.	Organize/Reconstitute the regional and provincial monitoring team (such as the Milk Code Task Forces and other related statutes)					
Activity 8-A.2.	Establish protocol and conduct of actual monitoring with provision of technical assistance					
Activity 8-A.3.	Review of progress of enforcement and compliance monitoring and Adjustments					
9. Strengthening of Promotion of Breastfeeding and Complementary Feeding						
Output 9.O.1.	<i>85% of health personnel, NAOs, and BNSs trained on IYCF counselling and complementary feeding</i>	50%	60%	70%	85%	
Output 9.O.2.	<i>85% of LGUs with organized breastfeeding/IYCF support group and peer Counsellors</i>	50%	60%	70%	85%	
Activity 9-A.1.	Advocacy and promotion on Complementary Feeding Program as part of IYCF					

Activity 9-A.2.	Counseling activities to mothers on complementary feeding					
Activity 9-A.3.	Conduct of cooking demo on complementary food preparation utilizing locally-available food during mothers' class					
10. Communication Support for F1K						
Output 10.1.	<i>A regional sub-strategy in line with the national strategy for the communication support on F1K fully developed and implemented</i>	1	1	1	1	DOH, NNC, LGUs
Activity 10-A.1.	Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days					
Activity 10-A.2.	Development of improved key messages and communication materials and collaterals					
Activity 10-A.3.	Pre-testing of developed materials					
Activity 10-A.4.	Implementation, monitoring and adjustments					
PROGRAM: 2 NATIONAL DIETARY SUPPLEMENTATION PROGRAM¹						
11. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays						
Output 11.O.1.	<i>100% of LGUs implementing supplementary feeding in CDC and SNPs</i>	306 SNPs, 3,380 CDCs	306 SNPs, 3,380 CDCs	306 SNPs, 3,380 CDCs	306 SNPs,3,380 CDCs	DSWD X
Output 11.O.2.	<i>All children in CDCs and SNPs provided with supplementary feeding</i>	141,935 children	141,935 children	141,935 children	141,935 children	
Activity 11-A.1.	Conduct consultation dialogue with implementing partners and social preparation activities					
Activity 11-A.2.	Implement supplementary feeding program in enrolled CDCs and SNPs based on existing standards and guidelines					
Activity 11-A.3.	Update SFP Information System (IS) and conduct capacity building of IT Personnel					
Activity 11-A.4.	Provide technical assistance, monitor, report progress and conduct PIR					

12. Supplementary Feeding in Schools					
Output 12.O.1. All public elementary schools implementing supplementary feeding following the guidelines	2,069	2,069	2,069	2,069	DepED X
Activity 12-A.1. Conduct baseline measurement and mapping of schools with wasted learners					
Activity 12-A.2. Conduct orientation on SBFP guidelines to implementers (school head, district supervisor, health personnel, parents) in all targeted schools identified with wasted learners					
Activity 12-A.3. Build capacities of SBFP implementers on nutrition education					
Activity 12-A.4. Implementation of the 120 days feeding					
Activity 12-A.5. Monitoring, reporting progress and conduct of PIR					
13. School-Based Complementary Health Services (Essential Health Care Program and WASH in Schools)					
Output 13.O.1. All schools providing package of complementary health services at satisfactory level	All Public Elem Schools 2,600,000 children	All Public Elem Schools 2,678,000 children	All Public Elem Schools 2,758,340 children	All Public Elem Schools 2,841,091 children	DepED X
Activity 13-A.1. Nutritional assessment of eligible school children by respective schools					
Activity 13-A.2. Downloading of funds for the project					
Activity 13-A.3. Procurement of goods needed for the project					
Activity 13-A.4. Provision of complementary health services (deworming, micronutrient supplementation, WASH in schools, nutrition education)					
Activity 13-A.5. Link schools with private institutions and NGOs to generate resources for the establishment and/or maintenance of WASH facilities					
Activity 13-A.6. Monitoring, project review and adjustments					

PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION PROGRAM					
14. Vitamin A Supplementation for children 24-59 months					
Output 14.O.1. 100% of children 24-59 months given Vitamin A supplementation	100%	100%	100%	100%	DOH, LGUs
Activity 14-A.1. Capability building of health workers					
Activity 14-A.2. Provision of Vitamin A supplementation based on standards					
Activity 14-A.3. Catch up of defaulters (house to house visit)					
Activity 14-A.4. Monitoring, reporting and adjustments					
15. Anemia Reduction among Women of Reproductive Age					
Output 15.O.1. 100% of WRA given Iron-Folic Acid	85%	90%	95%	98%	DepED
Activity 15-A.1. Screening / Assessment of anemia					
Activity 15-A.2. Provision of Iron -folic acid to WRA					
Activity 15-A.3. Promotion of Healthy Diet (food rich in iron)					
Activity 15-A.4. Promotion of healthy snacks (Fortified with iron+folic)					
Activity 15-A.5. Monitoring and follow-up of anemia among WRA					
PROGRAM 4. MANDATORY FOOD FORTIFICATION PROGRAM					
16. Advocacy for and Monitoring of compliance to RA 8976 and RA 8172					
Output 16.O.1. A system/plan for both advocacy and compliance monitoring of food fortification strengthened and implemented	1	/	/	/	DOH, NNC, RNC
Activity 16-A.1. Review of status of compliance to RA 8976 and RA 8172					

Activity 16-A.2. Mapping of and conduct of advocacy and consultative dialogues with, salt producers/manufacturers/traders and LGUs					
Activity 16-A.3. Formulation strategies and plan with strong media support					
Activity 16-A.4. Provision of technical assistance on the organization and functionality of Bantay Asin and FF Tsk Forces					
Activity 16-A.5. Conduct of salt and FF monitoring					
Activity 16-A.6. Reporting, assessment and adjustments					
PROGRAM 5. NUTRITION IN EMERGENCIES PROGRAM					
17. Building and Strengthening Capacities for Nutrition in Emergencies					
Output 17.O.1. By end of 2022, all LGUs have: a) NIE Plan integrated in DRRM Plan and finalized, b) fully capacitated NAOs/ BNS/BHW on NIE including and Information Management, c) services, supplies and equipment coordinated and allocated at all levels d) harmonized NiE reporting	Region, 5 prov, 9 Cities	42 MLGUs 674 brgys	21 MLGUs 674 brgys	21 MLGUs 674 brgys	NNC, DOH, DILG, HOM, NGOs
Activity 17-A.1. Updating of the regional NIE plan and integration in RDRRM Plan Activity 17-A.2. Advocacy on issuance/re-issuance of resolutions/ executive orders on Local Nutrition Clusters					
Activity 17-A.3. Capacity building on nutrition on emergencies including training on Nutrition Information Management System Activity 17-A.4. Updating of capacity maps Activity 17-A.5. Development and Adoption of NiEm Plans and integration to the DRRM Plan Activity 17-A.6. Provision of technical assistance to LGUs in formulating their NiE Plan and integrating it to DRRM Plan Activity 17-A.7. Prepositioning of supplies and commodities Activity 17-A.8. Implementation of the Nutrition in Emergencies Plan and provision of the Minimum Service Package (during response and recovery phases) Activity 17-A.9. Intra and inter cluster coordination					
Activity 17-A.10. Production and distribution of IEC materials (e.g. No Milk donations, IYCF-E, etc) Activity 17-A.11. Monitoring, reporting and adjustments					

PROGRAM 6. NUTRITION PROMOTION FOR BEHAVIOR CHANGE					
18. Formulation and Implementation of the Regional Program on Nutrition Promotion for Behavior Change					
Output 18.O.1. A regional program on nutrition program for behavior change developed and implemented	/	/	/	/	NNC X, dOH X
Activity 18-A.1. Review and analysis of existing nutrition education and promotion efforts to identify gaps and how they can be transformed to nutrition promotion for behavior change					
Activity 18-A.2. Convene experts meeting to develop the framework and the program for nutrition promotion for behavior change aligned with the national framework					
Activity 18-A.3. Forging consensus among partners and mobilizing resources for the program					
Activity 18-A.4. Mobilization and training of media partners and other relevant stakeholders					
Activity 18-A.5. Provision of required communication and promotional materials					
Activity 18-A.6. Development and implementation of the research component of the program					NNC X
Activity 18-A.7. Monitoring and project adjustments					
PROGRAM 7. ADOLESCENT HEALTH AND DEVELOPMENT					
19. Enhancement of SHAPE and U4U Teen Trail					
Output 19.O.1. Enhanced SHAPE and U4U modules through integration of nutrition concepts	/	/	/	/	POPCOM X
Activity 19-A.1. Number of SHAPE and U4U classes conducted using enhanced module	5	5	6	8	
Activity 19-A.2. Conduct of consultative and review meetings					
Activity 19-A.3. Enhancement of the U4U Teen Trail module and IEC materials					
Activity 19-A.4. Facilitate capacity building of program planners/PopDev Educators on the new modules					
Activity 19-A.5. Conduct SHAPE and U4U Teen Trail classes					
Activity 19-A.6. Monitoring, assessment and adjustments					

20. Enhancement of Parent Trail Training					
Output 20.O.1.	Enhanced Parent Trail Module through integration of nutrition concepts	/	/	/	POPCOM X
Output 20.O.2.	Number of population officers trained on Parent Trail using enhanced module	60	60	60	
Activity 20-A.1.	Conduct of consultative and review meetings				
Activity 20-A.2.	Enhancement of the Parent Trail module and IEC materials				
Activity 20-A.3.	Facilitate training of trainers on Parent Trail among population officers using the new modules				
Activity 20-A.4.	Monitoring, assessment and scaling up				
21. Establishment and Management of the Information Service Delivery Network (ISDN) for AHD					
Output 21-O.1.	Number of ISDN established and operationalized	1	1	1	POPCOM X
Output 21-O.2.	Number of population officers, school officials and peer educators trained on ISDN establishment and operationalization	TBD	TBD	TBD	
Activity 21-A.1.	Develop AHD-related material with emphasis on teenage pregnancy proper Nutrition and publicized said communication material.				
Activity 21-A.2.	Lobby to the LGU on the development and signing of partnership agreement in the establishment and operationalization of ISDN.				
Activity 21-A.3.	Facilitate the establishment and operationalization of ISDN in the target public school in Partnership agreement signed with the LGU				
Activity 21-A.4.	Conduct training on establishment of ISDN to local population officers/workers and school officers/workers/peer educators.				
22. Weekly Iron with Folic Acid supplementation					
Output 22-O.1.	All female students in Grades 7 to 10 in public secondary schools consumed iron-folic acid tablets based on standards	85%	90%	95 %	DOH X, DepED X
Activity 22-A.1.	Identify and orient beneficiaries including parents on the benefits of WIFA supplementation and integrate concepts on adolescent nutrition				
Activity 22-A.2.	Build capacities of local implementers				
Activity 22-A.3.	Implement WIFA supplementation integrated with nutrition education/counselling				
Activity 22-A.4.	Monitor, evaluate and report progress				

PROGRAM 8. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION					
23. Promotion of Healthy Lifestyle					
Output 23-O.1. Number of advocacy activities on healthy lifestyle conducted	5 provinces, 3 cities, 3 schools	5 provinces, 5 cities 3 schools	5 provinces, 9 cities 3 schools	5 provinces, 9 cities 3 schools	DOH X, , DepED, NNC X
Output 23-O.2. Number of agencies/entities that institutionalized health and wellness activities among employees	70%	75%	80%	85%	
Activity 23-A.1. Development of IEC materials on healthy diet and lifestyle in native language					
Activity 23-A.2. Promotion/dissemination of IEC materials developed					
Activity 23-A.3. Utilization of Pinggang Pinoy placemats in meetings, Mang Moi standees (10 Kumainments)					
Activity 23-A.4. Development and airing of nutrition plugs on healthy lifestyle and diet in adults (airing is free)					
Activity 23-A.5. Conduct of Nutrition Month for adults in LGU incorporating healthy lifestyle and diet in adults					
Activity 23-A.6. Capacity building for NAOs, and other nutrition health workers on nutrition assessment/screening					
Activity 23-A.7. Promotion and establishment of healthy environment (home gardening)					
24. Healthy Food Environment					
Output 24.O.1. All school canteens compliant to DepED Order No. 13, s. 2017	2,069	2,069	2,069	2,069	DepED X, RNC
Output 24.O.2. 85% of offices, institutions and establishments supporting healthy food environment	60%	65%	70%	85%	
Activity 24.A.1. Intensified monitoring of school canteens					
Activity 24.A.2. Issuance of RNC resolution enjoining all RNC members and LGUs to serve healthy meals and snacks during meetings, conferences, trainings and other activities					
25. Weight Management Intervention					
Output 25.O.1. All cities and municipalities are implementing weight management activities (including weight program policy, diabetic clinic and hypertension club) by the end of 2022	70%	75%	80%	85%	RNC, LGUs

Activity 25-A.1. Nutrition Assessment/Screening and master listing of adults by LGUs and agencies					
Activity 25-A.2. Nutrition Counseling					
Activity 25-A.3. Zumba Classes for identified overweight/obese adults					
Activity 25-A.4. Re-assessment/screening after conduct of Zumba classes					
PROGRAM 9. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION					
26. Enhancement of PIMAM facilities, capacities and provision of services to manage acute malnutrition					
Output 26.O.1. Delivery system for PIMAM established and fully operational across the region	30 OTC and ITC	40 OTC and ITC	50 OTC and ITC	65 OTC and ITC	DOH, LGUs
Output 26.O.2. 75% of health personnel fully capacitated on SAM/MAM management	25%	40%	60%	75%	
Activity 26-A.1. Assessment and screening of children					
Activity 26-A.2. Provision and supply management of F75, F100 RUTF and RUSF and its equivalent in RHUs					
Activity 26-A.3. Delivery of ITC/OTC and TSFP services					
Activity 26-A.4. Building of Capacity of hospitals, public health personnel and local implementers in focus provinces					
Activity 26-A.5. Treatment and Management of SAM in the ITC and OTC and of MAM in TSFP					
Activity 26-A.6. Monitoring, reporting, assessment and adjustments					
Program 10. NUTRITION SENSITIVE PROGRAMS					
27. Production Support Services (Garden of Go, Grow and Glow Initiative)					
28. Tiangge sa DA					
29. Community Empowerment through Science and Technology (CEST)					
30. Complementary Food Centers (support project for CEST)					
31. Food Safety Training					

32. Potable Water Support to Agrarian Reform Areas (ARAs)	
33. Climate Resilient Farm Support Project (CRFSP)	
34. Partnership Against Hunger & Poverty (PAHP)	
35. Gulayan sa Paaralan	
36. SALINTUBIG	
37. Diskwento Caravan	

<p>General Outputs for Nutrition-Sensitive Projects, see Annex 2 for details:</p> <p>27-37-O.1. 6 projects in the region tweaking strategies for nutritional impact</p> <p>27-37-O.2. XX families enrolled in projects tweaked for nutritional impact</p> <p>27-37-O.3. XX families involved in nutrition sensitive projects with increased income</p> <p>Major Activities for Nutrition-Sensitive Projects, see Annex 2 for details:</p> <p>27-37-A.1. Determination of tweaking strategies for the project selected</p> <p>27-37-A.2. Decision on other features to prepare implementation in the region</p> <p>27-37-A.3. Implementation, monitoring and reporting of the project</p> <p>27-37-A.4. General research developed with NEDA and the academe</p>					
38. Operational Research on the Nutrition Sensitive Projects					
Output 38-O.1. Research completed and feed into redesign		/	/	/	NNC, RNC
Activity 38-A.1. Development of TOR					
Activity 38-A.2. Research Contracting					
Activity 38-A.3. Implementation of the research project					
PROGRAM 11. ENABLING PROGRAM					
39. Mobilization of Local Government Units for Delivery of Nutritional Outcomes					
Output 39-O.1. 100% of provinces and their constituent component cities and municipalities mobilized for delivery of nutritional outcomes including full deployment and enabling of BNSs	30	50	70	100	NNC, RNC
Output 39-O.2. Local chief executives from the province, city and municipalities enlisted as Nutrition Champions	5	8	10	12	
Activity 40-A.1. Conduct of policy reviews					

Activity 40-A.2. Conduct of workshops on the development of policy and research agenda					
Activity 40-A.3. Development and dissemination of policy briefs/papers and research proposals					
Activity 40-A.4. Advocacy and lobbying on the issuance of policy guidelines including designation of fulltime NAOs and BNS deployment/security of tenure					
Activity 40-A.5. Provision of technical assistance on policy formulation and compliance and progress monitoring					
Activity 40-A.6. Monitoring, evaluation and adjustments					
41. Management Strengthening Support to RPAN Effectiveness					
Output 41-O.1. <i>NNC Regional Office, Regional Structures and mechanisms strengthened to support RPAN effectiveness</i>	1	/	/	/	NNC, RNC
Activity 41-A.1. Hiring of additional NNC RO staff including recruitment and deployment of 15 NDs in PPAN focus areas					
Activity 41-A.2. Capability building and continuing education of the RNC, RTWG, NNC Regional Office staff on F1K, LGU mobilization, PPAN M & E and on other requirements of the RPAN					
Activity 41-A.3. Conduct of RNC, RTWG meetings and joint activities (MELLPI, RNAC, strategic planning, etc)					
Activity 41-A.4. Organization and training of LGU mobilizers					
Activity 41-A.5. Capacity building and mobilization of NAOPA, D/CNPCAP and NaBNSFed as part of the NNC nutrition network and ground mobilizers					
Activity 41-A.6. Monitoring, reporting and adjustments					
Output 39-O.3. Partnership in the region to support LGU mobilization established and Strengthened	/	/	/	/	
Activity 39-A.1. Development of an LGU mobilization strategy					

Activity 39-A.2. Issuance and dissemination of RNC, RDC and DILG issuances supporting implementation of RPAN 2019-2022 and the LGU mobilization strategy					
Activity 39-A.3. Issuance of political endorsement of LPP and LMP in support of RPAN and LGU mobilization implementation					
Activity 39-A.4. Organization/re-activation and strengthening of LNCs					
Activity 39-A.5. Designation of fulltime NAOs in LGUs					
Activity 39-A.6. Development of evaluation tool in identifying nutrition champions (criteria/indicators)					
Activity 39-A.7. Selection, training and mobilization of LCE nutrition champions					
Activity 39-A.8. Conduct of stakeholders' forum					
Activity 39-A.9. Documentation of best practices on nutrition of champion LGUs					
Activity 39-A.10. Monitoring, assessment and adjustment					
40. Policy Development for Food and Nutrition					
Output 40-O.1. Policy guidelines issued	At least 2 regional policies	At least 2 regional policies	At least 2 regional policies	At least 2 regional policies	RNC, NNC
Output 40-O.2. Compendium of nutrition and nutrition-related policies, resolutions and issuances relevant to Region 10 developed	1	1	1	1	
Output 40-O.3. Regional policy and research agenda developed and implemented					
Activity 40-A.7. Compilation of national and regional nutrition policies and resolutions					

ANNEXES

Annex 1. Nutrition Sensitive Projects

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
27. Production Support Services (G4 Initiative) Locations selected (Province/LGU): 3 Municipalities/ Cities per Province Coverage of families: 300 Families per Municipality/ City (Top 3 Nutritionally depressed municipalities/ cities per province)	Identification of malnourished children in coordination with LGUs, MNAOs and BNS	DA RFO X	Outputs: 27-O.1. 500 families established household vegetable garden	350	400	450	500	Increased availability/ access of foods	Improved food security
			Major activities: 27-A.1. Masterlisting of families with undernourished under five children by LGUs					Increased income of beneficiaries	Decreased number of undernourished children
			27-A.2. Distribution of Seeds (Types of seeds to be distributed will depend on location of NDM)						
			27-A.3. Monitoring and Evaluation						
			27-A.4. Number of HH with pregnant and lactating women, children 0-23 months and malnourished children adopting G4 and educated in nutrition	350	400	450	500	Households with pregnant and lactating mothers and children 0-23 months old adopted G4 and increased knowledge and skills on nutrition	Decreased number of malnourished children

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			27-A.5. Number of HH with pregnant and lactating women, children 0-23 months and malnourished children adopting G4 and educated in nutrition						
			27-A.6. Updating of G4 initiative to include nutrition education component with particular focus on F1K						
			27-A.7. Develop module and IEC materials for nutrition education components of G4 initiative						
			27-A.8. Build capacities of local implementers on family food gardening, food security, F1K and basic nutrition.						
			27-A.9. Disseminate through RDC X						
			27-A.10. Implementation of the enhanced G4 initiative (from distribution of seeds, nutrition education to recognition of awardees)						
			27-A.11. Program Implementation Review						
28. Tiangge sa DA Locations selected	Prioritize to invite farming households with	DA RFO 10	Outputs: 28-O.1. 50% of farming households with malnourished	10%	20%	35%	50%	Additional income for the family	Reduced number of

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
(Province/LGU): Farmers from highland and nutritionally-barangays of Cagayan de Oro and nearby municipalities Coverage of Families: Identified farmer households with malnourished children	malnourished children to sell their products during Tiangge activity		children benefited with the project						malnourished children
			Major Activities: 28-A.1. Identify farmer households with malnourished children						
			28-A.2. Provide technical assistance to identified households						
			28-A.3. Monitor the products of farmer households with malnourished children for them to sustain their farm/garden						
29. Community Empowerment through Science and Technology: CEST Locations selected (Province/LGU): 5 municipalities per/year for the region (1 municipality per province) Coverage of families: 50 families with malnourished child in	1. Identification of potential nutritionally depressed municipalities within each province as CEST beneficiaries. 2. Formulation of project proposal and implementation of the 120-day	DOST 10 through its Provincial S & T Centers with partner LGUs in the identified municipalities and other stakeholders like an NGO.	29-O.1. 250 undernourished under five children benefitted feeding activity for 120 days per municipality per year	250	250	250	250	Improved nutritional status of identified 6-23 months old children	Reduced number of malnourished children
			29-O.1. At least 90% of the health and nutrition implementers in selected municipalities trained on the DOST PINOY Module	60%	70%	80%	90%	Health and nutrition implementers increased KSA in implementing health and nutrition programs	

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
selected nutritionally depressed municipalities	feeding program with funding support from DOST 10 & partner agencies	DOST 10 thru PSTC with FNRI	Major Activities: 29-A.1. Preparatory activities to establish additional complementary food centers including advocacy to LGUs and securing MOA						
			29-A.2. Forge MOA with LGU and other agency/institution partners						
			29-A.3. Train health and nutrition workers (BNS, midwives, BHWs and nurses) within the municipality using the DOST PINOY Module						
			29-A.4. Conduct 120 days Feeding program covering 6 -23 months old children.						
			29-A.5. Monitoring of production of complementary food products						
30. Complementary Food Centers (support project for CEST) Locations selected (Province/LGU): Identified LGUs with high prevalence of malnutrition Coverage of families: Identified numbers of families with malnourished children	Establishment of additional and maintenance of existing complementary food centers in areas with high prevalence of stunting.	DOST, LGU	Output: 30-O.1. 50 additional complementary food centers established in Region 10	50	50	50	50	Access to food formulation technology	Improved nutritional status of under five children Reduced prevalence of stunting among under-five children
			Major activities: 30-A.1. Preparatory activities to establish additional complementary food centers including advocacy to LGUs and securing MOA	15	10	10	10		
			30-A.2. Implementation						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
(Lanao del Norte and Misamis Occidental)			30-A.3. Monitoring of production of complementary food products						
31. Food Safety Training Locations selected (Province/LGU): Communities/municipalities with food livelihood projects Coverage of families: At least 15 members per livelihood project beneficiary	Food Processing training for mothers with undernourished children	DOST RO thru PSTC	Output: 31-O.1. At least 5 food safety/hygiene training conducted per year	5 25,000 per municipality	5 25,000	5 25,000	5 25,000	Food products produced passed micro test	Reduce hunger and improved nutritional status of children
			Major activities: 31-A.1. Identify CEST communities that have food related livelihood projects					Full coverage of CEST communities compliant to food safety regulations.	
			31-A.2. Conduct training for the target food processing groups					Healthy and safe food products	
			31-A.3. Monitoring of compliance to food safety regulations of food processing groups of CEST communities						
32. Potable Water Support to Agrarian Reform Areas(ARAs): A. Community-managed Potable Water, Sanitation and Hygiene (CP-WASH- For Facilities) B. WASH Focused Enterprise/ Livelihood (For Capacity Development)	1.Orientation on nutrition sensitive programs with project point persons, LGU and concerned ARB Organisations 2. Integration of nutrition in the project through amendment of	DAR, LGU, RNC, MNAO, ARBOs, DA and other government agencies	Output: 32-O.1. 80 targeted farming households and 80 farming HH participants of WASH focused livelihood, trainings and basic farm tools participated in nutrition education	20	20	20	20	1. Improved sanitation and nutritional status of the targeted farming household (e.g. increase in weight/increase awareness on the use of potable water & sanitation practices)	Reduced malnutrition incidence and water borne disease in 60 of targeted farming households.
			32-O.1. 6 of targeted farming household members developed as nutrition champions (or 1 per project site)	2	2	2	2		
			Major activities: 32-A.1. Meeting/dialogue with LGUs, RNC and concerned ARB						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Locations selected (Province/LGU): 1 per province, 2 municipalities/ barangays with high prevalence of malnutrition and/or water borne diseases Coverage of families: At least 10 farming households in agrarian reform areas (ARAs) project site.	existing Local MOA with LGUs and inclusion of nutrition topics in training sessions. Targeting of farming households with high prevalence of malnutrition/ water borne diseases		organizations to amend existing MOA with LGUs to integrate nutrition in the project					2. Back yard gardening/livestock for WASH Focused Livelihood adopted. 3. Active Nutrition Local Champions/ Advocates (e.g. regularity of meeting, access manage nutrition related projects	
			32-A.2. Identify farming households with high prevalence of malnutrition/water borne diseases as program participants in coordination with MNAOs						
			32-A.1. Pooling of IEC materials (videos, printed materials) for nutrition education sessions.						
			32-A.3. Implementation of the nutrition sensitive lens of the project.						
			32-A.4. Select and capacitate barangay level nutrition champions to lead nutrition-related activities of the project.						
			32-A.5. Monitor and evaluate and report project progress						
33. Climate Resilient Farm Support Project (CRFSP) Locations selected (Province/LGU):	1. Prioritize the provision of farm equipment to ARB organizations with members	DAR, LGUs, RNC, DRR	Outputs: 33-O.1. 60 ARBOs provided agricultural services on appropriate environment friendly farming technology	15	15	15	15	1. Adopt or practice climate resilient farming techniques 2. Mitigate hunger during calamities	1. Availability of nutritious food supply even during calamities 2. Respond malnutrition
			33-O.2. 2080 ARBs trained in appropriate technology	570	570	570	570		

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Climate change vulnerable areas (typhoons, floods, and drought) One ARC per province Region X: Lanao del Norte Bukidnon Mis – Occ Coverage of families: At least 10 agrarian reform beneficiaries households covered (including rural women and children per province)	2. Enhance CAPDEV design to show the correlation of climate change to food security and nutrition Awareness on appropriate environment providing friendly technology		33-O.3. Provision of 12 farm machineries equipment, pre and post-harvest facilities to mechanize production activities and enhance efficient cost of agricultural products	3	3	3	3		concerns during and after calamities
			Major activities: 33-A.1. Provide trainings to ARB						
			33-A.2. Identify ARB organizations recipient of the facilities						
			33-A.3. Partnership Against Hunger and Poverty (PAHP)						
			33-A.4. Procurement of farm equipment						
34. Partnership Against Hunger & Poverty (PAHP) Locations selected (Province/LGU): Lanao del Norte (40) Misamis Occidental (100) Coverage of families: 305 ARB family members/ barangay in the project sites.	1. Intensify program, food procurement and management of community food hub through the adoption of integrated food production (vegetable, fruit & livestock) for food consumption	DAR, DA, DSWD, LGU, RNC, FAO-WFP	Output: 34-O.1. Number (140) of children covered under feeding program for child program centers	35	35	35	35	1. Easier access to variety of foods to ensure Minimum Acceptable Diet(MAD) is attained at the household level. 2. Increase number of farmers producing healthy	1. Reduced malnutrition problem in the project site. 2. Reduced hunger and improve nutritional status of children
			34-O.1. Number of ARB organizations provided support on Agro-enterprise development such as farm technology trainings, credit and resource accessing, marketing contracts, government procurement community participation	5	5	5	5		

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
	and income generation.		34-O.2. Number of community food hubs established in targeted areas	2	2	2	2	and nutritious food products.	
			Major activities: 34-A.1. Conduct orientation/meetings and resource mapping with project stakeholders						
			34-A.2. Coordinate with partner agencies such as DSWD, DA, and LGUs						
			34-A.3. 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;						
			34-A.4. Provide complementary support services to participating ARBOs and smallholder farmers through rural infrastructure and necessary facilities for improved farm productivity;						
35. Gulayan sa Paaralan Locations selected (Province/LGU): Region-wide			Output: 35-O.1. All public elementary and secondary schools with functional vegetable gardens and nutrition	1	1	1	1	Available and sustainable source of vegetables for feeding	Improved food security Improved nutritional

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Coverage: 2,103 Elementary Schools			education component integrated in the project					Source of IGP of the school for nutrition-related activities Improved knowledge and skills on the importance of planting and consuming vegetables	status of schoolchildren Improved nutrition behavior
			Major Activities: 35-A.1. Conduct mapping of schools with and without fruit and vegetable gardens and targeting of priority schools						
			35-A.2. Conduct orientation of officials, teachers and nurses in priority schools without vegetable gardens with guidance from DEPED DM 223 s. 2016, and re-orientation of existing implementers as needed						
			35-A.3. Continue linking with Department of Agriculture for supply of vegetable seeds and tools, and distribution to schools						
			35-A.4. Implement, monitor and assess Gulayan sa Paaralan and nutrition education for parents and students						
36. SALINTUBIG Locations selected (Province/LGU): 4 provinces Coverage of families: 2,078	Prioritize nutritionally-depressed barangays in selecting areas for the project	DILG	Output: 36-O.1. Number of families with access to safe potable water	2,078	2,078	2,078	2,078	Availability of safe and potable water	Reduced water-borne diseases Reduced prevalence of undernutrition
			Major Activity: 36-A.1. Coordination with LGU, site validation and community identification						
			36-A.2. Monitor and report progress						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
37. Diskwento Caravan Locations selected (Province/LGU): Regionwide Coverage of families: 2,200 families	Prioritize and conduct Diskwento Caravan to barangays of municipality/city with high prevalence of malnutrition	DTI	Output: 37-O.1. Number of families benefited of discounted prices on basic necessities and prime commodities	2,200	2,200	2,200	2,200		
			Major activities: 37-A.1. Identify barangays of municipality/city with high prevalence of malnutrition						
			37-A.2. Coordinate with LGUs and other partner agencies (RTWPB, DA, BFAR, NFA AND DSWD) and local suppliers and distributors in the conduct of Diskwento Caravan						
			37-A.3. Implement Diskwento Caravan with discounted basic necessities and prime commodities, along with locally produced vegetables, fruits, fish, and meat products.						

Annex 2: RPAN Region 10 Programs and Projects to Meet the Standards and Achieve the Regional Outcome Targets

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Program # 1: INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K)						
Project 1. Mobilization of LGUs in the First 1000 days						
Output 1-O.2. By the end of 2022, all 5 provinces, 9 cities and at least 50 municipalities and cities mobilized for F1K and nutrition.	DOH, DOLE, LGUs, NNC, World Vision	15	25	40	50	NGAs LGUs, development partners
Activity 1-A.5. RDC, Local chief executives declare a political statement on addressing malnutrition, and endorsement of F1K and approval of RPAN 2019-2022						
Activity 1-A.6. Issuance of DILG memo circular for the Adoption and Implementation of the PPAN 2017-2022, and RPAN 2019-2022						
Activity 1-A.7. Provincial Governors convene key officials and other stakeholders to a forum on F1K and RPAN 2019-2022 and issuance of respective resolutions.						
Activity 1-A.8. Preparation of P/M/CNAPs of all provinces, municipalities and cities including First 1000 days and RPAN program/projects						
Activity 1-A.9. Monitoring, evaluation and adjustments						
Project 2. Information Management in the F1K						
Output 2-O.1. A harmonized system of information for the efficient and effective implementation of F1K	DOH, NNC, World Vision	1	/	/	/	NGAs LGUs, development partners

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
services developed and utilized by the health system and LGUs						
Activity 2-A.1. Review of the existing system						
Activity 2-A.2. Development of prototype database and information system for F1K						
Activity 2-A.3. Pilot implementation of the system for F1K						
Activity 2-A.4. Finalization of information system and for endorsement						
Activity 2-A.5. Full implementation of the system including data sharing and management						
Activity 2-A.6. Monitoring, assessment and adjustments						
Project 3. Strengthening of Health Delivery for F1K including review of LGUs and other multi-sectoral agencies for F1K compliance						
Output 3-O.3. Annual Performance and Implementation Review of RHUs, other multi-sectoral agencies and LGUs on F1K compliance conducted	DOH, NNC, LGUs	1	1	1	1	NGAs, NGOs, LGUs, development partners
Output 3-O.4. F1K compliance integrated in successive plans of RHUs, other multi-sectoral agencies and LGUs		1	1	1	1	
Activity 3-A.1. Preparation of tools and facilitators						
Activity 3-A.2. Continuous compliance monitoring						
Activity 3-A.3. Planning of review						
Activity 3-A.4. Execution of review						
Activity 3-A.5. Reporting of results						
Activity 3-A.6. Integration of results into new LGUs plans						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Project 4. Iron supplementation to pregnant and lactating women, and low birth weight infants and MNP supplementation to children 6-23 months						
Output 4-O.1. All 93 RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 40 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants	DOH	80% coverage	85% coverage	90% coverage	95% coverage	NGAs
Output 4-O.2. A system of tracking consumption of IFA supplements operationalized	DOH, LGUs	1	/	/	/	/
Activity 4-A.1. Workshop on the development of the tracking system						
Activity 4-A.2. Capacity building among health workers						
Activity 4-A.3. Pilot testing and implementation of the health system						
Activity 4-A.4. Proper coordination through a systematic communication for the rural health unit						
Activity 4-A.5. Monitoring, reporting and adjustments						
Project 5. Vitamin A Supplementation for postpartum women and children 6-23 months old						
Output 5-O.1. All 93 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	DOH	80%	85%	90%	95%	DOH

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Output 5-O.2. All 93 RHUs providing 1 vitamin A capsule to high risk children (diarrhea and measles)		80%	85%	90%	95%	DOH
Output 5-O.3. A system of tracking vitamin A supplementation operationalized		1	/	/	/	
Activity 5-A.1. Timely distribution and provision of procured logistics and micronutrient supplements						
Activity 5-A.2. Capacity building among health workers						
Activity 5-A.3. Pilot testing and implementation of the health system						
Activity 5-A.4. Proper coordination through a systematic communication for the rural health unit						
Activity 5-A.5. Monitoring, reporting and adjustments						
Project 6. Mobilization of LGU resources for dietary supplementation for Pregnant Women in Lanao del Norte						
Output 6-O.2. All pregnant women of poor families in Lanao del Norte received dietary supplementation	LGUs, development partner	100%	100%	100%	100%	LGUs, development partner
Activity 6-A.1. Develop project mechanics including definition of supplementary food package, implementing guidelines and coordination and M&E mechanism						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Activity 6-A.2. Conduct orientation and coordination meetings to develop the mechanics, methodologies, and monitoring & evaluation tools for the dietary supplementation						
Activity 6-A.3. Provision of technical assistance on the Pilot implementation in identified municipalities						
Activity 6-A.4. Assessment of pilot implementation						
Activity 6-A.5. Full implementation of the project, monitoring, reporting, and adjustments for scaling-up						
Project 7. Supplementary feeding for children 6-23 months belonging to food insecure families						
Output 8-O.4. <i>LCEs in 30 municipalities issue policy with budget allocation to implement dietary supplementation program for children 6-23 months belonging to the food insecure families</i>	LGUs, development partners	10	15	20	30	LGUs, development partners
Activity 7-A.4. Advocacy campaign on dietary supplementation						
Activity 7-A.5. Conduct orientation and coordination meetings to develop the mechanics, methodologies, and monitoring & evaluation tools for the dietary supplementation						
Activity 7-A.6. Pilot implementation in 5 municipalities						
Activity 7-A.7. Monitoring, assessment and scaling up						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Project 8. Advocacy for Stronger Enforcement and Compliance Monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces, Breastfeeding Seats in Transit), including Mother baby friendly-hospital initiatives (MBFHI)						
Output 8-O.5. Organizations and entities exercising their commitment enforcement and compliance monitoring on EO 51, RA 10028 and MBFHI	DOH, NNC	70%	75%	80%	85%	DOH
Output 8-O.6. 85% of workplaces, public places and bus companies are RA 10028 compliant;	DOH, RNC, LGUs	70%	75%	80%	85%	DOH, RNC, LGUs
Activity 8-A.4. 85% of hospitals are MBFHI compliant		70%	75%	80%	85%	DOH
Activity 8-A.5. Organize/Reconstitute the regional and provincial monitoring team (such as the Milk Code Task Force and other related statutes)						
Activity 8-A.6. Establish protocol and conduct of actual monitoring with provision of technical assistance						
Activity 8-A.7. Review of progress of enforcement and compliance monitoring and adjustments						
Project 9. Strengthening of Promotion of Breastfeeding and Complementary Feeding						
Output 9.O.1. 85% of health personnel, NAOs, and BNSs trained on IYCF counselling and complementary feeding	DOH, LGUs, World Vision	50%	60%	70%	85%	DOH, LGUs, World Vision
		50%	60%	70%	85%	
Output 9.O.2. 85% of LGUs with organized breastfeeding/IYCF support group and peer counsellors						
Activity 9-A.1. Advocacy and promotion on Complementary Feeding Program as part of IYCF						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Activity 9-A.2. Counselling activities to mothers on complementary feeding						
Activity 9-A.3. Conduct of cooking demo on complementary food preparation utilizing locally-available food during mothers' class						
Project 10. Communication Support for F1K						
Output 10.1. <i>A regional sub-strategy in line with the national strategy for the communication support on F1K fully developed and implemented</i>	DOH	1	1	1	1	DOH
Activity 10-A.1. Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days						
Activity 10-A.2. Development of improved key messages and communication materials and collaterals						
Activity 10-A.3. Pre-testing of developed materials						
Activity 10-A.4. Implementation, monitoring and adjustments						
PROGRAM: 2 NATIONAL DIETARY SUPPLEMENTATION PROGRAM¹						
Project 11. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays						
Output 11.O.1. <i>100% LGUs implementing supplementary feeding in CDC and SNPs</i>	DSWD	306 SNPs, 3,380 CDCs	306 SNPs, 3,380 CDCs	306 SNPs, 3,380 CDCs	306 SNPs,3,380 CDCs	DSWD
Output 11.O.2. <i>All children in CDCs and SNPs provided with supplementary feeding</i>		141,935 children	141,935 children	141,935 children	141,935 children	
Activity 11-A.1. Conduct consultation dialogue with implementing partners and social preparation activities						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Activity 11-A.2. Implement supplementary feeding program in enrolled CDCs and SNPs based on existing standards and guidelines						
Activity 11-A.3. Update SFP Information System (IS) and conduct capacity building of IT Personnel						
Activity 11-A.4. Provide technical assistance, monitor, report progress and conduct PIR						
Project 12. Supplementary Feeding in Schools						
Output 12.O.1. <i>All public elementary schools implementing supplementary feeding following the guidelines</i>	DepED	As need arises in 93 LGUs	As need arises in 93 LGUs	As need arises in 93 LGUs	As need arises in 93 LGUs	DepED
Activity 12-A.1. Conduct baseline measurement and mapping of schools with wasted learners						
Activity 12-A.2. Conduct orientation on SBFP guidelines to implementers (school head, district supervisor, health personnel, parents) in all targeted schools identified with wasted learners						
Activity 12-A.3. Build capacities of SBFP implementers on nutrition education						
Activity 12-A.4. Implementation of the 120 days feeding						
Activity 12-A.5. Monitoring, reporting progress and conduct of PIR						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Project 13. School-Based Complementary Health Services (Essential Health Care Program and WASH in Schools)						
Output 13.O.2. All schools providing package of complementary health services at satisfactory level	DEpED	All Public Elem Schools 2,600,000 children	All Public Elem Schools 2,678,000 children	All Public Elem Schools 2,758,340 children	All Public Elem Schools 2,841,091 children	DepED
Activity 13-A.1. Nutritional assessment of eligible school children by respective schools						
Activity 13-A.2. Downloading of funds for the project						
Activity 13-A.3. Procurement of goods needed for the project						
Activity 13-A.4. Provision of complementary health services (deworming, micronutrient supplementation, WASH in schools, nutrition education)						
Activity 13-A.5. Link schools with private institutions and NGOs to generate resources for the establishment and/or maintenance of WASH facilities						
Activity 13-A.6. Monitoring, assessment and adjustments						
PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION PROGRAM						
Project 14. Vitamin A Supplementation for children 24-59 months						
Output 14.O.1. 100% of children 24-59 months given Vitamin A supplementation	DOH	100%	100%	100%	100%	DOH
Activity 14-A.1. Capability building of health workers						
Activity 14-A.2. Provision of Vitamin A supplementation based on standards						
Activity 14-A.3. Catch up of defaulters (house to house visit)						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Activity 14-A.4. Monitoring, reporting and adjustments						
Project 15. Anemia Reduction among Women of Reproductive Age (WRA)						
Output 15.O.1. 100% of WRA given Iron-Folic Acid	DOH	100%	100%	100%	100%	DOH
Output 15.O.2. Weekly Iron with Folic Acid supplementation	DOH	85%	85%	85%	85%	DOH
Activity 15-A.1. Screening / Assessment of anemia						
Activity 15-A.2. Provision of Iron -folic acid to WRA						
Activity 15-A.3. Promotion of Healthy Diet (food rich in iron)						
Activity 15-A.4. Promotion of healthy snacks (Fortified with iron+folic)						
Activity 15-A.5. Monitoring and follow-up of anemia among WRA						
PROGRAM 4. MANDATORY FOOD FORTIFICATION PROGRAM						
16. Advocacy for and Monitoring of compliance to RA 8976 and RA 8172						
Output 16.O.1. A system/plan for both advocacy and compliance monitoring of food fortification strengthened and implemented	DOH, RNC	1	/	/	/	DOH, RNC
Activity 16-A.1. Review of status of compliance to RA 8976 and RA 8172						
Activity 16-A.2. Mapping of and conduct of advocacy and consultative dialogues with, salt producers/manufacturers/traders and LGUs						
Activity 16-A.3. Formulation strategies and plan with strong media support						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Activity 16-A.4. Provision of technical assistance on the organization and functionality of Bantay Asin and FF Tsk Forces						
Activity 16-A.5. Conduct of salt and FF monitoring						
Activity 16-A.6. Reporting, assessment and adjustments						
PROGRAM 5. NUTRITION IN EMERGENCIES PROGRAM						
17. Building and Strengthening Capacities for Nutrition in Emergencies						
Output 17-O.1. By end of 2022, all LGUs have: a) NIE Plan integrated in DRRM Plan and finalized b) fully capacitated NAOs/ BNS/BHW on NIE including and Information Management, c) services, supplies and equipment coordinated and allocated at all levels	NNC, DOH, DILG, HOM, NGOs	Region, 5 prov, 9 Cities	42 MLGUs, 674 brgys	21 MLGUs, 674 brgys	21 MLGUs, 674 brgys	DOH
Activity 17-A.1. Updating of the regional NIE plan and integration in RDRRM Plan						
Activity 17-A.2. Advocacy on issuance/re-issuance of resolutions/ executive orders on Local Nutrition Clusters						
Activity 17-A.3. Capacity building on nutrition on emergencies including training on Nutrition Information Management System						
Activity 17-A.4. Updating of capacity maps Activity 17-A.5. Development and Adoption of NiEm						
Activity 17-A.6. Plans and integration to the DRRM Plan						
Activity 17-A.7. Provision of technical assistance to LGUs in formulating their NiE Plan and integrating it to DRRM Plan						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Activity 17-A.8. Prepositioning of supplies and commodities						
Activity 17-A.9. Implementation of the Nutrition in Emergencies Plan and provision of the Minimum Service Package (during response and recovery phases)						
Activity 17-A.10. Intra and inter cluster coordination						
Activity 17-A.11. Production and distribution of IEC materials (e.g. No Milk donations, IYCF-E, etc)						
Activity 17-A.12. Monitoring, reporting and adjustments						
PROGRAM 6. NUTRITION PROMOTION FOR BEHAVIOR CHANGE						
18. Formulation and Implementation of the Regional Program on Nutrition Promotion for Behavior Change						
Output 18.O.1. A regional program on nutrition program for behaviour change developed and implemented	NNC, RNC	/	/	/	/	NNC
Activity 18-A.1. Review and analysis of existing nutrition education and promotion efforts to identify gaps and how they can be transformed to nutrition promotion for behavior change						
Activity 18-A.2. Convene experts meeting to develop the framework and the program for nutrition promotion for behaviour change aligned with the national framework						
Activity 18-A.3. Forging consensus among partners and mobilizing resources for the program						
Activity 18-A.4. Mobilization and training of MANGO DIEZ , other media partners and relevant stakeholders						
Activity 18-A.5. Provision of required communication and promotional materials						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Activity 18-A.6. Development and implementation of the research component of the program						
Activity 18-A.7. Monitoring and project adjustments						
Project 19. Enhancement of SHAPE and U4U Teen Trail						
Output 19.O.1. Enhanced of SHAPE and U4U modules through integration of nutrition concepts	POPCOM	/	/	/	/	DOH
Activity 19-A.1. 8 of SHAPE and U4U classes conducted using enhanced module		5	5	6	8	
Activity 19-A.2. Conduct of consultative and review meetings						
Activity 19-A.3. Enhancement of the U4U Teen Trail module and IEC materials						
Activity 19-A.4. Facilitate capacity building of program planners/PopDev Educators on the new modules						
Activity 19-A.5. Conduct SHAPE and U4U Teen Trail classes						
Activity 19-A.6. Monitoring, assessment and adjustments						
Project 20. Enhancement of Parent Trail Training						
Output 20.O.1. Enhanced Parent Trail Module through integration of nutrition concepts		1	1	1	1	
Output 20.O.2. Number of population officers trained on Parent Trail using enhanced module		60	60	60	60	
Activity 20-A.1. Conduct of consultative and review meetings						
Activity 20-A.2. Enhancement of the Parent Trail module and IEC materials						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Activity 20-A.3. Facilitate training of trainers on Parent Trail among population officers using the new modules						
Activity 20-A.4. Monitoring, assessment and scaling up						
Project 21. Establishment and Management of the Information Service Delivery Network (ISDN) for AHD						
Output 21-O.1. Number of ISDN established and operationalized	POPOCOM	1	1	1	1	DOH
Output 21-O.2. Number of population officers, school officials and peer educators trained on ISDN establishment and operationalization		TBD	TBD	TBD	TBD	
Activity 21-A.1. Develop AHD-related material with emphasis on teenage pregnancy proper nutrition and publicized said communication material						
Activity 21-A.2. Lobby to the LGU on the development and signing of partnership agreement in the establishment and operationalization of ISDN.						
Activity 21-A.3. Facilitate the establishment and operationalization of ISDN in the target public school in Partnership agreement signed with the LGU						
Activity 21-A.4. Conduct training on establishment of ISDN to local population officers/workers and school officers/workers/peer educators						
Project 22. Weekly Iron with Folic Acid supplementation						
Output 22-O.1. All female students in Grades 7 to 10 in public secondary schools consumed iron-folic acid tablets based on standards	DOH, DepED	100 %	100	100 %	100 %	DOH, DepED
Activity 22-A.1. Identify and orient beneficiaries including parents on the benefits of WIFA						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
supplementation and integrate concepts on adolescent nutrition						
Activity 22-A.2. Build capacities of local implementers						
Activity 22-A.3. Implement WIFA supplementation integrated with nutrition education/counselling						
Activity 22-A.4. Monitor, evaluate and report progress						
PROGRAM 8. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION						
Project 23. Promotion of Healthy Lifestyle						
Output 23-O.1. Number of advocacy activities on healthy lifestyle conducted	DOH	5 provinces, 9 cities, 3 schools	5 provinces, 9 cities, 3 schools	5 provinces, 9 cities, 3 schools	5 provinces, 9 cities, 3 schools	DOH
Output 23-O.2. Number of agencies/entities that institutionalized health and wellness activities among employees		70%	75%	80%	85%	
Activity 23-A.1. Development of IEC materials on healthy diet and lifestyle in native language						
Activity 23-A.2. Promotion/dissemination of IEC materials developed						
Activity 23-A.3. Utilization of Pinggang Pinoy placemats in meetings, Mang Moi standees (10 Kumainments)						
Activity 23-A.4. Development and airing of nutrition plugs on healthy lifestyle and diet in adults (airing is free)						
Activity 23-A.5. Conduct of Nutrition Month for adults in LGU incorporating healthy lifestyle and diet in adults						
Activity 23-A.6. Capacity building for NAOs, and other nutrition health workers on nutrition assessment/screening						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Activity 23-A.7. Promotion and establishment of healthy environment (home gardening)						
Project 24. Healthy Food Environment						
Output 24.O.1. All school canteens compliant to DepED Order No. 13, s. 2017	DepEd, NNC	2,069	2,069	2,069	2,069	DepEd, NNC
Output 24.O.2. XX% of offices, institutions and establishments supporting healthy food environment						
Activity 24.A.1. Intensified monitoring of school canteens						
Activity 24.A.2. Issuance of RNC resolution enjoining all RNC members and LGUs to serve healthy meals and snacks during meetings, conferences, trainings and other activities						
Project 25. Weight Management Intervention						
Output 25.O.1. All cities and municipalities are implementing weight management activities (including weight program policy, diabetic clinic and hypertension club) by the end of 2022	DOH, LGUs	32%	31%	30.5%	29.5%	DOH, LGUs
Activity 25-A.1. Nutrition Assessment/Screening and master listing of adults by LGUs and agencies						
Activity 25-A.2. Nutrition Counselling						
Activity 25-A.3. Zumba Classes for identified overweight/obese adults						
Activity 25-A.4. Re-assessment/screening after conduct of Zumba classes						
PROGRAM 9. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION						
Project 26. Enhancement of PIMAM facilities, capacities and provision of services to manage acute malnutrition						
Output 26.O.1. Delivery system for PIMAM established and fully operational across the region	DOH	30 OTC and ITC	40 OTC and ITC	50 OTC and ITC	65 OTC and ITC	DOH, LGUs

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Output 26.O.2. 75%% of health personnel fully capacitated on SAM/MAM management		25%	40%	60%	75%	
Activity 26-A.1. Assessment and screening of children						
Activity 26-A.2. Provision and supply management of F75, F100 RUTF and RUSF and its equivalent in RHUs						
Activity 26-A.3. Delivery of ITC/OTC and TSFP services						
Activity 26-A.4. Building of Capacity of hospitals, public health personnel and local implementers in focus provinces						
Activity 26-A.5. Treatment and Management of SAM in the ITC and OTC and of MAM in TSFP						
Activity 26-A.6. Monitoring, reporting, assessment and adjustments						
Program 10. NUTRITION SENSITIVE PROGRAMS						
27. Production Support Services (G4 Initiative)	DA	300	350	400	500	DA
28. Tiangge sa DA	DA	10%	20%	35%	50%	DA
29. Community Empowerment through Science and Technology (CEST)	DOST	250	250	250	250	DOST
30. Complementary Food Centers (support project for CEST)	DOST					DOST
31. Food Safety Training	DOST	5 25, 000 per municipality	5 25, 000	5 25, 000	5 25,000	DOST
32. Potable Water Support to Agrarian Reform Areas (ARAs)	DAR	4	4	4	4	DAR
33. Climate Resilient Farm Support Project (CRFSP)	DAR	15	15	15	15	DAR

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
34. Partnership Against Hunger & Poverty (PAHP)	DAR	3	3	3	3	DAR
35. Gulayan sa Paaralan	DepED					DepED
36. SALINTUBIG	DILG	2,078	2,078	2,078	2,078	DILG
37. Diskwento Caravan	DTI	2,200	2,200	2,200	2,200	DTI
General Outputs for Nutrition-Sensitive Projects, see Annex __ for details: 27-37-O.1. 6 projects in the region tweaking strategies for nutritional impact 27-37-O.2. XX families enrolled in projects tweaked for nutritional impact 27-37-O.3. XX families involved in nutrition sensitive projects with increased income Major Activities for Nutrition-Sensitive Projects, see Annex __ for details: 27-37-A.1. Determination of tweaking strategies for the project selected 27-37-A.2. Decision on other features to prepare implementation in the region 27-37-A.3. Implementation, monitoring and reporting of the project 27-37-A.4. General research developed with NEDA and the academe						
38. Operational Research on the Nutrition Sensitive Projects						
Output 38-A.1. Research completed and feed into redesign	NNC		/	/	/	NNC
Activity 38-A.1. Development of TOR						
Activity 38-A.2. Research Contracting						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Activity 38-A.3. Implementation of the research project						
PROGRAM 11. ENABLING PROGRAM						
Project 39. Mobilization of Local Government Units for Delivery of Nutritional Outcomes						
Output 39-O.1. 100% of provinces and their constituent component cities and municipalities mobilized for delivery of nutritional outcomes including full deployment and enabling of BNSs	NNC, RNC	30	50	70	100	NNC
Output 39-O.2. Local chief executives from the province, city and municipalities enlisted as Nutrition Champions		5	8	10	12	
Output 39-O.3. Partnership in the region to support LGU mobilization established and strengthened		/	/	/	/	
Activity 39-A.1. Development of an LGU mobilization strategy						
Activity 39-A.2. Issuance and dissemination of RNC, RDC and DILG issuances supporting implementation of RPAN 2019-2022 and the LGU mobilization strategy						
Activity 39-A.3. Issuance of political endorsement of LPP and LMP in support of RPAN and LGU mobilization implementation						
Activity 39-A.4. Organization/re-activation and strengthening of LNCs						
Activity 39-A.5. Designation of fulltime NAOs in LGUs						
Activity 39-A.6. Development of evaluation tool in identifying nutrition champions (criteria/indicators)						
Activity 39-A.7. Selection, training and mobilization of LCE nutrition champions						
Activity 39-A.8. Conduct of stakeholders forum						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Activity 39-A.9. Documentation of best practices on nutrition of champion LGUs						
Activity 39-A.10. Monitoring, assessment and adjustment						
Project 40. Policy Development for Food and Nutrition						
Output 40-O.1. Policy guidelines issued	NNC, RNC	At least 2 regional policies	At least 2 regional policies	At least 2 regional policies	At least 2 regional policies	NNC
Output 40-O.2. Compendium of nutrition and nutrition-related policies, resolutions and issuances relevant to Region 10 developed		1	1	1	1	
Output 40-O.3. Regional policy and research agenda developed and implemented						
Activity 40-A.1. Compilation of national and regional nutrition policies and resolutions						
Activity 40-A.2. Conduct of policy reviews						
Activity 40-A.3. Conduct of workshops on the development of policy and research agenda						
Activity 40-A.4. Development and dissemination of policy briefs/papers and research proposals						
Activity 40-A.5. Advocacy and lobbying on the issuance of policy guidelines including designation of fulltime NAOs and BNS deployment/security of tenure						
Activity 40-A.6. Provision of technical assistance on policy formulation and compliance and progress monitoring						
Activity 40-A.7. Monitoring, evaluation and adjustments						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Project 41. Management Strengthening Support to RPAN Effectiveness						
Output 41-O.1. <i>NNC Regional Office, Regional Structures and mechanisms strengthened to support RPAN effectiveness</i>	NNC, RNC	1	/	/	/	NNC
Activity 41-A.1. Hiring of additional NNC RO staff including recruitment and deployment of 15 NDs in PPAN focus areas						
Activity 41-A.2. Capability building and continuing education of the RNC, RTWG, NNC Regional Office staff on F1K, LGU mobilization, PPAN M & E and on other requirements of the RPAN						
Activity 41-A.3. Conduct of RNC, RTWG meetings and joint activities (MELLPI, RNAC, strategic planning, etc)						
Activity 41-A.4. Organization and training of LGU mobilizers						
Activity 41-A.5. Capacity building and mobilization of NAOPA, D/CNPCAP and NaBNSFed as part of the NNC nutrition network and ground mobilizers						
Activity 41-A.6. Monitoring, reporting and adjustments						

Annex 3. Summary of Budgetary Requirements, Region 8 RPAN 2019-2022, by Program, by Project, by year and with recommended action to fill resource gap

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Program 1: IYCF and First 1000 Days (F1K)												
Project 1. Mobilization of LGUs on the First 1000 days	NNC, DOH		300,000		330,000		363,000		399,300		1,392,300	Proposing the project, program in Tier 2 for 2019 to 2022
Project 2. Information Management in the F1K	DOH, LGUs	10,000		15,000		20,000		25,000		70,000.00		
Project 3. Strengthening of health delivery system for F1K	DOH, NNC, LGUs	50,000			150,000		165,000		181,520	50,000	496,540	
Project 4. Iron supplementation to pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months	DOH, LGUs	49,301,531		54,231,684.10		59,654,852.51		65,620,337.75		228,808,407		
Project 5. Vitamin A Supplementation for postpartum women and children 6-23 months old	DOH, LGUs	224,200		246,620		271,282		298,410		1,040,512		
Project 6. Mobilization of LGU resources for Supplementary Feeding for Pregnant Women in Lanao del Norte	LDN, LGUs, NNC		200,000		200,000		200,000		200,000		800,000	Mobilize resources from NGOs and development partners
Project 7. Mobilization of LGU resources for supplementary feeding for children 6-23 months belonging to food insecure families	DSWD		150,000		200,000		250,000		250,000		850,000	

Project 8. Advocacy for Stronger Enforcement and Compliance Monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces, Breastfeeding Seats in Transit), including Mother baby friendly hospital initiatives (MBFHI)	DOH, NNC, DOLE, LGUs	48,000		52,800		58,080		63,888		222,768		
Project 9. Strengthening of Breastfeeding and Complementary Feeding	DOH	28,000		30,800		33,880		37,268		129,948		
Project 10. Communication Support for F1K	DOH, NNC, PIA	10,000		11,000		22,000		34,100		77,100		
Program 2: Dietary Supplementation Program												
Project 11. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	DSWD	221,418,600		243,560,460		267,916,506		294,798,150.6		1,027,693,717		
Project 12. School-Based Feeding Program	DepEd	162,380,246.40		165,627,851.33		168,940,408.35		172,319,216.52		669,267,722.6		
Project 13. School-Based Complementary Health Services	DepEd, DOH	3,382,922		3,450,580		3,519,592		3,589,984		13,943,078		
Program 3: Micronutrient Supplementation												
Project 14. Vitamin A supplementation for children 24-59 months	DOH, LGUs	1,333,400		1,466,740		1,613,414		1,774,755		6,188,309		
Project 15. Anemia Reduction among Women of Reproductive Age	DOH, LGUs	7,488,000		8,236,800		9,060,480		9,966,528		34,751,808		

Program 4: Mandatory Food Fortification												
Project 16. Advocacy for and Monitoring of compliance of RA 8976 and RA 8172	DOH, RBATF, LGUs	48,000		52,800		58,080		63,888		222,768		
Program 5: Nutrition in Emergencies												
Project 17. Building and Strengthening Capacities for Nutrition in Emergencies	NNC, RNC, DOH	135,000		148,500		163,350		179,685		626,535		
Program 6: Nutrition Promotion for Behavior Change												
Project 18. Formulation and Implementation of the Regional Program on Nutrition Promotion for Behavior Change	NNC, PIA	1,000,000		1,000,000		1,000,000		1,000,000		4,000,000		

Program 7: Adolescent Health and Development												
Project 19. Enhancement of “SHAPE” and U4U Teen Trail	PopCom	50,000		60,000		70,000		80,000		260,000		
Project 20. Enhancement of Parent Trail Training	PopCom	270,000		270,000		270,000		270,000		1,080.00		
Project 21. Establishment and Management of the Information Service Delivery Network (ISDN) for AHD	PopCom	10,000		10,000		10,000		10,000		40,000		

Project 22. Weekly Iron with Folic Acid supplementation	DepEd, DOH	228,808,407		228,808,407		228,808,407		228,808,407		915,233,628		
Program 8: Overweight and Obesity Management and Prevention (Adult)												
Project 23. Promotion of Healthy Lifestyle	DOH, NNC, LGUs	110,000		121,000		133,100		146,410		510,510		
Project 24. Healthy Food Environment	DOH, DepEd, NNC, LGUs	10,000			10,000		10,000		10,000	10,000	30,000	Forge and secure partnership and financial support from NGAs, NGOs, LGUs, development partners and private sector.
Project 25. Weight Management Intervention	DOH, NNC, LGUs	20,000		20,000		20,000		20,000		80,000		
Program 9: Philippine Integrated Management of Acute Malnutrition (PIMAM)												
Project 26. Enhancement of PIMAM Facilities, capacities and Provision of services	DOH, NNC	135,000		148,500		163,350		179,685		626,535		
Program 10: Nutrition Sensitive Program												
Project 27. Production Support Services (G4 Initiative)	DA	60,000		80,000		90,000		100,000		330,000		
Project 28. Tiangge sa DA	DA	230,000		230,000		230,000		230,000		920,000		
Project 29. Community Empowerment through Science and Technology - CEST	DOST	100,000		100,000		100,000		100,000		400,000		
Project 30. Complementary Food Centers (Support Project for CEST)	DOST											
Project 31. Food Safety Training	DOST			25,000		25,000		25,000		75,000		
Project 32. Potable Water Support to Agrarian Reform	DAR	75,650.00		75,650.00		75,650.00		75,650.00		306,600		

Areas (ARAs)												
Project 33. Climate Resilient Farm Support Project (CRFSP)	DAR	z		167,200		167,200		167,200		668,800		
Project 34. Partnership Against Hunger & Poverty (PAHP)	DAR, DA, DSWD	300,000			300,000		375,000		450,000.00	1,425,000		
Project 35. Gulayan sa Paaralan	DA, DepEd	2,250,000		2,250,000		2,250,000		2,250,000		9,000,000		
Project 36. SALINTUBIG	DILG		83,000,000		83,000,000		83,000,000		83,000,000		332,000,000	Forge and secure partnership and financial support from NGAs, NGOs, LGUs, development partners and private sector.
Project 37. Diskwento Caravan	DTI	10,000		20,000		30,000		40,000		100,000		
Project 38. Operational Research on the Nutrition-Sensitive Projects	NNC, RNC				1,200,000						1,200,000	Mobilize resources from NGOs and development partners
Program 11: Enabling Program												
Project 39. Mobilization of Local Government Units for the Delivery of Nutritional outcomes	RNC, NNC	469,400		516,340		567,974		624,771.4		2,178,485.40		
Project 40. Policy Development for Food and Nutrition	RNC, NNC	12,000		13,200		14,520		15,972		55,692		
Project 41. Management Strengthening Support to RPAN Effectiveness	RNC, NNC	19,400		21,340		23,474		25,821.4		90,035.40		
Grand Total		450,991,435	83,500,000	463,276,533	84,850,000	473,150,406	84,363,000	483,639,141	84,510,820	2,920,482,958.40	336,768,840	

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