

Regional Plan of Action for Nutrition

Region XII
(SOCCSKSARGEN)

2019-2022



Table of Contents

List of Tables.....	iiv
List of Figures.....	iv
ACRONYMS.....	v
Message from the Chairperson.....	vi
RNC Resolution	vii
Acknowledgement	ix
RPAN Formulation Process	x
Regional Profile	xii
Executive Summary.....	xii
Section I. The Regional Nutrition Situation Analysis	14
Section III. RPAN Programs and Projects.....	31
Project 11. Supplementary Feeding Program in Child Development Centers and Supervised Neighborhood Play	32
Project 13. School based complementary health services.....	32
Project 14. Dietary Supplementation for Kinders in PPAN areas.....	32
Project 15. Vitamin A supplementation for children 24-59 months old	32
Project 16. Anemia Reduction among Women of Reproductive Age including adolescent female learners.....	32
Vitamin A Supplementation for postpartum women and children 6-23 months.....	32
Project 17. Establishment of teen centers in schools	32
Project 18. Reaching-out GIDA and IP communities for adolescent health and development	32
Project 19. Promotion of Healthy Lifestyle and NCD Prevention.....	32
Project 20. Capacity Building of nutrition committee for mainstreaming nutrition in emergencies	32
Project 21. Advocacy and Monitoring of compliance to RA 8976 and 8172.....	32
Project 25. Implementation of the Regional Project for Behaviour Change Implementation.....	33
Project 50. Mobilization of LGUs for the delivery of nutritional outcomes	34
Project 51. Policy Development for Food and Nutrition	34
Project 52. Management strengthening support to RPAN effectiveness	34
Section V. Risks and Mitigation Analysis.....	51
Section VI: The RPAN Institutional Arrangements.....	59
Section VII: Monitoring, Reporting and Evaluation Mechanism for the RPAN.....	60

Section VIII: RPAN Region XII Implementation Plan and Results Framework.....	62
Table 7.RPAN Region XII Results Framework Matrix	63
Annex 1. Nutrition Sensitive Projects	80
27. Distribution of agricultural inputs	82
29. Training and distribution of agricultural machinery, equipment and facilities	83
30. DOST-CEST Community Empowerment thru Science and Technology	84
31. Mobile Procurement (Bigasan sa Brgy).....	86
32. Aquaculture Production Services.....	86
33. Skills Training on seaweeds farm management.....	87
Locations selected:	87
LGUs with high prevalence of malnutrition	87
Coverage of families:	88
Number of fisherfolk families	88
LGUs with highest prevalence of malnutrition	88
35. Agribusiness Investment Opportunity Seminar	89
Locations selected (Province/LGU):	89
LGUs with highest prevalence of malnutrition	90
Coverage of families:	90
36. Sagana At Ligtas na Tubig para s Lahat Program (SALINTUBIG)	90
37. Promotion and implementation of Zero Open Defecation.....	92
38. Special Program for Employment of Students.....	93
45.Water, Sanitation and hygiene facilities in communities.....	105
Area: SNA, Banga, Maitum, Cotabato Province.....	105
46.Production of alternative food	106

List of Tables

Table 1. Infant and Young Child Feeding Practices ...	18
Table 2. Coverage of Selected Services Within the first 1000 days period	18
Table 3. 2022 Outcome Targets	27
Table 4a. RPAN Region XII Programs and Projects	31
Table 4b. Description of RPAN Region XII Programs, Projects and Their Outputs.....	34
Table 5a. Summary of Budgetary Requirements by program and share of program budget to total RPAN	45
Table 5b. Summary Budget Estimates for Programs and Projects... ..	46
Table 6. Region XII RPAN Risks Analysis and Mitigation Measures	52
Table 7. RPAN Region XII Results Framework Matrix.....	63

List of Figures

Figure 1. Location Map of Region XII.....	14
Figure 2. Prevalence of Malnourished Children under five years old SOCCSKSARGEN Region, and the Philippines, 2013 vs 2015.....	15
Figure 3. Prevalence of Malnourished Children 5-10 Years old SOCCSKSARGEN Region, and the Philippines, 2013 vs 2015	16
Figure 4. Prevalence of Overweight and Obese Children,0-19 Years Old by Province, SOCCSKSARGEN Region, and Philippines, 2013 vs 2015	16
Figure 5. Prevalence of nutritionally at-risk pregnant women in Philippines and SOCCSKSARGEN (2011-2015)	17

ACRONYMS

DILG	Department of the Interior and Local Government
DOH	Department of Health
FHSIS	Field Health Service Information System
FNRI	Food and Nutrition Research Institute
F1K	First 1,000 Days
GIDA	Geographically Isolated and Disadvantaged Areas
IFA	Iron Folic Acid
IP	Indigenous People
MFF	Mandatory Food Fortification
MNP	Multiple Micronutrient Powder
NDHS	National Demographic and Health Survey
NEDA	National Economic and Development Authority
NGO	Non-government Organizations
NiEm	Nutrition in Emergencies
NO	Nutrition Officer
NNC	National Nutrition Council
NNS	National Nutrition Survey
NSD	Nutrition Surveillance Division
NPPD	Nutrition Policy and Planning Division
PDP	Philippine Development Plan
PPAN	Philippine Plan of Action for Nutrition
RNC	Regional Nutrition Committee
RNPC	Regional Nutrition Program Coordinator
RPAN	Regional Plan of Action for Nutrition
RTWG	Regional Technical Working Group
WIFA	Weekly Iron-Folic Acid
WRA	Women of Reproductive Age

MESSAGE FROM THE CHAIRPERSON

REGIONAL NUTRITION COMMITTEE XII

Adequate nutrition is a must for human development. Improving the nutritional status of the people in SOCCSKSARGEN is the priority of the Regional Nutrition Committee. Thus, the Regional Plan of Action for Nutrition 2019-2022 was formulated. The RPAN is an action plan of the SOCCSKSARGEN Region that presents the strategies and activities geared towards achieving the Sustainable Developments Goals anchored with the Philippine Plan of Action for Nutrition 2017-2022. The goal of the RPAN is to assist the progress of the nutritional status in the region through the policies and strategic actions detailed in the Plan.

Enjoining all efforts of the different line agencies to formulate the Regional Plan of Action for Nutrition that shall serve as guide in the implementation of the nutrition programs for 2019- 2022. May this plan be of use to Local Government Units, Non- Government and Private Offices in the pursuit of well-nourished SOCCSKSARGEN.

The endeavor does not stop here, as the Regional Plan of Action for Nutrition is formulated, but rather it begins in the equitable implementation of the plan. With this, I encourage the nutrition implementers and people of SOCCSKSARGEN to work hand-in-hand to strive for a well-nourished SOCCSKSARGEN.

ARISTIDES CONCEPCION -TAN, MD, MPH, CESO III

Regional Director, Department of Health XII
Chair, Regional Nutrition Committee

Republic of the Philippines
NATIONAL NUTRITION COUNCIL
SOCCSKSARGEN Region

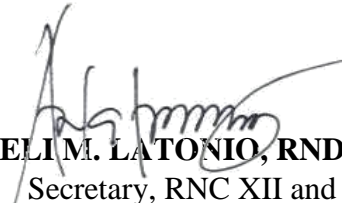
RNC XII Resolution No.03, Series of 2018

APPROVING AND ADOPTING THE REGIONAL NUTRITION ACTION PLAN 2019-2022

- WHEREAS,** the Philippine Plan of Action for Nutrition (PPAN), 2017-2022, is the country's national framework plan on nutrition with an overall goal of contributing to the improvement of the quality of the human resource base of the country and the reduction of child and maternal mortality;
- WHEREAS,** the PPAN is anchored on the Philippine Development Plan (PDP) and its implementation is grounded on the basic premise of complementation and convergence of efforts and resources among National Nutritional Council (NNC) member agencies, LGUs, NGOs and other stakeholders;
- WHEREAS,** member agencies of the NNC Governing Board, LGUs, NGOs and other stakeholders are encouraged to adopt the targets and implement key strategies, directions and priority actions enunciated in the said plan;
- WHEREAS,** in order to localize the PPAN and in consideration of the regional priorities of SOCCSKSARGEN as indicated in its Regional Development Plan (RDP), 2013-2016, there is a need to translate the key strategies and priority actions of the PPAN at the sub-national level;
- WHEREAS,** the Regional Nutrition Committee (RNC) XII, being the highest policy-making and coordinating body on nutrition in the region, has the Regional Plan of Action for Nutrition 2019-2022 which outlined significant activities and priority actions that RNC XII will pursue in order to facilitate and contribute in the achievement of the PPAN targets and the desired nutrition outcomes that RNC XII hoped to achieve during the plan period;
- WHEREAS,** the RNC XII Secretariat presented the RPAN of SOCCSKSARGEN for 2019-2022 during the RPAN workshop for review/consideration/ support of the Committee members;
- NOW, THEREFORE,** on motion of Ms. Gelsie Lanzaderas which was seconded unanimously, **BE IT RESOLVED AS IT IS HEREBY RESOLVED,** that RNC XII approve and adopt the Regional Nutrition Action Plan 2019-2022.
- RESOLVED FURTHER,** that copy of this resolution be furnished to NNC Central Office and all members of the Committee, for information/reference.


DONE this 5th day of December 2018 at Viajera Dine and Café, Koronadal City, South Cotabato.

Certified Correct:



ARCELEM LATONIO, RND, MPA
Secretary, RNC XII and
Regional Nutrition Program Coordinator, NNC XII

Approved:



ARISTIDES CONCEPCION TAN, MD, MPH, CESO III
Regional Director, Department of Health XII
Chair, Regional Nutrition Committee

ACKNOWLEDGEMENT

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

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

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

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

The Region XII (SOCCKSARGEN) RPAN Formulation Process

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

The Region XII RPAN planning process was participatory, inter-sectoral and multi-level as it engaged the participation of the RNC-Region XII 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 XII RPAN 2019-2022:

1. RPAN Planning Workshop, 28 February to March 2 2018, Ritz Hotel, Davao City
2. First RPAN Review Meeting by the Regional Technical Working Group, April 24-25, 2018, NNC Conference Room, Koronadal City
3. Regional Nutrition Committee Meeting, May 17, 2018, The Farm @Carpenter Hill, Koronadal City.
4. Regional Nutrition Committee Meeting, October 23, 2018, Cinco Niñas, Koronadal City.
5. Regional Nutrition Committee-Technical Working Group Meeting, December 5, 2018, Viajera Dine and Café, Koronadal City.

The RPAN was approved by the Region XII Regional Nutrition Committee on December 5, 2018 following the issuance of RNC Resolution No.03, series of 2018.

Region XII Nutrition Profile

Estimated Population by Age/Physiological Group Based on the Projected Population, 2010 (in millions)		
Total population (PSA,2010)		
- Male	2,345,500	
- Female	2,253,700	
0-59 months	620,892	
60-120 months	485,431	
121-228 months	935,169	
20 years and above	2,193,180	
Women of reproductive age (15-49 years old)		
Pregnant women	124,784	
Lactating mothers		
Nutritional Status Indicators/Population Group	Prevalence (%)	Equivalent Number in 2016
LOW BIRTH WEIGHT INFANTS(FHSIS, 2016)	3.04	3,140
INFANTS 5 MOS OLD WHO ARE EXCLUSIVELY BREASTFED(FHSIS, 2016)	65.86	84,790
CHILDREN 6-23 MONTHS OLD MEETING THE MINIMUM ACCEPTABLE DIET (NNS, 2015)	90.3	
UNDERNUTRITION (NNS, 2015)		
Under five year old children		
- Underweight	25.8	
- Stunting	40.0	
- Wasting	6.9	
School age children (5-10 years old)		
- Underweight	35.7	
- Stunting	38.8	
- Wasting	7.5	
Adolescents (ages 10.08-19 years old)		
- Stunting	41.1	
- Wasting	9.7	
Adults (≥ 20 years)		
Chronic energy deficiency (CED)	10.3	
Pregnant women		
- Nutritionally at-risk	23.1	
Lactating mothers		
- Wasted and CED	12.5	
OVERNUTRITION (NNS, 2015)		
Overweight/obese		
- Children under five years old	2.8	
- School age children	6.4	
- Adolescents	7.4	
- Adults 20 years and above	27.5	
MICRONUTRIENT DEFICIENCY		
Vitamin A deficiency among children 6 months to 5 years old		
Anemia among women of pregnant		
Median urinary iodine concentration, mcg/L		
- Children 6-12 years old (2013)	19.9	
- Pregnant women (2013)	33.7	
- Lactating women (2013)	34.7	
HOUSEHOLDS WITH DIETS THAT MEET THE ENERGY REQUIREMENTS (2015)	33.1	

Executive Summary

The Regional Plan of Action for Nutrition 2019-2022 is the response of Region XII to the alarming nutritional problems in the region. Levels of under nutrition in the region has been continuously high throughout the years, and according to the Updating of the Nutritional Status of Filipino Children and Other Population Groups conducted by the Food and Nutrition Research Institute of the Department of Science and Technology (FNRI-DOST) in 2015, Region XII has one of the highest and significant levels of stunting at 40.0%. Underweight (25.8%) and wasting (6.9%) are also high.

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

Regional outcome targets were established for 2022 for stunting, wasting and obesity as well as micronutrient deficiencies and other indicators. Among 0-5 year old children, the stunting levels will be reduced to 25.7 %from 40.0 % by end 2022. Wasting prevalence among under 5 will be reduced from 6.9% to 4.9% by the end of the RPAN period among the same group of children. Targets for obesity, micronutrient deficiencies have also been estimated in the RPAN formulation process.

As a response to the problems identified in the planning process, the RPAN formulated 11 programs and 53 projects. The program is consisted of 1 nutrition sensitive, 1 enabling and 9 nutrition specific programs. The 11 programs follow the life stages of the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. All 11 nutrition specific, nutrition sensitive and enabling programs constitute the RPAN with an additional program to reflect the huge challenge of adolescent health. The RPAN provides the necessary focus on the First 1000 days and dietary supplementation given its huge potential in addressing the major nutritional issues in Region XII and in the country.

The budget estimated for 2019-2022 for the 11 programs amounts to PhP 16,759,432,665 with Financing come mostly from funds of the member agencies of the RNC. The funding shortfalls will be discussed during the upcoming follow-up meetings.

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

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

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

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

Section I. The Regional Nutrition Situation Analysis

Region XII (SOCCSKSARGEN)

BRIEF PROFILE

Region XII otherwise known as the SOCCSKSARGEN Region is located in the heart of Mindanao. It is surrounded by the abundant bays of Sarangani, Illana and Paguil, as well as the Moro Gulf and Celebes Sea. SOCCSKSARGEN is an acronym that stands for the region's four provinces and one city: South Cotabato, Cotabato, Sultan Kudarat, Sarangani, and General Santos City.



Figure 1. Location Map of Region XII

By virtue of the 2001 Executive Order 36, the reconstituted region is composed of eight congressional districts, the four provinces of Cotabato, South Cotabato, Sarangani and Sultan Kudarat; five cities, Cotabato, General Santos, Kidapawan, Koronadal, and Tacurong; 45 municipalities and 1,195 barangays. Koronadal City is the administrative seat of Region XII and is located in South Cotabato Province, while the center of commerce and industry is General Santos City which is the most populous city in the Region.

The region covers a total land area of 19,035.39 square kilometers or 16.6 percent of the total land area of Mindanao. Of the total land area, about 7,906.38 square kilometers are alienable and disposable lands and 11,129.01 square kilometers are forestlands. The region is endowed with rich natural resources and it serves as the main source of hydroelectric power for Mindanao. It is famous for tuna production.

Topographically, SOCCSKSARGEN varies from flat, fertile plains to irregular landscape, to wide valleys, scattered hills and intensive mountain ranges. About half of the total land area of the region's land resources falls within the 0-500 m elevation. It also has an extensive coastline which stretches 320 kilometers. The mountain ranges of the region are located in the northern and eastern portions of Cotabato, and in the central and southwestern portions spanning the three provinces of Sultan Kudarat, South Cotabato and Sarangani.

Based on the 2015 Census (POPCEN), the region has a total population of 4,545,276, with an annual population growth rate of 1.94 percent in 2010-2015. North Cotabato and General Santos City have the biggest population of about 1.2 million and 594,446 respectively. Sarangani province and Tacurong City have the lowest total population of 544,261 and 98,316 respectively.

Cotabato has the largest land area with 6,019.78 sq. km., or about 30.4 percent of the region's land area, while Sultan Kudarat has the smallest at 4,401.06 sq. km

The region has an employment rate of 96.5 percent while underemployment rate increased from 17.5 percent in 2011 to 23.2 percent in 2015. According to the PSA data, the employed workers are predominantly laborers and unskilled workers making up 37.4 percent of the total, followed by farmers, forestry workers and fishermen who make up 18.5 percent.

Although the region's poverty incidence among families dropped from 37.1 percent in 2012 to 30.5 percent in 2015, about 31 out of every 100 families in the region remain poor.

REGIONAL NUTRITION SITUATION

Increasing Malnutrition Trend

It is alarming to note that in SOCCSKSARGEN Region, the prevalence of underweight, stunting, and wasting has been increasing among children under five years old, based on the 2015 NNS Updating Survey (**Figure 2**). The stunting rate in the region is higher than the Philippine average rate of 33.4

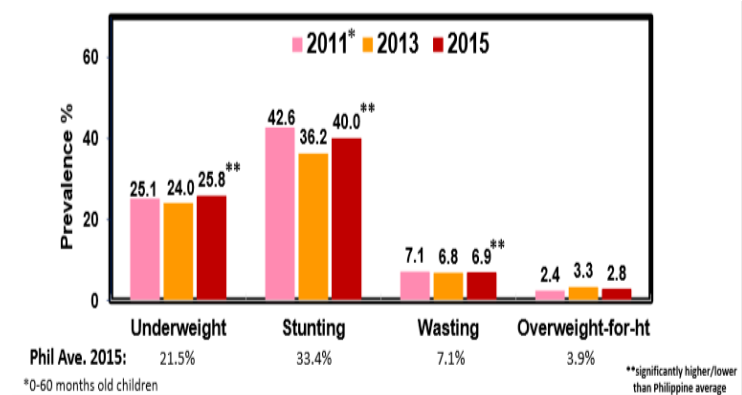


Figure 2. Prevalence of Malnourished Children under five years old SOCCSKSARGEN Region, and the Philippines, 2013 vs 2015
Source: 2015 NNS Updating Survey

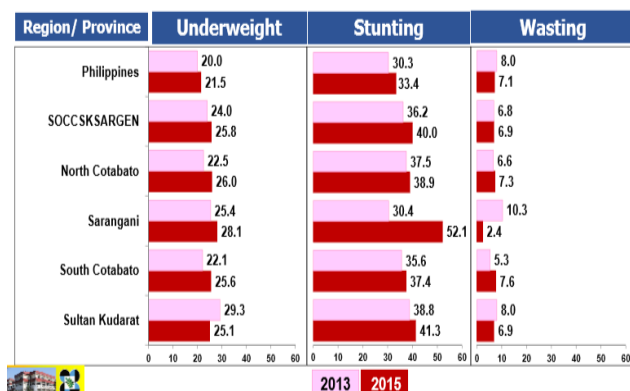


Figure 3. Prevalence of Malnourished Children 5-10 Years Old, SOCCSKSARGEN Region, and the Philippines, 2013 vs 2015
Source of Data: 2015 NNS Updating Survey

percent. It increased from 36.2 percent in 2013 to 40 percent in 2015. Alarming public health problems due to high levels of stunting prevalence are noted in the provinces of Sarangani (52.1 percent) and Sultan Kudarat (41.3 percent). Wasting is high in South Cotabato at 7.6 percent while lower in Sarangani at 2.4 percent. The region's underweight (25.8 percent) is also higher by 4.3 percent than the Philippines' rate of 21.5 percent.

Stunting among children aged 10-19 years was placed at 41.1 percent, higher than the national level. Prevalence in Sarangani and Sultan Kudarat were the highest at 48.6 percent and 46.8 percent, respectively. Sarangani was also high in wasting at 12.9 percent in the same age group.

Overweight and Obesity

Overweight and obesity can be seen in various age groups in South Cotabato. (Figure 4). This situation could be attributed to the urbanization of the province where the center of commerce is located. As a result, a lot of fast food chains are established and high caloric diets are readily available and accessible. Furthermore, sedentary lifestyle also contributes to overweight and obesity.

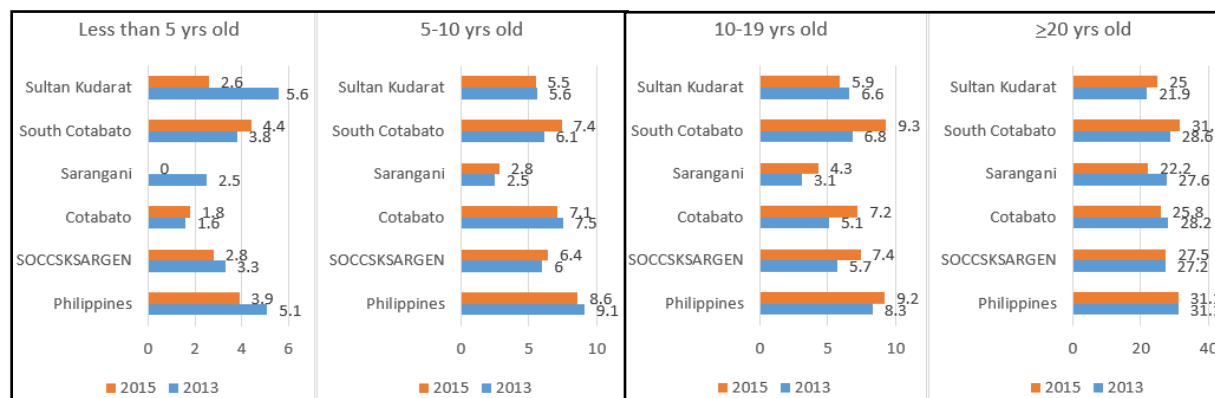


Figure 4. Prevalence of Overweight and Obese Children, 0-19 Years Old by Province, SOCCSKSARGEN Region, and Philippines, 2013 vs 2015
Source of Data: 2015 NNS Updating Survey

Nutritional Status of Pregnant Women

As to the nutritional status of pregnant women in the SOCCSKSARGEN Region, **Figure 5** shows the prevalence rate of nutritionally at risk pregnant women to be 20.8 percent in 2013. This increased to 23.1 percent in 2015, slightly lower than the national data. This means that 23 out of 100 pregnant women are nutritionally at risk. Such condition is quite alarming and needs utmost consideration.

It is of extreme concern that there is an increasing trend of teenage pregnancy despite the implementation of various family planning programs in the region (FSHIS, XII). Teenage pregnant women are highly vulnerable to undernutrition and micronutrient deficiencies because of the double requirement for calories and nutrients for the mother and the child. The poor nutritional condition of pregnant women especially those that are still teenagers may lead to undernourished newborns or worse, can cause neonatal death.

First 1000 days of Life

Breastfeeding practices in the region according to selected indicators posted higher prevalence than the national prevalence but still call for improvement. For children 6-23 months meeting the Minimum Acceptable Diet the prevalence is lower than the national prevalence. This indicator shows that there is a problem with the quality of the diet recommended for children of said ages due to poor complementary feeding practices by the mothers or child caregivers.

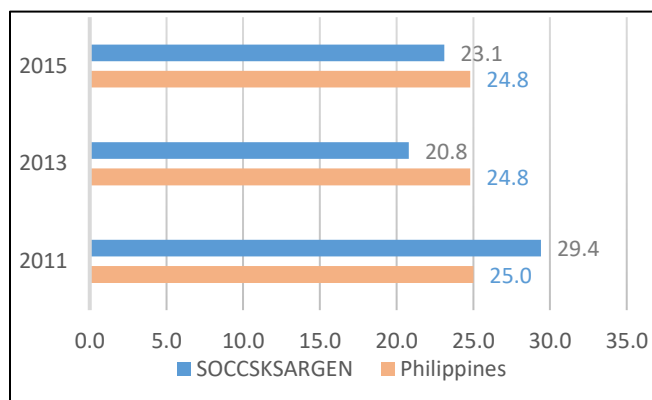


Figure 5. Prevalence of nutritionally at-risk pregnant women in Philippines and SOCCSKSARGEN (2011-2015)

Source of Data: 2015 NNS Updating Survey

Table 1. Infant and young child feeding practices

Selected indicators	Philippines	Region XII	Source of Data
Exclusive Breastfeeding (0-5mos)	48.8	52.6	NNS 2015
Mean duration of breastfeeding	8.3	8.5	NNS 2015
Breastfeeding with complementary feeding of 6-11mos.	57.7	59.3	NNS 2015
Breastfeeding with complementary feeding of 12-23mos	43.1	48.1	NNS 2015
Percentage of children 6-23 months meeting with the Minimum Acceptable Diet	29.2	28.1	NNS 2015

Utilization of prenatal care services as indicated by prenatal visits of the pregnant women in the region is registered at 65 percent. This may have an impact on the distribution of iron and folic acid supplements and tetanus toxoid injections which is recorded at 53.56 percent and 56.1 percent, respectively. Based on FHSIS 2015, three leading causes of infant deaths were sepsis, prematurity and pneumonia.

Table 2. Coverage of Selected Services Within the first 1000 days period

Selected indicators of services and care during F1K	Philippines	Region XII	Source of Data
Percent of mothers with on time (1 st trimester) first prenatal check-up during their last/current pregnancy	69.5	65.3	NNS 2015
Proportion of pregnant women with four prenatal visits	75.8	63.2	NNS 2015
Proportion of pregnant women given complete iron with folic acid supplements	47.22	53.56	FHSIS 2015
Percentage of women receiving two or more tetanus toxoid injections during last pregnancy	53.6	56.1	NDHS 2013
Percentage of births delivered in a health facility	78	63.7	NNS 2015

Iron Deficiency Anemia

The group most affected by anemia in Region XII was the group of children 6 months to 5 years old at 13.5 percent (8TH NNS, FNRI 2015). Moreover, the prevalence of anemia for all age groups, were between 6.7 percent-13.5 percent and this is of mild public health problem category based on World Health Organization assessment criteria.

Causes of Malnutrition

Malnutrition in Region XII may be understood in terms of its immediate causes, underlying causes, and root causes. The immediate causes are inadequate food intake, diseases, and lack of physical activity. The underlying causes, namely, food insecurity, inadequate care of mothers and children, lack of access to health services and environmental health are briefly discussed in the following section. The information and analysis of these, as well as of the basic social, economic, and political factors which constitute the root causes of malnutrition, are drawn primarily from Region XII's Regional Development Plan 2017-2022 (RDP), supplemented by other data sources.

Food Security Status of Households

Food security, as defined by the World Food Summit 1996, is the access by all people at all times to enough food for an active, healthy life. In the region, only 24.3 percent of the households were food secure based on the 8th NNS report of the FNRI.

The IPC Chronic Security Report showed the prevalence of mild to severe chronic food insecurity among the populations of the provinces as follows: Cotabato with 972,000 or 70 percent; Sarangani with 411,000 or 75 percent; South Cotabato with 580,000 or 70 percent; Sultan Kudarat with 667,000 or 77 percent.

Health and nutrition services

The Regional Development Plan or RDP pointed up the high incidence of the following: Maternal mortality rate (MMR) and infant mortality rate (IMR); Malnutrition among 0-71 months

old pre-school children based on OPT, pregnant and lactating mothers; and Chronic kidney diseases/lifestyle-related diseases.

The RDP indicates that during the period 2011-2016, the maternal mortality rate (MMR) was highest at 87.88 percent in 2012 but declined to 72.43 percent in 2015. Infant mortality rate (IMR) was also high in 2012 at 8.41 percent but decreased to 6.63 percent in 2015. The MMR and IMR rates remain high because only a little more than fifty percent of pregnant mothers make regular pre-and post-natal visits. Also, there was a low immunization rate of both children and mothers during the period. The ratio between hospital manpower to population posted a shortfall of physicians and nurses in the region. While there are hospitals located in some major areas, hospital beds are still inadequate and do not meet the needs of the population.

Among the inadequacies of the health services, the RDP cites, e.g., inadequate medical facilities(lack of hospital beds, wheelchairs, ambulances, supply of medicines in health centers, barangay health stations); outdated medical instruments and dilapidated government hospital buildings and offices for various service units such as nurse stations, dietary section and CSRs; unsafe hospital waste management and insufficient water testing facilities; lack of trained health and medical practitioners such as: physicians, nurses, midwives, medical technologist, sanitary inspectors, and personnel for family planning, professionals for management of drug users/dependents, and psychosis patients.

Given that there are a lot of health and nutrition services to be coordinated and made accessible to the people in Region XII, the presence of skilled nutrition experts and volunteer workers at the local levels is a necessity. However, there are only two (2) municipalities in the region with plantilla position and full-time Nutrition Action Officers and a separate Nutrition Office. There are a total of 1,794 BNSs in the region, of whom 1,464BNSs receive a portion of their allowance from NNC and from their LGUs. The honorarium at the province or city ranges from Php 200 to Php 4500 monthly while the honorarium given at the municipality ranges from Php 200 to Php 3,500 monthly.

The reach of health services is also limited among the region's indigenous peoples. The IP communities experience inequity in the delivery of health services, discrimination, and insensitivity to their culture and traditions. Tribes living in the hinterlands still cling to their traditional beliefs on the causes of sickness and healing practices because they are deprived of quality health services. Some do not accept health services like immunization, family planning, maternal health services, among others.

Environmental health

Environmental health is concerned with preventing illness through managing the environment and by changing people's behavior to reduce exposure to biological and non-biological agents of disease and injury. Environmental sanitation aims to improve and control the environment to protect the health and welfare of the public. According to the 2015 Field Health Service Information System (FHSIS) there are about 904,571 or 90.22 percent households who have access to improved or safe water supply and a total of 813,265 or 81.11 percent households have sanitary toilets. However, only 67.94 percent or 681,168 of the households in the region are with satisfactory disposal of solid waste and only 65.75 percent or 659,256 have complete basic sanitation facilities. Those without access to clean water and sanitation facilities run serious risks of disease, especially infections and diarrhea, some of which lead to malnutrition.

Poverty situation

Poverty is a major cause of poor nutrition considering that food insecure people are generally landless poor households, the indigenous peoples, and those with unsustainable sources of livelihood. In 2015, as reported by the Philippine Statistics Authority (PSA), 30 out of every 100 families in the region were poor, i.e., poverty incidence among families was 30.5 percent.

The same source indicated that poverty incidence among families in South Cotabato was 19.8 percent; 34.5 percent in Cotabato Province; 39.2 percent in Sultan Kudarat; and the highest

was in Sarangani at 47.3 percent. In the same year, the minimum amount needed by each person to be able to buy his/her basic needs for food, clothing and shelter or the annual per capita was P21,025. This shows that food and non-food needs of the poor are not being satisfied

The RDP noted that the eradication of poverty remains the greatest challenge that SOCCSKSARGEN Region needs to address. Although poverty incidence among families has decreased from 37.1 percent in 2012 to 30.5 percent in 2015, this is still short of the Millennium Development Goals (MDGs) target to halve poverty incidence among families to 20.4 percent in 2015.

There is also a need to sustain economic growth to ensure that gains are shared by the marginal groups. Economic growth in the region as measured by the Gross Regional Domestic Product (GRDP) has been increasing since 2011 and posted the highest growth level of 8.4 percent in 2013. But this started to slow down to 6.4 percent in 2014 and further decelerated to 3.3 percent in 2015. The region's economy rebounded in 2016 as it recorded an accelerated growth of 5.0 percent. The agriculture sector was hardest hit by the extreme dry weather condition as it posted a negative growth of 9.5 percent in 2016.

Poor performance in agriculture, fisheries, and forestry sector

According to the RDP, the agriculture, fisheries, and forestry (AFF) sector is critical in generating employment for more than half of the region's labor force, which in turn can reduce poverty and inequality among the poor in the rural areas. AFF is also key to providing raw materials to the manufacturing and service sectors, resulting in forward linkages in terms of higher-paying and more stable job opportunities. Intensifying efforts to revitalize the AFF and harnessing its growth potentials are needed to promote more inclusive development. Given the sector's links to agribusiness, interventions and investments will be channeled to expand existing opportunities and develop new ones, thus, inducing greater participation of small farmers and fisher folks.

The RDP explains that production in this sector covers crops, livestock, poultry and fishery. In terms of the gross value added (GVA) contribution to the GRDP, the total output share of the agriculture sector declined from 32.2 percent in 2010 to 26.5 percent in 2015. Growth

posted a 2.2 percent decrease in 2015 due to extreme dry season. The negative growth in fishery production was due to the scarcity in tuna stock and the fishing ban.

In sum, the RDP attributes the poor performance of the sector to, among others: low productivity and returns to agricultural employment due to the limited financial capacity and access to government credit facilities; inadequate support facilities such as irrigation, farm-to-market roads and unutilized pre- and post-harvest facilities; weak implementation of integrated diversified farming system; low level adoption of technology and good agricultural practices.

Producers lack the capability to convert their raw materials to profitable products by value adding and market linkages. Moreover, poor adaptive capacity to climate variability and unpredictability due to climate change and global uncertainty contributed to negative performance in 2015.

Resource degradation contributed to lower economic productivity and is aggravated by the destruction of watershed areas, widespread upland cultivation undermining resource management, rapid degradation of topsoil and downstream siltation. Other factors are the unregulated and arbitrary conversion of productive agricultural lands to non-agricultural uses as well as the unresolved issues on land distribution and land rights.

Employment

The total population 15 years and over increased from 2,678 thousand in 2011 to 2,971 thousand in 2016. However labor force participation rate posted a declining trend from 67.5 percent in 2011 to 64.1 percent in 2016. Meanwhile, the underemployment rate increased from 17.5 percent in 2011 to 23.8 percent in 2016.

Education

Figures in the RDP indicate high participation rates (88.12 percent) and completion rates (93.23 percent) in the elementary level. However results in National Achievement Test (NAT) remained low at 77.66 despite a slight improvement of 5.06 percent.

In 2011, performance of the secondary in the NAT was high at more than 70 percent but from 2012-2015, results showed a decreasing trend to as low as 54 percent. Some reasons for

the non-attainment of targets include: unaccounted enrolment in schools without permit to operate; learners who are working are constrained by time; accessibility of schools (distance from homes); early marriage; lack of interest, illness and disability; problems with school records and birth certificates

Low access to basic education was attributed to: (1) low participation rate particularly in the secondary level; (2) lack of classrooms, teachers, instructional/learning materials and other school facilities (library, canteen, laboratory, computer rooms and shop rooms - Tech-Voc schools, sanitary toilets, clinics).

With respect to technical and vocational education the RDP cites the need to address the mismatch in education sector outputs with manpower requirements of an agri-industrial economy due to the weak linkage between the industry sector, academe, and other stakeholders. It points up the need for strong collaboration among education sector agencies such as: DepEd, CHED, and TESDA in the implementation of the K-12 curricula, the need for Training Centers for the out-of-school youth, and the need for Training for Entrepreneurship and Family Enterprises.

Indigenous peoples

According to the RDP, the diversity among cultural groups in the region remains a challenge. The region is home to various tribes who live in defined ancestral domain or communities with a common dialect, distinct practices and values systems.

While there may be unity in diversity in the region, conflicts arise and impede the full development of certain tribal communities and indigenous peoples and the attainment of peaceful co-existence in the region. Among the challenges that affect the diverse cultures in the region is the lukewarm involvement of IPs in development processes, such as in the implementation of the policies, decrees, and other related laws that recognize their inherent right to claim ownership over their ancestral domain handed to them by their ancestors since birth. Along with inadequate manpower support, most indigenous peoples suffer from poverty and injustice due to lack of education, technical know-how, security, social facilities, micro-financing, and land tenure security. Their domain provides ideal terrain for rebel bases and

because of deprivation, the IPs have developed reliance on the rebels for security and sustenance.

The RDP cites the need to fast track resolution of ancestral domain claims and mapping of IP areas. There is also no fund to implement the Ancestral Domain Sustainable Development and Protection Plan (ADSDPP), hence, the continued absence of government and development in these areas.

Disaster risks

Region XII is prone to different types of disasters: hydrometeorologic (flood, rain-induced landslide, storm surge) and geologic (earthquake, earthquake-induced landslide, liquefaction, tsunami, volcanic eruption). The region is also vulnerable to climate change particularly extreme drought. While DRRM/CCA activities have been mainstreamed in development planning activities to institutionalize the readiness and safety of the people, there is still a need to continue the advocacy of DRRM/CCA to prepare the population in the event of the calamities

Conflicts

The RDP stressed that:

“Economic growth cannot be sufficiently buoyant, sustained, or inclusive without durable and enduring peace. Communities that experience armed conflict are frequently among the poorest in the country. Families that belong to these communities always need to be prepared for evacuation at a moment’s notice whenever fighting erupts. As a result, families are unable to build up assets, particularly immovable ones. Moreover, very few put up businesses not only because they fear for their safety but also because they cannot secure property rights. At the same time, schoolchildren in these areas are either forced to suspend or quit schooling, which leaves their learning stunted and options for the future limited.

“In response, the government has been relentless in its pursuit of peace, through intensified development and other peace-building initiatives in conflict-affected and

vulnerable communities. While much has been achieved, so much more remains to be done.”

The peace strategy adopted in the SOCCSKSARGEN Region was anchored on the PAMANA (Payapa at Masaganang Pamayanan) Program. The implementation of the PAMANA was executed in partnership with different national/regional line agencies, local government units, Philippine Health Insurance Corporation and the Armed Forces of the Philippines.

The projects included farm-to-market roads or road concreting projects, riverbank stabilization, tree farm development and watershed.

Among the challenges that persist are the stalled peace process arising from the breakdown of peace talks between the government (GRP) and the National Democratic Front of the Philippines; the exploitation of the indigenous peoples as source of combatants of the New People’s Army (NPA); abductions, ambushes and extortion activities committed by the NPA.

A much awaited development is the passage of the Bangsamoro Basic Law (BBL).

Conclusion

It is clear that while the short-term and medium-term landscape of all forms of malnutrition in the region can be addressed by nutrition-specific and supportive programs, the long term prospect of transforming the region’s poor performance in nutrition can be addressed by both the (1) enabling factors that play a huge role in the planning, resourcing and management of nutrition programs and (2) the basic causes of malnutrition. Improving programs of the First 1000 Days seem 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 all RNC agencies especially in local government mobilization. The introduction of nutrition-sensitive programs in existing economic and livelihood programs as well as infrastructure to short-cut the trickle down approach is also promising. Ensuring the full acceptance of the link between development projects and their nutritional outcomes within agencies and those which monitor the outcomes of the RDP would be a tremendous boost to the achievement of the RPN’s planned outcomes.

Section II. SOCCSKSARGEN 2022 OUTCOME TARGETS

The Regional Plan of Action for Nutrition of Region XII 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 2040³, (2) reducing inequality in human development outcomes, and (3) reducing child and maternal mortality.

Region XII 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 3. 2022 Outcome Targets

To reduce levels of child stunting and wasting

Indicator ¹	Baseline 2015	2022 Target
- Prevalence (in percent) of stunted children under five years old	40.0	25.7
- Prevalence (in percent) of wasted children		
- Under five years old	6.9	4.9
- 6 – 10 years old	7.5	4.9

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

³ 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).

To reduce micronutrient deficiencies to levels below public health significance

Indicator ¹	Baseline	2022 Target
<u>Vitamin A deficiency</u>		
Prevalence (in percent) of children 6 months to 5 years old with vitamin A deficiency (low to deficient serum retinol)	26.2	14.9
<u>Anemia</u>		
<ul style="list-style-type: none"> Prevalence (in percent) of anemia among Pregnant women 	No data from NNS	
<u>Iodine deficiency disorders</u>		
<ul style="list-style-type: none"> Median urinary iodine concentration, mcg/L 		
- Children 6-12 years old	137	≥100
- Pregnant women	90	≥150
- Lactating women	75	≥100
<ul style="list-style-type: none"> Percent with urinary iodine concentration <50 mcg/L 		
- Children 6-12 years old	19.9	19.8
- Lactating women	34.7	19.9

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

No increase in overweight among children

Indicator	Baseline	2022 Target
- Prevalence (in percent) of overweight		
- Under five years old ¹	2.7	2.6
- 6 – 10 years old ²	6.4	6.3

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

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

To reduce overweight among adolescents and adults

Indicator	Baseline ¹	2022 Target
Adolescents ¹	7.4	4.9
Adults ²	27.5	20.4

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

Sub-outcome or intermediate outcome targets (Shall contribute to the attainment of the final outcomes).

Indicator	Baseline	2022 Target
Reduce the proportion of nutritionally-at-risk pregnant women ¹	23.1	18.6
Reduce the prevalence of low birthweight ³	24.5	19.0
Increase the percentage of infants 5-monthold who are exclusively breastfed ¹	52.6	≥100
Increase the percentage of children 6-23 months old meeting the minimum acceptable diet ¹	16.8	20.3
Increase the percentage of households with diets that meet the energy requirements ²	25.8	30.2

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

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

³Baseline based on 2013 National Demographic and Health Survey

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 determinants⁴ 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.

⁴ Immediate determinants include adequate food intake and nutrient intake, care giving and parenting practices, and low burden of infectious diseases. (Executive Summary of the Lancet Maternal and Child Nutrition Series, 2013).

Section III. RPAN Programs and Projects

The Region XII RPAN consists of 11 programs and 52 projects. The 11 programs follow the life stages of the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. All 11 nutrition specific, nutrition sensitive and enabling programs constitute the RPAN with an additional program to reflect the huge challenge of adolescent health in the region and in particular adolescent pregnancy. The RPAN provides the necessary focus on the First 1000 days given its huge potential in addressing the major nutritional issues in the region and in the country. The complete list of programs and projects is shown below:

Table 4a. RPAN Region XII Programs and Projects

PROGRAMS	PROJECTS
PROGRAM 1. INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K) Enabling Program For First 1000 Days	Project 1. Mobilization of LGUs for F1K
	Project 2. Information Management in the F1K
	Project 3. Strengthening of Health Delivery for F1K
Micronutrient Supplementation	Project 4. Iron Supplementation for 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
Dietary Supplementation	Project 6. Mobilization of LGU Resources for dietary supplementation
Infant and Young Child Feeding (IYCF)	Project 7. Strengthening of IYCF
	Project 8. Strengthening of age-appropriate complementary feeding
	Project 9. 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)
Nutrition Promotion for Behavior Change	Project 10. Communication Support for F1K
Philippine Integrated Management of Acute Malnutrition (PIMAM)	See Project 22

PROGRAMS	PROJECTS
PROGRAM 2. DIETARY SUPPLEMENTATION	Project 11. Supplementary Feeding Program in Child Development Centers and Supervised Neighborhood Play
	Project 12. Supplementary feeding in school
	Project 13. School based complementary health services
	Project 14. Dietary Supplementation for Kinders in PPAN areas
PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION⁵	Project 15. Vitamin A supplementation for children 24-59 months old
	Project 16. Anemia Reduction among Women of Reproductive Age including adolescent female learners
	Projects below belong to micronutrient supplementation and 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 for Pregnant and Lactating Women and Low Birth Weight Infants and MNP Supplementation for 6-23 months • Vitamin A Supplementation for postpartum women and children 6-23 months • Iron Supplementation for Anemic Children in Child Development Centers • Iron Supplementation for School Children
PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT	Project 17. Establishment of teen centers in schools
	Project 18. Reaching-out GIDA and IP communities for adolescent health and development
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION	Project 19. Promotion of Healthy Lifestyle and NCD Prevention
PROGRAM 6. NUTRITION IN EMERGENCIES	Project 20. Capacity Building of nutrition committee for mainstreaming nutrition in emergencies
PROGRAM 7. MANDATORY FOOD FORTIFICATION	Project 21. Advocacy and Monitoring of compliance to RA 8976 and 8172
PROGRAM 8. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION	Project 22. Enhancement of PIMAM Facilities, Capacities and Provision of Services

⁵ Micronutrient supplementation program outside of the first 1000 days (F1K)

PROGRAMS	PROJECTS
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOR CHANGE	Project 23. Review of Existing Actions Related to Nutrition Promotion for Behaviour Change
	Project 24. Formulation of Regional Program for Nutrition Promotion for Behaviour Change
	Project 25. Implementation of the Regional Project for Behaviour Change Implementation
PROGRAM 10. NUTRITION SENSITIVE PROGRAMS	Project 26. Pagkain Para sa Masa Urban Gardening Halal – DA
	Project 27. Gulayan sa Paaralan (DA, DepEd)
	Project 28. Distribution of agricultural inputs (DA)
	Project 29. Training and distribution of agricultural machinery equipment and facilities (DA)
	Project 30. Livelihood trainings (DA)
	Project 31. Mobile Procurement (Bigasan sa Barangay)
	Project 32. Aquaculture Production and distribution
	Project 33. Skills Training on seaweeds farm management
	Project 34. Livestock and Poultry Production
	Project 35. Agribusiness Investment Opportunity Seminars
	Project 36. Sagana at Ligtas na Tubig sa Lahat (SALINTUBIG)
	Project 37. Promotion and implementation of Zero Open Defecation
	Project 38. Special Program for Employment of Students
	Project 39. Family Welfare Program
	Project 40. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)
	Project 41. Orientation session on F1KD with BLGU
	Project 42. Construction of Maternity Waiting Home
	Project 43. Capacity building of health service providers
	Project 44. Conduct of PES among PLWs with male involvement
	Project 45. Water, sanitation and hygiene facilities in schools and communities
	Project 46. Production of alternative food
	Project 47. Job Facilitation
	Project 48. Technology Transfer Program and Techno Negosyo

PROGRAMS	PROJECTS
	Project 49. Operational Research on the Nutrition Sensitive Projects
PROGRAM 11. ENABLING PROGRAMS	Project 50. Mobilization of LGUs for the delivery of nutritional outcomes
	Project 51. Policy Development for Food and Nutrition
	Project 52. Management strengthening support to RPAN effectiveness

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

NUTRITION SPECIFIC PROGRAMS	
PROGRAM 1. INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K) PROGRAM	
<p>Program Description:</p> <p>The IYCF and the First 1000 Days Program aims to improve the delivery of services to all pregnant women to ensure healthy newborns and to lactating women to inculcate the practice of exclusive breastfeeding and complementary feeding with continued breastfeeding to infants 0 to 23 months by building and sustaining an enabling supportive environment in various settings. Based on global evidence, promoting IYCF and F1K is among the package of child nutrition interventions that can bring down under nutrition, particularly stunting, significantly.</p> <p>Under the RPAN, efforts will heavily focus on mobilizing LGU support and resources for F1K and IYCF related interventions including: strengthening of health delivery system through a review of LGU compliance to F1K and IYCF standards (including service delivery), micronutrient supplementation among pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months, promotion of breastfeeding and complementary feeding practices, organization of IYCF support groups, and compliance monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces). More specifically, included in the RPAN Region XII is the close monitoring of bus operators to compliance in Breastfeeding Seats in Transit, an initiative pioneered by RDC Region XII. Micronutrient supplementation under the F1K program will utilize existing delivery platforms such as antenatal care, essential intrapartum and newborn care as well as health facilities and outreach services in order to reach target program beneficiaries. The program is led by the Department of Health in partnership with sectoral agencies, LGUs, NGOs, and development partners.</p>	
Project Title	Project Output/s
Project 1. Mobilization of LGUs for the First 1000 days	1-O.1. All provinces and at least 44 municipalities and cities capacitated

	1-O.2. By the end of 2022 all 4 provinces, 5 cities and 35 municipalities are mobilized for F1K and Nutrition Program with provincial/ municipal/city resolutions.
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 in the LGUs
Project 3. Strengthening of Health Delivery for F1K including review of LGUs and other multi-sectoral agencies for F1K compliance including delivery system (nutrition specific and sensitive interventions)	3-O.1. Annual Performance and Implementation Review of RHUs, other multi-sectoral agencies and LGUs on F1K compliance conducted
	3-O.2. Integration of F1K compliance in successive plans of RHUs, other multi-sectoral agencies and LGUs undertaken
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 58 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 58 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
	5-O.3. A system of tracking vitamin A supplementation developed and operationalized
Project 6. Mobilization of LGU Resources for dietary supplementation	6-O.1. LCEs in 35 municipalities and 5 cities issued policy with budget allocation to implement dietary supplementation program for malnourished pregnant women and children 6-23 months
Project 7. Strengthening IYCF through the Essential New Born Care (Kangaroo Mother Care and Exclusive Breastfeeding of Low Birth Weight Infants)	7-O.1. 85% of low birth weight infants provided with Kangaroo Mother Care
	7-O.2. 85% of low birth weight infants exclusively breastfed

Project 8. Strengthening of age-appropriate complementary feeding (including production of complementary food)	8-O.1. 80% of the brgys in the region have access to complementary food coming from Complementary Food Production Center
Project 9. 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)	9-O.1. Organizations and entities exercising their commitment to enforcement and compliance monitoring on EO 51, RA 10028 and RA 10410
	9-O.2. By end of 2022, 70% of bus companies are RA 10028 compliant; 81% of hospitals are MBFHI compliant
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 developed and implemented

PROGRAM 2. 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 has a positive impact on nutritional status, gender equity, and educational status, each of which contributes to improving overall levels of country and human development.

The Program will be jointly implemented by the DOH, DSWD, DepEd, 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. Number of children in CDCs and SNPS provided with SFP
Project 12. Supplementary feeding in school (school-based feeding program)	12-O.1. 85% of schools providing supplementary feeding for 120 days
Project 13. School based complementary health services	13-O.1. 85% of all schools delivering complementary health and nutrition services at satisfactory level
Project 14. Dietary Supplementation for Kinders in PPAN areas	14-O.1. 100% of kinder learners provided with supplementary feeding

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 15. Vitamin A Supplementation for children 24-59 months old	15-O.1 100% of 24-59 mos old children given Vit. A
Project 16. Anemia Reduction among WRA including adolescent female learners	16-O.1. 100% of WRA given iron-folic acid

PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT

Program Description:

The adolescent health program was included in the RPAN because of the planner's recognition of the alarming prevalence of adolescent pregnancy and unabated increase in the region. In addition, there are issues affecting adolescents healthy lifestyle, disability, mental and environmental health, reproductive and sexuality, violence and injury prevention and among others. The program addresses sexual and reproductive health issues. Improved health status of adolescents and prevention of teenage pregnancy are results expected from this program.

The program adopts a gender-sensitive approach. The primary responsibility for implementation of the AYHDP, and its mainstreaming into the health system, falls to regional and provincial/city sectors.

The Adolescent Health will ensure the provision of a package of preventive and curative interventions. Prevention interventions include the following: preconception care: family planning, delayed age at first pregnancy, prolonging of inter-pregnancy interval, abortion care, psychosocial care, and folic acid supplement, oral health, counselling on healthy lifestyle, deworming and vaccination. Curative interventions for high-risk adolescents include management of anemia and other micronutrient deficiencies, management of malnutrition for underweight and obesity.

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 17. Establishments of Teen Centers in schools	17-O.1. 80% schools(private/public) with established teen centers
Project 18. Reaching Out GIDAs and IPs for Adolescent Health and Development	18-O.1. 80% of adolescents in GIDA and IP communities reached

PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION PROGRAM (ADULT)

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 19. Promotion of Healthy Lifestyle and NCD Prevention	19-O.1. Advocacy and promotion activities on healthy lifestyle conducted among 20 RNCs and 50 LGUs
--	---

PROGRAM 6. 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 ⁶ . The capacity building of the LDRRMC/NCs will enable the effective protection of children, women, and other vulnerable groups with respect to their nutritional needs, promoting appropriate infant and young child feeding practices, and preventing undernutrition and worsening of nutritional status particularly in prolonged disasters and emergencies.	
Project 20. Capacity Building of nutrition committee for mainstreaming nutrition in emergencies	20-O.1. 50 nutrition committees capacitated on NiEM
PROGRAM 7. MANDATORY FOOD FORTIFICATION PROGRAM	
<p>Program Description:</p> <p>The Mandatory Food Fortification (MFF) program at the regional level consists essentially of actions to educate the public about the value of fortified foods, monitoring compliance of food fortification following RA 8976 (The Food Fortification Law) and RA 8172 (The ASIN Law). Regional efforts also focus on ensuring that coordinating mechanisms for inter-agency collaboration on food fortification are fully functional.</p> <p>The program is expected to result to Increased number of establishments monitored on MFF compliance and increased level of awareness on the importance of food fortification.</p> <p>Program implementation will be led by the DOH in partnership with NNC, FDA and other agencies constituting existing inter-agency task force in the region.</p>	
Project Title	Project Outputs
Project 21. Advocacy for and Monitoring of compliance to RA 8976 and 8172	21-O.1. A system for both monitoring of compliance and plan for advocacy completed and implemented
PROGRAM 8. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	
<p>Program Description:</p> <p>The Philippine Integrated Management of Acute Malnutrition (PIMAM) Program aims to locate the acutely malnourished especially those with severe and moderate acute malnutrition, and to provide the needed medical and nutritional intervention. At least 90% of SAM children given RUTF and treated, at least 90% of MAM able to access RUSF and at least 90% of wasted treated are expected from the program.</p> <p>The interventions will be delivered through in-patient treatment centers, out-patient treatment centers and target supplementary feeding program sites. Its implementation is guided by DOH AO 2015-055 National Guidelines on the Management of Acute Malnutrition of Children under 5 Years).</p>	

⁶Disasters are a big downward pull to the state of nutrition and in the Philippines, including Region XII where man-made and natural disasters are expected to affect substantive number of areas, the effective management of LDRRMC/NCs activities with respect to nutrition would avert increasing number of undernourished children precluding PPAN outcomes being achieved.

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 ITC and OTC and of MAM in TSFP, among others.

The RPAN recognizes that PIMAM shall be complemented by other nutrition interventions to sustain the normal status of rehabilitated children including nutrition counseling, especially on IYCF. It also 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 22. Enhancement of PIMAM Facilities, Capacities and Provision of Services	22-O.1. Delivery system for PIMAM established and fully operational across the region

PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOR CHANGE

Program Description:

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

The 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 23. Review of Existing Actions related to Nutrition Promotions for Behaviour Change	23-O.1. Inventory of existing communication materials, communication processes and projects, agencies involved, financing available and available research information on effectiveness of behavioral communication and recommendations on the identified gaps
Project 24. Formulation of Regional Program for Nutrition Promotion for Behaviour Change	24-O.1. Program for Nutrition Promotion for Behaviour Change formulated
Project 25. Implementation of the Regional Nutrition Promotion for Behaviour Change Project	25-O.1. Coordinated program for behavior change implemented
<u>NUTRITION SENSITIVE PROGRAMS</u>	
PROGRAM 10. NUTRITION SENSITIVE PROGRAM	
<p>Program Description:</p> <p>The Nutrition-Sensitive Program involves tweaking the design of on-going development programs to contribute to achieving nutritional outcomes. The program seeks to increase the percentage of identified nutritionally disadvantaged households reached by one or more nutrition-sensitive projects that can improve accessibility and availability and improve sanitation hygiene and environmental conditions of families.</p> <p>The Region XII RPAN 2019-2022 identified nutrition-sensitive projects ranging from agriculture, health, education, livelihood, among others.</p> <p>These projects target food insecure households whose children and mothers are disadvantaged nutritionally, improves their livelihood and employment, and therefore increases their income to enable them to access food daily. Further, the program encourages a more qualitative use of resources alongside income through education. This will affect the level of nutritional knowledge, skills and practices of affected families focused on key messages of first 1,000 days including prenatal care, exclusive breastfeeding, complementary and supplementary food for children. A project on determining the contribution of the projects to addressing malnutrition will be undertaken during the RPAN period.</p> <p>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.</p>	
Project Title	Project outputs
Project 26. Pagkain Para sa Masa Urban Gardening Halal – DA	General Outputs for Nutrition-Sensitive Projects, see Annex 1 for details:

Project 27. Gulayan sa Paaralan (DA, DepEd)	26-49-O.1. 24 projects in the region with tweaking strategies for nutritional impact 26-49-O.2. 80% of the total beneficiaries enrolled in projects tweaked for nutritional impact 26-49-O.3. 80% of the total beneficiaries in nutrition sensitive projects with increased income
Project28. Distribution of agricultural inputs (DA)	
Project29. Training and distribution of agricultural machinery equipment and facilities (DA)	
Project30. Livelihood Trainings (DA)	
Project 31. Establishment of NFA Rice Outlets at the brgy. level	
Project 32. Mobile Procurement (Bigasan sa Barangay)	
Project 33. Aquaculture Production and distribution	
Project 34. Skills Training on seaweeds farm management	
Project 35. Livestock and Poultry Production	
Project 36. Agribusiness Investment Opportunity Seminars	
Project 37. Sagana at Ligtas na Tubig sa Lahat (SALINTUBIG)	
Project38. Promotion and implementation of Zero Open Defecation	
Project 39. Special Program for Employment of Students	
Project 40. Family Welfare Program	
Project 41. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	
Project 42. Orientation session on F1KD with BLGU	
Project 43. Construction of Maternity Waiting Home	
Project 44. Capacity building of health service providers	
Project 45. Conduct of PES among PLWs with male involvement	
Project 46. Water, sanitation and hygiene facilities in schools and communities	
Project 47. Production of alternative food	

Project 48. Job Facilitation	
Project 49. Technology Transfer Program and Techno Negosyo	
Project 50. Operational Research on the Nutrition Sensitive Projects	50-O.1. Research completed and feed into redesign
<u>ENABLING PROGRAMS</u>	
PROGRAM 11. ENABLING PROGRAM	
<p>Program Description:</p> <p>There are three inter-related projects under the enabling programs of Region XII 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.</p> <p>The principal objective of <i>LGU Mobilization for Nutritional Outcomes</i> is to transform the PPAN priority provinces and the majority of its municipalities and cities from LGUs with low intensity nutrition programs to ones that deliver nutritional outcomes. Undertaking LGU mobilization in nutrition involves a series of interdependent, interrelated actions or activities designed to move local government units into action to produce the desired nutritional outcomes. The strategy for LGU mobilization calls for various set of actions that will reinforce each other to transform the targeted provinces, cities and municipalities, and to have well performing LGUs.</p> <p><i>Policy Development for Food and Nutrition</i> 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.</p> <p><i>Management Strengthening Support for RPAN Effectiveness</i> 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.</p>	
Project Title	Project Outputs
Project 51. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	51-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

	51-O.2. Local chief executives from the province, city and municipalities enlisted as Nutrition Champions
	51-O.3. Partnership in the region to support LGU mobilization established and strengthened
Project 52. Policy Development for Food and Nutrition	52-O.1. Policy guidelines issued at regional and local levels
	52-O.2. Regional policy and research agenda developed and implemented
Project 53. Management Strengthening Support to RPAN Effectiveness	53-O.1. NNC Regional Structures and mechanisms strengthened to support RPAN Operationalization

PLANNED PROJECT OUTPUTS AND ACTIVITIES

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

Section IV. Estimates of Budgetary Requirements for RPAN XII

Table 5a presents the budget estimates by program as well as the respective budget share of each to the total RPAN budget. The share of the Dietary Supplementation Program () dwarfs all the respective shares of the other 10 programs. Table 5b provides the estimate for the 11 programs and 53 projects included in the RPAN. The table indicates funded components of the budgetary requirements. The budget estimated for 2019-2022 for the 11 programs amounts to PhP **16,759,432,665**. Financing come mostly from General Appropriations and Local Budgets from IRA. The funding shortfalls will be generated mainly from Tier 2 budget process and financing from development partners working in the region and provisions from local sources. These budgets will require annual review and adjustments in line with the regional and national processes for the preparation of investment plans. Annex 3 provides more details of the budgetary requirements of the Region XII RPAN 2019-2022, by Program, by Project, by year, and with recommended action to fill resource gaps.

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

Programs	Total budget (pesos)
Program 1: IYCF and First 1000 Days (F1K)	340,000
Program 2: Dietary Supplementation	1,322,626,812
Program 3: Micronutrient Supplementation	
Program 4: Adolescent Health	
Program 5: Overweight and Obesity Management and Prevention	3,183,089
Program 6: Nutrition in Emergencies	
Program 7: Mandatory Food Fortification ⁷	200,000
Program 8: Philippine Integrated Management of Acute Malnutrition (PIMAM)	498,250
Program 9: Nutrition Promotion for Behaviour Change	
Program 10: Nutrition Sensitive	14,676,579,534
Program 11: Enabling Program	120,000
Grand Total	16,759,432,665

⁷Budgets come from national level and estimates are not included so percentage share of programs to the RPAN budget do not show total picture

Table 5b. Summary Budget Estimates for Programs and Projects

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL
		Funded
PROGRAM 1: IYCF AND FIRST 1000 DAYS (F1K)		
Project 1. Mobilization of LGUs for F1K	DOH, NNC	c/o NNC and DOH CO
Project 2. Information Management in the F1K	DOH, LGUs	
Project 3. Strengthening of Health Delivery for F1K	DOH, LGUs	c/o DOH CO
Project 4. Iron Supplementation for pregnant and lactating women and low birth weight infants, and MNP supplementation to children 6-23 months	DOH, LGUs	c/o DOH CO
Project 5. Vitamin A Supplementation for postpartum women and children 6-23 months	DOH, LGUs	c/o DOH CO
Project 6. Mobilization of LGU Resources for dietary supplementation	DOH, LGUs	
Project 7. Strengthening IYCF through the Essential New Born Care	DOH, LGUs	
Project 8. Strengthening of age-appropriate complementary feeding	DOH, LGUs, DOST	
Project 9. 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	200,000
Project 10. Communication Support for F1K	DOH, NNC	140,000
PROGRAM 2: DIETARY SUPPLEMENTATION		
Project 11. Supplementary Feeding Program in Child Development Centers and SNP	DSWD/LGUs	1,134,426,680
Project 12. Supplementary Feeding in school	DEPED	180,148,132
Project 13. School based complementary health services	DEPED, DOH	c/o DOH CO
Project 14. Supplementary Feeding for kinders in PPAN Areas	DEPED	8,052,000
Program 3: MICRONUTRIENT SUPPLEMENTATION		
Project 15.Vitamin A Supplementation to 25-59 months old children	DOH, LGUs	c/o DOH CO

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL
		Funded
Project 16. Anemia Reduction among Women of Reproductive Age including adolescent female learners	DOH, LGUs, DEPED	c/o DOH CO
PROGRAM 4: ADOLESCENT HEALTH AND DEVELOPMENT		
Project 17. Establishment of Teen Centers in Schools	DEPED	N/A
Project 18. Reaching out GIDAs and IPs for Adolescent Health and Development	PopCom, DepEd, DOH, NCIP	N/A
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION		
Project 19. Promotion of Healthy Lifestyle and NCD Prevention	DOH, RNC, LGUs	3,183,089
PROGRAM 6.NUTRITION IN EMERGENCIES		
Project 20. Capacity Building of nutrition committee for mainstreaming nutrition in emergencies	RNC, NNC, DILG	c/o DOH/NNC CO
PROGRAM 7. MANDATORY FOOD FORTIFICATION		
Project 21. Advocacy for and Monitoring of compliance to RA 8976 and 8172	DOH, FDA, DOST, NNC	200,000
PROGRAM 8.PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)		
Project 22 Enhancement of PIMAM Facilities, Capacities and Provision of Services	DOH, LGUs	498,250
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOR CHANGE		
Project 23. Review of Existing Actions related to Nutrition Promotions for Behavior Change	RNC, NNC	N/A
Project 24. Formulation of Regional Program for Nutrition Promotion for Behaviour Change	RNC, NNC	N/A
Project 25. Implementation of the Regional Nutrition Promotion for Behaviour Change Project	RNC, NNC	N/A
PROGRAM 10.NUTRITION SENSITIVE PROGRAM		14,676,579,534
Project 26. Pagkain Para sa Masa Urban Gardening Halal – DA	DA	
Project 27. Gulayan sa Paaralan (DA, DepEd)	DA ,DepEd	48,166,447

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL
		Funded
Project 28. Distribution of agricultural inputs (DA)	DA, P/MAO	13,914,527,206
Project 29. Training and distribution of agricultural machinery equipment and facilities (DA)	DA, P/MAO	80,983,320
Project 30. Livelihood Trainings (DA)	DA, P/MAO	720,000
Project 32. Mobile Procurement (Bigasan sa Barangay)	DA, LGU	1,080,000
Project 33. Aquaculture Production and distribution	BFAR, LGU	10,357,820
Project 34. Skills Training on seaweeds farm management	BFAR, LGU	700,000
Project 35. Livestock and Poultry Production	DA, LGU	230,000
Project 36. Agribusiness Investment Opportunity Seminars	DA	200,000
Project 37. Sagana at Ligas na Tubig sa Lahat (SALINTUBIG)	DILG	TBD
Project 38. Promotion and implementation of Zero Open Defecation	DOH	TBD
Project 39. Special Program for Employment of Students	DOLE	208,000,000
Project 40. Family Welfare Program	DOLE	1,100,000
Project 41. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	DOLE	404,420,000
Project 42. Orientation session on F1KD with BLGU	Save the Children	600,000
Project 43. Construction of Maternity Waiting Home	Save the Children	1,581,741
Project 44. Capacity building of health service providers	Save the Children	2,000,000
Project 45. Conduct of PES among PLWs with male involvement	Save the Children	200,000
Project 46. Water, sanitation and hygiene facilities in schools and communities	Save the Children	1,713,000
Project 47. Production of alternative food	DOST	
Project 48. Job Facilitation	DOLE	

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL
		Funded
Project 49. Technology Transfer Program and Techno Negosyo	DOST BFAR	
Project 50. Operational Research on the Nutrition Sensitive Projects	RNC, NNC	
PROGRAM 11. ENABLING PROGRAM		
Project 51. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	NNC, DILG	
Project 52. Policy Development for Food and Nutrition	NNC	
Project 53. Management Strengthening Support to RPAN Effectiveness	NNC	120,000
Grand Total		16,759,432,665

Resource Mobilization Strategy for the RPAN

Annex 3 shows the funding shortfalls by program. The total program shortfall for the four-year period 2019-2022 amounts to PhP 18,127,839,008. The funding gap can be addressed in three ways namely (1) proposing the project, program with shortfall in Tier 2 for 2019 to 2022; (2) allocating funds from the LGU budget for the same period and lastly (3) securing partnership and financial support from development partners. It appears therefore that the funding gap is far from being huge and the chances of closing the funding gap is reasonable. Private sector funding may also be available but a strategy for such needs to be developed by the leadership within the RNC.

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

Section V. Risks and Mitigation Analysis

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

Table 6. Region XII RPAN Risks Analysis and Mitigation Measures

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy/ies	Recommendations on Adjustments in Program Design
Political	<p>Change of Administration may result in change of development thrust and priorities</p> <p>Other problems may arise such as</p> <ul style="list-style-type: none"> - Corruption - Bureaucratic bottlenecks - Problems with designation of Nutrition Action Officers - Passive/Inactive Nutrition Action Officers - Non-Functional Local Nutrition Committees <p>LCEs who are not knowledgeable about importance of nutrition in accelerating human capital will not focus on nutrition as a priority program. Official interest will be downplayed over personal interest. They may lack the enthusiasm to implement programs. Dependence on the LCEs approval may lead to poor decision-making. Absence of guidance and a body to serve as venue to</p>	<p>The impacts of the risks can be mitigated by employing the following strategies:</p> <ul style="list-style-type: none"> - Creation of an enabling policy environment (policy and legislative initiatives) - Provision/Implementation of enabling mechanisms such as strengthening of nutrition focused and related structures (local nutrition committees, local councils for the protection of children, local health board, among others) - Implementation/Monitoring of nutrition programs - Orientation for LCEs - Empowerment of local nutrition workers (nutrition action officers, barangay nutrition scholars, barangay health workers) 	<p>A comprehensive LGU mobilization strategy aimed at capacitating LGUs to include nutrition as a priority agenda of the new leaderships need to be put in place. The LGU strategy should be able to beef up policies, human resources, structures, advocacies and interventions on nutrition at the local levels. The end in view is to produce well performing LGUs able to produce desired positive nutrition outcomes.</p> <p>Strengthened provision of technical assistance by the Regional Nutrition Committee and the NNC regional office is necessary. The RPAN M & E should be strongly established for the purpose.</p>

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy/ies	Recommendations on Adjustments in Program Design
	discuss and plan will lead to weak program implementation.		
Economic	<p>Fiscal Management policy may give less priority for nutrition, resulting in limited appropriation or budget for nutrition programs, or non-inclusion in the annual budget of LGUs.</p> <p>Implementation of TRAIN Law in imposition of taxes results in increase in prices of basic commodities that include food items</p>	<p>Mitigating strategies can include:</p> <ul style="list-style-type: none"> - Development/formulation of more flexible and adaptive fiscal management policies - Sustained and intensive price monitoring - Implement non tradition measures ensuring the availability and affordability of food products - Strict monitoring of the TRAIN Law implementation 	<p>The local government units are the main drivers of development and the implementers of public financial management reforms. Among the adjustments are:</p> <ul style="list-style-type: none"> - Strengthen the link between the nutrition sensitive and nutrition specific programs and projects under the RPAN - Provision of livelihood through less stringent micro-financing loan facility to farmers, fisher folks, women and other basic sector groups - Strengthen cooperatives and closely monitor their operation - Strengthen linkage between the local nutrition plans/

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy/ies	Recommendations on Adjustments in Program Design
			investment program and budgets
Social	<p>Factors which impact on nutrition include:</p> <ul style="list-style-type: none"> • Mileage of Information Dissemination • Cultural Taboos • Adherence to food FADs • Lifestyle trends • Exposure to advertisement/role modeling • Lack of funds for hiring nutrition workers who serve as nutrition advocates <p>Social practices, beliefs, food environment, and cultural practices influence personal food choices and food preferences.</p> <p>Excessive and inappropriate use of advertisement/role modeling leads to misconceptions on proper nutrition and health.</p>	<p>The following are seen as important mitigation measures:</p> <ul style="list-style-type: none"> - Popularization of nutrition program - Sustain nutrition information, education and communication - Production and Distribution and sustainability of IEC Materials - Massive utilization of tri-media - Installation of Billboards in strategic areas - Inclusion of nutrition in School Curriculum - Advocacy on reduction in food wastage - Advocacy on healthy food choices and proper food handling and preservation practices (particularly fruits and vegetables) 	<p>Implement the Nutrition Promotion for Behavior Change Program as a key program of the RPAN as it is designed to contribute to the adoption of positive practices that impact on nutrition. The program should be use user-friendly, culture-sensitive and appropriate platforms and strategies. The program can be adjusted when new, updated and innovative technologies become available highlighting the responsible use of social media platforms.</p>

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy/ies	Recommendations on Adjustments in Program Design
	Consequently, the community will not understand the importance of proper nutrition.		
Technological	<p>Exposure to advertisement/role modelling has been identified as one of the factors in the increasing trend of teenage pregnancy</p> <p>The establishment and maintenance of a system of nutrition information management lacks the necessary recognition and support at local level.</p>	<p>Mitigating measures would include:</p> <p>For the prevention of teenage pregnancy:</p> <ul style="list-style-type: none"> - Regulated use of social media sites - Massive utilization of tri-media in nutrition and nutrition sensitive campaigns <p>For the nutrition information management system:</p> <ul style="list-style-type: none"> - Advocacy on the procurement, availability and use of standard weight and height measuring tools such as height boards, hanging type weighing scales, MUAC, etc. - Capacity building on the use of the electronic OPT Plus Tool 	<p>The Adolescent Health and Development Program in the RPAN should be scaled up as a preventive measure on early pregnancy. Partnership with the media (including the responsible use of social media) and other agencies involved in reproductive health advocacy need to be strengthened with the leadership of DOH and POPCOM.</p> <p>The PPAN M & E and the Nutrition Management Information System (including enhancement of the OPT) being developed by NNC can serve as the springboard for a harmonized system for nutrition information management across levels of governance. This must be complemented with a capacity</p>

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy/ies	Recommendations on Adjustments in Program Design
		<ul style="list-style-type: none"> - Tap the expertise of statisticians, information technologists, academe and universities 	building strategy targeting local leaders and nutrition implementers designed to utilize evidenced-based nutrition information for advocacy and decision making and policy formulation.
Legal	Weak policy environment for nutrition at the local level pose risks on the effective and efficient nutrition program management	There should be a strong advocacy on the adoption of the national Laws supporting nutrition improvement. Review and amendment of existing laws and ordinances in favor of nutrition need to be undertaken as mitigating measures.	The policy and research agenda supporting nutrition to be developed during the RPAN period should be vigorously pursued. The development and massive dissemination of a compendium of national laws, regional policies and local ordinances can come as a tool to support the creation of an enabling policy environment for nutrition. The visibility of nutrition at the Regional Development Council should be ensured and strengthened.
Environmental	The region is vulnerable to natural and human- induced hazards. Environmental degradation can heavily	The following are the recommended mitigation measures:	Recommendations for adjustments include:

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy/ies	Recommendations on Adjustments in Program Design
	<p>impact on the overall health of the population.</p> <p>Risk factors include:</p> <ul style="list-style-type: none"> - Exposure to Natural Hazards - Occurrence of erosion, flash flood, La Niña and El Niño, earthquakes, etc. - Limited area/space for gardening - Improper waste disposal - Exposure to hazardous chemicals (pesticides, insecticides, fertilizers) 	<ul style="list-style-type: none"> - Adoption and strengthened implementation of the following: <ol style="list-style-type: none"> 1) RA 9003 “Ecological Solid Waste Management of 2003” 2) Clean Air Act 3) Clean and Green Act 4) Zero Open Defecation - Sustain/expand gardening projects and tree growing activities - Provision of incentives for gardening/greening projects 	<ul style="list-style-type: none"> - Identify areas vulnerable to climate change hazards and corresponding adaptation measures - Intensity information campaign and education on climate change and its impacts on forest ecosystems and communities - Diversify livelihood sources of most vulnerable and affected sectors and populations - Intensify coastal management or the establishment of mangroves and beach forests to effectively mitigate the damaging impacts of waves and storm surges - Expand social safety nets for farmers and fisherfolks - Strengthen the capacities of regional and local nutrition clusters on Nutrition in Emergencies

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy/ies	Recommendations on Adjustments in Program Design
			(during preparedness, response, recovery phases)
Cultural and Religious	The region is home to various tribes with distinct practices and values systems. While the indigenous peoples (and those in geographically isolated and disadvantaged areas) are population groups the most vulnerable to all forms of malnutrition, there is low acceptance of health and nutrition programs among these groups due to existing customs and traditions. Deterioration or worsening of nutritional status is a risks faced by these population groups that might lead to nutrition emergency.	The involvement of chieftains and tribal leaders in nutrition program management can serve as a mitigating measure. This can be complemented by strengthening the capability of the IP Mandatory Representatives on nutrition. Interfaith advocates can also be tapped for nutrition advocacy.	The key strategies in the RPAN should be continuously revisited and redesigned to make them more culture sensitive. The participation of IPs in democratic processes specially on changing behaviour in favour of good and proper nutrition should be given premium in the RPAN implementation. More purposive efforts to reach GIDA areas (both for nutrition promotion and nutrition services should form part of the RPAN strategies.

Section VI: The RPAN Institutional Arrangements

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

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

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

In the discharge of each regional coordination function including of the RPAN, processes have been instituted in the past and will continue to be harnessed for the delivery of the RPAN. The NNC Regional Office as RNC Secretariat shall facilitate the following: 1) formulation of the Annual Regional Work and Financial Plan to support the implementation of RPAN; 2) convening of the RNC quarterly meetings; and 3) annual program implementation review at the last quarter of the year.

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

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

As a management tool, the region will use for RPAN monitoring the quarterly reporting and management meetings of the Regional Nutrition Committee of Region XII. The Results Matrix will be broken down by NNC Regional Office 12 every year into quarterly plans and reported accordingly. While the report is important, it is the discussion at the RNC that is more vital in terms of ensuring that corrections are undertaken by individual agencies and the RNC as a whole in response to the emerging issues and problems in implementation. The management decision in the quarterly meetings will guide the NNC Regional Office in following up RPAN implementation.

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

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

Each of the NNC Regional Office working hand in hand with the Nutrition Surveillance Division (NSD) and the Nutrition Policy and Planning Division (NPPD) of NNC will determine whether individual evaluation of every region will be undertaken in 2022 in time for the review of the PPAN and the formulation of the successor National Plan 2023-2028. In case

the decision for every region to have its own RPAN evaluation, then the RNPC will endeavor to prepare early for such exercise. A plan to undertake the evaluation of the RPAN needs to be produced as early as 2019.

Section VIII: RPAN Region XII Implementation Plan and Results Framework

The RPAN Region XII results framework contains all the major information related to the Plan. It contains the regional outcome targets, programs and projects, their outputs and corresponding activities, as well as responsible agencies and estimated resource requirements. In the results framework matrix (Table 5), the implementation plan with respect to the outputs of the projects has also been defined for years 2018-2022. The RPAN Region XII results framework therefore also serves as the implementation plan of the RPAN.

The final results matrix was developed through a series of coherence review. The coherence review of the RPAN was examined in the RPAN formulation process. The review was initially made analyzing the match of the priority problems identified with the regional outcome targets. The coherence of the interventions vis a vis the regional outcome targets were then analyzed. In this particular exercise, careful review of the outcomes, planned coverage, as well as the outputs of the 53 projects was done. Adjustments were made when necessary. At the end of the exercise, the budgetary requirements were also compared with the planned coverage and outputs, and at the end of the line the regional outcomes. The PESTLE+C analysis was factored throughout the review of the results framework.

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

Table 7.RPAN Region XII Results Framework Matrix

RPAN Region XII Outcome Targets



PROGRAM 1: INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K)					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
1. Mobilization of LGUs on the First 1000 days					
1-O.1. All 4 provinces and at least 44 municipalities and cities mobilized for F1K and nutrition.	10	20	35	44	DOH, NNC,DILG
1-O.2. By the end of 2022 all 4 provinces, 5 cities and 35 municipalities are capacitated for F1K and Nutrition Program with provincial/municipal/city resolutions.	10	20	35	44	
1-A.1. RDC, Local chief executives declare a political statement on addressing malnutrition, and endorsement of F1K and approval of RPAN 2019-2022					
1-A.2. Issuance of DILG memo circular for the Adoption and Implementation of the PPAN 2017-2022, and RPAN 2019-2022					
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.					
1-A.4. Preparation of P/M/CNAPs of all provinces, municipalities and cities including First 1000 days					
1-A.5. In the next two years, all RHUs in the region undertake/completed analysis of first 1000 days and plan of action			100%	100%	

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 LGUs	1	1	1	1	DOH, NNC, LGUs
2-A.1. Review of the system					
2-A.2. Finalization of information system and for endorsement					
2-A.3. Implementation of the approved harmonized information system and re-design					
3. Strengthening of Health Delivery for F1K including review of LGUs and other multi-sectoral agencies for F1K compliance including delivery system (nutrition specific and sensitive interventions)					
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, LGUs
3-O.2. Integration of F1K compliance in successive plans of RHUs, other multi-sectoral agencies and LGUs undertaken	6	10	10	10	
3-O.3. Continuous compliance monitoring	1	1	1	1	
3-A.1. Planning of review					
3-A.2. Execution of review					
3-A.3. Reporting of results					
3-A.4. Integration of results into new LGU plans	54	54	54	54	DILG/NNC
4. Iron supplementation to pregnant and lactating women and low birth weight infants, and MNP supplementation to children 6-23 months					
4-O.1. All 58 RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women, iron	80%	85%	90%	95%	DOH, LGUs

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	1	1	1	1	
4-A.1. Workshop on the development of the tracking system					
4-A.2. Capacity building among health workers					
4-A.3. Pilot testing and Implementation of the tracking system					
4-A.4. Proper coordination through a systematic communication for the rural health unit					
5. Vitamin A Supplementation for postpartum women and children 6-23 months old					
5-O.1. All 58 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	80%	85%	90%	95%	DOH, LGUs
5-O.2. All RHUs providing 1 Vitamin A capsule to high risk children (diarrhea and measles)	80%	85%	90%	95%	
5-O.3. A system of tracking vitamin A supplementation developed and operationalized	1	1	1	1	
Major activities:					
5-A.1. Timely distribution and provision of procured logistics and micronutrient supplements					
5-A.2. Workshop on the development of the tracking system					
5-A.3. Capacity building among health workers					
5-A.4. Pilot testing and Implementation of the tracking system					
5-A.5. Proper coordination through a systematic communication for the rural health unit					

5-A.6. Monitoring, reporting and adjustments					
6. Mobilization of LGU Resources for dietary supplementation					
6-O.1. LCEs in 35 municipalities and 5 cities issued policy with budget allocation to implement dietary supplementation program for malnourished pregnant women and children 6-23 months	10	20	35	40	DOH, LGUs
6-A.1. Advocacy Campaign on Dietary Supplementation					
6-A.2. Conduct orientation and coordination meetings to develop the mechanics, methodologies, and monitoring & evaluation tools for the dietary supplementation					
6-A.3. Pilot implementation in selected municipalities and cities					
6-A.4. Monitoring, reporting, and adjustments for scaling-up					
7. Strengthening IYCF through the Essential New Born Care (Kangaroo Mother Care and Exclusive Breastfeeding of Low Birth Weight Infants)					
7-O.1. 85% of LBW were KMC	70%	75%	80%	85%	DOH, LGUs
7-O.2. 85% of LBW were EBF	70%	75%	80%	85%	
7-A.1. Capacity building among health workers					
7-A.2. Advocacy of KMC among mothers of LBW					
7-A.3. Supervision and Monitoring of trained Health Workers					
8. Strengthening of age-appropriate complementary feeding as part of IYCF (including production of complementary food)					
8-O.2. 80% of the brgys in the region have access to complementary food coming from Complementary Food Production Center	40%	60%	70%	80%	DOH, DOST, LGU
8-A.1. Mapping of existing food plants within (or near) the region					
8-A.2. Technical support from DOST, FDA, DA on production of complementary food and food safety					

8-A.3. Promotion of complementary food in LGUs, outlets					
8-A.4. Pilot implementation of use of complementary food in selected LGUs					
8-A.5. Securing organizational resources for implementation					
8-A.6. Policy issuance to patronize local complementary food products					
8-A.7. Roll out of Implementation, monitoring, reporting and adjustments					
9. 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)					
9-O.1. Organizations and entities exercising their commitment to enforcement and compliance monitoring on EO 51, RA 10028 and MBFHI	77%	79%	80%	81%	DOH, NNC, DOLE LGUs
9-O.2. By end of 2022, 100% of bus companies are RA 10028 compliant; 81% are MBFHI	60%	80%	90%	100%	
9-A.1. Organize/Reconstitute the regional and provincial monitoring team (such as the Milk Code Task Forces and other related statutes)					
9-A.2. Establish protocol and conduct of actual monitoring with provision of technical assistance					
9-A.3. Review of progress of enforcement and compliance monitoring and adjustments					
10. Communication Support for F1K					
10-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K developed and implemented	1	1	1	1	RNC, NNC
10-A.1. Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days					

10-A.2. Development of improved key messages and communication materials and collaterals					
10-A.3. Pre-testing of developed materials					
10-A.4. Implementation					
PROGRAM 2. DIETARY SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
11. Supplementary Feeding Program in Child Development Centers and Supervised Neighborhood Play					
11-O.1. Number of children in CDCs and SNPS provided with SFP	146,222	153,533	161,212	169,272	DSWD, LGUs
11-A.1. Conduct of Social Preparation					DSWD, LGUs
11-A.2. Consultation Meeting with the LGUs					DSWD, LGUs
11-A.3. Program Review and Evaluation workshop for CDWs and SFP Stakeholders					DSWD, LGUs
11-A.4. PES Training					
11-A.5. Printing and Distribution of advocacy materials on nutrition					
11-A.6. Regular monitoring of the SFP implementation at the local level					DSWD, LGUs
12. Supplementary feeding in school					
12-O.1. 85% of schools providing supplementary feeding for 120 days	1796	1796	1796	1796	DepEd
12-A.1. Downloading of financial resources					

12-A.2.Implementation of supplemental feeding and Gulayan sa Paaralan					
12-A.3.Monitoring, evaluation and search for the best “gulayan sa paaralan” implementer					
13. School based complementary health services					
13-O.1. 85% of all schools delivering complementary health and nutrition services at satisfactory level	1796	1796	1796	1796	DepEd, DOH
13-A.1. Downloading and distribution of health inputs/commodities					
13-A.2.Implementation of the project					
13-A.3.Monitoring and evaluation					
14. Dietary Supplementation for Kinders in PPAN Areas					
14-O.1 100% of kinder learners provided with supplementary feeding	80%	85%	90%	100%	DEPED
14-A.1 Downloading and distribution of health inputs/commodities					
14-A.2Implementation of the project					
14-A.3 Monitoring and evaluation					
PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
15. Vitamin A supplementation for children 24-59 months old					
Output: 15-o.1. 100% of 24-59 mos old children given Vit. A	90%	95%	97%	100%	DOH, LGUs
Major Activities:					

15-A.1. Capability building of health workers					
15-A.2. Provision of Vitamin A supplementation to well-nourished and sick children based on standards					
15-A.3. Catch up of defaulters (house to house visit)					
15-A.4. Monitoring, reporting and adjustments					
16. Anemia Reduction among Women of Reproductive Age including adolescent female learners					
16-O.1.100% of WRA given Iron-Folic Acid	90%	95%	97%	100%	DOH, DepEd, LGUs
16-A.1. Screening / Assessment of anemia					
16-A.2. Provision of Iron -folic acid to WRA					
16-A.3. Promotion of Healthy Diet (food rich in iron)					
16-A.4. Promotion of healthy snacks (Fortified with iron+folic)					
16-A.5. Full implementation of DO 13 s. 2107 (Policy and guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices)					
16-A.6. Monitoring and follow-up of anemia among WRA					
PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
17. Establishments of Teen Centers in schools					
17-O.1.# of schools with established teen centers	429	858	1287	1716	POPCOM, DEPED
17-A.1. Mapping of schools without teen centers					
17-A.2. Convene meeting with the school principals and local population officers					
17-A.3. Training of guidance and peer counsellors					

17-A.4. Provision of counselling services					
17-A.5. Monitoring and evaluation					
18. Reaching Out GIDAs and IPs for Adolescent Health and Development					
18-O.1.80% Adolescents in GIDA and IP communities reached	50%	60%	70%	80%	PopCom, NCIP, LGUs
18-A.1. Meeting with the LGUs and IP Mandatory Representatives and IP Coordinators					
18-A.2. Capacity building of IP Chieftains and IP Youth Leaders as counsellors					
18-A.3. Conduct of IP Health and Nutrition Caravans on adolescent health and development					
18-A.4. Provision of counselling services					
18-A.5. Monitoring and evaluation					
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
19. Promotion of Healthy Lifestyle and NCD Prevention					
19O.1. Advocacy promotion on healthy lifestyle conducted to 20 RNC member agency all 50 LGUs	20 RNC LGU-20	20 RNC /LGU 30	20 RNC /LGU40	20 RNC /LGU50	RNC, DOH, NNC, LGUs
19-A.1. Conduct of multisectoral forum on healthy lifestyle					
19-A.2. Media Promotion Activities (kapihan, news releases, broadcast releases, social media, radio program)					
19-A.3. Conduct of Physical fitness activity to employees					
PROGRAM 6. NUTRITION IN EMERGENCIES					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
20. Capacity Building of nutrition committee for mainstreaming nutrition protection in emergencies					
20-O.1. 50 nutrition committees capacitated on NiEm (preparedness, response, recovery)	20	30	40	50	RNC, DILG
20-A.1. Conduct of NiEm Training and PIMAM Orientation					
20-A.2. Development and Integration of NiE Plan to DRRM plan					
20-A.3. Advocacy on the passage of resolution and ordinances on mainstreaming nutrition protection in emergencies					
20-A.4. Monitoring and evaluation of Local Nutrition Cluster Functionality					
PROGRAM 7. MANDATORY FOOD FORTIFICATION					
21. Advocacy for and Monitoring of compliance to RA 8976 and 8172					
21-O.1. A system for both monitoring of compliance and plan for advocacy completed and implemented	1	1	1	1	DOH, NNC, FDA, DOST
21-A.1. Improvements in the compliance level for MFF evidenced in the region					
21-A.2. Review of status					
21-A.3. Formulation strategies and workplan					
21-A.4. Implementation and review					
PROGRAM 8. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
22. Enhancement of PIMAM Facilities, Capacities and Provision of Services					

22-O.1. Delivery system for PIMAM established and fully operational across the region	1	1	1	1	DOH, LGUs
22-A.1. Assessment and screening of children					
22-A.2. Provision and supply management of F75, F100 RUTF and RUSF and its equivalent in RHUs					
22-A.3. Delivery of ITC/OTC and TSFP services					
22-A.4. Building of Capacity of Local Implementers					
22-A.5. Treatment and Management of SAM in the ITC and OTC and of MAM in TSFP					
22-A.6. Monitoring, reporting and adjustments					
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE					
	2019	2020	2021	2022	
23. Review of Existing Actions related to Nutrition Promotions for Behaviour Change					
23-O.1. Inventory of existing communication materials, communication processes and projects, agencies involved, financing available and available research information on effectiveness of behavioural communication and recommendations on the identified gaps	1	1	1	1	NNC, RNC
23-A.1. Inventory of existing communication materials used in nutrition education and analyze whether they are geared towards behaviour change					
23-A.2. Review and analysis of existing nutrition education and promotion efforts to identify gaps and how they can be transformed to nutrition promotion for behaviour change					
24. Formulation of the Program for Nutrition Promotions for Behaviour Change					
24-O.1. Program for Nutrition Promotion for Behaviour Change formulated	1	1	1	1	NNC, RNC

24-A.1.	Convene experts meeting to develop the framework and the program for nutrition promotion for behaviour change aligned with the national framework					
24-A.2.	Forging consensus among partners and mobilizing resources for the communication program					
24-A.3.	Development of the research component of the communication program					
25.	Implementation of the Regional Nutrition Promotion for Behaviour Change Project					
25-O.1.	Coordinated program for behaviour change implemented in the region	1	1	1	1	NNC, RNC
25-A.1.	Mobilize media partners and other relevant stakeholders					
25-A.2.	Training of media partners and ground face-to-face communicators					
25-A.3.	Provision of required communication and promotional materials					
25-A.4.	Real-time research to accompany the Project					
25-A.5.	Monitoring Impact assessment and Project adjustments					
PROGRAM 10. NUTRITION SENSITIVE PROGRAMS						
Project Title, Outputs and Major Activities		Target				Agency/ies involved
		2019	2020	2021	2022	
26.	Pagkain Para sa Masa Urban Gardening Halal	TBD	TBD	TBD	TBD	DA
27.	Gulayan sa Paaralan	1100	1210	1330	1464	DA, DepEd, Save the Children Phils.
28.	Distribution of agricultural inputs	189,700	188,684	109,922	122,884	DA, P/MAO
29.	Training and distribution of agricultural machinery equipment and facilities	415	450	484	518	DA, P/MAO

30.	Livelihood Support and Livelihood Trainings	5	6	6	7	DA, P/MAODepEd, DSWD, CHED
31.	Mobile Procurement (Bigasan sa Brgy)	6000Sacks	6500	7000	7500	DA, LGU
32.	Aquaculture Production Service/Distribution	1350	1417	2125	2231	BFAR, LGU
33.	Skills Training on seaweeds farm management	1 Province/year	1	1	1	BFAR, LGU
34.	Livestock and Poultry Production	1 site/Province	1	1	1	DA, BAI, LGU and ATI
35.	Agribusiness Investment Opportunity Seminar	1 site/Province	1	1	1	DA
36.	Sagana at Ligtas na Tubig sa Lahat (SALINTUBIG)	TBD	TBD	TBD	TBD	DILG
37.	Promotion and implementation of Zero Open Defecation	TBD	TBD	TBD	TBD	DOH
38.	Special Program for Employment of Students	14755	16230	17853	19638	DOLE
39.	Family Welfare Program	89/51	89/51	89/51	89/51	DOLE, LGU, private sector, DepEd and other line agencies
40.	DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	4357	4793	5272	5799	DOLE
41.	Orientation session on F1KD with BLGU					Save the Children Phils
42.	Construction of Maternity Waiting Home					Save the Children Phils

43. Capacity building of health service providers					Save the Children Phils
44. Conduct of PES among PLWs with male involvement					Save the Children Phils
45. Water, sanitation and hygiene facilities in schools and communities					Save the Children Phils
46. Production of alternative food					DA, LGUs
47. Job Facilitation					DOLE, LGU, Private sector, DepEd and other line agencies
48. Technology Transfer Program and Techno Negosyo					DOST, BFAR
General Outputs for Nutrition-Sensitive Projects, see Annex __ for details: 26-41-O.1. 24 projects in the region tweaking strategies for nutritional impact	10	15	20	24	RNC
26-41-O.2. 85% of the targeted families enrolled in projects tweaked for nutritional impact	50%	60%	70%	85%	
26-41-O.3. 85% of the targeted families involved in nutrition sensitive projects with increased income	50%	60%	70%	85%	
Major Activities for Nutrition-Sensitive Projects, see Annex 1 for details: 26-41-A.1. Determination of tweaking strategies for the project selected					
26-41-A.2. Decision on other features to prepare implementation in the region					
26-41-A.3. Implementation, monitoring and reporting of the project					
26-41-A.4. General research developed with NEDA and the academe					

49. Operational Research on the Nutrition Sensitive Projects						
50-O.1. Research completed and feed into redesign		1	1	1	1	RNC, NNC
50-A.1. Development of TOR						
50-A.2. Contracting of research project						
50-A.3. Implementation of research project						
PROGRAM 11. ENABLING PROGRAMS						
Project Title, Outputs and Major Activities		Target				Agency/ies Responsible
		2019	2020	2021	2022	
50. Mobilization of Local Government Units for Delivery of Nutritional Outcomes						
51-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		9 LGU	12 LGU	14 LGU	15 LGU	NNC, RNC, DILG
51-o.2. Local chief executives from the province, city and municipalities enlisted as Nutrition Champions		15% of the LCEs	25% of the LCEs	50% of the LCEs	100% of the LCEs	
51-o.3. Partnership in the region to support LGU mobilization established and strengthened		15% of the LCEs	25% of the LCEs	50% of the LCEs	100% of the LCEs	
51-A.1. Development and implementation of a regional LGU mobilization strategy						
51-A.2. Issuance and dissemination of DILG MC supporting LGU mobilization						
51-A.3. Training of LGU mobilizers						
51-A.4. Organization and mobilization of Nutrition Champions						
51-A.5. Organization/reconstitution and strengthening of Local Nutrition Committees						
51-A.6. Documentation of good practices of nutrition						
51-A.7. Conduct of LGU mobilization fora						
51-A.8. Full recruitment and deployment of BNS by LGUs						

PROGRAM 11. ENABLING PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies Responsible
	2019	2020	2021	2022	
51. Policy Development for Food and Nutrition					
52-O.1. Policy guidelines issued at regional and local levels	5	5	5	5	NNC, RNC
52-O.2. Regional policy and research agenda developed and implemented	2	2	2	2	
52-A.1. Inventory and compilation of national, regional and local policies on food and nutrition					
52-A.2. Development and implementation on the regional policy and research agenda					
52-A.3. Development of policy papers/policy briefs and advocacy and lobbying on the issuance of policy guidelines					
52-A.4. Conduct of policy for a					
52-A.5. Monitoring and analysis of policies for adjustments and updating					
52. Management Strengthening Support to RPAN Effectiveness					
53-O.1. NNC Regional Structures and mechanisms strengthened to support RPAN Operationalization	1	1	1	1	RNC, NNC
53-A.1. Hiring of additional staff of NNC Regional Offices to support to the requirements RPAN operationalization					
53-A.2. Capacity building of RNC, RTWG and NNC Regional Office on LGU mobilization, F1K and nutrition promotion for behaviour change, among others					
53-A.3. Partnership building and network expansion					
53-A.4. Mobilization of NAOPA, D/CNPCAP and NaBNSFed as part of the NNC nutrition network					

PROGRAM 11. ENABLING PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies Responsible
	2019	2020	2021	2022	
53-A.5. Deployment and capacity building of the Nutritionist-Dieticians in PPAN focus areas					

Annex 1. Nutrition Sensitive Projects

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
26. Pagkain Para sa Masa Urban Gardening Halal	Targeting nutritionally depressed communities	DA	Output: 1. Number of urban gardening (Halal) established	TBD from 2018 implementation				Improved access to food	Improved practice on good nutrition
			Major Activities: 1. Coordination with LGUs 2. Identification of qualified communities, beneficiaries and site validation 3. Conduct of orientation and distribution of urban gardening inputs 4. Monitoring and technical supervision 5. Evaluation and adjustments					Improved consumption of vegetables	Improved nutritional status

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
27. Gulayan sa Paaralan	Use of Gulayan sa Paaralan to benefit child nutrition	DA DepEd, Save the Children	Output: 1. Establishment of Vegetable Garden among identified schools 2. Vegetable gardens harvests used in the school children feeding	1,100 schools 100%	1,210 schools 100%	1,330 schools 100%	1,464 schools 100%	Increased consumption of vegetables	Improved nutritional status of school children
			Major activities: 1. Consultation with partner agencies. 2. Conduct Training on Good Agricultural practices on vegetable production 3. Provision of hybrid seeds and other inputs						

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			4. Monitoring and technical supervision 5. Evaluation for scaling up						
27. Distribution of agricultural inputs Locations selected (Province/LGU): LGUs with high malnourish prevalence	Targeting nutritionally depressed communities and malnourished families	DA	Outputs: 1. Number of agricultural inputs distributed	189,700	188,684	109,922	122,884	Improved agricultural produce and access to food	Improved nutritional status of families in target communities
			Major Activities: 1. Coordination with LGUs 2. Identification of qualified communities, beneficiaries and site validation 3. Conduct of orientation and distribution of inputs					Additional source of income/ Improved purchasing capacity	

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			4. Monitoring and technical supervision						
29. Training and distribution of agricultural machinery, equipment and facilities	Prioritizing nutritionally depressed municipalities/ barangays and families with malnourished children	DA	Output: 1. Number of trainings and agricultural machinery equipment and facilities distributed	415	450	484	518	Improved source of family income Improved access to food	Improved nutritional status of target beneficiaries
			Major Activities: 1. Conduct of consultative meetings with LGU officials/LNC 2. Site validation, identification of areas and beneficiaries 3. Dialogue with beneficiaries and needs assessment						

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			4. Conduct trainings and distribution of machineries and equipment 5. Monitoring and provision of technical assistance 6. Evaluation and adjustments						
30. Livelihood Support and Livelihood Trainings DOST-CEST Community Empowerment thru Science and Technology	Targeting food insecure families with wasted children, GIDA and IP communities	DA DOST	Output: 1. Number of HH with wasted children/adolescents provided with livelihood assistance 2. Number livelihood trainings conducted	500 10	500 10	500 10	500 10	Improved opportunities for livelihood Increased family income	Improved nutritional status

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			Major Activities: <ol style="list-style-type: none"> 1. Area assessment and identification of beneficiaries 2. Profiling, referral and enrolment of households with wasted children/adolescents 3. Conduct of livelihood trainings 4. Provision of livelihood assistance 5. Establishment and implementation of multi-agency monitoring system 6. Monitoring, evaluation and scaling up 						

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
31. Mobile Procurement (Bigasan sa Brgy)			1. Number of sacks provided	6,000	6,500	7,000	7,500		
			Major Activities: 1. Coordination with LGUs 2. Identification of qualified communities, beneficiaries and site validation 3. Conduct of orientation and establishment of outlets 4. Monitoring and technical supervision 5. Assessment and adjustments						
32. Aquaculture Production Services	Targeting LGUs with high prevalence	DA	Output: 1. Number of aquaculture inputs distributed	1,350	1,417	2,125	2,231	Increased income among	Benefit nutrition and increase

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Locations selected: LGUs with high prevalence of malnutrition Coverage of families: 80% of the poorest of the poor families	of malnutrition		Major activities: 1. Site assessment & validation 2. Skills training aquaculture management 3. Distribution of inputs 4. Monitoring and evaluation					fisher folk families	income status
33. Skills Training on seaweeds farm management Locations selected: LGUs with high prevalence of malnutrition	Targeting fisherfolks for skills acquisition and alternative source of livelihood	DA	Output: 1. Families of fisherfolks vulnerable to malnutrition provided with skills training and seaweeds farm inputs	1 Province	1 P	1 P	1 P	Increased income among fisher folk families	Benefit nutrition and increase income status
			Major activities: 1. Site assessment & validation						

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Coverage of families: Number of fisherfolk families			2. Skills training on seaweeds farm management 3. Distribution of seaweed farm inputs 4. Monitoring and evaluation						
34. Livestock and Poultry Production Locations selected (Province/LGU): LGUs with highest prevalence of malnutrition	Prioritizing most nutritionally depressed municipality	DA, BAI, LGU and ATI	Output: 1. Number of livestock and poultry production sites established Major activities: 1. Coordination with the province and LGU officials (LNC) 2. Identification of target site, site assessment & validation 3. Conduct of training on	1 site/ Province	1 site/ Province	1 site/ Province	1 site/ Province	Increased HH milk consumption Increased HH food protein source consumption	Improved nutrition situation in identified communities

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			4. Provision of livestock and poultry inputs 5. Training on Livestock Management and the Nutrients sources of meat' 6. Monitoring and technical supervision 7. Assessment/ evaluation and adjustments						
35. Agribusiness Investment Opportunity Seminar Locations selected (Province/LGU):	Introduce agribusiness investment in LGUs most vulnerable to malnutrition	DPWH	Outputs: 1. Number of LGUs provided with opportunities for agribusiness investment	1 site/ Province	1	1	1	Increased opportunities for investments as source of additional family income	Improved nutritional status
			Major Activities: 1. Conduct of consultative						

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
LGUs with highest prevalence of malnutrition Coverage of families:			meetings with concerned agencies and LGUs 2. Identification of project sites 3. Enhancement of seminar design/modules to integrate nutrition concepts 4. Conduct of preparatory activities for conduct of seminars 5. Actual conduct of seminars 6. Monitoring and evaluation						
36. Sagana At Ligtas na Tubig para sa Lahat Program (SALINTUBIG)	Provision of potable water supply to communiti	DILG	Outputs: 1. Number of waterless barangays with	TBD by DILG	TBD by DILG	TBD by DILG	TBD by DILG	Improved health and sanitation	Improved nutritional status

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
	es with high prevalence of malnutrition.		access to potable water						
			Major Activities: 1. Identification of waterless barangays in the region 2. Identified LGUs will undergo capacity development seminar in the implementation of the SALINTUBIG program. 3. CO will download funds to the RO; RO to turn-over funds to the LGU beneficiary 4. Implementation Phase of the						

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			program; Construction/ rehabilitation of water project. 5. Monitoring and evaluation of the SALINTUBIG proj.						
37. Promotion and implementation of Zero Open Defecation	Targeting poorest of the poor families, disadvantaged GIDA and IP communities	DOH	Outputs: <ol style="list-style-type: none"> 1. Number of promotional activities on ZOD conducted 2. Number of LGUs certified as ZOD 3. Number of LGUs with policies on ZOD Major Activities: <ol style="list-style-type: none"> 1. Consultative meetings with LGUs and target communities 2. Conduct of orientation and 	<i>TBD</i> <i>10</i> <i>mun/city</i> <i>10</i> <i>mun/city</i>	<i>TBD</i> <i>10</i> <i>mun/city</i> <i>10</i> <i>mun/city</i>	<i>TBD</i> <i>10</i> <i>mun/city</i> <i>10</i> <i>mun/city</i>	<i>TBD</i> <i>10</i> <i>mun/city</i> <i>10</i> <i>mun/city</i>	Increase in number of HH with access to sanitary toilets Improved environmental sanitation practices	Improved nutritional status

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			advocacy sessions on ZOD 3. Organization of ZOD Monitoring Teams and conduct of monitoring visits 4. Implementation of ZOD certification processes 5. Passage of local ordinances supporting ZOD 6. Monitoring and technical assistance 7. Evaluation and adjustments						
38. Special Program for Employment of Students	Targeting employable age students belonging to families with	DOLE	Output: 1. Number of students reached Major Activities:	14,755	16,230	17,853	19,638	Availability of temporary employment opportunities	Additional source of income to augment family expenses on food

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
	malnourished children		<ol style="list-style-type: none"> 1. Conduct of information dissemination and call for application among schools 2. Acceptance of application and screening 3. Grant of employment opportunities/hiring 4. Monitoring and technical assistance 5. Assessment for scaling up 						
39.Family Welfare Program (FWP)	Strengthening of Program through integration of nutrition concepts	DOLE, LGU, private sector, DepEd and other line agencies	Output: <ol style="list-style-type: none"> 1. No. of agencies, companies reached and with BF station/area established 2. No. of advocacy/promotion and 	89/51 89	89/51 89	89/51 89	89/51 89	Increased knowledge on proper nutrition and healthy lifestyle	Improved practice of healthy lifestyle

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			<p>capability building activities conducted</p> <p>Major Activities:</p> <ol style="list-style-type: none"> 1. Planning and organizing in-plant family welfare program 2. Conduct of consultative meetings with concerned agencies and companies 3. Integration of nutrition concepts and development/provision of appropriate information education and communication (IEC) materials 						

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			<p>promoting family welfare concerns</p> <p>4. Conduct of orientation-seminars, advocacy sessions and capability building activities labor and management leaders, members of Family Welfare Committees, plant clinic staff (nurses, midwives, doctors), and peer educators in partnership with concerned government agencies, employers</p>						

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			<p>groups, workers organizations.</p> <p>5. Conduct of Occupational Safety and Health Standards integrating F1K</p> <p>6. Conduct Labor Relation- Human Relation and Productivity integrating Nutritional Guidelines for Muslim- Filipinos</p> <p>7. Provision of technical supervision and support interventions</p> <p>8. Monitoring, evaluation and adjustments.</p>						

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
40. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	Targeting poor families most vulnerable to malnutrition	DOLE	Outputs: <ol style="list-style-type: none"> 1. Number of individuals from poor families provided with livelihood and emergency employment Major activities: <ol style="list-style-type: none"> 1. Coordination with LGUs on the selection and validation of beneficiaries 2. Conduct of orientation sessions 3. Provision of technical assistance on project proposal preparation 4. Review/Approval of proposals 	4,357	4,793	5,272	5,799	<p>Increased opportunities for employment and livelihood</p> <p>Improved family income and access to food</p>	Improved nutritional status

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			5. Project implementation, monitoring, review and scaling up						
<p>41. Orientation session on FIKD with BLGU</p> <p>Locations selected (Province/LGU): Save the Children supported BLGUs</p> <p>Coverage of families: 80% of the poorest of the poor families</p>	Targeting nutritionally depressed BLGUs	Save the Children Philippines	<p>Outputs:</p> <ol style="list-style-type: none"> 1. Number of LGUs and service providers served 2. Increased number of LGUs in accessible service points <p>Major Activities:</p> <ol style="list-style-type: none"> 1. Coordination with SC supported BLGUs with need for H&N post based on the geographical access mapping 2. Forging of MOA 3. Distribution of IEC materials 					Increased knowledge and appreciation on access to FIKD services under MNCHN	<p>Improved health seeking behaviour</p> <p>Improved nutritional status</p>

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			4. Conduct of orientation sessions 5. Monitoring, assessment and adjustments						
42. Construction of Maternity Waiting Home Location: Sitio Sofan, Bgy Pagasa in Alabel, Sarangani and in Poblacion, Arakan, North Cotabato	Targeting nutritionally depressed LGUs for SCP support on health facility improvements and sustained service delivery network	Save the Children Philippines, Metrobank Foundation Inc.	Output: 1. Number of maternity waiting home constructed Major Activities: 1. Coordination with LGUs and LNCs on identification and selection of target areas 2. Conduct of social preparation activities 3. Forging of agreements 4. Conduct of advocacy and IEC					Communities and households in SCP project areas have increased access to sustained quality MNCHN services	Increased knowledge, acceptance and utilization of key MNCHN practices and services

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			activities including provision of F1KD trackers, MNCHN fans and other IEC materials 5. Implementation of project 6. Monitoring, assessment and adjustments						
43. Capacity buildings of health service providers	Targeting LGUs with high prevalence of acute malnutrition	Save the Children Phils.	Outputs: 1. Number/% of health service providers trained and practicing quality MNCHN services 2. Number/% of health centers providing quality services.					Improved delivery of quality health services	Improved health seeking behavior

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			Major Activities: <ol style="list-style-type: none"> 1. Selection of target areas 2. Conduct of consultative meetings at LGU levels 3. Conduct of training on: <ol style="list-style-type: none"> a. CMAM Training b. IYCF c. Kangaroo Mother Care 4. Conduct of post monitoring activities and follow-through activities 5. Coaching and mentoring 						

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
44. Conduct of PES among PLWs with male involvement	Target LGUs with high prevalence of malnutrition	SCP	Outputs: <ol style="list-style-type: none"> 1. Number of PES conducted 2. Number of PLWs and husbands reached Major Activities: <ol style="list-style-type: none"> 1. Coordination with LGUs 2. Enhancement of PES modules to integrate F1K 3. Training of PES facilitators 4. Advocacy and info dissemination 5. Conduct of enhanced PES 6. Monitoring, evaluation and adjustments 					Increased knowledge and improved practices on the First 1,000 days (ANC, IYCF, FP) among targeted parents and caregivers	Prevention of stunting and other forms of malnutrition
45. Water, sanitation and hygiene facilities in	Prioritization of LGUs w/ high prevalence	SCP	Outputs: <ol style="list-style-type: none"> 1. Coordination with municipal, school and 					Improved opportunities for increasing	Improved school attendance

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
schools and communities Location: Arakan, Magpet, Alabel, Maitum	of malnutrition among children Integration of hygiene, nutrition, safety, sanitation key messages in the K-G6 Curriculum.		community/barangay officials 2. Provision of construction materials 3. Development and contextualization of supplemental materials on health, hygiene and nutrition 4. Capacity building among teachers to integrate health, hygiene, nutrition and safety in the curriculum and in the extra-curricular activities. 5. Conduct of Training for facilitators on parents/caregivers					health related knowledge, attitudes, practices and behaviors through classroom and community focused interventions. Decrease and prevention of water-borne diseases	and performance Improved nutritional status

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			r on health and nutrition education including MHM and VYA topics 6. Conduct ToT among selected child ambassadors in Health, hygiene, nutrition, safety 7. Organization of Child Health Promoters or Child Ambassadors 8. Monitoring, evaluation and adjustments						
45.A Water, Sanitation and hygiene facilities in communities Area: SNA, Banga, Maitum,	Integration of health, hygiene, nutrition, safety, sanitation and	DOST	1. No. of PC and MB test and analysis conducted 2. No. of training conducted on food processing	50 5	75 10	80 15	85 20	Improved opportunities for increasing health related knowledge,	Improved Nutritional Status

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Cotabato Province	livelihood/economic enterprise in the community							attitudes, practices and behaviors thru community focused intervention	
46. Production of alternative food	Targeting families with mal nourished children/siblings	DA, LGUs, DOST	Output: <ol style="list-style-type: none"> Established 5 nurseries banana plantlets production & sweet potato planting materials Major Activities: <ol style="list-style-type: none"> Site assessment & validation Skills training on banana/sweet potato nursery establishment and management 	1(SK)	1 LGU (Cot. Province)	1 Sarangani Province		Improved food availability and food access	Improved nutritional status

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			3. Distribution of good quality planting materials as source of mother plant 4. Monitoring and evaluation, technical supervision						
47. Job Facilitation	Targeting families with malnourished children/siblings	DOLE, LGU, Private sector, DepEd and other line agencies	Output: 1. Increased job opportunities to vulnerable areas in 4 provinces, 50 muns Major activities: 1. Mobile jobs fair in identified vulnerable areas Provide Special Program for Employment of Students (SPES)-	4/15	4/30	4/40	4/50	Increased number of employed nutritionally at-risk families Improved income	Increased employment rate Improved nutritional status

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			<p>poor but deserving students, and has malnourished siblings</p> <p>2. Provide Government Internship – fresh graduate indigent students</p> <p>3. Monitoring and evaluation</p>						
47-A Job Facilitation thru small enterprise technology upgrading program	Targeting families with malnourished children/siblings	DOST	Output 1. No. of firms identified availed technical assistance	100	100	100	100	Increased job generated	Support nutritional intervention
48. Technology Transfer Program and Techno Negosyo	Targeting poorest of the poor families, disadvantaged IP	DOST, BFAR	<p>Output:</p> <p>1. Number of Trained and upgraded Micro Small and Medium Enterprise (MSME)</p> <p>Major activities:</p>	50	50	50	50	<p>Increased household income</p> <p>Improved food access</p>	Improved nutritional status

Projects	Tweaking Strategy	Agency/ies Responsible	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
	communities		<ol style="list-style-type: none"> 1. Conduct Food safety training 2. Provision of assistance on: <ul style="list-style-type: none"> - Nutrition Fact Analysis - Packaging and product labelling - Microbiological Test - Halal and FDA Certification 3. Monitoring and evaluation 						

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

Project Title, Outputs and Major Activities	Agency/ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
PROGRAM 1. IYCF AND FIRST 1000 DAYS (F1K)						
1. Mobilization of LGUs on the First 1000 days						
1-O.1. All 4 provinces and at least 44 municipalities and cities mobilized for F1K and nutrition.	DOH, NNC	10	20	35	44	NGA, LGUs
1-O.2. By the end of 2022 all 4 provinces, 5 cities and 35 municipalities are capacitated for F1K and Nutrition Program with provincial/municipal/city resolutions.		10	20	35	44	
1.A.1. RDC, Local chief executives r declare a political statement on addressing malnutrition, and endorsement of F1K and approval of RPAN 2019-2022						
1.A.2. Issuance of DILG memo circular for the Adoption and Implementation of the PPAN 2017-2022, and RPAN 2019-2022						
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.						
1.A.4. Preparation of P/M/CNAPs of all provinces, municipalities and cities including First 1000 days						
1.A.5. In the next two years, all RHUs in the region undertake/completed analysis of first 1000 days and plan of action						
2. Information Management in the F1K						

Project Title, Outputs and Major Activities	Agency/ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
2-O.1. A harmonized system of information for the efficient and effective implementation of F1K services utilized by the health system and LGUs	DOH, NNC	1	1	1		NGA, LGUs
2.A.1. Review of the system						
2.A.2. Finalization of information system and for endorsement						
2.A.3. Implementation of the approved harmonized information system and re-design						
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 conducted	DOH, LGUs	1	1	1	1	NGA, LGUs
3-O.2. Integration of F1K compliance in successive plans of RHUs, other multi-sectoral agencies and LGUs undertaken		6	10	10	10	
3-O.3. Continuous compliance monitoring						
3-A.1. Planning of review						
3-A.2. Execution of review						
3-A.3. Reporting of results						
3-A.4. Integration of results into new LGU plans						
4. Iron supplementation to pregnant and lactating women and low birth weight infants, and MNP supplementation to children 6-23 months						
4-O.1. All 58 RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women, iron supplements	DOH, LGUs	80%	85%	90%	95%	NGA, LGUs

Project Title, Outputs and Major Activities	Agency/ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
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		1	1	1	1	
4-A.1. Workshop on the development of the tracking system						
4-A.2. Capacity building among health workers						
4-A.3. Pilot testing and Implementation of the tracking system						
4-A.4. Proper coordination through a systematic communication for the rural health unit						
5. Vitamin A Supplementation for postpartum women and children 6-23 months old						
5-O.1. All 58 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, LGUs	80%	85%	90%	95%	NGA, LGUs
5-O.2. All RHUs providing 1 Vitamin A capsule to high risk children (diarrhea and measles)		80%	85%	90%	95%	
5-O.3. A system of tracking vitamin A supplementation developed and operationalized		1	1	1	1	
5-A.1. Timely distribution and provision of procured logistics and micronutrient supplements						

Project Title, Outputs and Major Activities	Agency/ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
5-A.2. Workshop on the development of the tracking system						
5-A.3. Capacity building among health workers						
5-A.4. Pilot testing and Implementation of the tracking system						
5-A.5. Proper coordination through a systematic communication for the rural health unit						
5-A.6. Monitoring, reporting and adjustments						
6. Mobilization of LGU Resources for dietary supplementation						
6-O.1. LCEs in 35 municipalities and 5 cities issued policy with budget allocation to implement dietary supplementation program for malnourished pregnant women and children 6-23 months	DOH, LGUs	10	20	35	40	NGA, LGUs
6-A.1. Advocacy Campaign on Dietary Supplementation						PIA
6-A.2. Conduct orientation and coordination meetings to develop the mechanics, methodologies, and monitoring & evaluation tools for the dietary supplementation						
6-A.3. Pilot implementation in selected municipalities and cities						
6-A.4. Monitoring, reporting, and adjustments for scaling-up						
7. Strengthening IYCF through the Essential New Born Care (Kangaroo Mother Care and Exclusive Breastfeeding of Low Birth Weight Infants)						
7-O.1. 85% of LBW were KMC	DOH, LGUs	70%	75%	80%	85%	NGA, LGUs

Project Title, Outputs and Major Activities	Agency/ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
7-O.2. 85% of LBW were EBF		70%	75%	80%	85%	
7-A.1. Capacity building among health workers						
7-A.2. Advocacy of KMC among mothers of LBW						PIA (IEC CAMPAIGNE)
7-A.3. Supervision and Monitoring of trained Health Workers						
8. Strengthening of age-appropriate complementary feeding as part of IYCF						
8-O.1. 80% of the brgys in the region have access to complementary food coming from Complementary Food Production Center	DOH, DOST, LGUs	40%	60%	70%	80%	NGA, LGUs
8-A.1. Mapping of existing food plants within (or near) the region						
8-A.2. Technical support from DOST, FDA, DA on production of complementary food and food safety						
8-A.3. Promotion of complementary food in LGUs, outlet						
8-A.4. Pilot implementation of use of complementary food in selected LGUs						
8-A.5. Securing organizational resources for implementation						
8-A.6. Policy issuance to patronize local complementary food products						
8-A.7. Roll out of Implementation, monitoring, reporting and adjustments						
9. 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 Title, Outputs and Major Activities	Agency/ies Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
9-O.1. Organizations and entities exercising their commitment to enforcement and compliance monitoring on EO 51, RA 10028 and MBFHI	DOH, RNC, DOLE, LGUs	77%	79%	80%	81%	NGA
9-O.2. By end of 2022, 100% of bus companies are RA 10028 compliant; 81% are MBFHI	DOH, NNC, Bus Companies	60%	80%	90%	100%	
9-A.1. Organize/Reconstitute the regional and provincial monitoring team (such as the Milk Code Task Forces and other related statutes)						
9-A.2. Establish protocol and conduct of actual monitoring with provision of technical assistance						
9-A.3. Review of progress of enforcement and compliance monitoring and adjustments						
10. Communication Support for F1K						
10-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K developed and implemented	RNC, NNC,	1	1	1	1	NGA
10-A.1. Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days						
10-A.2. Development of improved key messages and communication materials and collaterals						
10-A.3. Pre-testing of developed materials						
10-A.4. Implementation						
Program 2. Dietary Supplementation Program						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
11. Supplementary Feeding Program in Child Development Centers and Supervised Neighborhood Play						
11-O.1. Number of children in CDCs and SNPS provided with SFP	DSWD, LGUs	99,121	101,103	103,125	105,187	NGA
11-A.1. Conduct of Social Preparation						
11-A.2. Consultation Meeting with the LGUs						
11-A.3. Program Review and Evaluation workshop for CDWs and SFP Stakeholders						
11-A.4. PES Training						
11-A.5. Regular monitoring of the SFP implementation at the local level						
12. Supplementary feeding in school						
12-O.1. 85% of schools providing supplementary feeding for 120 days	DepEd	1796	1796	1796	1796	NGA
12-A.1. Downloading of financial resources						
12-A.2. Implementation of supplemental feeding and Gulayan sa Paaralan						
12-A.3. Monitoring, evaluation and search for the best “gulayan sa paaralan” implementer						
13. School based complementary health services						
13-O.1. 85% of all schools delivering complementary health and nutrition services at satisfactory level	DepEd, DOH	1796	1796	1796	1796	NGA
13-A.1. Downloading and distribution of health inputs/commodities						
13-A.2. Implementation of the project						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
13-A.3. Monitoring and evaluation						
14. PPAN Area Supplementary Feeding						
14-O.1. 100% of kinder learners provided with supplementary feeding	DEPED	80%	85%	90%	100%	NGA, LGUs
14-A.1. Downloading and distribution of health inputs/commodities						
14-A.2. Implementation of the project						
14-A.3. Monitoring and evaluation						
PROGRAM 3. Micronutrient Supplementation Program						
15. Vitamin A supplementation for children 24-59 months old						
15-O.1. 100% of 24-59 mos old children given Vit. A	DOH, LGUs	90%	95%	97%	100%	NGA
15-A.1. Capability building of health workers						
15-A.2. Provision of Vitamin A supplementation to well-nourished and sick children based on standards						
15-A.3. Catch up of defaulters (house to house visit)						
15-A.4. Monitoring, reporting and adjustments						
16. Anemia Reduction among Women of Reproductive Age including adolescent female learners						
16-O.1. 100% of WRA given Iron-Folic Acid	DOH, DepEd, LGUs	90%	95%	97%	100%	NGA, LGUs,PIA
16-A.1. Screening / Assessment of anemia						
16-A.2. Provision of Iron -folic acid to WRA						
16-A.3. Promotion of Healthy Diet (food rich in iron)						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
16-A.4. Promotion of healthy snacks (Fortified with iron+folic)						
16-A.5. Full implementation of DO 13 s. 2107 (Policy and guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices)						
16-A.6. Monitoring and follow-up of anemia among WRA						
PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT						
Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
17. Establishments of Teen Centers in schools						
17-O.1. # of schools with established teen centers	POPCOM, DEPED	429	858	1287	1716	NGA
17-A.1. Mapping of schools without teen centers						
17-A.2. Convene meeting with the school principals and local population officers						
17-A.3. Training of guidance and peer counsellors						
17-A.4. Provision of counselling services						
17-A.5. Monitoring and evaluation						
18. Reaching Out GIDAs and IPs for Adolescent Health and Development						
18-O.1. 80% of Adolescents in GIDA and IP communities reached	RNC , NCIP, LGUs, PopCom	1 Province	1	1	1	NGA, LGUs
18-A.1. Meeting with the LGUs and IP Mandatory Representatives and IP Coordinators						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
18-A.2. Capacity building of IP Chieftains and IP Youth Leaders as counsellors						
18-A.3. Conduct of IP Health and Nutrition Caravans on adolescent health and development						
18-A.4. Provision of counselling services						
18-A.5. Monitoring and evaluation						
PROGRAM 5:OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION						
19. Promotion of Healthy Lifestyle and NCD Prevention						
19-O.1. Advocacy promotion on healthy lifestyle conducted among RNC member agency and LGUs	RNC,DOH, NNC, LGUs	RNC-2 LGU-10	7/20	12/30	16/40	NGA, LGUs, private sectors, NGOs,PIA,DENR
19-A.1. Conduct of multisectoral forum on healthy lifestyle						
19-A.2. Media Promotion Activities (kapihan, news releases, broadcast releases, social media, radio program)						
19-A.3. Conduct of Physical fitness activity to employees						
PROGRAM 6: NUTRITION IN EMERGENCIES						
20. Capacity Building of nutrition committee for mainstreaming nutrition protection in emergencies						
20-O.1. 43 nutrition committees capacitated on NiEm (preparedness, response, recovery)	RNC, NNC, DILG	5	10	15	18	NGA, LGUs, development partners, NGOs,PIA
20-A.1. Conduct of NiEm Training and PIMAM Orientation						
20-A.2. Development and Integration of NiE Plan to DRRM plan						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
20-A.3. Advocacy on the passage of resolution and ordinances on mainstreaming nutrition protection in emergencies						
20-A.4. Monitoring and evaluation of Local Nutrition Cluster Functionality						
PROGRAM 7: MANDATORY FOOD FORTIFICATION						
21. Advocacy for and Monitoring of compliance to RA 8976 and 8172						
21-0.1. A system for both monitoring of compliance and plan for advocacy completed and implemented	DOH, DOLE, DOST, NNC, LGUs	1	1	1	1	NGA, LGUs
21-A.1. Improvements in the compliance level for MFF evidenced in the region						
21-A.2. Review of status						
21-A.3. Formulation strategies and workplan						
21-A.4. Implementation and review						
PROGRAM 8. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION						
22. Enhancement of PIMAM Facilities, Capacities and Provision of Services						
22-0.1. Delivery system for PIMAM established and fully operational across the region	DOH, LGUs	1	1	1	1	NGA, LGUs
22-A.1. Assessment and screening of children						
22-A.2. Provision and supply management of F75, F100 RUTF and RUSF and its equivalent in RHUs						
22-A.3. Delivery of ITC/OTC and TSFP services						
22-A.4. Building of Capacity of Local Implementers						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
22-A.5. Treatment and Management of SAM in the ITC and OTC and of MAM in TSFP						
22-A.6. Monitoring, reporting and adjustments						
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE						
23. Review of Existing Actions related to Nutrition Promotions for Behaviour Change						
23-O.1. Inventory of existing communication materials, communication processes and projects, agencies involved, financing available and available research information on effectiveness of behavioural communication and recommendations on the identified gaps	NNC, RNC	1	1	1	1	NGA, NGOs, private sector, development partners
23-A.1. Inventory of existing communication materials used in nutrition education and analyze whether they are geared towards behaviour change						
23-A.2. Review and analysis of existing nutrition education and promotion efforts to identify gaps and how they can be transformed to nutrition promotion for behaviour change						
24. Formulation of the Program for Nutrition Promotions for Behaviour Change						
24-O.1. Program for Nutrition Promotion for Behaviour Change formulated	NNC, RNC	1	1	1	1	NGA, NGOs, private sector, development partners
24-A.1. Convene experts meeting to develop the framework and the program for nutrition promotion for behaviour change aligned with the national framework						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
24-A.2. Forging consensus among partners and mobilizing resources for the communication program						
24-A.3. Development of the research component of the communication program						
25. Implementation of the Regional Nutrition Promotion for Behaviour Change Project						
25-O.1. Coordinated program for behaviour change implemented in the region	NNC, RNC	1	1	1	1	NGA, NGOs, private sector, development partners,PIA
25-A.1. Mobilize media partners and other relevant stakeholders						
25-A.2. Training of media partners and ground face-to-face communicators						
25-A.3. Provision of required communication and promotional materials						
25-A.4. Real-time research to accompany the Project						
PROGRAM 10: NUTRITION SENSITIVE PROGRAMS						
26. Pagkain Para sa Masa Urban Gardening Halal	DA	1,600,000	TBD	TBD	TBD	NGA
27. Gulayan sa Paaralan	DA DepEd, Save the Children Phils	1100	1210	1330	1464	NGA
28. Distribution of agricultural inputs	DA, P/MAO	189,700	188,684	109,922	122,884	NGA
29. Training and distribution of agricultural machinery equipment and facilities	DA, P/MAO	415	450	484	518	NGA

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
30. Livelihood Support and Livelihood Trainings	DA, P/MAO, DepEd, DSWD, CHED	5	6	6	7	NGA
31. Mobile Procurement (Bigasan sa Brgy)	DA, LGU	6000 sacks	6500	7000	7500	NGA
32. Aquaculture Production Service/Distribution	BFAR, LGU	1350	1417	2125	2231	NGA
33. Skills Training on seaweeds farm management	BFAR, LGU	1 Province/ year	1	1	1	NGA
34. Livestock and Poultry Production	DA, LGU	1 site/ Province	1	1	1	NGA
35. Agribusiness Investment Opportunity Seminar	DA	1 site/ Province	1	1	1	NGA
36. Sagana at Ligtas na Tubig sa Lahat (SALINTUBIG)	DILG	TBD	TBD	TBD	TBD	NGA
37. Promotion and implementation of Zero Open Defecation	DOH	TBD	TBD	TBD	TBD	NGA,PIA
38. Special Program for Employment of Students	DOLE	14755	16230	17853	19638	NGA
39. Family Welfare Program	DOLE, LGU, private sector, DepEd and other line agencies	89/51	89/51	89/51	89/51	NGA
40. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	DOLE	4357	4793	5272	5799	NGA
41. Orientation session on F1KD with BLGU	Save the Children Phils					NGO
42. Construction of Maternity Waiting Home	Save the Children Phils					NGO
43. Capacity building of health service providers	Save the Children Phils					NGO
44. Conduct of PES among PLWs with male involvement	Save the Children Phils					NGO

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
45. Water, sanitation and hygiene facilities in schools and communities	Save the Children Phils					NGO
46. Production of alternative food	DA, LGUs					NGA
47. Job Facilitation	DOLE, LGU, Private sector, DepEd and other line agencies					NGA
48. Technology Transfer Program and Techno Negosyo	DOST, BFAR					NGA
26-49-O.1. 24 projects in the region with tweaking strategies for nutritional impact 26-49-O.2. 80% of the target families enrolled in projects tweaked for nutritional impact 27-49-O.3. 80% of the target families involved in nutrition sensitive projects with increased income General Outputs for Nutrition-Sensitive Projects, see Annex 1 for details:						
49. Operational Research on the Nutrition Sensitive Projects						
50-O.1. Research completed and feed into redesign	NNC, RNC	1	1	1	1	NGA, development partners
50-A.1. Development of TOR						
50-A.2. Contracting of research project						
50-A.3. Implementation of research project						
Program 11: ENABLING PROGRAM						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
50. Mobilization of Local Government Units for Delivery of Nutritional Outcomes						
51-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, DILG	15 LGUs	12 LGUs	14 LGUs	15 LGUs	NGA, development partners
51-O.2. Local chief executives from the province, city and municipalities enlisted as Nutrition Champions		10% of the LCEs	25% of the LCEs	50% of the LCEs	100% of the LCEs	
51-O.3. Partnership in the region to support LGU mobilization established and strengthened		1	1	1	1	
51-A.1. Development and implementation of a regional LGU mobilization strategy						
51-A.2. Issuance and dissemination of DILG MC supporting LGU mobilization						
51-A.3. Training of LGU mobilizers						
51-A.4. Organization and mobilization of Nutrition Champions						
51-A.5. Organization/reconstitution and strengthening of Local Nutrition Committees						
51-A.6. Documentation of good practices of nutrition						
51-A.7. Conduct of LGU mobilization fora						
51-A.8. Full recruitment and deployment of BNS by LGUs						
51. Policy Development for Food and Nutrition						
52-O.1. Policy guidelines issued at regional and local levels	RNC, NNC	1	1	1	1	NGA

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
52-O.2. Regional policy and research agenda developed and implemented		2	2	2	2	
52-A.1. Inventory and compilation of national, regional and local policies on food and nutrition						
52-A.2. Development and implementation on the regional policy and research agenda						
52-A.3. Development of policy papers/policy briefs and advocacy and lobbying on the issuance of policy guidelines						
52-A.4. Conduct of policy for a						
52-A.5. Monitoring and analysis of policies for adjustments and updating						
52. Management Strengthening Support to RPAN Effectiveness						
53-O.1. NNC Regional Structures and mechanisms strengthened to support RPAN Operationalization	RNC, NNC	/	/	/	/	NGA, NGOs, development partners
53-A.1. Hiring of additional staff of NNC Regional Offices to support to the requirements RPAN operationalization						
53-A.2. Capacity building of RNC, RTWG and NNC Regional Office on LGU mobilization, F1K and nutrition promotion for behaviour change, among others						
53-A.3. Partnership building and network expansion						
53-A.4. Mobilization of NAOPA, D/CNPCAP and NaBNSFed as part of the NNC nutrition network						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
53-A.5. Deployment and capacity building of the Nutritionist-Dieticians in PPAN focus areas						

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

References

SOCCSKSARGEN Regional Development Plan, 2017-2022

Food and Nutrition Research Institute-Department of Science and Technology (FNRI-DOST)

Department of Health-Field Health Service Information System (DOH-FHSIS)

Philippine Statistical Authority, 2015 POPCEN

Philippine Statistical Authority, 2015 Poverty Estimates

National Demographic and Health Survey (NDHS), 2013 & 2015

2015 National Nutrition Survey

Integrated Food Security Phase Classification

Philippine Plan of Action, 2017-2022