



# Guidelines on Local Nutrition Planning

2022  
EDITION

## CONTENTS

LIST OF ACRONYMS AND ABBREVIATIONS .....	3
I. BACKGROUND .....	4
II. GUIDELINES OBJECTIVES .....	5
III. SCOPE OF APPLICATION .....	5
IV. COMPONENTS OF THE LOCAL NUTRITION ACTION PLAN.....	5
A. Situational Analysis .....	6
B. Vision, Mission, Goals, and Targets .....	7
C. Implementation Plan .....	8
D. Implementation Arrangements .....	10
E. Monitoring and Evaluation .....	10
V. ORGANIZATION AND PACKAGING OF THE LNAP .....	11
VI. ENSURING NUTRITION BUDGETS.....	12
VII. INTEGRATING THE LNAP INTO THE LOCAL DEVELOPMENT PLANS.....	12
VIII. ACTIVITIES FOR PLAN PREPARATION, FORMULATION, AND ADOPTION.....	13
Annex A. Indicators for the Philippine Plan of Action for Nutrition .....	18
Annex B. List of Nutrition Interventions .....	19
Annex C. Sample Write-up of Implementation Arrangements.....	22
Annex D. Monitoring and Evaluation of the LNAP.....	23

## LIST OF ACRONYMS AND ABBREVIATIONS

<b>AIP</b>	Annual Investment Program
<b>CBMS</b>	Community-Based Monitoring System
<b>CDP</b>	Comprehensive Development Plan
<b>CNAP</b>	City Nutrition Action Plan
<b>CO</b>	Central Office
<b>CSO</b>	Civil Society Organization
<b>DRRM-H</b>	Disaster Risk Reduction and Management in Health
<b>DILG</b>	Department of the Interior and Local Government
<b>ENNS</b>	Expanded National Nutrition Survey
<b>EO</b>	Executive Order
<b>F1K</b>	First 1000 Days
<b>GIDA</b>	Geographically Isolated and Disadvantaged Area
<b>IYCF</b>	Infant and Young Child Feeding
<b>LCE</b>	Local Chief Executive
<b>LDIP</b>	Local Development Investment Program
<b>LGU</b>	Local Government Unit
<b>LNAP</b>	Local Nutrition Action Plan
<b>LNC</b>	Local Nutrition Committee
<b>LPCG</b>	local planning core group
<b>MAD</b>	Minimum Acceptable Diet
<b>MDD</b>	Minimum Diet Diversity
<b>MELLPI</b>	Monitoring and Evaluation of Local Level Plan Implementation
<b>MHO</b>	Municipal Health Office
<b>MNAP</b>	Municipal Nutrition Action Plan
<b>MSWDO</b>	Municipal Social Welfare and Development Office
<b>NAO</b>	Nutrition Action Officer
<b>NAR</b>	Nutritionally at-risk
<b>NGA</b>	National Government Agency
<b>NGO</b>	Non-government organizations
<b>NNC</b>	National Nutrition Council
<b>NNC GB</b>	National Nutrition Council Governing Board
<b>NPM</b>	Nutrition Program Management
<b>OPT Plus</b>	Operation <i>Timbang</i> Plus
<b>P/C/MDC</b>	Provincial/City/Municipal Development Committee
<b>PD</b>	Presidential Decree
<b>PDPFP</b>	Provincial Development and Physical Framework Plan
<b>PMNP</b>	Philippine Multisectoral Nutrition Project
<b>PNAP</b>	Provincial Nutrition Action Plan
<b>PPAN</b>	Philippine Plan of Action for Nutrition
<b>PPAs</b>	Programs, Projects, and Activities
<b>PSA</b>	Philippine Statistics Authority
<b>RA</b>	Republic Act
<b>RO</b>	Regional Office
<b>RPAN</b>	Regional Plan of Action for Nutrition
<b>SB</b>	<i>Sangguniang Bayan</i>
<b>SP</b>	<i>Sangguniang Panlalawigan or Panlungsod</i>
<b>UHC</b>	Universal Health Care
<b>UIC</b>	Urinary Iodine Concentration

## **I. BACKGROUND**

Malnutrition is a condition due to lack, excess, or imbalance in one or more of the nutrients. Based on national nutrition surveys, the nutrition situation of the Philippines can be described to be experiencing the triple burden of malnutrition. Thus, while undernutrition is largely prevalent among young children and women, overnutrition is also prevalent, especially among adults. Deficiencies in micronutrients, particularly in iron, vitamin A, and iodine, are also public health concerns in the country because of severe impacts that are detrimental during early childhood development. Nutrition improvements in the country over the years had been very slow.

Undernutrition has far-reaching consequences on child growth and development, the capacity to learn and maximize investments in education, and the capacity to become economically productive and socially active adults. On the other hand, overnutrition has been established to be one of the risk factors for developing non-communicable diseases. Both undernutrition and overnutrition can result in preventable mortality and therefore hold development back. This demonstrates that nutrition is an input and output of economic development.

Executive Order No. 138 or *The Full Devolution of Certain Functions of the Executive Branch to Local Government Units (LGUs), Creation of a Committee on Devolution and for Other Purposes* strengthened the implementation of the Local Government Code as it called on all national government agencies (NGAs) to fully devolve all functions related to providing basic services. It strengthened the LGUs' primary responsibility for planning, financing, and implementing nutrition and other basic services.

Multistakeholder participation in the planning, implementation, and monitoring of the nutrition program has been adopted for the country's nutrition program since the issuance of Presidential Decree 491 which established the National Nutrition Council. Local nutrition committees serve as the platforms for intersectoral coordination at the LGU level while the regional nutrition committees and the NNC Governing Board serve the same purpose at the regional and national level, respectively.

The LGU local nutrition action plan (LNAP) is a multisectoral plan that integrates nutrition actions from members of local nutrition committees (LNC). The National Nutrition Council (NNC) through its regional offices (ROs) provide technical assistance to the local government units in preparing local nutrition action plans.

NNC updated these LGU nutrition planning guidelines to adapt to the development changes and emerging technologies.

## II. GUIDELINES OBJECTIVES

1. To define processes and tools that will facilitate the formulation of a three-year provincial, city, and municipal nutrition action plan harmonized with national and local development planning and budgeting.
2. To guide local nutrition committees in formulating a nutrition action plan that would strategically address the existing nutritional problems in their locality.

## III. SCOPE OF APPLICATION

Local government units<sup>1</sup> preparing the local nutrition action plan are the main targets of these guidelines. These guidelines shall serve as reference guidelines for all NNC-Central Office (CO) and Regional Offices, the members of the National Nutrition Council Governing Board (NNC GB), other National Government Agencies, Development Partner Organizations, Non-government Organizations, and Scaling Up Nutrition (SUN) Networks in assisting LGUs in preparing LNAPs.

## IV. COMPONENTS OF THE LOCAL NUTRITION ACTION PLAN

Local nutrition planning is an intersectoral process that is a vehicle for the integration, synchronization, and focusing of actions for nutrition improvement. Its participative process ensures more efficient use of resources, prevents overlaps and duplications, and minimizes the negative impacts of other development programs on nutrition.

Local nutrition planning is deciding in advance actions that would be taken to address prevailing nutritional problems. Its output is a three-year (coinciding with the term of local elective officials) LNAP, i.e., Provincial/City/Municipal Nutrition Action Plan (P/C/MNAP).

The three-year plan should contain the following important sections: **a) nutrition situation; b) vision, mission, goals and targets; c) implementation plan including financial resources, d) monitoring, and e) implementation/coordination arrangements.**

The following describes the sections and proposed contents.

---

<sup>1</sup> This guideline is intended for provincial, city, and municipal government units. A simplified guideline for barangays is also available here: <https://www.nnc.gov.ph/downloads>.

In the case of the Bangsamoro Autonomous Region for Muslim Mindanao (BARMM), these guidelines also apply. However, BARMM may apply modifications and adjustments as appropriate.

## **A. *Situational Analysis***

The situational analysis should be done to establish the nutrition situation and interventions undertaken. This is the process of collecting, processing, analyzing, and interpreting nutrition and nutrition-related information obtained from various sources.

In this component, the LNC, using the data available, endeavors to answer the following questions:

1. What forms of malnutrition exist?
2. How many are malnourished?
3. Who are malnourished?
4. Where are the malnourished?
5. What are the causes of malnutrition?
6. What have been done to address malnutrition? How effective have these been?
7. What resources are available to address malnutrition?
8. What constraints could affect the implementation of nutrition interventions?

To answer these questions, the LNC could collect and analyze data from various sources. It could also conduct focus group discussions with various groups especially the intended targets to generate their inputs on nutrition problems as well as on measures to undertake to address identified problems.

The situation analysis can be presented as follows:

- a. **Presentation of the prevailing malnutrition status** (undernutrition, overnutrition, micronutrient deficiencies, food insecurity, infant and young child feeding issues/concerns). Show the indicators, their corresponding levels of public health significance, and their trends over the past three to five years with municipal/city/barangay breakdowns indicating the nutrition performance/situation and where malnutrition is highest. Give an analysis on the malnutrition situation across sex and various age groups. Results of the Expanded National Nutrition Survey (ENNS) (if available at LGU level) and Operation *Timbang* (OPT) Plus and other related statistics will be useful for this section.
- b. **Presentation of a problem tree.** The situational analysis should also involve the development of a problem tree that will show the linkage of the chain of factors that affect the nutritional problem as well as the consequence of not addressing the nutritional problem. The problem tree is a useful tool to understand how various factors affect malnutrition.
- c. **Analysis of the performance of the previous LNAIP.** Describe the accomplishments based on plan and determine facilitating factors and challenges in implementation as input to the next LNAIP cycle.

The Nutrition Program Management (NPM) Manual Module 4 contains additional guide in conducting the nutrition situation assessment.

## **B. Vision, Mission, Goals, and Targets**

The vision and mission of the municipality (can be overall vision and mission or nutrition specific) together with the overall goals and targets of the LGU in terms of improving the nutrition situation for the next three years should be presented in this section.

The goal is a statement of what the LNC wants to achieve to contribute to the goals of the Philippine Plan of Action for Nutrition (PPAN), LGU development plan, and the country's broader and higher development and societal goals.

The goal statement/s can be followed by a quantified presentation of the desired nutrition situation through the reduction in the prevalence of nutrition indicators. The following table is a proposed template for the presentation of malnutrition reduction/nutrition improvement targets:

Indicators	Baseline/year and source	Targets		
		Year 1	Year 2	Year 3
e.g. Prevalence of Stunting among 0-59 months children	25% (2022 OPT)	23%	21%	19%

[Annex A](#) contains the list of PPAN indicators that LGUs can use as reference. Only those that can be measured with available annual data at LGU level should be included.

In setting targets, the LNC can look at trends (percent decrease or increase) in the indicator in the past three to five years and apply the trend in projecting the targeted prevalence. In some instances, the trend in percentage decrease could be assumed to move faster as a result of the planned interventions. An [excel worksheet file 1](#) to aid the calculation and adjustment of the targets can be accessed by clicking the link. Use of this is optional.

### **Using population data for planning**

LNCs should use official population data and projections from the Philippine Statistics Authority (PSA). The DOH has issued the PSA-based data and projections to guide LNCs that should be used in estimating the populations of specific age groups up to 2025: [Projected Populations by Region, Province, City/Municipality for 2020 – 2025 by DOH](#). Use updated versions if available. Other source of population data and projections can also be used provided that it is certified by the LGU planning office as official source of the LGU e.g., Community-Based Monitoring System (CBMS).

In estimating the population of specific age groups (0-6 mos. old, 6-23 months, 0-59 mos., pregnant mothers, etc.), planners should also be guided by the multipliers issued by the DOH: [DOH Department Memorandum 2018-0381 Multipliers/Factors to compute Age-Specific Population Projections by region and province](#). Proportion of specific age groups can also be derived using the local data source.

### **C. Implementation Plan**

This section will include the list of interventions or programs/projects/activities (PPAs), implementing units responsible, target groups, annual targets, annual funding requirement, and source/s of funding. As an inter-agency/multi-sectoral workplan, it should contain inputs from different implementing units that can contribute to the achievement of the LNAP goals and targets.

Based on the situational analysis and the set goals and targets, the LNC should identify what interventions (program/projects/activities) will be implemented across life stages. The following is a proposed categorization of programs according to life stages: (1) Pregnant and Lactating Mothers (2) Infant and Young Children (0-23 months old), (3) Preschool Children (<5 years old), (4) School-aged Children (5-10 years old), (5) Adolescents (10-19 years old), (6) Adults (20-59 years old), (7) Older Adults (60 years old and above), and (8) All population group (families, individuals). LNCs should refer to the [Manual of Operations for the First One Thousand Days](#) for the list of interventions for the first one thousand days.

The interventions will also include **nutrition-specific** or those that address the immediate causes of malnutrition resulting in improved consumption of a healthy diet; physical activity; caregiving and feeding practices; and health status. **Nutrition-sensitive** interventions refer to those that address the underlying causes of malnutrition, adopt a sustainable food systems approach that includes elements ranging from food supply to food environment to food consumption which influences the nutritional impacts on healthy lifestyle behavior and environment which, in turn, affects the health system. The list of programs and projects should also include activities for **nutrition in emergencies** and **enabling interventions**.

#### *Setting targets for the implementation plan*

Targeting is a method of delivering goods and/or services to a selected group of individuals or households rather than to every individual or household in the population. It means including some people as targets and excluding others. In choosing the population group to be served, choose those with the greatest risk as the targets. Examples of those at greatest risk are nutritionally at-risk pregnant women, children in the first one thousand days, and adolescents, among others. Planners should also consider those populations in geographically, isolated, and disadvantaged areas (GIDA) or those who are usually left out by services because of physical or sociocultural barriers. Targeting will help maximize the social returns of programs and ensure better impact and cost efficiency.



The template for the implementation plan is as follows.

Program/Project/Activity by Age group	Department /unit/person responsible	TARGET									
		Target Group	Year 1			Year 2			Year 3		
			Target Group (Number/ Quantity)	Budget Needed	Fund Source	Target Group (Number/ Quantity)	Budget Needed	Fund Source	Target Group (Number/ Quantity)	Budget Needed	Fund Source
A. Programs/projects across the life stages											
A.1. Nutrition specific											
A.2. Nutrition-sensitive											
B. Nutrition in Emergencies											
C. Enabling Interventions											

[Annex B](#) contains the range of interventions across the life stages including interventions for those needing treatment and management as well as interventions for those who are apparently healthy but need some preventive interventions. The list also includes proposed interventions on nutrition in emergencies and enabling mechanisms. This list can be modified by the LGU.

The elements are to be captured in the implementation plan template as described below:

Column Title	Description/sample
Program/Project/Activities	<p>The programs/projects/activities can be classified under the following headings:</p> <ul style="list-style-type: none"> <li>A. Programs/projects across the life stage</li> <li>B. Nutrition in Emergencies</li> <li>C. Enabling Interventions</li> </ul> <p>The LNC should also ensure that LNAP includes programs, projects, and activities for disaster preparedness and management. It should also ensure that activities for nutrition management in emergencies and disasters in the LNAP get integrated into the local LGU disaster preparedness and management plan.</p>
Department/organization /units or person units responsible	Name of department, organization, or units responsible for the implementation of the activity.
Target - Target group	The target population or beneficiary group for a specific PPA (e.g., high-risk pregnant mothers, children under five years old)

Column Title	Description/sample
- Number/quantity for years 1, 2, 3	Indicate the annual target quantity or number per target group, The targets can be expressed in actual number or percentage.
Budget Needed	Indicate the estimate total budget needed for year 1, year 2, and year 3 for each PPA.
Fund Source	Indicate the name of the source of fund for the corresponding budget per PPA, for the LGU budget, indicate what unit or department (e.g., municipal health office (MHO), municipal social welfare and development office (MSWDO), etc.). Funds can be from LGU budget, NGOs, CSOs, Universal Health Care (UHC) special projects e.g. Philippine Multisectoral Nutrition Project (PMNP), NGAs, and development partners among others

For unfunded programs/projects/activities, a resource mobilization strategy can be developed to describe possible sources of additional resources, important information relevant to secure funding, and the possible agency/committee/unit/individual responsible to lead the actions in mobilizing the resources. The Nutrition Program Management Manual Module 4 provides recommendations on resource mobilization.

#### ***D. Implementation Arrangements***

This section contains the coordination mechanisms and the roles of the different major players in the implementation of the LNAP. This can also be called the *Organization Responsibility for the LNAP* or *Organization and Management*.

For this section, describe how the different members of the LNC coordinate to ensure that nutrition is implemented in an integrated manner.

[Annex C](#) provides a sample write-up of the implementation arrangements section of the LNAP.

#### ***E. Monitoring and Evaluation***

This component will include the activities to monitor and evaluate of PPAs in the LNAP, timelines, and persons/units responsible.

Monitoring is the regular follow-up of the implementation of planned activities and targets in order to ensure that the project is proceeding according to plan and providing a basis for modifying the plan, as necessary.

Evaluation on the other hand, is the systematic assessment of the effectiveness and efficiency of the project achievements based on the set objectives/targets.

Monitoring and evaluation activities can include the conduct of regular LNC meetings to track LNAP implementation, conduct of Monitoring and Evaluation of Local Level Plan

Implementation<sup>2</sup> for all component LGUs (municipalities/barangays) and nutrition focal points, the conduct of program implementation reviews, and field monitoring activities. Conduct of *Operation Timbang Plus* also forms part of monitoring and evaluation. The costed targets of monitoring and evaluation activities can also be included in the implementation plan.

Monitoring and evaluation provide information that will help make informed decisions on program design and adjustments to increase the chances of achieving set objectives. Monitoring of PPAs can be dovetailed with the monitoring activities of other PPAs.

[Annex D](#) contains the list of reports LGUs are requested to be submitted as part of monitoring of LNAP implementation and PPAN monitoring by the regional and national coordinating bodies for nutrition.

## V. ORGANIZATION AND PACKAGING OF THE LNAP

Once completed, the LNAP can be organized/packaged following the outline below. The LNAP should have formal approval by the local nutrition committee.

<b>Provincial/City/Municipal Nutrition Action Plan</b>	
(Inclusive years)	
Province/City/Municipality of _____	
1.	Cover Page with the logo of the LGU
2.	Table of Contents
3.	Acronyms
4.	Message from the Provincial Governor/Mayor as Chairperson of the Provincial/Municipal/City Nutrition Committee (as applicable)
5.	Message from the Vice-Chairperson of the Provincial/Municipal/City Nutrition Committee (as applicable)
6.	Provincial/Municipal/City Nutrition Committee Resolution Adopting the LNAP 20__ - 20__
Chapters of the LNAP	
I.	Introduction
II.	Nutrition Situation Analysis
III.	Vision, Mission, Goals and Targets
IV.	Implementation Plan
V.	Implementation and Coordination Arrangements
VI.	Monitoring and Evaluation
Annexes: Directory of Local Nutrition Committees	

<sup>2</sup> The monitoring and evaluation of local level plan implementation (MELLPI) is a system by which an interagency evaluation team assess the performance of local government units on: a) efficiency and effectiveness of nutrition program implementation based on program outreach, budget allocation, and expenditure; b) changes in nutritional status of preschool and school children; c) the extent to which nutrition is integrated into local development plans and programs; and d) advocacy for the continuing support for local nutrition programs. A separate guideline on MELLPI Pro is available at the NNC website.

## VI. ENSURING NUTRITION BUDGETS

Nutrition planning also outputs an annual investment program for nutrition to help ensure that the plan is funded and implemented. The Annual Investment Program (AIP) and workplan should be updated annually. The three-year implementation plan consisting of PPAs, physical, and financial requirements of the LNAP should also be integrated in the Local Development Investment Program (LDIP) of the LGU.

To ensure that the LNAP is implemented especially those expected to be supported by government funds, they should get the appropriate funding from the local government unit. For this to happen, it is imperative that the implementing units ensure the integration of the nutrition programs and projects in the Annual Investment Program. The AIP is a yearly program of expenditure both for capital and current operating requirements of the local government units that will serve as the basis for the preparation of the annual and supplemental budgets. The annual investment plans and other budget forms are provided by LGU budget office and planning office.

The LNC can also request for funding of unfunded projects/activities through a supplemental budget proposal.

## VII. INTEGRATING THE LNAP INTO THE LOCAL DEVELOPMENT PLANS

Integral to LGU nutrition planning is ensuring nutrition interventions in the LNAPs are integrated into the local development plans of the LGUs (Provincial Development and Physical Framework Plan [PDPFP] for provinces, Comprehensive Development Plan [CDP] for cities and municipalities, and Barangay Development Plan [BDP] for barangays). The interventions on nutrition in emergencies should also be included in the Disaster Risk Reduction and Management in Health (DRRM-H) Plan. In addition, nutrition interventions in the Local Investment Plan for Health (LIPH) should be included in the LNAP. Integration of nutrition in these plans has various legal bases such as 1) **DILG Memorandum Circular 2018-42** provides guidelines on the roles and responsibilities of LGUs in the implementation of the PPAN including the formulation and/or updating of the LNAP, integration of applicable programs in their respective local development plans and annual investment programs, and passage of local policies to support implementation of the PPAN, 2) **DILG-DOH-NNC JMC 2019-001** enjoins all LGUs and barangays to prepare their budget for FY 2020 and onwards for improved nutrition outcomes, 3) **DBM Annual Local Budget Memoranda beginning 2018 onwards (LBM No. 77, 77a, 78, 80, 82, and 85)** enjoins LGUs to prioritize in the allocation of local funds the PPAs included in their respective LNAP, and to prepare their expenditure program together with the local nutrition action plan.

Nutrition planning also entails conscious alignment of the LNAP to higher level nutrition plans such as to the Regional Plan of Action for Nutrition (RPAN) and Philippine Plan of Action for Nutrition (PPAN).

The DILG-NNC thematic guide entitled, “[Ensuring Nutrition Priorities in Local Development Plans and Budgets](#)” can be used as a reference guide on how nutrition as a multi-sectoral concern can be made more visible in other development sectors.

## **VIII. ACTIVITIES FOR PLAN PREPARATION, FORMULATION, AND ADOPTION**

Local nutrition planning starts with the organization/mobilization of the planning team. This means bringing the members of the LNC together, under the leadership of the Local Chief Executive (LCE), to formulate the LNAP. The LNC is responsible for planning nutrition programs and preparing the LNAP depending on the unique situation of each LGU. If the LGU has no organized or active LNC, the nutrition planning process provides an opportunity to reactivate or organize the LNC.

The LGU can also opt to organize the local planning core group (LPCG) instead of convening the whole LNC. In LGUs where there is a technical working group, this group can serve as the planning team. The composition of the planning team may be technical staff from the following:

1. LGU departments or offices involved in delivering nutrition and related services
  - a. Nutrition
  - b. Agriculture
  - c. Health
  - d. Social Welfare and Development
  - e. Local Government Operations
2. Provincial/City/Municipal Planning and Development Office
3. Budget Office
4. National government agencies that have not been devolved like the Department of Education
5. National/regional line agencies that can provide inputs and technical expertise for LNAP preparation
6. Indigenous people’s representative in the provincial/city/municipal and barangay councils
7. Representative from non-government organizations (NGOs)/Civil Society Organizations (CSO)

In terms of timing for the preparation of the LNAP, it is best prepared in the first semester of an election year. This will help ensure that the nutrition agenda is integrated into the priority development agenda of the local government unit with the 3-year term of elected officials. It is to be noted that per [DILG-NEDA-DBM-DOF Joint Memorandum Circular \(JMC\) No. 1 Series of 2016](#), the priority development agenda for a term of local elective officials is one of the bases used in crafting the LGU’s local development plan. Moreover, the local development plan of the LGU should be based on the results of a participative planning process that embodies the goals and objectives of the LGU within the short term and long term, that is in turn the basis of the annual investment program used for local budgeting.

The local nutrition committee under the leadership of the local chief executive is responsible for the preparation of the LNAP. The nutrition office under the leadership of the Nutrition Action Officer (NAO) as the secretariat of the LNC shall coordinate and plan activities to ensure all relevant inputs from LNC members are considered, and the plan is finalized and approved.

Below is a proposed list of planning activities and expected outputs. It is to be noted that while these activities are listed sequentially, the process is iterative with the local nutrition committee or its planning core group going back and forth to certain activities as the plan is being formulated.

Planning Activities	Outputs
1. LNC planning meeting No.1	<ul style="list-style-type: none"> <li>a. Decisions and agreements on the planning process, i.e., activities to be done and by whom, timetable of activities, resources needed, and source</li> <li>b. Organization of local planning core group</li> <li>c. Organization of planning secretariat</li> </ul>
2. Situational analysis, vision, mission, goals and targets (may be done by a team organized for the purpose)	<ul style="list-style-type: none"> <li>a. Nutrition situational analysis to describe the nature and magnitude of nutritional problems, past performance of nutrition plan implementation, assessment of available resources, recommendations</li> <li>b. Vision, mission, goals, and targets</li> </ul>
3. LNC planning meeting No.2	<ul style="list-style-type: none"> <li>a. Validation and approval of the results of the nutrition situation analysis including recommendations related to programs, projects, and activities</li> <li>b. Agreement on the goals and targets (malnutrition reduction)</li> <li>e. Discussion of proposed interventions-programs projects/activities that can be implemented by different stakeholders</li> </ul> <p>Discussion of the implementation plan template and filling up of the template. Departments and different units can also agree to complete the tasks as a “take home assignment” so they can consult their unit/department/organization plans and budgets and what they can contribute to achieve the nutrition goals/targets. They will submit the completed template to the nutrition office or NAO for consolidation.</p>
LNC Planning meeting No. 3: Presentation and review of the consolidated implementation plan	<ul style="list-style-type: none"> <li>a. Reviewed implementation plans with comments/inputs.</li> <li>b. Agreement on the implementation arrangements. The Nutrition Action officer is to present the draft implementation arrangement for discussion/approval.</li> </ul>

Planning Activities	Outputs
Planning meeting No. 4	a. Agreement on monitoring and evaluation activities. The NAO to prepare and present the draft monitoring and evaluation activities for review/approval.
LNC planning meeting No 5: Plan presentation and approval	<p>a. Approved plan by the LNC. The Nutrition office/NAO is to present the whole plan for comments/approval.</p> <p>b. Tasks for the finalization of the plan (in case there are still comments/inputs).</p> <p>All members of the LNC should sign the resolution as an indication of ownership and commitment to operationalize the plan. A sample resolution adopting the LNAP can be accessed <a href="#">here</a>.</p>
Integration of all comments/inputs of P/C/MNC planning meetings, usually by the P/C/M Nutrition Action Officer	Finalized LNAP
LNC planning meeting No. 6: Approval of the LNC resolution adopting the LNAP	<p>a. Approval of the LNAP by way of LNC resolution</p> <p>b. Plans for presentation to the P/C/M Development Council, and <i>Sangguniang Panlalawigan</i> or <i>Panlungsod (SP)</i> or <i>Sangguniang Bayan (SB)</i> as needed</p>
Reproduction and distribution of approved LNAP	<p>a. Dissemination activities</p> <p>b. Copies of approved LNAP distributed to:</p> <ul style="list-style-type: none"> <li>✓ all members of the LNC</li> <li>✓ all members of the P/C/MDC or Provincial Health Board</li> <li>✓ all members of the SP or SB</li> <li>✓ barangays targeted in the LNAP</li> </ul>

The LNAP can be formulated following the proposed Gantt Chart of planning activities:

Activity	Month 1				Month 2			
	Wk1	Wk2	Wk3	Wk4	Wk1	Wk2	Wk3	Wk4
LNC planning meeting No.1	✓							
Situational analysis, vision, mission, goals and targets (may be done by a team organized for the purpose)	✓	✓						
LNC planning meeting No.2		✓						
Filling up and consolidation of implementation plan template by nutrition office		✓	✓					

# Guidelines on Local Nutrition Planning 2022 Edition

Activity	Month 1				Month 2			
	Wk1	Wk2	Wk3	Wk4	Wk1	Wk2	Wk3	Wk4
LNC Planning meeting No. 3: Presentation and review of the consolidated implementation plan				✓				
Planning meeting No. 4				✓				
LNC planning meeting No 5: Plan presentation and approval					✓			
Integration of all comments/inputs of P/C/MNC planning meetings, usually by the P/C/M Nutrition Action Officer					✓	✓		
LNC planning meeting No. 6: Approval of the LNC resolution adopting the LNAP							✓	
Reproduction and distribution of approved LNAP								✓



## REFERENCES

- DILG and NNC (2021). Ensuring Nutrition Priorities in Local Development Plans and Budgets: A Thematic Guide and Companion Document to the CDP Illustrative Guide
- NNC (2019). Integrating Nutrition in the Provincial Development and Physical Framework Plan (PDPFP), Comprehensive Development Plan (CDP), and Local Development Investment Program (LDIP): Notes for Workshop Organizers and Facilitators
- NNC (2021). eLearning Course on Local Nutrition Program Management. *Module 4*
- Executive Order No. 138 Full Devolution Of Certain Functions Of The Executive Branch To Local Governments, Creation Of A Committee On Devolution, And For Other Purposes
- Draft Philippine Plan of Action for Nutrition 2023-2028
- DILG Memorandum Circular 2018-42 Adoption and Implementation of the Philippine Plan of Action for Nutrition (PPAN) 2017-2022
- Trainer's Manual on Nutrition in Emergencies for Local Government Units
- Gabay sa Nutrisyon ng Barangay*: Handbook on Barangay Nutrition Program Management
- 2022 Monitoring and Evaluation of Local Level Plan Implementation (MELLPI) Pro Tools
- DILG Memorandum Circular No. 2015-19 Accomplishment and Submission of the Checklist on the Functionality of the Provincial/City/Municipal Nutrition Committees
- NNC (2023). Highlights of the NNC Technical Committee No. 1, S. 2023
- NNC (2023). Highlights of the Meeting with Nutrition Program Coordinators last 16 January 2023

## **Annex A**

### Indicators for the Philippine Plan of Action for Nutrition<sup>3</sup>

#### **1. Undernutrition**

- a. Prevalence of low birth weight (LBW) infants
- b. Prevalence of stunted children 6-23 months old
- c. Prevalence of stunted children 0-59 months old
- d. Prevalence of wasted children 0-59 months old
- e. Prevalence of wasted children 5-10 years old
- f. Prevalence of nutritionally at-risk (NAR) pregnant women
- g. Prevalence of chronic energy deficient older adults, 60 y/o and over

#### **2. Overnutrition**

- a. Prevalence of overweight children under five years old
- b. Prevalence of overweight/obese children 5-10 years old
- c. Prevalence of overweight/obese adolescents
- d. Prevalence of overweight/obese adults

#### **3. Micronutrient Deficiencies**

- a. Prevalence of anemia among pregnant women
- b. Prevalence of anemia among women of reproductive age
- c. Prevalence of children 6 months to 5 years old with vitamin A deficiency
- d. Median Urinary Iodine Concentration (UIC) (in µg/l) of pregnant women
- e. Median UIC (in µg/l) of lactating women
- f. Proportion of children 6-12 years old with urinary iodine levels below 50 µg/l
- g. Median UIC (in µg/l) of children 6-12 years old
- h. Percentage of households using adequately iodized salt

#### **4. Infant and Young Child Feeding Practices**

- a. Prevalence of exclusively breastfed infants at 5 months
- b. Prevalence of infants and young children with Minimum Acceptable Diet (MAD)
- c. Prevalence of children 6-23 months with Minimum Diet Diversity (MDD)

#### **5. Food Insecurity**

- a. Prevalence of households meeting 100% recommended energy intake
- b. Prevalence of moderately and severe food insecure households

↑ [Back to Vision, Mission, Goals and Targets](#)

---

<sup>3</sup> Based on the PPAN 2023-2028

**Annex B**

## List of Nutrition Interventions

**A. PROGRAMS AND SERVICES By Life stage**

<b>1. PREGNANT AND LACTATING WOMEN</b>
a. Micronutrient Supplementation (Iron Folic Acid, Vitamin A)
b. Counseling
c. Dietary Supplementation
d. Provision of pre-natal and post-natal care
e. Maternal mental health
<b>2. INFANT AND YOUNG CHILDREN (0-23 MONTHS OLD)</b>
a. Newborn screening
b. Appropriate feeding (Infant and Young Child Feeding)
c. Micronutrient Supplementation (Vitamin A, Iron)
d. Management of Acute Malnutrition
e. Dietary supplementation (complementary feeding for children >6 months old)
f. Routine immunization
g. Provision of baby-friendly space
h. Mother-Baby Friendly Hospital Initiatives (MBFHI)
i. Early Child Development (developmental milestones)
<b>3. PRESCHOOL CHILDREN (&lt;5 YEARS OLD)</b>
a. Appropriate feeding (IYCF)
b. Dietary Supplementation
c. Management of Acute Malnutrition
d. Routine immunization
e. Child Protection
f. Early Child Development (CDCs, SPs, etc., developmental milestones)
g. Classroom education
<b>4. SCHOOL-AGED CHILDREN (5-10 YEARS OLD)</b>
a. Appropriate feeding/balanced diet
b. Dietary Supplementation
c. Management of Acute Malnutrition
d. Child Protection
e. Classroom education
<b>5. ADOLESCENTS (10-19 YEARS OLD)</b>
a. Nutrition Counseling
b. Adolescent health and preconception nutrition
c. Healthy and family planning services
d. Classroom education and Alternative Learning Modules
e. Adolescent programs (e.g., the establishment of teen centers)
f. Mental health programs
<b>6. ADULTS (20-59 YEARS OLD)</b>
a. Nutrition Counseling
b. Nutrition support to CED (e.g., iron supplement to WRA, food assistance)
c. Disease prevention and management
d. Livelihood
e. Gender and Development
f. Healthy and family planning services (WRA)
g. Social safety nets

h. Alternative Learning Modules
<b>7. OLDER ADULTS (60 YEARS OLD AND ABOVE)</b>
a. Nutrition support for older adults
b. Nutrition Counseling
c. Socioeconomic programs for older adults
<b>8. ALL POPULATION GROUPS (FAMILIES, INDIVIDUALS)</b>
a. Nutrition counseling/education
b. Individual nutrition assessment
c. Nutrition SBCC
d. Physical activity
e. Weight management
f. Food Fortification
g. Water, Sanitation, and Hygiene (WASH)
h. Agriculture and food security
i. Mental health

## **B. NUTRITION IN EMERGENCIES (NiE)**

<b>PREPARATION</b>
1. Training of Workers on NiE
2. Stockpiling of Goods
a. Vitamins and micronutrients
b. Food (List proposed foods for stockpiling)
3. Availability of weighing scales, height boards, MUAC tapes, IYCF Counseling Cards, PIMAM Commodities
4. Conduct Coordination Meetings
<b>RESPONSE</b>
5. Implementation of Emergency Response (transportation, operations, communication)
6. Provision of Minimum Service Package (depending on need):
a. Nutrition Assessment
b. Infant and Young Child Feeding in Emergencies (IYCF-E)
c. Management of Acute Malnutrition
d. Dietary Supplementation
e. Micronutrient Supplementation
<b>RECOVERY (Inter-agency)</b>
7. Planning coordination for recovery activities
8. Monitoring and Implementation of Recovery Activities

## **C. ENABLING INTERVENTIONS**

1. LNC Coordination Meetings
2. Policy Formulation
3. Monitoring and Evaluation
a. Conduct of OPT Plus
b. Conduct of MELLPI
c. Field Monitoring and Evaluation
d. Program Implementation Review
e. LNC Functionality Assessment
4. Advocacy Activities and Nutrition Promotion
a. Nutrition Month Activities

b.	Advocacy Fora
5.	Capacity Building for all stakeholders e.g. implementers, beneficiaries, and other partners
6.	Planning and Budgeting
a.	Updating of Implementation Plan
b.	Annual Preparation of AIP and Nutrition Budget

↑ [Back to Implementation Plan](#)

## ***Annex C***

### **Sample Write-up of Implementation Arrangements**

The Implementation Plan of Province/City/Municipality Nutrition Action Plan defines the individual institutional accountability for each of the projects and common accountabilities with respect to outcome targets. The P/C/MNAP then consists of individual and shared accountabilities to deliver outputs and outcomes. The delivery of outcomes and outputs which entail institutional resources are ultimately the responsibility of the accountable agencies.

Institutional accountabilities also include accountability for coordination of the LNAP. The Provincial/Municipal/City Nutrition Committee, as the counterpart body of the Regional Nutrition Committee of Region \_\_\_\_ as well as the NNC Governing Board, shall primarily serve as the mechanism to oversee the progressive implementation of the LNAP. This function covers integrating and harmonizing actions for nutrition improvement at the provincial level. It will be composed of the same agencies as the NNC Governing Board and the Regional Nutrition Committee with additional member agencies as may be needed and appropriate for the province/city/municipality. The LNC will continue to coordinate nutrition actions at the provincial, city, and municipal levels.

The functions of the Local Nutrition Committee are to formulate, coordinate, monitor, and evaluate the provincial/city/municipal nutrition action plan. It also extends technical assistance to lower-level local nutrition committees along nutrition program management. Additional members of the LNC can be invited to include stakeholders/partners deemed to contribute to the effective implementation of the LNAP and achievement of set nutrition outcomes supported by an enabling policy issuance. 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 local coordination function including of the LNAP, processes have been instituted in the past and will continue to be harnessed for the delivery of the LNAP. The P/M/C/NC shall facilitate the following: 1) formulation of the Annual Provincial/City/Municipal Operational or Work and Financial Plan to support the implementation of LNAP; 2) convening of the LNC quarterly meetings; and 3) annual program implementation review of the LNAP

↑ [Back to Implementation Arrangements](#)

## ***Annex D***

## Monitoring and Evaluation of the LNAP

DILG Memorandum Circular No. 2018-42 on the implementation of the PPAN requires the submission of status of implementation of nutrition programs every semester with the following schedules:

<b>LGU</b>	<b>Date of Submission</b>	<b>Kind of report</b>	<b>Where to Submit</b>
Barangay	Every 15 <sup>th</sup> of January and July	Barangay PPAN Report	City/Municipal Mayor's Office thru MLGO/CLGOO
City/Municipality	Every 20 <sup>th</sup> of January and July	Consolidated City/Municipal Report	Provincial Governor's Office thru DILG Province
Province	Every 30 <sup>th</sup> of January and 30 <sup>th</sup> of July	Consolidated Provincial PPAN Report	To DILG Regional Office thru DILG Provincial Office

The template from the MC for the status of implementation of nutrition programs is shown below:

[illegible]

LGUs are also required to submit the following reports for LNAP monitoring:

**A. Provincial reports**

<b>Form No.</b>	<b>Reports</b>	<b>Description and Purpose</b>	<b>Time Frame of submission of Province to NNC</b>
*	Three-year PNAP	The local nutrition action plan (LNAP) is called Provincial Nutrition Action Plan (PNAP) at the provincial level, City Nutrition Action Plan (CNAP) at the city level, Municipal Nutrition Action Plan (MNAP) at municipal level and Barangay Nutrition Action Plan (BNAP) at barangay level. Ideally, these should be three-year plans that coincide with the three-year term of the local chief executive. DILG Memorandum Circular No 2018-42 dated March 26, 2018 reiterated as one of the functions of LGUs the “formulation, if existing, revision/updating of local nutrition plans”. LGUs provide copies of the LNAPs to DILG. The provinces and highly urbanized cities should also provide a copy of the PNAP/CNAP to NNC regional office.	as soon as available
1	Status of LNAP Formulation	This report captures the status of LNAP preparation by barangays and municipalities. The PNAO submits a report on the status of formulation of MNAPs, the MNAO/CNAO submits the status of formulation of BNAPs. The provinces, cities, and municipalities submit this report to NNC on or before June 30 every year.	June 30
2	Status of Nutrition Programs, Physical, and Financial Accomplishments***	DILG memorandum Circular no 2018-42 dated March 26, 2018 requires barangays, municipalities and provinces to prepare and submit semesterly physical accomplishment reports based on their local nutrition plans following regular channels where the Punong barangay submits to the city or municipal mayor through the C/MLGOO and the mayor submits a consolidated report to the Governor through the provincial through DILG provincial office. Municipalities should also provide their report to the Provincial Nutrition Office. The Governor submits to the DILG provincial Office that in turn submits to the DILG regional office.	January 30 and July 30



Guidelines on Local Nutrition Planning 2022 Edition

Form No.	Reports	Description and Purpose	Time Frame of submission of Province to NNC
3	Report on the functionality of MNCs and BNCs	This report provides information on how functional the local nutrition committees are at the barangay, municipal, and provincial levels based on the levels of functionality per DILG MC 2018-42. The municipalities and cities evaluate the BNCs while the provinces evaluate the M/CNCs. The report should be submitted to the NNC Regional Office copy furnished the higher level LGU as appropriate e.g. municipalities to province.	June 30
4a	Number of Barangays Evaluated through MELLPI Pro and Number of High Performing Barangays by Municipality	MELLPI PRO reports provide information on the quality of nutrition implementation at the barangay, municipal/city, and provincial levels. The municipality and city monitor and evaluates the barangays and BNSs and submits to the province the MELLPI PRO summary scores of barangays and summary scores of BNSs. The provinces evaluate the municipalities and component cities. The P/M/CNAOs submit the following: a) MELLPI PRO summary scores of LGUs, b) MELLPI PRO summary scores of outstanding BNSs, c) MELLPI PRO summary scores of Local Nutrition Focal Points, and d) number of municipalities evaluated through MELLPI PRO and number of high performing barangays by municipality. Refer to the MELLPI Pro Guidelines on the submission of reports.	August 15
4b	MELLPI PRO Summary Scores of LNFPs		May 10
4c	MELLPI PRO Summary Scores of BNSs		
5	Documentation of C/M/PNC PIR	One of the indicators of the functionality of LNCs is the conduct of program implementation reviews and submission of PIR reports to the higher level. The municipality is supposed to submit its PIR documentation report to the province and the province also to submit documentation of the provincial PIR to NNC Regional Office.	At least 1-2 months after the conduct of PIR

## Guidelines on Local Nutrition Planning 2022 Edition

<b>Form No.</b>	<b>Reports</b>	<b>Description and Purpose</b>	<b>Time Frame of submission of Province to NNC</b>
*	Annual OPT Plus Report (hardcopy or PDF of signed Form 2 and Form 2A and E-OPT Plus excel file)	These are results of the Operation Timbang Plus activity conducted every first quarter of the year covering 0-59 months in all barangays. Barangays, municipalities, and provinces should use the eOPT or electronic OPT, an automated form is downloadable from the NNC website, in the recording and consolidation of the OPT results. The report is recorded and submitted from barangay to municipal then municipal to province and province to the region. Municipalities/cities, provinces, and NNC regional office conduct validation as needed. The province should submit the provincial OPT Plus report to the NNC regional office on or before June 15.	June 15

\*Forms available at NNC website

**B. City/Municipal Reports**

Form No.	Reports	Description and Purpose	Report Submission		Report due dates
			To province	To NNC RO	
*	Three-year C/MNAP	The local nutrition action plan (LNAP) is called Provincial Nutrition Action Plan (PNAP) at the provincial level, City Nutrition Action Plan (CNAP) at the city level, Municipal Nutrition Action Plan (MNAP) at municipal level and Barangay Nutrition Action Plan (BNAP) at barangay level. Ideally, these should be three-year plans that coincide with the three-year term of the local chief executive. DILG Memorandum Circular No 2018-42 dated March 26, 2018 reiterated as one of the functions of LGUs the “formulation, if existing, revision/updating of local nutrition plans”. LGUs provide copies of the LNAPs to DILG. The provinces and highly urbanized cities should also provide a copy of the PNAP/CNAP to NNC regional office.	✓		as soon as available
	Three-year NAP of HUC and ICC			✓	as soon as available

Guidelines on Local Nutrition Planning 2022 Edition

Form No.	Reports	Description and Purpose	Report Submission		Report due dates
			To province	To NNC RO	
1	Status of BNAP and M/CNAP Formulation	This report captures the status of LNAP preparation by barangays and municipalities. The PNAO submits a report on the status of formulation of MNAPs, the MNAO/CNAO submits the status of formulation of BNAPs. The provinces, cities, and municipalities submit this report to NNC on or before June 30 every year.	✓	✓	June 30
2	Status of Nutrition Programs, Physical, and Financial Accomplishments***	DILG memorandum Circular no 2018-42 dated March 26, 2018 requires barangays, municipalities and provinces to prepare and submit semesterly physical accomplishment reports based on their local nutrition plans following regular channels where the Punong barangay submits to the city or municipal mayor through the C/MLGOO and the mayor submits a consolidated report to the Governor through the provincial through DILG provincial office. Municipalities should also provide their report to the Provincial Nutrition Office. The Governor submits to the DILG provincial Office that in turn submits to the DILG regional office.	✓	✓	Barangay – every 15 <sup>th</sup> of January and July  Municipality/City – every 20 <sup>th</sup> of January and July

Guidelines on Local Nutrition Planning 2022 Edition

Form No.	Reports	Description and Purpose	Report Submission		Report due dates
			To province	To NNC RO	
3	Report on the functionality of BNCs	This report provides information on how functional the local nutrition committees are at the barangay, municipal, and provincial levels based on the levels of functionality per DILG MC 2018-42. The municipalities and cities evaluate the BNCs while the provinces evaluate the M/CNCs. The report should be submitted to the NNC Regional Office copy furnished the higher level LGU as appropriate e.g. municipalities to province.	✓	✓	May 30
4	MELLPI Pro summary scores of BNSs	MELLPI PRO reports provide information on the quality of nutrition implementation at the barangay, municipal/city, and provincial levels. The municipality and city monitor and evaluates the barangays and BNSs and submits to the province the MELLPI PRO summary scores of barangays and summary scores of BNSs. The provinces evaluate the municipalities and component cities. The P/M/CNAOs submit the following: a) MELLPI PRO summary scores of LGUs, b) MELLPI PRO summary scores of outstanding BNSs, c) MELLPI PRO summary scores of Local Nutrition Focal Points, and d) number of barangays evaluated through MELLPI PRO and number of high performing barangays by	✓		March 30

Guidelines on Local Nutrition Planning 2022 Edition

Form No.	Reports	Description and Purpose	Report Submission		Report due dates
			To province	To NNC RO	
		municipality. Refer to the MELLPI Pro Guidelines on the submission of reports.			
5	Documentation of C/M/PNC PIR	One of the indicators of the functionality of LNCs is the conduct of program implementation reviews and submission of PIR reports to the higher level. The municipality is supposed to submit its PIR documentation report to the province and the province also to submit documentation of the provincial PIR to NNC Regional Office.	✓	✓	At least 1-2 months after the conduct of PIR
*	Annual OPT Plus Report (hardcopy or PDF of signed Form 2 and Form 2A and E-OPT Plus excel file)	These are results of the Operation Timbang Plus activity conducted every first quarter of the year covering 0-59 months in all barangays. Barangays, municipalities, and provinces should use the eOPT or electronic OPT, an automated form is downloadable from the NNC website, in the recording and consolidation of the OPT results. The report is recorded and submitted from barangay to municipal then municipal to province and province to the region. Municipalities/cities, provinces, and NNC regional office conduct validation as needed. The province should submit the provincial OPT Plus report to the NNC regional office on or before June 15.	✓		May 15

## Guidelines on Local Nutrition Planning 2022 Edition

Form No.	Reports	Description and Purpose	Report Submission		Report due dates
			To province	To NNC RO	

**Notes:**

\*Forms available at NNC website

\*\*\*C/MNAP Semestral Accomplishment Report- to be submitted to DILG every 20th of January and July (DILG MC No 2018-42 dated March 26, 2018)

The link to forms of the LGU nutrition Reports can be accessed [HERE](#).

Other documents and reports such as MELLPI Pro Scoresheets, LNFP Master lists and Capacity Maps serve as supporting documents.

↑ [Back to Monitoring and Evaluation](#)