

Regional Plan of Action for Nutrition

Cagayan Valley Region

2019-2022



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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	– 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
OOMP	– Overweight and Obesity Management Prevention
PDP	– Philippine Development Plan
PPAN	– Philippine Plan of Action for Nutrition
RIC	– Rural Improvement Club
RNC	– Regional Nutrition Committee
RNPC	– Regional Nutrition Program Coordinator
RPAN	– Regional Plan of Action for Nutrition
RTWG	– Regional Technical Working Group
WRA	– Women of Reproductive Age



MESSAGE FROM THE RNC II CHAIRPERSON

To the people of Cagayan Valley,

My sincerest greetings of wellness to you all!


The past years have not gone without struggles for us in Cagayan Valley to combat challenges in nutrition and all of its possible effects to us and the generation that shall follow in our paths. However, in most of the debacles we as a community had to endure, as united as band of soldiers, we have all come face to face with each one and showed our resilience. As the chair of the Regional Nutrition Committee, it is with fervour that we , at the DOH come together to welcome the people of the Cagayan Valley into a future of a more nourished and well-sustained community through the development of the Regional Plan of Action for Nutrition. To

the Regional Nutrition Committee- Technical Working Group of Region II,

Despite being a developing country, we still face the challenge of inadequate supply of food that directly causes malnutrition in our population as despite our growing economy, a considerably large percentage of our communities do not meet their basic daily needs in terms of nutrients, and other essential daily intake. Eradicating malnutrition and hunger today can be within our reach. Our efforts in the region can create an impact that can inspire our communities to enable them to take their nutrition into their own hands and make the most of their situation. Through this plan, it is my deepest hope that we may be able to cooperate with local government units, private organizations, households, and families to achieve the objectives of the Philippine Plan of Action for Nutrition to achieve the optimal nutritional status for all and be able to sustain it. In order for us to effectively join together in defeating hunger and malnutrition as our common enemies, we must all show our commitment in ensuring that the people of Cagayan Valley have adequate allocated resources, have existing policies on health that promote proper nutrition and on agriculture to strengthen productivity to establish their role as our source of food.

This time has come once again, the time for us to set new goals, new targets in order to fortify our renewed purpose in bridging the gap our community currently has in terms of their nutrition. I am assertive that our aspirations of a better plan of action for the coming years will greatly improve the status of our constituents and shall put them on a path to a holistically healthy life. I am as equally assertive that the interventions and implementation strategies of your RPAN are well aligned with the Philippine Development Plan 2017-2022 that shall help us draw our focus on targeted population groups such as children in their First 1,000 days of life, school children, adolescents, and pregnant women.

As such, I have confidence that the different nutrition programs championed by the National Nutrition Commission will remain alive in our communities and through the exertions of our health advocates, thrive in the facilities that sustain their development. Through this Regional Plan of Action for Nutrition, I am optimistic that our best efforts in crafting a well-designed undertaking can be materialized for the benefit of building a healthier community of people in Cagayan Valley.


RIO L. MAGPANTAY, MD, PHSAE, CESO III
Chair, Regional Nutrition Committee

RNC II Resolution and Agency Commitments

Republic of the Philippines
REGIONAL NUTRITION COMMITTEE

Resolution No. 2, Series of 2018

Approval and Adoption of the Regional Plan of Action for Nutrition (RPAN) 2019-2022

Whereas, improving nutrition contributes to productivity, economic development and poverty reduction and not addressing malnutrition becomes financial burden of the region;

Whereas, the RPAN 2019-2022 is the response of Region II to the alarming nutritional situation in the region.

Whereas, the 2015 National Nutrition Survey shows the region as marked by a high prevalence of stunting among children below five years old at 28.8 percent or around 139,798 children. The prevalence of wasting is also high, affecting 7.1 percent of children below five and 7.2 percent of children age 5 to 10. The same 2015 National Nutrition Survey recorded 21.5 percent of pregnant women in Region II as nutritionally-at risk;

Whereas, the RPAN 2019-2022 consists of nine (9) nutrition-specific programs, one (1) nutrition-sensitive program and one (1) enabling program, the former referring to interventions that address the immediate causes of undernutrition, most of which are in the health sector and the latter to address interventions that have other objectives but have been fine-tuned to contribute to nutritional outcomes and enabling strategies;

Whereas, the RPAN 2019-2022 implementation is grounded on the basic premise of complementation and convergence of efforts and resources among the Regional Nutrition Committee member agencies, local government units, non-government organizations, civil society organizations and other stakeholders;

Whereas, the RPAN 2019-2022 is anchored on the Philippine Plan of Action for Nutrition (PPAN) 2017-2022 and is expected to contribute to the attainment of the PPAN 2017-2022 national goals and targets;

NOW, THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, in consideration of the foregoing, we, the members of the Regional Nutrition Committee do hereby approve and adopt the RPAN 2019-2022;

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

1. Implement the programs and projects of RPAN 2019-2022 and continue to identify new ones during the plan's implementation;
2. Ensure the availability of needed resources, by, among others, including related budgetary requirements in the agency budget proposal;
3. Ensure reporting of related physical and financial accomplishments; and
4. Advocate for nutrition to be a perspective and component of our policies, plans and programs.

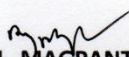
RESOLVED FURTHER, that the National Nutrition Council (NNC) Region II ensures the plan's wide dissemination to enable stakeholders to align their efforts along the priority concerns;

RESOLVED FURTHER, that the NNC Region II facilitates the updating of the plan thereafter;


RESOLVED FURTHER, that the Local Government Units formulate their respective Local Nutrition Action Plan 2019-2022 and ensure the availability of needed resources;

RESOLVED FURTHER, that the NNC Region II monitors the full enforcement of this resolution.

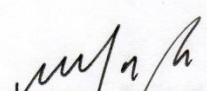
Approved this 14th of August 2018.


RIOL MAGPANTAY, MD, PHSAE, CESO III
Regional Director, Department of Health Region II &
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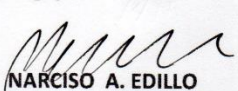
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
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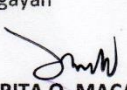
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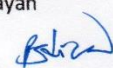
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
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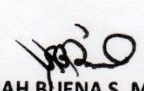
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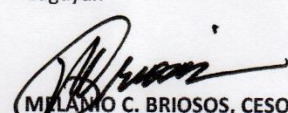
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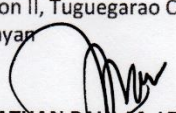
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

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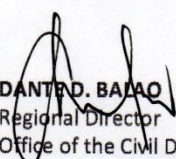
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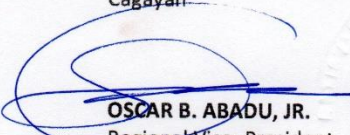

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ACKNOWLEDGEMENT

Regional Plan of Action for Nutrition (RPAN) is one of the strategies to fully operationalize the PPAN 2019-2022. The RPAN embodies the key commitments of key regional agencies, in particular, the member agencies of the Regional Nutrition Committees, along the PPAN programs. The formulation of the RPAN commits regional sector agencies to action and resources to contribute to their proportionate share of the malnutrition burden and corresponding targets in the PPAN.

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

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

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

The Region II RPAN Formulation Process

One of the strategies to fully operationalize the PPAN is the formulation of Regional Plans of Action for Nutrition (RPAN) to embody the key commitments of key regional agencies, in particular, the member agencies of the Regional Nutrition Committees², along the PPAN programs. The RPAN is a plan that commits regional sector agencies to action and resources to contribute to their proportionate share of the malnutrition burden and corresponding targets in the PPAN.

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

The Region II RPAN planning process was participatory, inter-sectoral and multi-level as it engaged the participation of the representatives from the RNC-Region 02 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 II RPAN 2018-2022:

1. RPAN Planning Workshop, 14 March to 16 March 2018, St. Giles Hotel, Makati City
2. Data clean up on 19-28 March 2018
3. First RPAN review meeting by the Regional Technical Working Group (RTWG), 27 April 2018, Tuguegarao City
4. Regional Nutrition Committee (RNC) Second Quarter Meeting (presentation of RPAN first draft), 6 June 2018, Tuguegarao City
5. RPAN review by Nutrition Action Officers and District/City/Municipal Nutrition Program Coordinators, 19 June 2018, Tuguegarao City
6. NNC, Region II and RTWG finalization on of the RPAN, 24-27 June 2018.

The Region II Regional Plan of Action was approved on 14 August 2018 following the issuance of RNC Resolution No. 2, series of 2018 Approving and Adopting the Regional Nutrition Plan of Action 2019 to 2022 of Region II.

² RNC is the NNC Governing Board regional counterpart

The Regional Nutrition Profile

Estimated Population by Age/Physiological Group Based on the Projected Population, 2016 (in millions) (PSA, 2015)		
Total population:	3,451,410	
- Male:	1,758,773	
- Female:	1,692,637	
0-59 months	485,409	
60-120 months	485,409	
121-228 months		
20 years and above		
Women of reproductive age (15-49 years old)	884,523	
Pregnant women (Pop'n x 2.7%)	93,188.07	
Lactating mothers (Pop'n x 2.7%)	93,188.07	
Nutritional Status Indicators/Population Group	Prevalence (%)	Equivalent Number in 2017 (millions)
LOW BIRTH WEIGHT INFANTS	21.7	13,114
INFANTS 5 MOS OLD WHO ARE EXCLUSIVELY BREASTFED	49.8	241,774
CHILDREN 6-23 MONTHS OLD MEETING THE MINIMUM ACCEPTABLE DIET	27.6	137,532.6
UNDERNUTRITION (NNS, 2015)		
Under five year old children		
- Underweight	20.1	97,566
- Stunting	28.8	139,797
- Wasting	7.1	34,646
School age children (5-10 years old)		
- Underweight	26.8	130,089
- Stunting	27.7	134,456
- Wasting	7.2	34,949
Adolescents (ages 10.08-19 years old)		
- Stunting	25.4	187,223
- Wasting	12.7	93,611
Adults (≥ 20 years)		
Chronic energy deficiency (CED)	11.3	83,292
Pregnant women		
- Nutritionally at-risk	21.5	20,892
Lactating mothers		
- Wasted and CED	12.5	13,483
OVERNUTRITION (NNS, 2015)		
Overweight/obese		
- Children under five years old	3.8	18,445
- School age children	9.1	44,173
- Adolescents	10.1	74,447
- Adults 20 years and above	25.6	188,698

MICRONUTRIENT DEFICIENCY		
Vitamin A deficiency among children 6 months to 5 years old	12.8	525,859.9
Anemia among women of reproductive age	-	884,523.3
Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	223	***
- Pregnant women	79	***
- Lactating women	98	***
- Children 6-12 years old with UIE concentration <50 mcg/L	10.6	61,744
- Lactating women with UIE concentration <50 mcg/L	23.6	25,457
HOUSEHOLDS WITH DIETS THAT MEET THE ENERGY REQUIREMENTS	38.4	308,937
<i>LBW data from National Demographic Health Survey</i> <i>Assessment criteria in determining magnitude and severity of underweight, stunting and wasting in children under-five years old (0 to 59 months old) as public health problem (WHO, 1995): Underweight:<10% – low; 10-19% - medium; 20-29% – high; ≥30% – very high. Stunting: <20% – low; 20-29% - medium; 30-39% - high; ≥40% – very high. Wasting: <5% – acceptable; 5-9% – poor; 10-14% - serious; ≥15% – critical</i>		

Executive Summary

The Regional Plan of Action for Nutrition 2019-2022 is the response of Region II to the alarming nutritional situation in the region. The 2015 National Nutrition Survey shows the region as marked by a high prevalence of stunting among children below five years old at 28.8 percent or around 139,798 children. The prevalence of wasting is also high, affecting 7.1 percent of children below five and 7.2 percent of children age 5 to 10. The same 2015 National Nutrition Survey recorded 21.5 percent of pregnant women in Region II as nutritionally-at risk. These nutritional problems are caused by a range of causes: immediate causes such as inadequate food intake and diseases; underlying causes such as food insecurity, inadequate care, and inadequate health services and unhealthy environment; and root causes such as poverty, natural disasters and man-made emergencies owing to conflict, lack of education, underemployment and unemployment.

The RPAN establishes regional outcome targets for 2022 toward reducing stunting, wasting and obesity, as well as micronutrient deficiencies, among other indicators. Among 0-5 year old children, the stunting levels will be reduced from 28.8 percent to 18.4 percent by end 2022. Wasting prevalence will be reduced from 7.1 percent to 4.9 percent by the end of the RPAN period among the same group of children. Targets for obesity and micronutrient deficiencies were also included.

To address the problems identified during the planning process, the RPAN indicates 11 programs which translate into 48 projects. The programs consist of 9 nutrition-specific programs, 1 nutrition-sensitive program, and 1 enabling program. These follow the life stages of the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. The RPAN provides the necessary focus on the First 1000 Days program, given its huge potential in addressing the major nutritional issues in Region II and in the country. All 11 programs constitute the RPAN with an additional program to address the huge challenge of adolescent health, and in particular, adolescent pregnancy in the region and in the country.

The budget estimated for 2019-2022 for all 11 programs amount to about Php 4,551,679,804. The funded portion is Php 4,210,597,844 representing 92.51% percent of total, while the unfunded portion amounts to Php 341,081,960 representing 7.49% percent.

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 II RPAN contains key elements expected to contribute to the attainment of the PPAN 2017-2022 national goals and targets:

- embodies the commitment and accountabilities of regional sector agencies as a contribution of the region to the proportionate share of the malnutrition burden

- aims to address the key manifestations of malnutrition - under nutrition, over nutrition, micronutrient deficiencies and their causes following the UNICEF and ASEAN Conceptual Frameworks of Malnutrition
- sets two layers of outcome objectives by the end of 2022– (1) outcome targets that refers to final outcomes against which plan success will be measured; and (2) sub-outcome or intermediate outcomes referring to outcomes that will contribute to the achievement of the final outcomes
- identifies a good mix of interventions appropriate for the region consisting of three distinct but complementing types of programs³ - *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 Regional Nutrition Committee
- formulates a Results Framework Matrix that defines a vertical and horizontal logic of expected results, indicators, targets and accountability
- lays out the monitoring, reporting and evaluation mechanism necessary to determine progress of implementation and extent of outcome targets achievement

³Nutrition-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 II

Cagayan Valley or *Lambak ng Cagayan*, one of the 17 regions of the Philippines, is designated as Region II. Cagayan Valley lies in the northeastern tip of the Philippines. It is bounded by three big mountain ranges namely, Cordillera on the west, Caraballo on the south and Sierra Madre on the east. On the north is the Babuyan channel where the Cagayan River drains. The Cagayan River flows through the four mainland provinces and is the largest river system in the country.

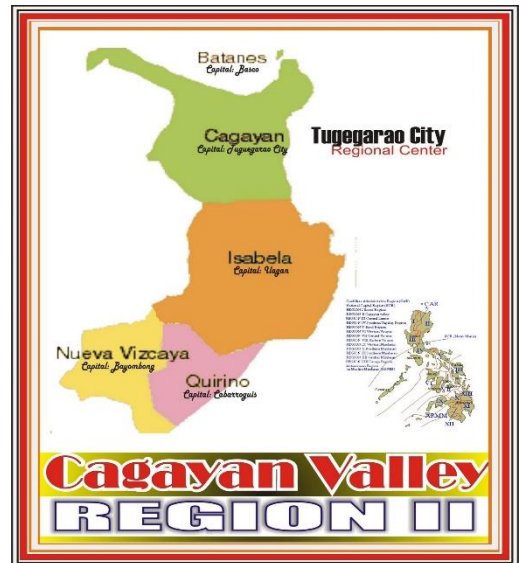


Figure 1. Location map of Region II

The region is composed of five provinces namely: the island province of Batanes, and the mainland provinces of Cagayan, Isabela, Nueva Vizcaya and Quirino. It has four cities: Cauayan City, Tuguegarao City, City of Ilagan and Santiago City, 10 congressional districts, 89 municipalities, and 2,311 barangays.

Cagayan Valley is the fourth largest region in the Philippines in terms of land area, with a total of about 2,983,688 hectares or about 9 percent of the total land area of the Philippines. About two thirds of the land is classified alienable and disposable and the rest classified as production forest and protection forest lands.

The Philippine Statistical Authority's regional profile of Cagayan Valley shows total population in 2015 of 3,451,410 with a growth rate of 1.35 percent between 2000 and 2015. The region is home to several indigenous peoples but the majority of the population are early migrants from the surrounding areas. Dialects spoken are Ilokano, Ybanag, Ytawes, Irraya, Ivatan, Gaddang, Tagalog, and others. Poverty incidence among families in 2015 was 11.70 percent and subsistence incidence among families was 1.8 percent.

The 2016 PSA data showed the economic performance of Cagayan Valley increasing by 3.3 percent, with the region's economy accounting for 1.7 percent of the national GDP. Agriculture, Hunting, Forestry and Fishing sector which comprised 34.2 percent of the region's total output posted a decline of 3.0 percent. Palay and corn were the major crops in Cagayan Valley contributing 60.27 percent to the region's agricultural output. The region remained as the top producer of corn and ranked 2nd in palay production. For other major commodities, the region was ranked 5th in banana production and 8th in chicken production.

The Cagayan Valley Regional Development Plan 2017-2022 (RDP) reported that although the region's contribution to the national output remained low, in terms of per capita GRDP, the region continuously registered positive growth from PhP35,571 in 2013 to PhP38,269 in 2015. However, this remains one of the lowest in the country at only half the national per capita GDP of PhP74,770.

The growing industry and services sectors' shares in the GRDP showed a more diversified economy, with growth primarily driven by the services sector with a share of 50.2 percent in 2015. Its strong performance cushioned the erratic growth of the agriculture sector due to the latter's vulnerability to climatic conditions. The region saw its educated labor force contribute to accelerating investments in small and medium enterprises and the emerging tourism industry. Improvement in the employment rate and in the quality of jobs was evident. The RDP stressed: "For the next six years, the Region will face many challenges that could be transformed into opportunities for growth and maximize its potential especially as the 'Prime Water Resource, Agro-industrial Hub, and Emerging Tourism Destination' of the country."

Malnutrition in Region II

Despite the overall positive economic outlook, malnutrition in the region remains a major challenge to sustained growth and human development. Stunting and wasting in the region are public health concerns

Undernutrition in terms of underweight, stunting, and wasting affect children under five years old. The National Nutrition Survey of 2015 shows that 28.8 percent of children in this

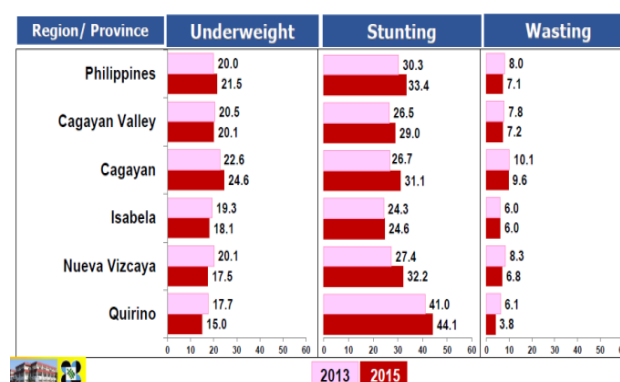


Figure 2. Prevalence of undernutrition among children, less than 5 years old by province, 2013 vs 2015 (NNS, DOST-FNRI, 2015)

age group are stunted, affecting an estimated 139,798 children. The prevalence of wasting of 7.2 percent is slightly higher than the national prevalence of 7.1 percent and affects 34,500 children. Quirino Province, despite being a National Nutrition Honor Awardee, has the highest levels of stunting in the region (44.1 percent), some 15 percent more than the average for Region II (28.8 percent). Meanwhile, Cagayan (9.6 percent) and Nueva Vizcaya (6.8 percent) have the highest levels of wasting, Cagayan being 2.4 percent higher than the regional prevalence (7.2 percent). .

The large numbers of stunted and wasted children and their prevalence in Region II have been a cause of concern for its regional authorities. The burden of stunting increased from 26.5 percent in the 2013 NNS to 28.8 percent in 2015. Wasting decreased only slightly from 7.8 percent in 2013 to 7.2 percent in 2015. (Figure 2)

According to the 8th NNS, the prevalence of nutritionally at-risk pregnant women in the region was 32.6 percent in 2011 and 33.6 percent in 2013, higher than the national prevalence of 25.0 percent in 2011 and 24.8 percent in 2013.

Obesity is on the rise among adolescents (10-19 years old) from 7.8 percent in 2013 to 10.1 percent in 2015 and among adults 20 years and older from 25.1 percent in 2013 to 25.6 percent in 2015.

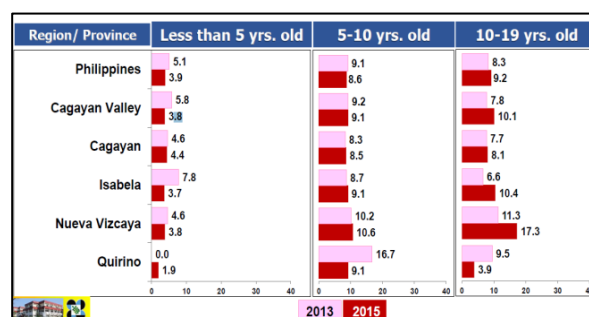


Figure 3. Prevalence of overweight and obese among children, 0-19 years old by province: Philippines and Cagayan Valley, 2013 vs 2015 (Source: NNS, DOST-FNRI)

Micronutrient deficiencies such as vitamin A deficiency among children 6 months to five years old were noted among 12.8 percent (NNS 2013), and iodine deficiency disorders among pregnant women and lactating women noted among 31.1 percent and 23.6 percent respectively.

Iron deficiency anemia is a problem among children 6 months to 5 years old (24.2 percent), adolescents (15.6 percent), adults from 20 to 59 years old (13.3 percent) and elderly 60 years and above (38.9 percent). Cagayan Valley has the highest prevalence of anemia in the country with figures higher than the national prevalence of 15.7 percent (6 months to 5 years), 7.7 percent (adolescents), 9.2 percent (adults) and 21 percent (elderly). (Figure 5)

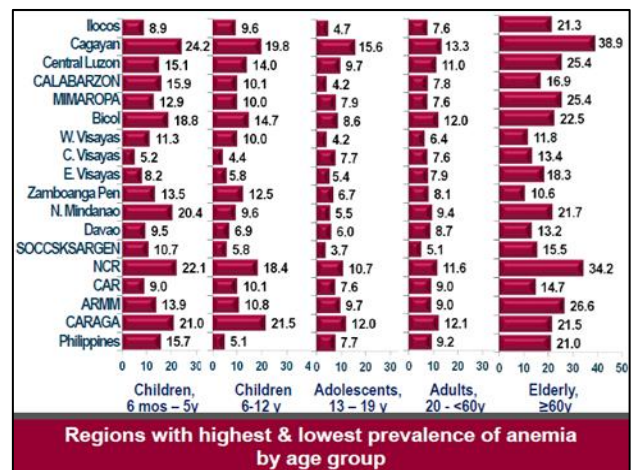
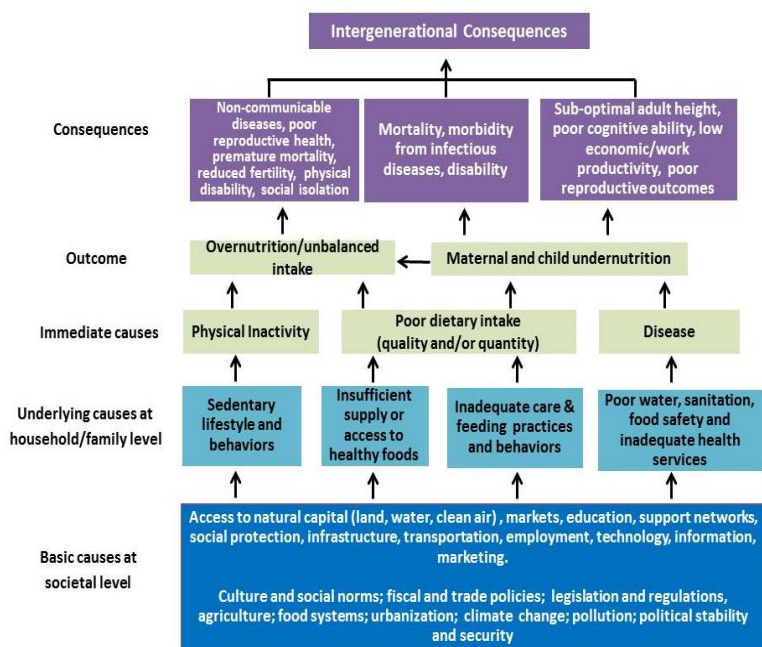


Figure 4. Prevalence of anemia, by age group, by region. (Source: 8th NNS, DOST-FNRI)

ASEAN Conceptual Framework on Malnutrition

The Philippine Plan of Action for Nutrition and this Regional Plan of Action for Malnutrition draw from the ASEAN Conceptual Framework on Malnutrition to analyze the issue



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

of malnutrition and identify its immediate, underlying, and basic causes. Inadequate food intake and disease as well as physical inactivity are cited as immediate causes; poor access to healthy foods, inadequate health care and services, and unhealthy environment as underlying causes; social, economic, and political factors as basic causes.

Figure 5. ASEAN Conceptual Framework of Malnutrition

First One Thousand Days

In analyzing the immediate and underlying causes of stunting and other forms of malnutrition, it is important to look at dietary intake and diseases, as well as care and feeding practices, in the first 1000 days i.e., for the period starting with pregnancy to the first two years of life.

In a detailed analysis of these factors, it became clear that adequate antenatal care, safe deliveries, exclusive breastfeeding for infants 0-5 months, and continued breastfeeding with complementary feeding for infants 6-23 months old, are critical to prevention and reduction of stunting and other forms of malnutrition in the region. However, data revealed that these services, with the exception of birthing, were generally deficient relative to standards of the Department of Health. Table 1 shows the coverage of such services from FHSIS and the NDHS relative to the standards of the DOH. However, compared to national figures, the regional indicators show slightly better performance.

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

Selected Indicators of Services and Care during the FIK	Philippines (%)	Region 02 (%)	Source of Data
Percent of mothers with on time (1 st trimester) first prenatal check-up during their last/current pregnancy	69.5	73.9	LFHNS, 2015
Proportion of pregnant women with four or more prenatal visits (%)	75.8	72.0	LFHNS, 2015
Proportion of pregnant women given complete iron with folic acid supplements (%)	19.1	19.6	8 th NNS
Percentage of women receiving two or more tetanus toxoid injections during the last pregnancy	78.8	82.0	8 th NNS
Percentage of births delivered in a health facility	78.0	82.3	LFHNS, 2015
Exclusive breastfeeding (0-5 months)	48.8	49.8	2015 Updating Survey, LFHNS
Breastfeeding with complementary feeding of 6-11 months	57.7	72.6	2015 Updating Survey, LFHNS
Breastfeeding with complementary feeding of 12-23 months	43.1	48.4	2015 Updating Survey, LFHNS
Percentage of children 6-23 months meeting the Minimum Acceptable Diet (MAD)	18.6	27.6	LFHNS, 2015

Up until this year, there are supply chain issues in the region around iron with folic acid (IFA) supplementation. There is unclear delineation between national and sub-national as to who provides what amount of IFA, as well as the issue of warehousing in the region. There are gaps in IFA provision and consumption, as there is no certainty among health providers that the IFA provided are actually consumed.

The prevalence of low birth weight (12.6 percent) in Region II is higher than the national prevalence (11.5 percent). Although relatively lower than other regions, it is equivalent to about 23,000 infants. This has increased risks for stunting and mortality among infants.

Figure 7 shows that in 2015, stunting among children 0-5 months was recorded at 12.7 percent, which increased to 17.3 percent in 6-11 months, abruptly rose to 36.2 percent in the first year, further

increased to 38.4 percent in the second year and stayed at such level at 2-4 years of age.

Stunting at age 2 is irreversible

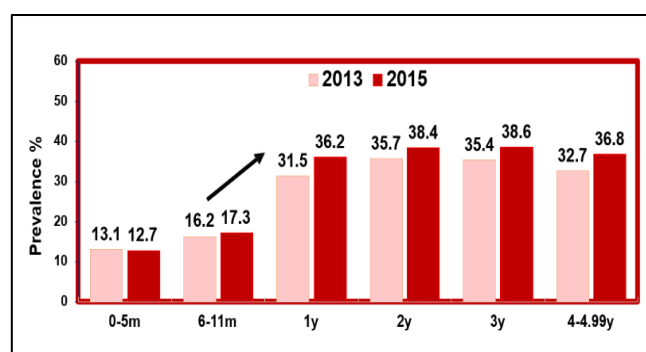


Figure 6. Prevalence of stunting among children less than 5 years old by age group: Philippines, 2013 vs 2015
(Source: Updating NNS Survey, DOST-FNRI)

The above data on stunting provide indications on the sub-optimal quality of infant and young child feeding (IYCF) practices in the region.

The 8th National Nutrition Survey (NNS) reported that in Region II, only 49.8 percent of children 0-5 months are exclusively breastfed. In addition, breastfeeding with complementary feeding at 6-11 months is only at 72.6 percent and continued breastfeeding with complementary feeding at 12-23 months is only at 48.4 percent.

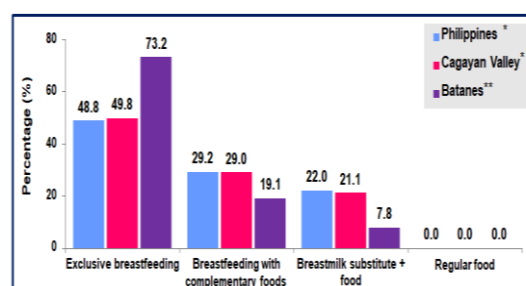


Figure 7. Exclusive Breastfeeding 0-5 months, Philippines & Cagayan Valley, 2015
(Source: Updating Survey, DOST-FNRI)

Moreover, only 27.6 percent of children 6-23 months met the Minimum Acceptable Diet⁴ (MAD) in the region Dietary Diversity is even a bigger concern (40.4 percent).

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

Food insecure households in Region 02 (29.9 percent) remain a major concern affecting children 6-23 months in particular. Among 89 municipalities in the region, only 7 municipalities have organized complementary feeding for 6-23 months through the DOST PINOY (Package for the Improvement of Nutrition of Young Children). The DOST PINOY is a package of interventions which includes 120-day feeding of children 6 to 35 months with complementary food blends and snack curls developed by the FNRI-DOST, nutrition education, and backyard gardening.

There are two (2) complementary and supplementary food plants established by DOST in Cagayan and Isabela and one (1) processing plant established by Department of Agriculture in Isabela where LGUs can procure requirements for complementary feeding. Neither the region nor any of its provincial governments has a systematic and organized program to make full use of the capacities of these plants to continuously supply region-wide requirements.

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

Adolescent Pregnancy

The health and nutrition situation of adolescents is closely tied up with the health and nutrition of mothers. In Region II, the gap between adolescence and motherhood is narrowing with the increasing incidence of pregnancy among teenagers over the years.

⁴ Proportion of children 6-23 months meeting both the Minimum Dietary Diversity (foods from at least 4 food groups) and the Minimum Meal Frequency (energy intake from foods other than breastmilk)

The Young Adult Fertility and Sexuality Survey (YAFS 4) conducted in 2013 noted that the region's incidence rate of teenage pregnancy of 18.10 percent is higher than the national incidence rate of 13.6 percent and is second highest among the 17 regions.

In addition, YAFS 4 indicated an increasing proportion of youth who began sexual activity before age 18, from 7.0 percent in 1994 to 13.7 percent in 2013. The mean age of sexual debut of young females of Cagayan Valley is 18.19. The same study showed that teenage fertility doubled in the past decade with those 15-19 years old having the highest percentage among mothers. Fertility among female teenagers tends to rise with age, with the highest percentage of childbearing at 19 years.

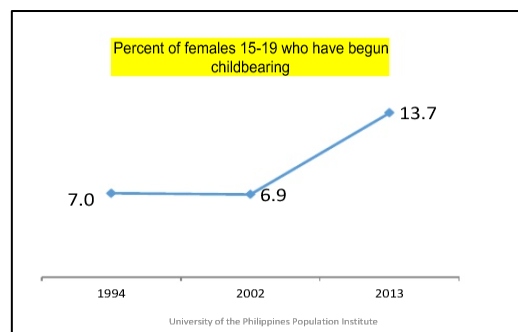


Figure 8. Percentage of females who have begun childbearing, by age: 1994, 2002, and 2013
(Source: YAFS 4 Survey 2013; UPPI)

Adolescence and pregnancy are two physiological states with high nutritional requirements for growth and development. Thus, the occurrence of both states in a single individual (i.e., pregnant adolescent) increases the risk of undernutrition and low birth weight. Teenage pregnancies are classified as high-risk pregnancies. At the national level, NNS 2015 reports that undernutrition among pregnant adolescents is 43.6 percent higher than adult counterparts.

Feeding for Preschool and School Children

The nutritional situation of pre-school (24-59 months) and school children is being addressed by the Department of Social Welfare and Development (DSWD) and Department of Education (DepEd), respectively. The child development center and supervised neighborhood play (SNP) of the DSWD provide early child education and 120 days of supplementary feeding to children-beneficiaries.

As of 2017, only 82,355 preschool children in barangays including those in geographically isolated and disadvantaged areas (GIDAs) and serving indigenous populations (IPs) received supplemental feeding. There are however important issues of equity and effectiveness of the program. The supplementary feeding program in Region II includes

monthly nutrition education with mothers to enhance their knowledge and skills in overall nutrition and proper food selection and preparation.

It is important to note that improvement in the nutritional status of preschool children is affected by other various factors in the home such as family's economic capacity, sanitation, and exposure to diseases, among others. Year after year, child development center workers report undernutrition relapse among children who were completely rehabilitated in the 120-day supplementary feeding after summer break. Mothers' education on nutrition either through the CDCs and Family Development Sessions appears to yield very little results.

A similar situation occurs among school children of elementary school age. The supplementary feeding in the schools appear to address hunger and classroom attention but the lack of parent education on good nutrition practices result in the same result of recurring malnutrition among the school children. There are several interventions in schools in the region, including school gardens, deworming, micronutrient supplementation, proper hand washing, personal and oral hygiene, healthy lifestyle promotion, among others, which can be implemented more fully.

Infections and Diseases

Infections and diseases contribute significantly to the nutrition problems and inversely malnutrition can lead to or exacerbate diseases in Region II. DOH Region II reports upper respiratory tract infection / acute respiratory infection, hypertension, and acute lower respiratory tract infection / pneumonia as the top three leading causes of morbidity in 2016. The top two leading causes of child morbidity among under-five year old children are diarrhea and upper respiratory tract infections while pneumonia is the leading cause of child mortality. Diarrhea among children under five is high at 10.6 percent, ranking the region with second highest prevalence (NDHS 2013). In relation to hygiene and sanitation, stools of about 53.2 percent of children under five are not disposed safely.

Geographically Isolated and Disadvantaged Areas

Malnutrition is widely prevalent in the region. It is commonly held view that there are groups that are more affected than others. It is believed that geographically isolated and

disadvantaged areas (GIDAs) and indigenous populations (IP) communities slightly worse prevalence of stunting, wasting and anemia.

Underlying Causes of Malnutrition

Food Security

People are considered food secure when they have availability and adequate access at all times to sufficient, safe, nutritious food to maintain a healthy and active life. (World Food Program). Food security is analyzed in terms of food availability, food access, and food utilization. The preceding sections on the care and feeding of infants and young children have pointed up the gaps in access to food in terms of adequate intake and feeding frequency.

Later discussions on the region's economic performance will highlight fluctuations in food production as a major contributor to food insecurity. For example, only about 1 in 5 households engaged in agriculture can be an indicator of food security.

Limited Health Services

Another underlying cause of malnutrition is the lack of health care and services accessible to those who need them. The Regional Development Plan contends that in terms of health and nutrition services, "the local government units have been investing less for health and nutrition. Their dependence on national agencies and nongovernment organizations (NGOs) will result to discontinued provision of health and nutrition services to the identified recipients." It cites the lack of competent and committed health workers and of adequate facilities. "Fund support and manpower are also major considerations to carry out intensive and effective information and education campaign to advocate the importance of breastfeeding, infant and maternal care and other health information which the poor located in the GIDAs are deprived of due to the absence of technologies"

Unhealthy Environment

Malnutrition also occurs in an unhealthy environment, particularly in terms of poor hygiene and inadequate water and sanitation. The RDP reports that access to water supply and sanitation increased. Access to safe water supply in the region met the MDG target but was still

below the 2015 RDP target by 0.82 percent. Nonetheless, a significant increase in performance was noted from 88.2 percent in 2014 to 92.73 percent in 2015. In terms of sanitary toilet facilities, there was a significant increase of 10.35 percent (97.35 percent) in 2015 from the previous year's proportion of households with sanitary toilet facility. The population groups who are still unserved, including those living in informal urban settlements, remain vulnerable to infection and disease and therefore to malnutrition.

The RPD states that "the region has yet to achieve standard ratios in education, health and housing facilities. The increase in population contributes to several backlogs in social infrastructure. There are still insufficient classrooms, inaccessible health facilities, limited access to clean and safe water, housing backlogs, among others. There are existing social infrastructures that have deteriorated beyond repair or outlived their life span and due for replacement (e.g. gabaldon type school buildings, health facilities that were constructed in the 80's and 90's)."

Basic Causes of Malnutrition

The discussion of the basic causes of malnutrition such as the economic, political, and social dimensions , draw primarily from the relevant sections of the RDP Cagayan Valley Regional Development Plan 2017-2022. Foremost among these are poverty and employment, poor economic performance, natural and man-made disasters, and governance.

Poverty

The region has succeeded in reducing its poverty by half from the 1991 levels with poverty incidence significantly reduced to 15.8 percent in 2015 (553,616 poor population). However, the provinces still registered significant segments of their populations as poor in 2015: Cagayan with 15.9 percent, Isabela 15.2 percent, Nueva Vizcaya 13.6 percent, and Quirino with highest percentage 26.5 percent. Batanes figure stood at 0.0 percent although this is under question due to sampling issues.

Government efforts on reducing poverty have been effective, for example with the 4Ps benefitting 103,327 poor households, and with the region setting the minimum wage of Php340 for non-agricultural workers and Php300 for agricultural workers across provinces to narrow the gap between minimum wage and the poverty threshold. Relatedly, the percentage

of unpaid family workers or persons who worked without pay on own family -operated farm or business declined to 13.2 percent in 2015 as compared to last year's 14 percent and the 2012 baseline figure of 16.8 percent.

Employment

Employment has direct implications for income and poverty, and therefore may affect health and nutrition. The majority of the employed in the region were engaged in the primary sector, Agriculture (54.4 percent) while the rest were in Services (37.3 percent) and Industry (8.3 percent) sectors. This implies that productivity and household income must be increased for those in the relatively low-earning agriculture, fishery and forest sector. The RPD calls for "for a need to develop more and improve investments in the agriculture, fishery and forestry sector; while developing capacities of the farmers, fisher folks and other stakeholders on value-adding, agribusiness development and value-chain management that would help them become entrepreneurs." It also cited the need for increased social protection programs especially to the vulnerably employed, such as cash for work during off-cropping seasons.

Out of the total 1.556 million economically active population in 2015, 97 percent were employed (1.508 million). The unemployment rate at 3.2 percent translated into the decline in actual number of unemployed in 2015 to 50,000 from 56,000 the previous year. Underemployment also decreased but the reduced numbers still registered 168,000 persons in 2015.

Poor Economic Performance

Among the basic causes of malnutrition is the poor performance of the agriculture, forestry and fisheries (AFF) sector in the region. Among the poorest in the agricultural sector are the landless farmers and fisher folks and there are indications that they suffer from stunting and wasting. Chapter 8 of the RDP 2017-2022 identified the constraints and challenges⁵ faced during the previous plan period and possible scenarios over the incoming plan period that will likely affect the sector. Improving food security and reducing agricultural losses in the region remained elusive. Production and productivity of most crops and livestock

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

were below plan targets. Commercial and municipal fishery production kept on declining except aquaculture which surpassed production targets in 2014 and 2015 (RDP 2017-2022, Chapter 2).

Inflation

Rising prices are another factor affecting household food security. The movement of prices of goods and services in the region was generally stable in 2015 to 2016. Headline inflation rate in 2015 was 2 percent or about 2 percentage point lower than the rate in the previous year. However, this slightly increased to 3 percent in 2016, although this rate was still within the set boundary of 3-5 percent. The generally stable inflation rate was attributed to the stable movement of prices of food during this period.

However, natural disasters brought about by extreme weather disturbances sometimes threatens production of rice and other vital crops and pushes price levels of food higher. Similarly, the volatile price of crude oil in the global market affects prices of other commodities as well as inputs and other costs of production.

Climate Change

Climate change has brought on more frequent and more severe disasters. The region suffers from an average of three devastating typhoons every two years as it lies within the typhoon belt. On the other hand, the region also deals with extreme climate conditions like drought. Typhoons, excessive rains, flooding, and El Niño are the major factors affecting the region's agriculture sector. Sustainable growth trend for the agriculture was never achieved as the past planning period indicated 5 destructive typhoons resulting in billions of pesos worth of damages and losses. The disasters wreaked large-scale damage to agricultural production as well as on the livelihood and settlements of the populace. The economy of the region was also slower during the El Niño years of drought during which agricultural output significantly declined.

Hardest hit were the marginal farmers who had to deal with the changing weather patterns. The Agriculture, Forestry and Fishing (AFF) still covers more than one third of the economy and employs more than half (54.4 percent or 823,000 persons) of the employed

persons in the region. Also affected were urban poor families living along the urban fringes and who are exposed to the risk of flooding and waterborne disease.

Conflict Areas

A few rural areas in the region are affected by internal security problems such as the ongoing conflict and intermittent armed encounters between the anti-government groups of the New People's Army (linked with the Communist Party of the Philippines and National Democratic Front) and government soldiers. Conflict-affected communities are vulnerable to being caught in the crossfire and at times forced to flee the area. Livelihoods and social life and services are disrupted, including schooling and health services. Access to and from the areas become more difficult and dangerous. The Armed Forces of the Philippines have intensified efforts to reduce NPA presence and government is trying to reach these areas with community-building projects and services.

Maritime disputes pose another security threat for the region. Illegal poaching and fishing especially in the region's northern waters cause the loss of millions of pesos worth of fish and threatens the security and territorial integrity of maritime areas and resources. Again, improved patrols of the waters by fishery law enforcers and the Coast Guard and apprehension of illegal fishing operators have been stepped up.

Governance

Weak governance can also cause continuing or worsening conditions of health and nutrition. Issues of governance, in particular, in government procurement is described in the RDP as contributing to overpricing of goods and services, delayed procurement and deliveries, or substandard products or results. Cartels are also seen as harming consumers by fixing prices and limiting output or allocating markets, aside from increasing prices significantly. "The region faces problems on petroleum products, rice cartels, communication services, electric cooperatives and to some extent services of private hospitals which charge excessively higher than government hospitals. Rice cartels create temporary rice shortage which influences local pricing. It is ironic that price of rice in the region is almost the same with that of Manila as local rice traders have the absolute control of the supply and price."

The 89 municipalities, 4 cities and 5 provinces have designated Local Nutrition Action Officers. Reportedly, 90 percent of these LGUs are functional and substantially functional. There have been four LGUs awarded the Consistent Regional Outstanding Winner in Nutrition⁶ or CROWN award and eleven LGUs were awarded the Nutrition Honor Award⁴ or NHA for excellence in nutrition performance in the last 20 years.

Financial resources are scarce for most of the LGUs in the region. Of the total 89 municipalities and 4 cities, four (4) belong to sixth class municipality, nine (9) belong to fifth class, twenty one (21) belong to fourth class, twenty three (23) are classified as third class, ten (10) belong to second class and twenty five (25) are classified as first class (Philippine Standard Geographic Code, PSA 2017). The total Internal Revenue Allotment (IRA) of the region is 22,064.05 (In Million Pesos). (Comparison of Allocation to LGUs, DBM 2016)

Conclusion

Malnutrition in Region II is a critical problem intertwined with the development of the region. Improving programs around the first 1000 days seems most logical and intelligent use of additional resources given already existing programs to work from; adjustments in the preschool and school nutrition program is also feasible as they require relatively incremental local investments. The strengthening of the enabling environment will require closer support and resources from the regional NNC office and the RNC especially in local government mobilization. The introduction of nutrition sensitive programs in existing economic and livelihood as well as infrastructure projects to short-cut the trickle down approach is a must given the poverty linked to malnutrition.

The short term and medium term landscape of all forms of malnutrition in the region can be addressed by nutrition specific programs, majority of which are related to the health and nutrition supportive programs. The long term prospect of transforming the region's poor performance in nutrition can be achieved by addressing both the (1) enabling factors that play a huge role in the planning, resourcing and management of nutrition programs and (2) basic causes of malnutrition.

⁶ A national award conferred by the National Nutrition Council for improved nutrition performance for three consecutive years.

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

The Regional Nutrition Action Plan 2019-2022 of Region II was formulated in full recognition of these nutritional problems and their dimensions. The RPAN defines targeted outcomes and sub-outcomes in terms of key nutrition indicators. It identifies programs and projects that will be pursued to achieve these targets.

Section II. RPAN REGION II 2022 OUTCOME TARGETS

The Regional Plan of Action for Nutrition of Region 02 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 2040⁷, (2) reducing inequality in human development outcomes, and (3) reducing child and maternal mortality.

Region 2 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:

Outcome Targets

To reduce levels of child stunting and wasting

Indicator ¹	Baseline	2022 Target
- Prevalence (in percent) of stunted children under five years old	28.8	18.4
- Prevalence (in percent) of wasted children		
- Under five years old	7.1	4.9
- 6 – 10 years old	7.2	4.9

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

To reduce micronutrient deficiencies to levels below public health significance

Indicator ¹	Baseline	2022 Target
<u>Vitamin A deficiency</u>		
Prevalence (in percent) of children 6 months to 5 years old with vitamin A deficiency (low to deficient serum retinol)	12.8	10.0
<u>Anemia</u>		

⁷ 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).

Indicator ¹	Baseline	2022 Target
• Prevalence (in percent) of anemia among women of reproductive age	No data from NNS	
<u>Iodine deficiency disorders</u>		
• Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	223	≥100
- Pregnant women	79	≥150
- Lactating women	98	≥100
• Percent with urinary iodine concentration <50 mcg/L		
- Children 6-12 years old	10.6	10.5
- Lactating women	23.6	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	3.8	3.7
- 6 – 10 years old ²	9.1	8.5

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	10.1	4.9
Adults ²	25.6	19.0

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

Sub-outcome or intermediate outcome targets: It shall contribute to the attainment of the final

outcomes.

Indicator	Baseline	2022 Target
Reduce the proportion of nutritionally-at-risk pregnant women ¹	21.5	17.3
Reduce the prevalence of low birthweight ³	21.7	16.8
Increase the percentage of infants 5 month old who are exclusively breastfed ¹	No data from NNS	
Increase the percentage of children 6-23 months old meeting the minimum acceptable diet ¹	27.6	33.4
Increase the percentage of households with diets that meet the energy requirements ²	38.4	44.9

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 RPAN 2022 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 determinants⁸ 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.

⁸ 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 REGION II PROGRAMS AND PROJECTS

The Region II RPAN consists of 11 programs and 48 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 2. RPAN Region II Programs and Projects

PROGRAM	PROJECT
PROGRAM 1. IYCF AND FIRST 1000 DAYS (F1K) Enabling Program for F1K	1. Mobilization of LGUs on the First 1000 days
	2. Strengthening of health delivery system for F1K
	3. Information Management in the F1K Days
Infant and Young Child Feeding	4. Mobilization of Barangay officials to organize IYCF/ nutrition support groups
	5. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code) and RA 10028 (Breastfeeding Area in Workplaces)
	6. Establishment/Maintenance of Food Innovation Centers and Complementary Food Facility
Dietary Supplementation	7. Supplementary feeding for nutritionally-at-risk pregnant women
Micronutrient Supplementation	8. Iron supplementation for pregnant and lactating women, and low-birth weight infants, calcium carbonate to pregnant women and MNP supplementation for children 6 to 23 months old
	9. Vitamin A supplementation for post-partum women and 6-23 months old children
Nutrition Promotion for Behavior Change	10. Communication Support for F1K
Philippine Integrated Management of Acute Malnutrition (PIMAM)	See Project 28
PROGRAM 2. NATIONAL DIETARY SUPPLEMENTATION	11. Mobilization of LGU resources for dietary supplementation

PROGRAM	PROJECT
PROGRAM⁹	12. Supplementary feeding for Children Enrolled in Child Development Centers and Supervised Neighborhood Plays
	13. School-Based Supplementary Feeding
	14. School-Based Complementary Health Services
PROGRAM 3. ADOLESCENT HEALTH AND DEVELOPMENT	15. U4U (You-for-You) Teen Trail Initiative ¹⁰
	16. LPPEAHD or Learning Package for Parent Education on Adolescent Health and Development
	17. Intensify Establishment of Teen Centers ¹¹
	18. Weekly Iron Folic Acid (WIFA) Supplementation
	19. Capacity building of Pre-marriage counsellors
	20. KATROPA <i>"Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya"</i> ¹²
	21. Responsible Parenting and Family Planning Class
PROGRAM 4. MICRONUTRIENT SUPPLEMENTATION	22. Vitamin A Supplementation for children 24-59 months old
	23. Anemia Reduction among Women of Reproductive Age (WRA)
	<p>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.</p> <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 Post-Partum Women and Children 6-23 months old • Iron Supplementation for Anemic Children in Child Development Centers • Iron Supplementation for School Children • WIFA for adolescents
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION	24. Promotion of Healthy Lifestyle
	25. Healthy Food Environment
	26. Weight Management Intervention
PROGRAM 6. MANDATORY FOOD FORTIFICATION	27. Advocacy for and Monitoring of Compliance of RA 8976 and 8172
PROGRAM 7. PHILIPPINE INTEGRATED MANAGEMENT	28. Enhancement of PIMAM Facilities, Capacities and Provision of Services

⁹ Dietary supplementation outside the first 1000 days

¹⁰ Interactive peer-to-peer approach to deliver key messages in the prevention of teenage pregnancy; spread of STI-HIV Aids; basic life skills

¹¹ School/community-based facility where info and counselling for adolescents, including OSY are provided by trained peer educators

¹² Caters to group of men to understand maternal, new born and child health and nutrition, appreciation of men's practical role during pregnancy, labor and delivery, promote active participation in maternal and child nutrition

PROGRAM	PROJECT
OF ACUTE MALNUTRITION (PIMAM)	
PROGRAM 8. NUTRITION IN EMERGENCIES	29. Building and Strengthening Capacities for Nutrition in Emergencies
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE	30. Health and Nutrition Education in schools (among learners and parents/caregivers)
	31. Family Development Sessions
PROGRAM 10. NUTRITION SENSITIVE PROGRAM	32. Gulayan sa Paaralan
	33. Farm to Market Roads
	34. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)
	35. Potable Water Support to ARAs - CP-WASH (Facilities) WASH Focused Enterprise/Livelihood (Capacity Development)
	36. Village Level Farm Focused Enterprise Development (VLFED)
	37. Partnership Against Hunger and Poverty
	38. Diskwento Caravan
	39. Livelihood Project Component of TARGET Program - Aquaculture Production Services
	40. Livelihood Project Component of TARGET Program - Post-harvest Services
	41. Research and Development on Food Products
	42. Small Enterprise Technology Upgrading Program (SETUP)
	43. Community Empowerment through Science and Technology
	44. Sustainable Livelihood Project
	45. Operational Research on the Nutrition Sensitive Projects
PROGRAM 11. ENABLING PROGRAM	46. Mobilization of Local Government Units for Nutrition Outcomes
	47. Policy Development for Food and Nutrition
	48. Management Strengthening Support to RPAN Effectiveness

Table 3. Description of RPAN Region 2 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)</p> <p>The program is led by the Department of Health in partnership with sectoral agencies, LGUs, NGOs, and development partners.</p>	
Project Title	Project Output/s
Project 1. Mobilization of LGUs on the First 1000 days	1-O.1. All provinces and at least 93 of municipalities and cities mobilized for F1K and nutrition
Project 2. Strengthening of health delivery system for F1K including review of RHUs for F1K compliance including delivery	2-O.1. Review of existing health delivery system for F1K in all RHUs completed
	2-O.2. Enhanced health delivery system on F1K compliance (ANC, safe motherhood, nutrition counselling, immunization, growth monitoring) in all RHUs put in place
Project 3. Information Management of F1K	3-O.1. A harmonized system of information for the efficient and effective implementation of F1K services developed and utilized by the health system and the LGUs
Project 4. Mobilization of Barangay officials to organize IYCF/ nutrition support groups	4-O.1. Two Thousand Eighty (2, 080) barangays in Region II have IYCF support groups established by end of 2022
Project 5. Advocacy for Stronger Enforcement and Compliance Monitoring of EO 51 and RA 10028	5-O.1. 97 of health and non-health facilities/establishments strictly enforcing and compliant to EO 51 and RA 10028

Project 6. Establishment/Maintenance of Food Innovation Centers, Food Processing Plants and Complementary Food Facility	6-O.1. Maintained existing Food Innovation Center, Food Processing Plant and Complementary Food Facility
	6-O.2. Established new food innovation centers and complementary food facilities
Project 7. Supplementary feeding for nutritionally-at-risk pregnant women	7-O.1. 4, 040 nutritionally at risk pregnant women given supplementary feeding
	7-O.2. All LGUs implementing dietary supplementation for nutritionally at risk pregnant women by end of 2022
Project 8. Iron supplementation for pregnant and lactating women, and low-birth weight infants and calcium carbonate to pregnant women and MNP supplementation for children 6 to 23 months old	8-O.1. All RHUs providing iron supplements to pregnant and lactating women and low birth weight infants and calcium carbonate to pregnant women and MNP for children 6 to 23 months old based on standards
	8-O.2. A system for tracking the actual consumption of iron and calcium carbonate developed/operationalized
Project 9. Vitamin A supplementation for post-partum women and 6-23 months old children	9-O.1. All RHUs providing 1 capsule of 200,000 IU Vitamin A to postpartum women; 1 capsule of 100,000 IU Vitamin A to children 6 to 11 months; and 1 f capsule of 200,000 IU Vitamin A to children 12 to 23 months every 6 months
	9-O.2. Monitoring/Tracking system of actual consumption of Vitamin A developed/operationalized
Project 10. Communication Support for F1K	10-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K fully developed and implemented
Enhancement of PIMAM Facilities, Capacities and Provision of Services	See Project 28
PROGRAM 2. DIETARY SUPPLEMENTATION PROGRAM	
<p>Program Description:</p> <p>The Dietary Supplementation Program aims to safeguard the health of nutritionally-at-risk groups by providing 1) nutritious foods to supplement diets of 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.</p> <p>The Program will be jointly implemented by the DOH, DSWD, DepEd, LGUs in partnership with NGOs and development partners.</p>	

Project Title	Project Output/s
Project 11. Mobilization of LGU resources for dietary supplementation	11-O.1. Four (4) LGUs/SUCs mobilized
Project 12. Supplementary feeding for children enrolled in the Child Development Centers and Supervised Neighborhood Plays	12-O.1. All children enrolled in CDCs and SNPs provided with supplementary feeding
Project 13. School-Based Supplementary Feeding	13.O.1 Wasted and severely wasted kinder- grade 6 learners in all public elementary school provided with supplementary feeding
Project 14. School-Based Complementary Health Services	14-O.1. All schools providing package of complementary health services at satisfactory level

PROGRAM 3. ADOLESCENT HEALTH AND DEVELOPMENT PROGRAM

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.

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 Output/s
Project 15. U4U (You-for-You) Teen Trail Initiative	15-O.1 Twenty (20) U 4U Teen Trail conducted
Project 16. LPPEAHD or Learning Package for Parent Education on Adolescent Health and Development/Breaking the Barrier	16-O.1. Twenty (20) LPPEAHD trainings/orientations conducted
Project 17. Intensify Establishment of Teen Centers	17-O.1. Five (5) Teen Centers established and fully operational
Project 18. Weekly Iron Folic Acid Supplementation	18-O.1. All female adolescent learners given weekly iron-folic acid (WIFA)
Project 19. Capacity building of Pre-marriage counsellors	19-O.1. Enhanced PMC module integrating adolescent health and nutrition
	19-O.2. Number Pre-marriage Counselling Trainings conducted
Project 20. KATROPA <i>“Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya”</i>	20-O.1. Two (2) KATROPA trainings conducted
Project 21. Responsible Parenting and Family Planning Class	21-O.1. One Thousand (1000) couples attending RPPF classes

PROGRAM 4. MICRONUTRIENT SUPPLEMENTATION

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.

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.

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 Output/s
Project 22. Vitamin A Supplementation for children 24-59 months old	22-O.1. All RHUs providing Vit. A supplements to children aged 24-59 months based on standards
Project 23. Anemia Reduction among Women of Reproductive Age (WRA)	23-O.1. All RHUs providing iron-folic acid to women of reproductive age (WRA) based on standards

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 24. Promotion of Healthy Lifestyle	24-O.1. Ten (10) advocacy activities on healthy lifestyle conducted
	24-O.2 Twenty (20) of agencies/entities physical fitness activities among employees
Project 25. Healthy food environment	25-O.1. All School Canteen compliant to Department Order no. 13 s 2017
	25-O.2. Twenty (20) offices, institutions and establishments supporting healthy food environment
Project 26. Weight Management Intervention	26-O.1. All cities and municipalities are implementing weight management activities (including weight program policy, diabetic clinic and hypertension club) by the end of 2022
PROGRAM 6. 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 27. Advocacy for and Monitoring of Compliance of RA 8976 and 8172	27-O.1. A mechanism for advocacy and compliance monitoring of food fortification strengthened and implemented
	27-O.2. Six (6) Bantay Asin Check Points and Testing Centers established/reactivated/re-organized
PROGRAM 7. NUTRITION IN EMERGENCIES PROGRAM	
<p>Program Description:</p> <p>Nutrition in Emergencies is one of the nutrition specific programs under the RPAN that seeks to build capacity of the Local Disaster Risk Reduction and Management Committees (LDRRMCs)/Nutrition Clusters (NCs) to integrate nutrition promotion and management activities in their disaster risk reduction and management plan in their LGUs. It seeks to enable <i>LGUs</i> to deliver timely, appropriate and adequate nutrition services during emergencies. The program would cover actions to improve levels of preparedness, response and recovery and rehabilitation¹³. The capacity building of the LDRRMC/NCs will enable the effective protection of children, women, and other</p>	

¹³ Disasters are a big downward pull to the state of nutrition and in the Philippines, including Region 2 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.

vulnerable groups with respect to their nutritional needs, promoting appropriate infant and young child feeding practices, and preventing under nutrition and worsening of nutritional status particularly in prolonged disasters and emergencies.	
Project Title	Project Outputs
Project 28. Enhancement of PIMAM Facilities, Capacities and Provision of Services	28-O.1. Delivery system for PIMAM established and fully operational across the region
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). More specific protocols are contained in the “National Guidelines on the Management of Severe Acute Malnutrition (SAM) for Under-Five Children” and the “National Guidelines on the Management of Moderate Acute Malnutrition (MAM) for Under-Five Children”.</p> <p>The RPAN shall implement the PIMAM Program through a project named Enhancement of PIMAM Facilities, Capacities and Provision of Services focused on building the capacity of local implementers on SAM and MAM active case finding, provision and supply management of F75, F100 RUTF and RUSF (and its equivalent in RHUs), treatment and management of SAM in the ITC and OTC and of MAM in TSFP, among others.</p> <p>The RPAN recognizes that PIMAM shall be complemented by other nutrition interventions to sustain the normal status of rehabilitated children including nutrition counseling, especially on IYCF. It also interphases with the Nutrition in Emergencies Program as emergencies and disasters could trigger an increase in acute malnutrition.</p> <p>The program is led by the DOH, in partnership with LGUs, NGOs, and developmental partners, in particular UNICEF and WFP.</p>	
Project Title	Project Outputs
Project 29. Building and strengthening capacities for nutrition in emergencies	29-O.1. Local Nutrition Cluster organized in 50 remaining LGUs
	32-O.2. All nutrition clusters at regional and local levels fully capacitated and are able to provide adequate and timely nutrition services during emergencies, disasters and emerging situations by end of 2022
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOR CHANGE	
<p>Program Description:</p> <p>The Nutrition Promotion for Behavior Change Program aims to raise awareness of family members, development workers and policy makers on the importance of improving nutrition and ensure that the various nutrition-specific services are supported with appropriate communication activities. Ultimately, the program is designed to contribute to the program partners’ (audiences) adoption of positive practices that impact on nutrition.</p> <p>The Program aims to strengthen the provision of behavior changing nutrition promotion opportunities covering</p>	

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 promotion and campaign on the Nutritional Guidelines for Filipinos, 10 Kumainments and Pinggang Pinoy shall form part of the Regional Program on Nutrition Promotion for Behavior Change.

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 30. Health and Nutrition Education in schools among learners	30-O.1. Two Thousand Two Hundred (2200) schools implementing health and nutrition education activities for learners
Project 31. Family Development Sessions/ PES	31-O.1. Ninety Three Thousand Four Hundred Forty Three (93, 443) families participated in FDS with enhanced nutrition module

NUTRITION SENSITIVE PROGRAM

PROGRAM 10. NUTRITION SENSITIVE PROGRAM

Program Description:

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.

The Region XI RPAN 2019-2022 identified nutrition-sensitive projects ranging from agriculture, health, education, jobs generation, livelihood, gender and development, among others.

These projects target food insecure households whose children and mothers are disadvantaged nutritionally, improves their livelihood and employment, and therefore increases their income to enable them to access food daily. Further, the program encourages a more qualitative use of resources alongside income through education. This will affect the level of nutritional knowledge, skills and practices of affected families focused on key messages of first 1,000 days including prenatal care, exclusive breastfeeding, complementary and supplementary food for children. A project on determining the contribution of the projects to addressing malnutrition will be undertaken during the RPAN period.

The list of projects will be updated in the course of plan implementation. While each of the projects will be implemented by specific agencies with key participation from local government units, the coordination for the overall program will be done through the RNC Technical Working Group with support from the NNC Regional Secretariat.

Project Title	Project outputs
Project 32. Gulayan sa Paaralan	General Outputs for Nutrition-Sensitive Projects, see Annex 2 for details: 32-45-O.1. Thirteen (13) projects in the region with tweaking strategies for nutritional impact 35-43-O.2. Two hundred (200) families enrolled in projects tweaked for nutritional impact 35-43-O.3. One Hundred Sixty (160) families involved in
Project 33. Farm to Market Road	
Project 34. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	

Project 35. Potable water Support to ARAs ○ CP-WASH (Facilities) WASH Focused Enterprise/Livelihood (Capacity Development)	nutrition sensitive projects with increased income
Project 36. Village Level Farm Focused Enterprise Development (VLFED)	
Project 37. Partnership Against Hunger & Poverty	
Project 38. Diskwento Caravan	
Project 39. Livelihood Project Component of TARGET Program - Aquaculture Production Services	
Project 40. Livelihood Project Component of TARGET Program - Post-harvest Services	
Project 41. Research and Development on Food Products	
Project 42. Small Enterprise Technology Upgrading Program (SETUP)	
Project 43. Community Empowerment through Science and Technology	
Project 44. Sustainable Livelihood Program	45-O.1. Research completed and feed into redesign
Project 45. Operational Research on the Nutrition Sensitive Projects	

ENABLING PROGRAM

PROGRAM 11. ENABLING PROGRAM

Program Description:

There are three inter-related projects under the enabling programs of Region 12 RPAN 2019-2022. They include: Mobilization of Local Government Units for Nutritional Outcomes, Policy Development for Food and Nutrition, and Management Strengthening for PPAN Effectiveness.

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

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

Management Strengthening Support for RPAN Effectiveness aims to produce changes in the current system of RPAN implementation 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. The Regional Nutrition Committee (RNC) and the NNC Regional Office (as the RNC Secretariat) shall be pioneering the implementation and monitoring of the three inter-related projects.

Project Title	Project Outputs
Project 46. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	46-O.1. 100% of provinces and their constituent component cities and municipalities mobilized for delivery of nutritional outcomes
	46-O.2. Local nutrition champions organized
	46-O.3. 793 Rural Improvement Clubs engaged to support local nutrition actions including F1K
Project 47. Policy Development for Food and Nutrition	47-O.1. Policy guidelines supporting RPAN implementation issued at regional and local levels including the development of a regional policy and research agenda
Project 48. Management Strengthening Support to RPAN Effectiveness	48-O.1. RNC and NNC Region II strengthened for Effective RPAN Implementation
	48-O.2. RNC member agencies and NNC 2 Budgets Respond to RPAN Requirements

Section IV: ESTIMATES OF BUDGETARY REQUIREMENTS FOR RPAN

Table 4 provides the budget estimates by program as well as the share of the total budget to the total RPAN budget. Table 5 provides the estimate for the 11 programs and 48 projects included in the RPAN. The table indicates both funded and unfunded components of the budgetary requirements. The budget estimated for 2019-2022 for all 11 programs amount to Php 4,551,679,804 with an annual average of about Php 1,137,919,951. The funded portion is Php 4,551,679,804 representing 92.51 % of total, while the unfunded portion amounts to Php341,084,960 representing 7.49 %. Financing come mostly from General Appropriations and Local Budgets from Intrnal Revenue Allowance. 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 2 RPAN 2019-2022, by Program, by Project, by year and with recommended action to fill resource gap.

Table 4. Summary of Budgetary Requirements by program and share of program budget to total RPAN

PROGRAMS	Total budget (pesos)	% of total RPAN budget
Program 1: IYCF and First 1000 Days (F1K)	382,644,397	8.41%
Program 2: National Dietary Supplementation Program	1,251,655,920	27.50%
Program 3: Adolescent Health and Development	87,344,390	1.92%
Program 4: Micronutrient Supplementation Program ¹⁴	29,590,087	0.65%
Program 5: Overweight and Obesity Management and Prevention ¹⁵	739,250	0.02%
Program 6: Mandatory Food Fortification Program ¹⁶	1,200,000	0.03%
Program 7: Philippine Integrated Management of Acute Malnutrition (PIMAM)	272,000	0.01%
Program 8: Nutrition in Emergencies Program	1,128,000	0.02%
Program 9: Nutrition Promotion for Behaviour Change	3,200,000	0.07%
Program 10: Nutrition Sensitive	2,791,630,760	61.33%
Program 11: Enabling Program	2,275,000	0.04%
Grand Total	4,551,679,804	100%

¹⁴ Part of budget cover is not costed since supplies are downloaded by Central Office to Regional Offices

¹⁵ Part of budget is integrated in the Prevention of Non Communicable diseases Program of DOH

¹⁶ Budgets come from national level and estimates are not included so percentage share of programs to the RPAN budget do not show total picture

Table 5. Summary Budget Estimates for Programs and Projects

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Program 1: IYCF and First 1000 Days (F1K)		382,644,397	
Project 1. Mobilization of LGUs on the First 1000 days	NNC, DOH	7,826,127	
Project 2. Strengthening of health delivery system for F1K	DOH, LGUs		
Project 3. Information Management in the F1K	DOH, NNC, LGUs		
Project 4. Mobilization of Barangay officials to organize IYCF/ nutrition support groups	DOH, NNC, LGUs		
Project 5. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces)	DOH, NNC, DOLE, LGUs	70,000	
Project 6. Establishment/Maintenance of Food Innovation Centers and Complementary Food Facility	DOST	2,300,000	
Project 7. Supplementary feeding for nutritionally-at-risk pregnant women	DOH	450,000	
Project 8. Iron supplementation for pregnant and lactating women, and low-birth weight infants and calcium carbonate to pregnant women and MNP supplementation for children 6 to 23 months old	DOH	366,850,473	
Project 9. Vitamin A to postpartum women and children 6-23 months old	DOH	5,147,797	
Project 10. Communication Support for F1K	DOH, NNC, PIA		
Program 2: National Dietary Supplementation Program		1,251,655,920	
Project 11. Mobilization of LGU resources for dietary supplementation	DOH, NNC		
Project 12. Supplementary Feeding for Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	DSWD	741,394,800	
Project 13. School-Based Supplementary Feeding	DepEd	510,261,120	
Project 14. School-Based Complementary Health Services	DepEd, DOH		
Program 3: Adolescent Health and Development		87,344,390	
Project 15. U 4 U Teen Trail Initiative	PopCom	280,800	
Project 16. LPPEAHD or Learning Package for Parent Education on Adolescent Health and Development	PopCom	260,000	
Project 17. Establishment of Teen Centers/Peer Education	PopCom	960,000	

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Project 18. Weekly Iron-Folic Acid Supplementation	DOH, DepEd	83,380,206	
Project 19. Capacity building of Pre-marriage counsellors	PopCom	480,000	
Project 20. KATROPA “ <i>Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya</i> ”	PopCom	520,000	
Project 21. Responsible Parenting and Family Planning Classes	PopCom	1,463,384	
Program 4: Micronutrient Supplementation Program		29,590,087	
Project 22. Vitamin A Supplementation to children 12-59 months old	DOH, LGUs	3,888,229	
Project 23. Anemia Reduction among Women of Reproductive Age (WRA)	DOH, LGUs	25,701,858	
Program 5: Overweight and Obesity Management and Prevention		739,250	
Project 24. Promotion of Healthy Lifestyle	DOH, NNC, LGUs	719,000	
Project 25. Healthy Food Environment	DOH, NNC, LGUs		
Project 26. Weight Management Intervention	DOH, NNC, LGUs	20,250	
Program 6: Mandatory Food Fortification Program	DOH, NNC, LGUs	1,200,000	
Project 27. Advocacy for and Monitoring of Compliance of RA 8976 and 8172	DOH, NNC, RBATF	1,200,000	
Program 7. Philippine Integrated Management of Acute Malnutrition (PIMAM)		272,000	
Project 28. Enhancement of PIMAM Facilities, Capacities and Provision of Services	DOH	272,000	
Program 8: Nutrition in Emergencies			1,128,000
Project 29. Building and Strengthening Capacities for Nutrition in Emergencies	DOH, NNC		1,128,000
Program 9: Nutrition Promotion for Behaviour Change		3,200,000	
Project 30. Health and Nutrition Education in schools (among learners and parents/caregivers)	DepEd		
Project 31. Family Development Sessions	DSWD	3,200,000	
Program 10: Nutrition Sensitive		2,453,951,800	337,678,960
Project 32. Gulayan sa Paaralan	DA, DepEd	22,000,000	

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Project 33. Farm to Market Roads	DA, DPWH	2,199,700,000	
Project 34. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	DOLE	400,000	
Project 35. Potable Water Support to ARAs CP-WASH (Facilities) WASH Focused Enterprise/Livelihood	DAR	45,000	
Project 36. Village Level Farm Focused Enterprise Development (VLFED)	DAR, DOST, DTI, DA	66,000	
Project 37. Partnership Against Hunger and Poverty	DAR, DA, DSWD	54,000	
Project 38. Diskwento Caravan	DTI	500,000	
Project 39. Livelihood Project Component of TARGET Program - Aquaculture Production Services	BFAR	72,937,000	
Project 40. Livelihood Project Component of TARGET Program - Post-harvest Services	BFAR	1,584,000	
Project 41. Research and Development on Food Products	DOST,SUCs	2,600,000	
Project 42. Small Enterprise Technology Upgrading Program (SETUP)	DOST	126,564,800	
Project 43. Community Empowerment through Science and Technology	DOST	27,519,000	
Project 44. Sustainable Livelihood Project	DSWD, DA, DOLE, DTI		336,478,960
Project 45. Operational Research on the Nutrition Sensitive Projects	RNC, NNC		1,200,000
Program 11: Enabling Program			2,275,000
Project 46. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	RNC, NNC		2,000,000
Project 47. Policy Development for Food and Nutrition	RNC, NNC		50,000,000
Project 48. Management Strengthening Support to RPAN effectiveness	NNC, RNC		225,000
Grand Total		4,210,597,844	341,081,960

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 PhP341,084,960. The funding gap can be addressed in three ways namely (1) proposing the project, program with shortfall in Tier 2 for 2019 to 2022; (2) allocating funds from the LGU budget for the same period and lastly (3) securing partnership and financial support from development partners. Private sector funding may also be available but a strategy for such needs to be developed by the leadership within the RNC.

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

The economic benefits of the region's investment in nutrition certainly far outweigh the investment costs. Not only will the investment result in healthier children, healthy lives and well-being for its citizens, it also means lesser government expenditures on health, with monies intended for medical expenses and the treatment of maladies going to infrastructure, social services and other basic services of government. In the long term, Region 02's investment will translate to increased access to economic benefits and opportunities, reduced inequality in human development and a productive workforce, among other benefits.

Section V. RISKS ANALYSIS AND MITIGATION MEASURES

The RPAN was subjected into rigorous risks analysis and corresponding to the various risks identified, mitigation measures were determined. In the Program Implementation Review Plan (PIR) for the effective management of the RPAN, the table of risks and mitigation measures would require revisit to ensure emerging risks not covered during the exercise are factored in real time. The risks identified follow the PESTLE+C analysis covering political, economic, social, technological, legal, environmental and cultural dimensions. These risks and their corresponding mitigation strategies are specific to the situation in Region 2. ***(See Table at the next page).***

Table 6. Risks Analysis and Mitigation Measures

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Political	<p>The change of administration due to local and barangay elections coupled with lack of support on nutrition programs make it difficult for nutrition to land on the LGUs' priority agenda. These lead to:</p> <ul style="list-style-type: none"> - insufficient budgetary allocation for nutrition human resources (NAOs, NDs, BNSs), nutrition infrastructure (nutrition offices, nutrition committees) and program implementation - discontinuation or disruption of implementation of nutrition programs - fast turn-over of health and nutrition volunteer workers (i.e., BNS, BHW) - incurred additional expense in the training of newly hired nutrition officers, staff and volunteer workers 	<p>Strengthen advocacy with LCEs and the LGUs (as a whole) to ensure commitment and support to the implementation of nutrition programs.</p> <p>Empower the communities for nutrition program participation.</p>	<p>The Regional Nutrition Committee should lead the development of a comprehensive LGU Mobilization Strategy to put in place an enabling environment that would beef up the nutrition infrastructure at the local levels (policies, human resources, structures, programs). The LGUs should be empowered for program implementation, monitoring, evaluation and scaling up.</p> <p>Point up the alarming state of nutrition in the region and in the LGUs as a rallying point for mobilizing LGUs.</p> <p>The LGU Mobilization Strategy should be designed to develop, capacitate, and manage LCE nutrition champions and ground mobilizers, including the BNSs as frontline workers/mobilizers.</p>
Economic	<p>Increasing prices of food and services diminish the purchasing capacity especially of poor families.</p> <p>Insufficient income of lowly paid workers are not able to provide for the nutritional needs of their families. This results from non-compliance of establishments to the minimum wage rate and other monetary and non-monetary employee benefits.</p>	<p>Mitigating measures could include:</p> <ul style="list-style-type: none"> - Ensuring stability in food crop production - Provision and strengthening of safety nets for poor families - Intensified enforcement of labor laws and inspection on compliance of establishments on the minimum wage rates 	<p>The implementation of nutrition specific programs and projects to address the malnutrition situation of poor families should be complemented with nutrition sensitive programs such as home food production, employment and livelihood opportunities, Diskwento Caravans, among others. The RPAN specifies the nutrition sensitive programs that can be enhanced to produce nutritional</p>

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
			outcomes.
Social	The high incidence of teenage pregnancy in the region compromises the nutritional status of teenage mothers and their children, thus contributing to the vicious cycle of malnutrition.	Intensify advocacy on adolescent health and development using social media and other interactive modes and facilities.	The program on Adolescent Health and Development in the RPAN should be scaled up during the four-year plan implementation. The RNC with the leadership of DOH and POPCOM should strengthen partnership with the media and other agencies involved in reproductive health advocacy.
	Mothers working outside the home are not able to provide appropriate and adequate care and feeding needed by infants and young children.	<p>Expand the reach and coverage of infant and young child feeding (particularly exclusive breastfeeding).</p> <p>Forge and strengthen partnership with relevant sectors and entities for a stronger advocacy and enforcement of RA 10028 as well as the passage of the bill on expanded maternity leave.</p>	<p>The RNC should focus its efforts on mobilizing local government units, private sectors to:</p> <ul style="list-style-type: none"> - Support, promote, protect breastfeeding even during times of emergencies - organize IYCF support groups - set up lactation stations in public places and work places - provide livelihood opportunities and expand employment opportunities
Technological	Massive use of media and advertising for infant formula, sugar sweetened beverages, health supplements, fast food, among others, tend to impact negatively on healthy food options and preferences.	Intensify nutrition promotion using quad and traditional media to promote healthy food options and environment.	The NNC should maximize the reach and capacities of its established Nutriskwela Community Radio Network and expand partnerships with the quad media (private and public) as well as with regional and local information officers.
Legal	The implementation of RA 10903 or the		The implementation of nutrition specific

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	Tax Reform Acceleration and Inclusion (TRAIN) Law may cause higher excise levies on petroleum which may increase prices of food and non-food commodities affecting the purchasing capacity of poor families.	<p>Mitigating measures could include:</p> <ul style="list-style-type: none"> - Ensuring stability in food crop production - Provision and strengthening of safety nets especially to affected and at risk families - Intensified price monitoring 	programs and projects to address the malnutrition situation of poor families should be complemented with nutrition sensitive programs such as home food production, employment and livelihood opportunities, Diskwento Caravans, among others. The RPAN specifies the nutrition sensitive programs that can be enhanced to produce nutritional outcomes.
Environmental and Climate Change	The region's vulnerability to different disasters like typhoons/flooding, drought, landslides affects food availability and accessibility that in turn affect prices of food commodities.	<p>Strengthen the capacity of communities on disaster preparedness and climate change adaptation.</p> <p>Integrate DRR and CCA in policies, plans, programs, and projects.</p>	Institutionalizing the nutrition clusters from province, city, municipal most especially barangay levels should be the focus of the RPAN 2017-2022. The Local Nutrition Committees also act as the Local Nutrition Clusters serving as the mechanism that will ensure the nutritional status of the vulnerable groups (infants and young children, pregnant and lactating women, persons/children with disabilities, elderly, among others) will not deteriorate during times of emergencies and disasters. The RPAN program design should make sure that the Local Nutrition Committees are not only capacitated on nutrition program management and Nutrition in Emergencies but on disaster risk reduction and climate change mitigation and adaptation. Close coordination with the R/LDRRMCs would be necessary.

Risk Category	Assumption on Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Cultural	Traditional practice in some IP communities and municipalities that have women go to the farm while men stay with the children lead to shorter duration of exclusive breastfeeding and early introduction of the complementary foods -- both contributing to child stunting.	Scale up and sustain the complementation of nutrition specific, nutrition sensitive and enabling programs converging on IPs and GIDAs which are most vulnerable to malnutrition.	<p>Livelihood programs for IP and rural communities should be intensified and integrated in regional value chain.</p> <p>The regional and local nutrition committees should enter into partnerships for the provision of nutrient dense dietary supplementation for malnourished children.</p> <p>Implementation of both programs should be supported with strong nutrition promotion for behaviour change interventions using culturally sensitive approaches.</p>

Section VI: The RPAN Institutional Arrangements

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

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

Its functions are to formulate, coordinate, monitor and evaluate the regional nutrition action plan. It also extends technical assistance to local nutrition committees along nutrition program management. It will create a technical working group to address issues/concerns/problems and strengthen inter-agency coordination.

In the discharge of 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 II. The Results Matrix will be broken down by NNC Regional Office 02 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 endeavour 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 II Implementation Plan and Results Framework

The RPAN Region II 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 7), the implementation plan with respect to the outputs of the projects has also been defined for years 2019-2022. The 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 Region 02 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 48 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 RPAN results framework.

In the results framework, the accountability of agencies vis a vis budgets, outputs, coverage and shared outcomes among agencies is made explicit.

Table 7. RPAN Region 2 2019-2022 Results Framework

RPAN Region II Outcome Targets



PROGRAM 1. INFANT AND YOUNG CHILD FEEDING 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					
Output 1-O.1. All provinces, cities and municipalities mobilized for F1K and nutrition	5 provinces 4 cities 20% muns	50% muns	80% muns	100% muns	DOH, NNC, DILG
1-A.1. RNC and RDC Endorsement of F1K and RPAN 2019-2022					
1-A.2. Issuance of DILG memo circular supporting RNC and RDC endorsement					
1-A.3. Conduct of Forum on F1K and RPAN among Governors, Mayors, key officials and stakeholders					
1-A.4. Preparation and adoption of P/M/CNAPs of all provinces, municipalities and cities highlighting F1K and integration in local development and investment plans					
1-A.5. Monitoring, assessment and adjustments					
2. Strengthening of health delivery system for F1K including review of RHUs for F1K compliance including delivery					
2-O.1. Review of existing health delivery system for F1K in all RHUs completed	/	/	/	/	DOH, NNC, LGUs
2-O.2. Enhanced health delivery system on F1K compliance in all RHUs put in place	/	/	/	/	
2-A.1. Planning for review					

PROGRAM 1. INFANT AND YOUNG CHILD FEEDING AND FIRST 1000 DAYS (F1K)						
Project Title, Outputs and Major Activities		Target				Agency/ies involved
		2019	2020	2021	2022	
2-A.2. Conduct of review and reporting of results						
2-A.3. Integration of results in RHU operations						
2-A.4. Mobilization and capacity building of health workers including BNSs, BHWs and NDPs						
2-A.5. Monitoring, evaluation and adjustments						
3. Information Management of F1K						
3-O.1. A harmonized system of information for the efficient and effective implementation of F1K services developed and utilized by the health system and the LGUs		/	/	/	/	DOH, NNC, LGUs
3-A.1. Review of existing information management system						
3-A.2. Finalization and endorsement of the information system						
3-A.3. Implementation of the harmonized information system						
3-A.4. Monitoring, evaluation and re-design						
4. Mobilization of Barangay officials to organize IYCF/ nutrition support groups						
4-O.1. 2,080 barangays in Region 2 have IYCF support groups established by end of 2022		25%	50%	75%	100%	DOH, NNC, LGUs
4-A.1. Develop the regional approach/es for establishing IYCF nutrition support groups						
4-A.2. Advocacy and policy support for establishment of IYCF nutrition support groups						
4-A.3. Re-training/Re-orientation of the IYCF support groups in the region						
4-A.4. Develop promotional materials on IYCF support groups						
4-A.5. Monitoring, assessment and adjustments for scaling up						
5. Advocacy for Stronger Enforcement and Compliance Monitoring of EO 51 and RA 10028						
5-O.1. Number of health and non-health facilities/establishments strictly enforcing and compliant to EO 51 and RA 10028		50% RHUs 50% RNCs	50% RHUs 50% RNCs	25% Hospital	25% Hospital	DOH,NNC, DOLE, LGUs

PROGRAM 1. INFANT AND YOUNG CHILD FEEDING AND FIRST 1000 DAYS (F1K)						
Project Title, Outputs and Major Activities		Target				Agency/ies involved
		2019	2020	2021	2022	
		25% Hospital	25% Hospital			
5-A.1. Organize regional and provincial Milk Code and relevant Task Forces						
5-A.2. Develop guidelines and protocols for monitoring						
5-A.3. Conduct of compliance monitoring						
5-A.4. Review of progress of enforcement and compliance monitoring and adjustments						
6. Establishment/Maintenance of Food Innovation Centers, Food Processing Plants and Complementary Food Facility						
6-O.1. Maintained existing Food Innovation Center, Food Processing Plant and Complementary Food Facility		1 FIC, 1 FPP, 2 CFF	2 FIC, , 1 FPP, 2 CFF	3 FIC, 1 FPP, 2 CFF	4 FIC, 1 FPP, 2 CFF	DOH, NNC, DA, DOST and DTI
6-O.2. Established new food innovation centers and complementary food facilities		1	1	1		
6-A.1. Formulation and Operationalization of Plan for Regional Complementary food production and marketing with active participation of LGUs, NGOs, SUCs and business sectors						
6-A.2. Establish FICs and Complementary Food Facility						
6-A.3. Maintain Food Innovation Center						
6-A.4. Monitoring, evaluation and adjustments for scaling up						
7. Supplementary feeding for nutritionally-at-risk pregnant women						
7-O.1. Number of nutritionally at risk pregnant women in the region given supplementary feeding		4,040	TBD	TBD	TBD	DOH, LGUs
7-O.2. No. of LGUs implementing dietary supplementation for nutritionally at risk pregnant women						
7-A.1. Advocacy among LCEs/LGUs on the dietary supplementation program						

PROGRAM 1. INFANT AND YOUNG CHILD FEEDING AND FIRST 1000 DAYS (F1K)					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
7-A.2. Conduct of coordination meetings to develop the mechanics for the dietary supplementation including masterlisting of beneficiaries and M & E					
7-A.3. Provision of supplementary feeding for nutritionally at risk pregnant women					
7-A.4. Communication support through quad media utilization					
7-A.5. Monitoring, reporting and adjustments					
8. Iron supplementation for pregnant and lactating women, and low-birth weight infants, calcium carbonate and MNP supplementation for children 6 to 23 months old					
8-O.1. <i>All RHUs providing iron supplements to pregnant and lactating women and low birth weight infants, calcium carbonate to pregnant women and MNP for children 6 to 23 months old based on standards</i>	100%	100%	100%	100%	DOH, LGUs
8-O.2. A system for tracking the actual consumption of iron and calcium carbonate developed/operationalized	/	/	/	/	
8-A.1. Downloading of micronutrient supplements to RHUs					
8-A.2. Improvement of the inventory and distribution of micronutrient supplements (during visits and home visitation)					
8-A.3. Development, pilot testing and operationalization of the system for tracking the actual consumption of iron and calcium carbonate supplements					
8-A.4. Capacity building among all health personnel					
8-A.5. Actual distribution of supplements					
8-A.6. Monitoring, reporting, and adjustments					

PROGRAM 1. INFANT AND YOUNG CHILD FEEDING AND FIRST 1000 DAYS (F1K)					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
9. Vitamin A supplementation for post-partum women and 6-23 months old children					
9-O.1. All RHUs providing 1 capsule of 200,000 IU Vitamin A to postpartum women; 1 capsule of 100,000 IU Vitamin A to children 6 to 11 months; and 1 capsule of 200,000 IU Vitamin A to children 12 to 23 months every 6 months	100%	100%	100%	100%	DOH, LGUs
9-O.2. Monitoring/Tracking system of actual consumption of Vitamin A developed/operationalized	/	/	/	/	
9-A.1. Downloading of micronutrient supplements to RHUs					
9-A.2. Inventory and distribution of micronutrient supplements (during visits and home visitation)					
9-A.3. Development, pilot testing and operationalization of the system for tracking the actual consumption of Vitamin A supplements					
9-A.4. Conduct training among all health personnel					
9-A.5. Actual distribution of supplements					
9-A.6. Monitoring, reporting, 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 fully developed and implemented	/	/	/	/	NNC, DOH, LGUs
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, monitoring and adjustments					

PROGRAM 2. NATIONAL DIETARY SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
11. Mobilization of LGU resources for dietary supplementation (facility, technical personnel, raw materials)					
11-O.1. Number of LGUs/SUCs mobilized	1	1	1	1	DOH, NNC, DILG, DOST
11-A.1. Development of guidelines and mechanics for the establishment and operationalization of the project					
11-A.2. Forging of MOA with LGUs/SUCs and other stakeholders					
11-A.3. Hiring of technical personnel (NDs/Project Development Officers					
11-A.4. Benchmarking/Mentoring with the best practices of LGUs with best implementation of their programs for the first year of the target					
11-A.5. Setting up the facility, procurement and project implementation					
11-A.6. Monitoring, reporting, assessment and adjustments for scaling up					
12. Supplementary feeding for 2-4 years old children enrolled in the Child Development Centers and SNPs					
12-O.1. All children enrolled in CDCs and SNPs provided with supplementary feeding	83, 400	91, 740	107, 612	129,134	DSWD,LGUs
12-A.1. Downloading of financial resources to LGUs					
12-A.2. Implementation of supplementary feeding including deworming, Vitamin A supplementation, growth monitoring, etc.					
12-A.3. Monitoring of CDC operations and addressing operational issues					
13. School-Based Supplementary Feeding					
13-O.1. All public elementary schools implementing the school-based supplementary feeding based on standards	100%	100%	100%	100%	DepEd
13-A.1. Nutritional Assessment					
13-A.2. Downloading of financial resources					

13-A.3. Schools' implementation of the 120 days supplementary feeding					
13-A.4. Monitoring, evaluation and awards					
14. School-Based Complementary Health Services					
14-O.1. All schools providing package of complementary health services at satisfactory level	100%	100%	100%	100%	DepEd, DOH
14-A.1. Downloading of financial resources and commodities					
14-A.2. Schools' implementation of program					
14-A.3. Monitoring, evaluation and awards					
PROGRAM 3. ADOLESCENT HEALTH AND DEVELOPMENT					
15. U4U (You-for-You) Teen Trail Initiative					
15-O.1. Number of U 4U Teen Trail conducted	5	5	5	5	POPCOM, LGUs
15-A.1. Conduct of coordination meetings					
15-A.2. Identification and training of youth facilitators/groups					
15-A.3. Conduct of U 4 U Teen Trail (aimed at orienting adolescents on delaying sexual debut, preventing teen pregnancy and avoiding sexually transmitted infections)					
15-A.4. Cascading of trainings and U4U Teen Trail					
15-A.5. Referral of vulnerable adolescent for health, nutrition and social services					
15-A.6. Monitoring, review and adjustments for scaling up					
16. LPPEAHD or Learning Package for Parent Education on Adolescent Health and Development/Breaking the Barrier					
16-O.1 Number of LPPEAHD trainings/orientations conducted	5	5	5	5	POPCOM, LGUs
16-A.1. Identification and enrolment of parent-child pair to the training (following selection criteria of the training)					

16-A.2. Conduct of 3 day training, participated by parents and their children for PPAN priority provinces and its municipalities					
16-A.3. Distribution of IEC materials on related topics					
16-A.4. Monitoring, assessment and adjustments					
17. Intensify Establishment of Teen Centers					
17-O.1. Number of Teen Centers established and fully operational	5	5	5	5	POPCOM, LGUs
17-A.1. Mapping of areas without teen centers and identification of target areas					
17-A.2. Convene meetings with relevant stakeholders					
17-A.3. Training of guidance and peer counsellors					
17-A.4. Operationalization of the centers including peer education and provision of counselling services					
17-A.5. Monitoring,evaluation and adjustments					
18. Weekly Iron Folic Acid Supplementation					
18-O.1. All female adolescent learners given weekly iron-folic acid (WIFA)	100%	100%	100%	100%	DOH, DepEd,LGU
18-A.1. Promotion of the benefits of iron folic acid supplementation					
18-A.2. Downloading of resources					
18-A.3. Provision and consumption of supplements					
18-A.4. Monitoring, reporting and adjustments					
19. Capacity building of Pre-marriage counsellors					
19O.1. <i>Enhanced PMC module integrating adolescent health and nutrition</i>	/				POPCOM, LGUs
19O.2. <i>Number Pre-marriage Counselling Trainings conducted</i>	2 batches	2 batches	2 batches	2 batches	
19-A.1. Conduct of consultative meetings with LGUs					

19-A.2.	Enhancement of the PMC module					
19-A.3.	Conduct of training for PMC counselors on the enhanced PMC Module 1					
19-A.4.	Assessment and adjustments					
20.	KATROPA “<i>Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya</i>”					
20-O.1.	Number of KATROPA trainings conducted	2 batches	2 batches	2 batches	2 batches	POPCOM, LGUs
20-A.1.	Identification/selection of potential trainors					
20-A.2.	Conduct of training of trainers					
20-A.3.	Monitoring, assessment and adjustments					
21.	Responsible Parenting and Family Planning Class (RPFP)					
21-O.1.	Number of couples that attended RPFP classes/sessions	250	250	250	250	POPCOM, LGUs
21-A.1.	Information dissemination for PMC					
21-A.2.	Distribution of PMC manuals					
21-A.3.	Collaboration with DSWD for RPFP					
21-A.5.	Training for new PM Counsellors					
21-A.6.	Refresher for previously-trained counsellors					
21-A.7.	Orientation of couples for the PMC Monitoring, assessment and adjustments					

PROGRAM 4. MICRONUTRIENT SUPPLEMENTATION

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
22. Vitamin A Supplementation for children 24-59 months old					
22-O.1. All RHUs providing Vit. A supplements to children aged 24-59 months based on standards	100%	100%	100%	100%	DOH, LGUs
22-A.1. Downloading of Vitamin A supplements					
22-A.2. Provision of Vit.A supplements to well-nourished and sick children following DOH standards					
22-A.3. Monitoring, reporting and adjustments					
23. Anemia Reduction among Women of Reproductive Age (WRA)					
23-O.1. All RHUs providing iron-folic acid to women of reproductive age (WRA) based on standards	100%	100%	100%	100%	DOH, LGUs
23-A.1. Downloading of IFA to RHUs					
23-A.2. Screening / Assessment of anemia					
23-A.3. Provision and tracking consumption of Iron -folic acid					
23-A.4. Promotion of Healthy Diet (food rich in iron)					
23-A.5. Production and promotion of healthy snacks (Fortified with iron+folic)					
23-A.6. Monitoring and follow-up					

PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION PROGRAM (ADULT)					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
24. Promotion of Healthy Lifestyle					
24-O.1. Number of advocacy activities on healthy lifestyle conducted	2	3	3	2	DOH, LGUs
24-O.2. Number of agencies/entities with physical fitness activities among employees	5	5	5	5	
Major activities:					
24-A.1. Conduct of consultative meetings					
24-A.2. Advocacy for policy support					
24-A.3. Provision of technical assistance to agencies in developing healthy lifestyle program/projects for employees					
24-A.4. Agency implementation of healthy lifestyle projects projects					
24-A.5. Development, reproduction and dissemination of IEC and promotional materials					
24-A.6. Monitoring, reporting, and adjustments					
25. Healthy food Environment					
25-O.1. All public School Canteens compliant to Department Order no. 13 s 2017	100%	100%	100%	100%	DOH, NNC, RNC Cluster, LGUs
25-O.2. Number of offices, institutions and establishments supporting healthy food environment	15	15	20		
Major activities:					
25-A.1. Coordination with DepEd, LGUs, agencies and establishments					
25-A.2. Advocacy with RDC for a policy issuance supporting DepEd Department Order 13, s. 2017					

PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION PROGRAM (ADULT)					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
25-A.3. Dissemination and adoption on the RDC resolution by LGUs and agencies					
25-A.4. Conduct of monitoring visits					
25-A.5. Monitoring, evaluation and adjustments					
26. Weight Management Intervention					
26-O.1. All cities and municipalities are implementing weight management activities (including weight program policy, diabetic clinic and hypertension club) by the end of 2022	4 cities 29 muns	20 muns	20 muns	20 muns	DOH, LGUs, NNC
Major activities:					
26-A.1. Advocacy sessions for LGUs					
26-A.2. Masterlisting of overweight and/or obese adults and adolescents by LGUs					
26-A.3. Launching and implementation of weight management activities/interventions (Hataw exercise, Zumba, Jog/Walk for a Cause, etc)					
26-A.4. Advocacy on setting up weight management clinics, diabetic and hypertension clubs					
26-A.5. Monitoring, evaluation and adjustments					

PROGRAM 6. MANDATORY FOOD FORTIFICATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
27. Advocacy for and Monitoring of Compliance of RA 8976 and 8172					
27-O.1. A mechanism for advocacy and compliance monitoring of food fortification strengthened and implemented	1				DOH, FDA, RBATF
27-O.2. Number of Bantay Asin Check Points and Testing Centers established/reactivated/re-organized	6 (including Sta. Praxedes, Nagtipunan, Kayapa)	6			
Major activities:					
27-A.1. Strengthening the regional and local MFF Task Forces (including Bantay Asin Task Force)					
27-A.2. Conduct of advocacy and consultative dialogues with LGUs, salt producers/manufacturers/traders on the establishment of Asin Testing Centers and Bantay Asin Checkpoints					
27-A.3. Establishment of Asin Testing Centers in all provinces and cities					
27-A.4. Establishment of additional Bantay Asin Checkpoints					
27-A.1. Re-organization, Expansion and Reactivation of Bantay Asin Checkpoints of Bantay Asin Checkpoint					
27-A.2. Monitoring of Bantay Asin Checkpoints					
27-A.3. Assessment of initiatives and adjustments					

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
Program 7. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)					
28. Enhancement of PIMAM Facilities, Capacities and Provision of Services					
28-O.1 Delivery system for PIMAM established and fully operational across the region	/	/	/	/	DOH, LGUs
Major activities:					
29-A.1. Assessment and screening of children					
28-A.1. Building of Capacity of Local Implementers					
29-A.2. Provision and supply management of F75, F100 RUTF and RUSF and its equivalent in RHUs					
29-A.3. Delivery of ITC/OTC and TSFP services for the treatment and management of SAM and of MAM					
29-A.4. Monitoring, reporting, and adjustments					

PROGRAM 8. NUTRITION IN EMERGENCIES					
29. Building and strengthening capacities for nutrition in emergencies (preparedness, response, recovery)					
Outputs:					
29-O.1. Local Nutrition Cluster organized in 50 remaining LGUs	12	15	13	10	
29-O.2. All nutrition clusters at regional and local levels fully capacitated and are able to provide adequate and timely nutrition services during emergencies, disasters and emerging situations by end of 2022					

Major activities:					
29-A.1. Advocacy on issuance/re-issuance of resolutions/ executive orders on Local Nutrition Clusters					
29-A.2. Capacity building on nutrition on emergencies					
29-A.3. Development and Adoption of NiEm Plans and integration to the DRRM Plan					
29-A.4. Conduct of Training of Nutrition Information Managers on Nutrition Information Management System					
29-A.5. Updating of capacity maps					
29-A.6. Prepositioning of supplies and commodities					
29-A.7. Production and distribution of IEC materials (e.g. No Milk donations, IYCF-E, etc)					
29-A.8. Implementation of the Nutrition in Emergencies Plan and provision of the Minimum Service Package (during response and recovery phases)					
29-A.9. Monitoring, reporting and adjustments					
Program 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE					
30. Health and Nutrition Education in schools among learners					
Outputs:	2,200	2,200	2,200	2,200	DepEd
30-O.1. No of schools implementing health and nutrition education activities for learners					
Major activities:					
30-A.1. Launching of “OK (Oplan Kalusugan) sa DepEd”					
30-A.2. Nutrition Month every July					

30-A.3. Integration of health and nutrition in the curriculum					
30-A.4. Promotion of existing nutrition materials and programs for teachers (i.e. Oh My Gulay, Egg module, vegetable module)					
Monitoring, reporting and adjustments					
31. Family Development Sessions/ PES					
Outputs:	/	/	/	/	DSWD, LGUs
31-O.1. 93, 443 families participated in FDS with enhanced nutrition module					
31-A.1. Review and enhancement of nutrition module in the FDS					
31-A.2. Integration of nutrition promotion in the FDS (Nutritional Guidelines for Filipinos, 10 Kumainments and Pinggang Pinoy for All Ages)					
31-A.3. Orientation of FDS Coordinators					
31-A.4. Development/Reproduction of IEC materials					
31-A.5. Coordination and conduct of FDS					
31-A.6. Monitoring, evaluation and adjustments					
Program 10. Nutrition Sensitive					
32. Gulayan sa Paaralan					
33. Farm to Market Road					
34. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)					
35. Potable water Support to ARAs a. CP-WASH (Facilities) WASH Focused Enterprise/Livelihood (Capacity Development)					
36. Village Level Farm Focused Enterprise Development (VLFED)					
37. Partnership Against Hunger & Poverty					
38. Diskwento Caravan					
39. Livelihood Project Component of TARGET Program - Aquaculture Production Services					

40. Livelihood Project Component of TARGET Program					
- Post-harvest Services					
41. Research and Development on Food Products					
42. Small Enterprise Technology Upgrading Program (SETUP)					
43. Community Empowerment through Science and Technology					
44. Sustainable Livelihood Program					
General Outputs for Nutrition-Sensitive Projects, see Annex 1 for details:	13	13	13	13	
32-44-O.1. Thirteen (13) projects in the region with tweaking strategies for nutritional impact					
32-44-O.2. Families enrolled in projects tweaked for nutritional impact	To be identified	To be identified	To be identified	To be identified	
32-44-O.3. Families involved in nutrition sensitive projects with increased income	5%	5%	5%	5%	
Major Activities for Nutrition-Sensitive Projects, see Annex 1 for details:					
32-44-A.1. Determination of tweaking strategies for the project selected					
32-44-A.2. Decision on other features to prepare implementation in the region					
32-44-A.3. Implementation, monitoring and reporting of the project					
32-44-A.4. General research developed with NEDA and the academe					
45. Operational Research on the Nutrition Sensitive Projects					
45-O.1. <i>Research completed and feed into redesign</i>				1	
45-A.1. Development of TOR					
45-A.2. Contracting of research project					
45-A.3. Implementation of research project					

PROGRAM 11. ENABLING PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
46. Mobilization of Local Government Units for Nutrition Outcomes					
46-O.1. 100% of cities, provinces and their constituent municipalities mobilized for delivery of nutritional outcomes	25%	50%	75%	100%	NNC, LGU
46-O.2. Local nutrition champions organized	2	2	2	2	
46-O.3. 793 Rural Improvement Clubs engaged to support local nutrition actions including F1K	793	793	793	793	
46-A.1 Development and implementation of a regional LGU mobilization strategy supported by the RNC, RDC and DILG					
46-A.2 Compendium of Nutrition Best Practices developed and disseminated for replication					
46-A.3 Organization and mobilization of Nutrition Champions					
46-A.4 Mapping and Mobilization of Rural Improvement Clubs					
46-A.5 Continuing capacity building on Nutrition Program Management					
46-A.6 Monitoring, evaluation and adjustments					
47. Policy Development for Food and Nutrition					
47-O.1 Policy guidelines supporting RPAN implementation issued at regional and local levels including the development of a regional policy and research agenda	At least 2 regional	At least 2 regional	At least 2 regional	At least 2 regional	NNC, DILG, DOH, DOST, LGUs
47-A.1 Issuance of SDC/RDC resolution on RPAN endorsement					
47-A.2 Issuance of RDC Resolution on the Adoption of the RA 10862: Nutrition and Dietetics Law of 2016					
47-A.3 Advocacy and lobbying on the creation of plantilla positions for full-time Nutrition Action Officers, setting up of nutrition office with					

	corresponding budget, hiring of Nutritionist-Dietitians and full deployment of BNSs					
47-A.4	Inventory, compilation and review of existing policies on food and nutrition					
47-A.5	Policy analysis and updating					
47-A.6	Monitoring, reporting and adjustments					
48.	Management Strengthening Support to RPAN Effectiveness					
48-O.1	RNC and NNC Region 02 strengthened for Effective Implementation of the RPAN	2	2	2	2	NNC Region 02 and RNC (DOH, DOLE, DOST, PIA, DSWD, BFAR, DPWH, DA, DTI, DepEd, PopCom)
48-O.2	RNC member agencies and NNC 2 Budgets Respond to RPAN Requirements	11	11	11	11	
49-A.1	RNC Adoption of the RNAP highlighting inclusion of nutrition programs supporting RPAN implementation in the budget of RNC member-agencies					
49-A.2	Organization of Regional and Provincial Nutrition Monitoring Teams supported by policy issuances					
49-A.3	Hiring of additional regional staff (including NDs from DOH)					
49-A.4	Capacity building of RNC and NNC RO on F1K, LGU mobilization, policy analysis and continuing education on technical updates					
49-A.5	Conduct of resource mobilization activities supporting the RPAN					
49-A.6	Monitoring, assessment and adjustments					

ANNEXES

Annex 1. Nutrition Sensitive Projects

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
32. Gulayan sa Paaralan	Produced from the garden is utilized for feeding of wasted school children	DA, DepEd	Outputs: 32-O.1. <i>No of schools benefitting with school gardens</i>	2200 schools	2200 schools	2200 schools	2200 schools	Availability of variety of vegetables for school feeding program	Improvement in the nutritional status of school children
			Major activities: 32-A.1. Signing of MOA with DepEd with nutritional dimensions included						
			32-A.2. Conduct of Trainings of focal teachers of Gulayan sa Paaralan						
			32-A.3. Provision of seeds and garden tools						
			32-A.4. Establishment of bio intensive gardens						
			32-A.5. Monitoring and reporting						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
33. Farm to Market Road	Implemented in nutritionally at-risked barangays/municipalities Families with malnourished children prioritized as laborers	DA, DPWH	Outputs: 33-O.1. <i>All projects downloaded by DA will be implemented religiously</i>					Improved road network for easy and fast access to transport farm produce and farm implements	Improvement of nutritional status of children in the project areas
			Major Activities: 33-A.1. Continuation of MOU between DPWH and DA						
34. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	Prioritization of households/families with malnourished children as program beneficiaries	DOLE	Outputs: 34-O.1. <i>Number of families included in the DILEEP</i>	50	50	50	50	Increased in income of beneficiaries	Improvement of the nutrition status of the children of beneficiaries
			34-O.2. <i>Number of LGUs in the region implementing DILEEP with nutritional dimension</i>	15	10	10	10		
			Major Activities: 34-A.1. National guidelines for DILEEP with nutritional dimension	1					
			34-A.2. Convincing of LCEs						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			34-A.3. Masterlist of BNS for malnourished families reviewed 34-A.4. Cascading of guidelines at regional level 34-A.5. Development of additional guidelines for nutritional tweaking in existing guidelines						
35. Potable water Support to ARAs	Prioritization of households/families with malnourished children as program beneficiaries	DAR	Output: 35-O.1. <i>Number of ARBHH provided with Nutrition related interventions</i> Major activities: 35-A.1. Meeting/dialogue with LGU,RNC & concerned ARBOs 35-A.2. Consultation with concerned ARBOs & MNAOs on identification of ARBHH with high prevalence of malnutrition					Improved source of potable water supply	

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			35-A.3. Conduct Nutrition related info-education activities						
			35-A.4. Identify and capacitate barangay level nutrition champions.						
			35-A.5. Implement and monitor CP-WASH/WASH Livelihood with nutrition related projects.						
36. Village Level Farm Focused Enterprise Development (VLFED)	Prioritization of households/families with malnourished children as program beneficiaries	DAR	Output: 36-O.1. <i>Number of participating ARBOs as regular supplier of the products.</i>	4 ARBOs as regular suppliers	5 ARBOs as regular suppliers	5 ARBOs as regular suppliers	5 ARBOs as regular suppliers	Increased in income of beneficiaries	Improvement of the nutrition status of the children of beneficiaries
			36-O.2. <i>Number of ARBO Managed Enterprises adopting food fortification</i>	4 ARBOs with enterprise adopting food fortification.	4 ARBOs with enterprise adopting	4 ARBOs with enterprise adopting food fortification .	4 ARBOs with enterprise adopting food fortification .		
			Major activities: 36-A.1. Conduct Consultation with ARBOs covered under VLFED						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			36-A.2. Conduct ARBO Level trainings on Nutrition, technology on food fortification etc. 36-A.3. Engage other markets for distribution of fortified products 36-A.4. Conduct tracking and monitoring on the status of the targeted beneficiaries						
37. Partnership Against Hunger & Poverty	Prioritization of households/families with malnourished children as program beneficiaries	DAR	Output: 37-O.1. Number of ARB adaptors	1	1	1	1	Increased in income of beneficiaries	Improvement of the nutrition status of the children of beneficiaries
			Major activities: 37-A.1. -Coordinate with concerned agencies for fruit and vegetable seed distribution and animal dispersal project						
			37-A.2. Conduct related technology training cum nutrition info-dissemination						
			37-A.3. Conduct household training on Financial Cash Flow Management						
			37-A.4. Conduct tracking and monitoring on the nutrition status of						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			targeted beneficiaries						
38. Diskwento Caravan	Prioritization of households/families with malnourished children as program beneficiaries	DTI IFAD and GAA	Output: 38-O.1. <i>Number of Diskwento Caravan conducted</i>	5	5	5	5	Access to affordable food commodities of the beneficiaries	
			Major activities: 38-A.1. Conduct Diskwento Caravan						
39. Livelihood Project Component of TARGET Program	Prioritization of households/families with malnourished children as program beneficiaries	BFAR	Output: 39-O.1. <i>Established techno-demonstration projects to vulnerable groups (IP, PWD, Senior Citizen and fisher folks with low income)</i>	52	52	52	52	Increased in income of beneficiaries	Improvement of the nutrition status of the children of beneficiaries
			Major activities: 39-A.1. Site assessment and validation						
			39-A.2. Conduct of Training on Good Aquaculture Practices (Cluster)						
			39-A.3. Establishment of Techno-demo projects						
			39-A.4. Continuous monitoring of the project to identify if children attained normal nutritional status						
40. Livelihood Project Component of	Prioritization of households/	BFAR	Outputs 40-O.1 <i>Established techno-demonstration projects to vulnerable</i>	12	12	12	12	Increased in income of beneficiaries	Improvement of the nutrition status of the children of beneficiaries

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
TARGET Program	families with malnourished children as program beneficiaries		<i>groups (IP, PWD, Senior Citizen and fisherfolks with low income)</i>						
			40-O.2 <i>Awarded post-harvest equipment to vulnerable groups (IPs, PWDs, Senior Citizen, and fishers with low income)</i>	12	12	12	12		
			40-O.3 <i>Number of fisherfolk provided with nutrition education</i>	3	3	3	3		
			40-O.4 <i>Trained fisherfolk families identified with malnourished children and/or pregnant on various value-adding activities</i>	3	3	3	3		
			Major activities: 40-A.1. <i>Coordination with LGUs and validation of beneficiaries</i>						
			40-A.2. <i>Close coordination with LGUs, BNS and BHW to ensure nutrition education and identification of nutritionally-vulnerable families</i>						
			40-A.3. <i>Conduct of</i>						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			Training on Processing and Packaging to include topics on nutrition, HACCP, GMP and SSOP Conduct of training on value-adding (fish and seaweed products)						
			40-A.4. Distribution of Post-harvest equipment						
			40-A.5. Continuous monitoring of the project to identify if children attained normal nutritional status						
41. Research and Development on Food Products	Prioritization of households/families with malnourished children as program beneficiaries	DOST	Output: 41-O.1. <i>No. of beneficiaries on complimentary/supplementary foods</i>	150 persons	150 persons	150 persons	150 persons	Provision of affordable readily available foods for complementary and supplementary feeding	
			41-O.2. <i>No. of complementary/supplementary food packs distributed</i>	18,000 food products	18,000 food products	18,000 food products	18,000 food products		
			41-O.3. <i>No. of products developed</i>	67 in FICs	73 in FICs	79 in FICs	85 in FICs		
			41-O.4. <i>No. of technology adopted for complimentary food</i>	5 in CFC	7 in CFC	9 in CFC	11 in CFC		
			41-O.5. <i>No. of</i>						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			<i>beneficiaries on feeding program</i>						
			Major activities: 41-A.1 Distribution of complementary/ supplementary foods to beneficiaries						
			41-A.2 Development of product						
			41-A.3 Implementation a feeding program to malnourished children						
42. Small Enterprise Technology Upgrading Program (SETUP)	Prioritization of households/ families with malnourished children as program beneficiaries	DOST	Output: 42-O.1. <i>No. of New SMES enrolled to SETUP</i>	87 SMEs assisted	96 SMEs assisted	106 SMEs assisted	117 SMEs assisted	Increased in income of beneficiaries	
			42-O.2. <i>No. of Employment Generated</i>	2263 employed	2489 employed	2738 employed	3012 employed		
			42-O.3. <i>% of Productivity Improvement</i>						
			Major activities: 42-A.1. Assist SME's to adopt technology innovations to improve their operations and thus boost their productivity and competitiveness						
44. Community	Prioritization	DOST	Outputs 44-O.1. <i>No. of Ceramic</i>	120 CWF	130 CWF	140 CWF	140 CWF	Improved source of potable water	

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Empowerment through Science and Technology	n of households/ families with malnourished children as program beneficiaries		<i>Water Filter Distributed</i>						
			44-O.2. No. of Family /Household Assisted (CEST)	120 HHs	1300 HHs	140 HHs	150 HHs	Improved source of potable water	
			44-O.3. No. of Employment Generated	5	5	5	5	Increased income of beneficiaries	
			44-O.4 No. of household with access to disaster awareness (CEST)	120 HHs	130 HHs	140 HHs	150 HHs	Increase awareness of beneficiaries on disaster awareness	
			Major activities: 44-A.1. Provision of Ceramic Water Filter						
			44-A.2 Conduct of outreach program						
			44-A.3 Promotion and advocacy (health, nutrition and sanitation, enrichment programs, e-health like RxBox						
45. Sustainable Livelihood Program	Prioritization of households/ families with malnourished children as program beneficiaries	DSWD	Output: 45-O.1. number of families with malnourished children that benefitted from the livelihood program					Increased income of families	Improved food security Improved nutritional status of beneficiaries
			Major activities: 45-A.1. Conduct of area survey and identification of beneficiaries						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			45-A.2. Conduct of livelihood trainings						
			45-A.3. Provision of livelihood assistance						
			45-A.4. Tracking and monitoring on the beneficiaries						
			45-A.4. Assessment and adjustments						

Annex 3. Summary of Budgetary Requirements, Region 2 RPAN 2019-2022, by Program, by Project, by year and with recommended action to fill resource gap.

PROGRAM/ PROJECT	Agenc y/ies Respo nsible	Budgetary Requirements								TOTAL		Action s to Fill the Resou rce Gap for Projec ts and Progr ams
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Program 1: IYCF and First 1000 Days (F1K)		82,861,067	-	90,575,177	-	99,627,692	-	109,580,461	-	382,644,397	-	
Project 1. Mobilization of LGUs on the First 1000 days	NNC, DOH	1,686,301		1,854,934		2,040,425		2,244,467		7,826,127		
Project2. Strengthening of health delivery system for F1K	DOH, LGUs											Forge and secure partnership and
Project 3. Information Management in the F1K	DOH, NNC, LGUs											

Project 4. Mobilization of barangay officials to organize IYCF support groups	DOH, NNC, LGUs											financial support from NGAs, NGOs, LGUs, development partners and private sector.
Project 5. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code) and RA 10028 (Breastfeeding Area in Workplaces)	DOH, NNC, DOLE, LGUs	70,000								70,000		
Project 6. Establishment Complementary Food Facility	DOST	500,000		550,000		600,000		650,000		2,300,000		Proposed joint project of LGU Quirino, DOST and Qurui no State University
Project 7. Supplementary feeding for	DOH	450,000								450,000		For pilot imple

nutritionally-at-risk pregnant women												menta tion
Project 8. Iron supplementation for pregnant and lactating women, and low-birth weight infants, calcium carbonate and iodine supplementation to pregnant women and MNP supplementation for children 6 to 23 months old	DOH	79,045,566		86,950,123		95,645,135		105,209,649		366,850,473		
Project 9. Vitamin A Supplementation for postpartum women and children 6-23 month old	DOH	1,109,200		1,220,120		1,342,132		1,476,345		5,147,797		
Project 10. Communication Support for F1K	DOH, NNC, PIA											
Program 2:National Dietary Supplementation Program		277,685,280		292,697,280		321,266,880		360,006,480		1,251,655,920		
Project 11. Mobilization of LGU resources for dietary supplementation	DOH, NNC											
Project 12. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	DSWD	150,120,000		165,132,000		193,701,600		232,441,200		741,394,800	-	

Project 13. Supplementary Feeding in Schools	DepEd	127,565,280		127,565,280		127,565,280		127,565,280		510,261,120		
Project 14. School-Based Complementary Health Services	DepEd , DOH											
Program 3: Adolescent Health and Development		84,371,252	-	991,046	-	991,046	-	991,046	-	87,344,390		
Project 15. U 4 U Teen Trail Initiative	PopCom	70,200		70,200		70,200		70,200		280,800		
Project 16. Learning Package for Parent Education on Adolescent Health and Development (LPPEAHD)	PopCom	65,000		65,000		65,000		65,000		260,000		
Project 17. Peer Education	PopCom	182,000		182,000		182,000		182,000		728,000		
Establishment of Teen Centers/Peer Education Project	PopCom	58,000		58,000		58,000		58,000		232,000		
Project 18. Weekly Iron-Folic Acid Supplementation		83,380,206								83,380,206		
Project 19. Capacity building of Pre-marriage counsellors at LGUs	PopCom	120,000		120,000		120,000		120,000		480,000		
Project 20. KATROPA “ <i>Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya</i> ”	PopCom	130,000		130,000		130,000		130,000		520,000		
Project 21. Responsible Parenting and Family Planning Class	PopCom	365,846		365,846		365,846		365,846		1,463,384		

Program 4: Micronutrient Supplementation Program		6,375,800		7,013,380		7,714,718		8,486,189		29,590,087		
Project 22. Vitamin A Supplementation to Children 12-59 months old	DOH, LGUs	837,800		921,580		1,013,738		1,115,111		3,888,229		
Project 23. Anemia Reduction Among Women of Reproductive Age	DOH, LGUs	5,538,000		6,091,800.00		6,700,980.00		7,371,078.00		25,701,858		
Program 5: OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION		739,250								739,250		
Project 24. Promotion of Healthy Lifestyle	DOH, NNC	719,000								719,000		
Project 25. Healthy Food Environment	DOH, NNC											
Project 26. Weight Management Intervention (for Overweight and Obese individual)	DOH, NNC	20,250								20,250		
Program 6: MANDATORY FOOD FORTIFICATION PROGRAM		675,000		375,000		75,000		75,000		1,200,000		
Project 27. Advocacy for and Monitoring of Compliance of RA 8976 and 8172	DOH, NNC, RBATF	675,000		375,000		75,000		75,000		1,200,000		
Program 7: PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION		272,000								272,000		

(PIMAM)												
Project 28. Enhancement of PIMAM Facilities, Capacities and Provision of Services	DOH, LGUs	272,000								272,000		
Program 8: NUTRITION IN EMERGENCIES PROGRAM			282,000		282,000		282,000		282,000		1,128,000	
Project 29. Building and Strengthening Capacities of for Nutrition in Emergencies	DOH, NNC		282,000		282,000		282,000		282,000		1,128,000	
Program 9: NUTRITION PROMOTION FOR BEHAVIOR CHANGE		800,000		800,000		800,000		800,000		3,200,000		
Project 30. Health and Nutrition Education in schools (among learners and parents/caregivers)	DepEd											
Project 31. Family Development Sessions	DSWD	800,000		800,000		800,000		800,000		3,200,000		
Program 10: Nutrition Sensitive		582,579,141	84,119,740	618,500,855	85,319,740	616,522,240	84,119,740	636,349,564	84,119,740	2,453,951,800	337,678,960	
Project 32. Gulayan sa Paaralan	DA, DepEd	6,000,000		6,600,000		4,600,000		4,800,000		22,000,000		
Project 33. Farm to Market Roads	DA, DPWH	522,000,000		553,600,000		550,100,000		574,000,000		2,199,700,000		
Project 34. DOLE Integrated Livelihood and Emergency and Employment Program (DILEEP)	DOLE	100,000		100,000		100,000		100,000		400,000		

Project 35. Potable Water Support to ARAs CP-WASH (Facilities) WASH Focused Enterprise/Livelihood	DAR	10,000		11,000		12,000		12,000		45,000		To be source from regular project fund
Project 36. Village Level Farm Focused Enterprise Development (VLFED)	DAR	15,000		16,000		17,000		18,000		66,000		To be source from regular project fund
Project 37. Partnership Against Hunger and Poverty	DAR	12,000		13,000		14,000		15,000		54,000		To be source from regular project fund
Project 38. Diskwento Caravan	DTI	125,000		125,000		125,000		125,000		500,000		
Project 39. Livelihood Project Component of TARGET Program - Aquaculture Production Services	BFAR	17,697,000		18,050,000		18,411,000		18,779,000		72,937,000		
Project 40. Livelihood Project Component of TARGET Program - Post-harvest Services	BFAR	384,000		392,000		400,000		408,000		1,584,000		
Project 41. Research and Development on Food Products	DOST, SUCs	500,000		600,000		700,000		800,000		2,600,000		
Project 42. Small Enterprise Technology Upgrading Program (SETUP)	DOST	27,267,141		29,993,855		32,993,240		36,292,564		126,546,800		

Project 43. Community Empowerment through Science and Technology	DOST	8,469,000		9,000,000		9,050,000		1,000,000		27,519,000		
Project 44. Sustainable Livelihood Program	DSWD , DA, DOLE, DTI		84,119,740		84,119,740		84,119,740		84,119,740		336,478,960	Propo sed budge t from C.O
Project 45. Operational Research on the Nutrition Sensitive Projects	NNC				1,200,000						1,200,000	
Program 11: Enabling Program			560,000		560,000		575,000		580,000		2,275,000	
Project 46. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	RNC, NNC	-	500,000	-	500,000	-	500,000	-	500,000		2,000,0e00	Forge and secure partner ship and financi al suppor t from NGAs, NGOs, LGUs, develo pment partner s and private sector .
Project 47. Policy Development for Food and Nutrition	RNC, NNC		10,000		10,000		15,000		15,000,000		50,000	
Project 48. Management strengthening support to RPAN effectiveness	NNC, RNC	-	50,000	-	50,000	-	60,000	-	65,000		225,000	
Grand Total		1,036,358,790	84,961,740	1,010,952,738	86,161,740	1,046,997,576	84,979,740	1,116,288,740	84,981,740	4,210,597,844	341,081,960	

References

- Department of Health-Field Health Service Information System (DOH-FHSIS)
- Food and Nutrition Research Institute - Department of Science and Technology. (2015). Philippine Nutrition Facts and Figures 2013: Anthropometric Survey. Taguig City: FNRI-DOST.
- Food and Nutrition Research Institute - Department of Science and Technology. (2015). Philippine Nutrition Facts and Figures 2013: Biochemical Survey. Taguig City: FNRI-DOST.
- Food and Nutrition Research Institute - Department of Science and Technology. (2015). Philippine Nutrition Facts and Figures 2013: Maternal Health and Nutrition and Infant and Young Child Feeding Surveys. Taguig City: FNRI-DOST.
- Food and Nutrition Research Institute - Department of Science and Technology. (2015). Philippine Nutrition Facts and Figures 2013: Food Consumption Survey. Taguig City: FNRI-DOST.
- Food and Nutrition Research Institute - Department of Science and Technology. (2015). Philippine Nutrition Facts and Figures 2013: Food Security Survey. Taguig City: FNRI-DOST.
- Food and Nutrition Research Institute - Department of Science and Technology. (2016). Nutrition Situation in Region 30 (Regionlandia). Regional Dissemination Forum: FNRI-DOST.
- Food and Nutrition Research Institute - Department of Science and Technology. (2016). Status of Maternal Health and Nutrition and Infant and Young Child Feeding Practices in the Philippines. Regional Dissemination Forum: FNRI-DOST.
- Integrated Food Security Phase Classification
- National Economic and Development Authority. (2017). Regionlandia Regional Development Plan 2017-2022: National Economic and Development Authority Region 30 Office.
- National Demographic and Health Survey (NDHS), 2013 & 2015
- Philippine Statistical Authority, 2015 POPCEN
- Philippine Statistical Authority, 2015 Poverty Estimates
- Philippine Plan of Action, 2017-2022
- Regional Development Plan, 2017-2022