

REGIONAL PLAN OF ACTION FOR NUTRITION (RPAN)

Region VI
Western Visayas

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

ACKNOWLEDGEMENT

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

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

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

The National Nutrition Council in Western Visayas is specially grateful to the members of the Regional Nutrition Committee and the Regional Nutrition Technical Committee representing the DOH, DA, DILG, DSWD, DPWH, DAR, DepED, DOST, NEDA, POPCOM, UP-BIDANI and PIA. The efforts of the NNC-VI staff are also recognized in the overall completion of the RPAN.

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

MESSAGE FROM THE RNC CHAIRPERSON




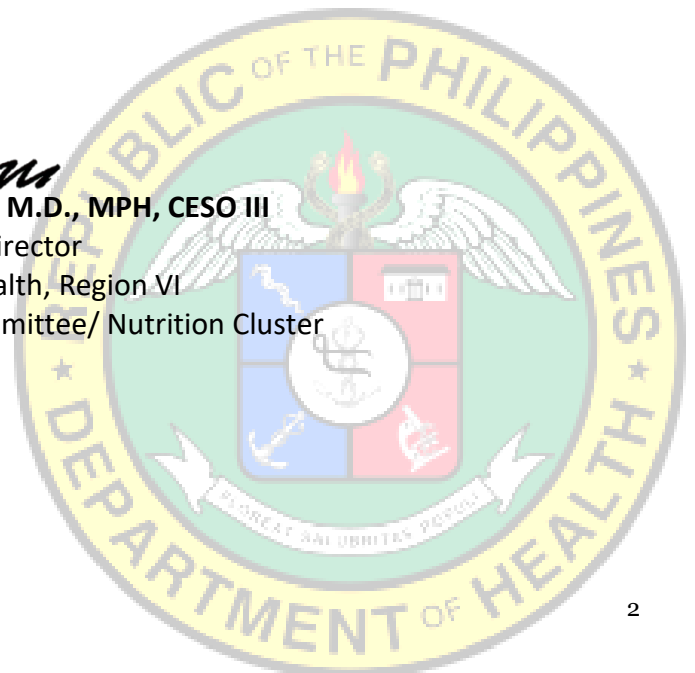
The process of drafting the Regional Plan of Action for Nutrition (RPN) for 2018-2022, had been a task that presented tremendous challenges in the face of the regional nutrition situation. It was a journey that confronted the seemingly persistent problems of stunting, wasting and obesity and the inadequacies in local mobilization efforts.

The document is now a milestone for Western Visayas in the pursuit of the region's thrust for healthy communities and nutritionally informed and practicing people. This is a challenge in the conscientious and effective implementation of the Philippine Plan of Action for Nutrition 2017-2022.

The directions, thrusts, projects and activities, have been carefully and judiciously drafted, reviewed and finalized for the stakeholders, especially the decision makers, local government officials and the implementors in all levels.

It impresses us to see that this is not just a document set as compliance but a call for action as government seeks to provide food security and address poverty. The Department of Health and the National Nutrition Council in Western Visayas with all our partners, commit our efforts and full support to turn this plan into a living testimony of government's unflinching concern for the people.


MARLYN W. CONVOCAR, M.D., MPH, CESO III
Regional Director
Department of Health, Region VI
Chair, Regional Nutrition Committee/ Nutrition Cluster



MESSAGE FROM THE RNC VI VICE-CHAIR



The formulation of the Regional Plan of Action for Nutrition (2019-2022) is a feat for the Regional Nutrition Committee through the able leadership of the National Nutrition Council-VI. Likewise, it is a milestone in the fulfillment of the mandate for the Department of Agriculture in its aim of establishing a national food production program along with the other attached agencies under the department. It boosts us to see that the plan seeks to involve the home, the community and the school ensuring that the priority families of small farmers and fisherfolks with malnourished children, pregnant and lactating mothers and children at 0 to 23 months old.

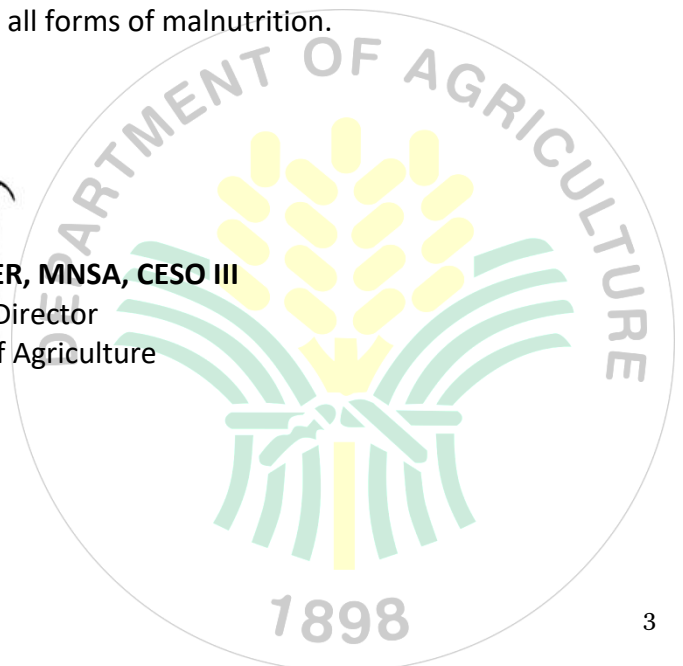
The DA's participation in crafting and completing the plan serves as a challenge, first to the department and next to all the stakeholders that should be active participants in seeing to it that the programs and projects identified are acted to realization. It is also our commitment to intensify home, school and community food production for food and nutrition security of our citizens. It was also mandated to us by President Rodrigo Roa Duterte to provide affordable and nutritious food for every Filipino.

The RPAN is our blue print for the success of the nutrition program in Western Visayas. It beckons us to work hard and attain both food and nutrition security for our citizens especially the socio-economically deprived and nutritionally vulnerable sector of our society.

Let us work together to eliminate hunger and all forms of malnutrition.

May God bless us all!


REMELYN R. RECOTER, MNSA, CESO III
Regional Director
Department of Agriculture



MESSAGE FROM THE RNC VI VICE-CHAIR




The formulation of the RPAN is a mandate fulfilled and a challenge to be pursued vigorously. The local government units, hence, are responsible for seeing to it that the programs and projects are carried out across all sectors and locations, especially at the grassroots.

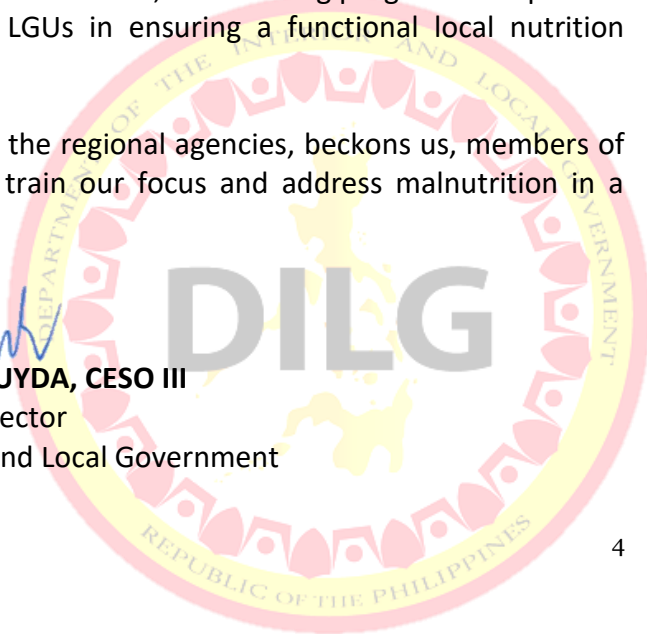
The DILG Memorandum Circular No. 2018-24, dated March 26, 2018 provides for the adoption and implementation of the Philippine Plan of Action for Nutrition 2017-2022. This becomes a directive for all local chief executives to spearhead the formulation and implementation of its local nutrition action plans (LNAPs), and for the DILG to ensure that priority PPAN programs are included in the LGU's Provincial Development Physical Framework Plans (PDPFPs)/Comprehensive Development Plans (CDPs) and Local Development Investment Programs (LDIPs)/Annual Investment Program

These LNAPs are the framework translating the targets of the RPAN, for the LGUs to see to it that the nutrition projects and activities get priority support in manpower and funding. This should be a commitment of the LGUs that allows no child to go malnourished, no pregnant and lactating mothers, and 0-23 month-old babies go unattended, or become food and nutrition insecure.

Through the RPAN, strengthening of the enabling environment will require a closer support and resources from both the national nutrition and regional service offices as well as the Regional Nutrition Committee. Moreover, with the presence of the regional PPAs, the mobilization towards a malnutrition-free community may aid a feeling of security among LGUs. The introduction of nutrition sensitive programs in existing economic and livelihood as well as infrastructure at the regional level may reinforce the deficiencies at the local level. On the other hand, the enabling programs and policies identified in the plan will provide guidance among LGUs in ensuring a functional local nutrition committees.

The RPAN having a shared outcomes among LGUs and the regional agencies, beckons us, members of the committee to set our eyes to where we should train our focus and address malnutrition in a realistic, practical and relevant manner.


ATTY. ANTHONY C. NUYDA, CESO III
Regional Director
Department of the Interior and Local Government





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REGIONAL NUTRITION COMMITTEE/NUTRITION CLUSTER

Resolution No. 001, Series 2018

APPROVAL AND ADOPTION OF REGIONAL PLAN OF ACTION FOR NUTRITION (RPAN) REGION VI (2019-2022)

WHEREAS, malnutrition is still a prevailing problem in Western Visayas, with high rates of stunting, wasting, micronutrient deficiencies and increasing trend in overweight and obesity.

WHEREAS, the 2015 National Nutrition Survey results in Western Visayas showed a high prevalence of stunting among children below five years old, at 39.9 percent or around 420,000 children. The prevalence of wasting is also high at 6.3 percent, affecting 67,000 children below five years old. It also recorded 31.5 percent of pregnant women as nutritionally at-risk in the region.

WHEREAS, one of the strategies for the Philippine Plan of Action for Nutrition (PPAN) 2017-2022 to be functional is for the NNC in the regions, to formulate the Regional Plan of Action for Nutrition (RPAN).

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

WHEREAS, the plan determines regional outcome targets for 2022 in reducing stunting, wasting and obesity and micronutrient deficiencies, among other indicators.

WHEREAS, the plan specifies the regional sector agencies' actions and resources which will contribute as their corresponding share in achieving the targets in the PPAN 2017-2022.

WHEREAS, 11 programs are included in the RPAN 2019-2022, which translate into 40 projects, which consist of 9 nutrition-specific programs, 1 nutrition-sensitive program and 1 enabling program.

WHEREAS, RPAN gives importance to the First 1000 days which has a huge potential to address major nutritional problems in the region.

WHEREAS, it contains key elements expected to contribute to the attainment of the national goals and targets set for PPAN 2017-2022.

"Ugaliing magtanim, Sapat na nutrisyon aanihin!"

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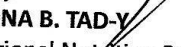
Wastong Nutrisyon:
Alamin, Gawin at Palaganapin


NOW THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, that the Regional Nutrition Committee (RNC) approves and adopts the Regional Plan of Action for Nutrition (RPAN) Region VI, 2019-2022.

APPROVED during the Regional Nutrition Committee Meeting on November 28, 2018 held in Iloilo City.

Attested by:

Approved by:


NONA B. TAD-Y
Regional Nutrition Program Coordinator
National Nutrition Council, Reg VI
Lead, Regional Nutrition Cluster


MARLYN W. CONVOCAR, M.D., MPH, CESO III
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Chair, Regional Nutrition Committee/
Nutrition Cluster

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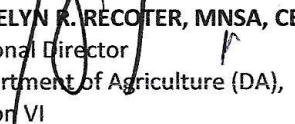
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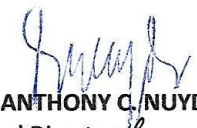


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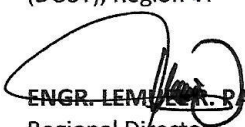

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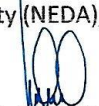
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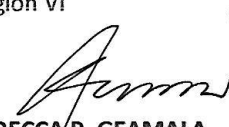

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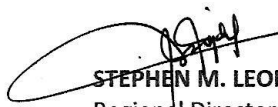

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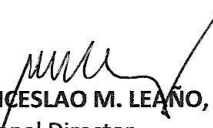

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AGENCY COMMITMENTS

(Per RDC-VI Resolution No. 46, Series 2017 “Adopting the Philippine Plan of Action for Nutrition 2017-2022”)

Department of Health will continue to provide LGUs with the needed logistical and technical support to enable LGUs to deliver the required, nutrition and related services in the health care system in all life stages, especially in the first 1000 days of life. In addition, the DOH shall be the lead in the implementation of the dietary supplementation program for pregnant and lactating women and children 6-23 months old.

Department of Agriculture and all of its operating of its should establish a national food production program for the home, school and community to augment the family food supply and address hunger and food insecurity it shall also ensure that its national food and related programs target families area communities of small farmers and fishers, farm and plantation workers with priority to those with malnourished children, or pregnant and lactating women or children 0-23 months old. These programs shall also serve as channels of nutrition information. Likewise, the department shall undertake measures and implement programs to reduce field and home food wastage.

Department of the Interior and Local Government (DILG)- assist LGUs in: 1) organizing local nutrition committees, 2) ensuring the functionality of these committees for coordinating nutrition action at the local level; and 3) formulate and implement their respective nutrition action plans that will include PPAN 2017-2022 programs as relevant and to ensure the plan's integration in their respective executive and legislative agenda (ELA), comprehensive development plan (CDP), and annual investment programs (AIP). The DILG shall also monitor LGU compliance to this Executive Order.

Department of Education will continue to strengthen the integration of nutrition in the K to 12 curriculum covering both public and private schools. It shall also adopt policies and programs that will ensure the nutritional well-being of pupils, teachers, and administrative staff. Among others, these policies and programs should include the regular assessment of the nutritional status of pupils, teachers and administrative staff; supplementary feeding of acutely malnourished school children, establishment and maintenance of school gardens, regulating the types of food available in school canteens and creating a school environment conducive to the development of nutritionally-desirable eating habits. It shall also identify and implement the best strategy to provide at least one meal for all children from Kindergarten up to Grade 4. The department shall likewise ensure availability of safe

drinking water and sanitary toilet facilities in schools to prevent food and water-borne diseases that could cause malnutrition.

Department of Labor and Employment will ensure the compliance of companies to RA 10028 or the Expanded Breastfeeding Promotion Act of 2009 and to adopt policies and programs that will help companies ensure the nutritional welfare of their employees through, among others, non-wage benefit packages such as discount for food from office canteens, rice allowance, wellness-related programs. It shall also formulate policies and programs to facilitate the provision of gainful employment to families with pregnant and lactating women, children 0-23 month old, or malnourished children.

Department of Science and Technology will undertake researches to determine more effective strategies to address malnutrition, conduct annual nutrition survey to monitor the evolving nutrition situation, develop and improve technologies and tools for nutrition interventions, including those related to mandatory food fortification and salt iodization.

Department of Social Welfare and Development will continue to link its supplementary feeding program with the local agriculture supply or with food processing plants established with technical assistance from the Department of Science and Technology. It shall also ensure that its Supplementary Feeding Program, and poverty alleviation programs and projects are effective channels for nutrition promotion and for reaching out to families with pregnant and lactating women, children 0-23 month old, malnourished children. As Chair of the National Disaster Risk Reduction and Management Council (NDRRMC) Response Cluster, the Food and Non-Food Item Cluster, and of the Cluster on Camp/IDP Management, Emergency Shelter and Protection, the DSWD shall ensure the following in times of emergencies and disasters: 1) Availability of mother-baby friendly spaces in evacuation centers, 2) Enforcement of EO 51 or the Milk Code, including ensuring that donation of milk for all age groups are NOT accepted nor distributed in evacuation centers of communities affected; and 3) Distribution of separate food packs that are appropriate for young children aged 6-23 months, in coordination with the Nutrition Cluster. It shall also enhance the Conditional Cash Transfer (CCT) Program to include provision of budget for beneficiaries to buy food on top of the rice subsidy.

Department of Trade and Industry will enable access of families with malnourished children to program that can augment their family income such as discount caravans, and provide preferential

treatment to organizations of small farmers and fishers on access to credit and integration in the value chain for their products.

Department of Budget and Management will ensure that PPAN 2017-2022 programs are included in the budget priorities and agency budget proposals as relevant, and are identified as such in the special provisions of the General Appropriations Act.

National Economic and Development Authority (NEDA) will ensure that nutrition concerns are integrated in the Philippine (Development Plan as a cross-cutting issue in all sectors of development. It should mobilize and encourage the Regional Development Council — VI to: 1) adopt nutrition-related policies and programs; and 2) integrate nutrition concerns in the regional development plans.

National Government Agencies shall develop and implement programs that will ensure good nutrition among its employees in partnership with professional organizations of nutritionist-dietitians. Among others, this program shall include the assessment of the nutritional status of employees, counseling and educational services to prevent and manage overweight and obesity, and provision of information to enable consumers to make nutritionally-informed food choices;

National Nutrition Council Secretariat shall facilitate processes to formulate and update annually the PPAN 2017-2022 Implementation Plan. It shall coordinate and monitor the implementation of the plan. It shall catalyze processes for adjustments in policies and programs as may be appropriate. Likewise, the NNC Secretariat shall mobilize resources and provide technical and logistical support for nutrition programs, including support for incentives of nutrition action officers and district/city nutrition program coordinators, and Barangay Nutrition Scholars (BNS). The NNC shall also enhance the existing awards and recognition system that will include presidential awards to agencies, NGOs, and LGUs implementing quality nutrition programs and projects;

Local government units (LGUs), as a response to the national emergency, and considering the devolved structure of government, LGUs shall primarily be in charge not only in the delivery of nutrition services but in ensuring that these services converge to priority target groups for nutrition and their families. As such, LGUs should maintain a registry of pregnant women, lactating women, and children 0-59 months old. This registry should specify if the mother or child are from GIDAs or indigenous groups. The registry should, among others, indicate the nutritional status of those in the

list, and the kind of services (health, social, livelihood, others) received by these priority target groups and their families.

LGUs should ensure that the following are available for their constituents in both non-emergency and emergency situations:

1. Activities to promote breastfeeding and complementary feeding of children, including but not limited to the deployment of IYCF peer support groups, lactation stations in the public and private sector workplace as well as public places, human milk banks (at least one at the provincial hospital)
2. Supplementary feeding of pregnant and lactating women, and children 6-23 months old.
3. Medical and nutrition management support for acutely malnourished children in health care facilities
4. Nutrition promotional efforts through multi-media campaigns, regular nutrition classes for various population groups with the Nutritional Guidelines for Filipinos/The 10 Kumainments guiding the subject matter coverage of these campaigns
5. Iron-folic acid supplements for 180 days for pregnant and lactating women, with priority to poor pregnant women, and adolescent pregnant women
6. Availability of adequately-iodized salt, and fortified flour, sugar, rice, and cooking oil at points of sale in the LGU
7. Establishment of food gardens in all homes, at least one community garden per barangay and school
8. Programs to manage and prevent overweight and obesity through community activities, including the provision of safe and adequate space for physical activity

9. Employment and livelihood support to families with pregnant and lactating women or children 0-23 months old or malnourished children
10. Regular assessment of the weight and height status of children 0-59 months old and pregnant women LGUs should also adopt ordinances that will further strengthen the delivery of nutrition and related services.

To ensure the efficiency and effectiveness of the aforementioned, each LGU should:

1. Organize and ensure the functionality of local nutrition committees, with the local chief executive as chair, under the local development council to plan appropriate programs and strategies to ensure convergence at the household and community levels;
2. Formulate its three-year nutrition action plan for integration in the executive legislative agenda (ELA), comprehensive development plan (CDP) and the annual investment program (AIP);
3. Deploy at least one barangay nutrition scholar per barangay to facilitate the delivery of nutrition and related services; and
4. Designate a nutrition action officer, preferably on a full-time basis, with the corresponding staff support, subject to the minimum standards and guidelines of the Civil Service Commission to coordinate nutrition action and implement one or more components of the local nutrition action plan as may be needed LGUs may likewise set aside a portion of their budget for the implementation of the PPAN-related programs. LGUs are also authorized to provide incentives to members of local nutrition committees.

The Region VI RPAN Formulation Process

One of the strategies to fully operationalize the Philippine Plan of Action for Nutrition 2017-2022 (PPAN) is the formulation of Regional Plans of Action for Nutrition (RPAN). Each regional plan (RPAN) reflects the commitments of key regional agencies, in particular the member agencies of the Regional Nutrition Committees², with respect to the PPAN programs. Under the RPAN, regional sector agencies specify the actions and resources which they will contribute as their proportionate share in achieving the corresponding targets in the PPAN.

The National Nutrition Council (NNC) 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. These were linked to the conduct of a three-day planning workshop. The entire RPAN formulation process was guided and supported by the NNC National RPAN Planning Team (NRPT) - composed of technical staff from the member agencies of the NNC Governing Board.

The planning process for the Region VI RPAN was participatory, inter-sectoral, and multi-level. It engaged the participation of the Regional Nutrition Committee member agencies and their department senior officials. They were joined by planning staff and senior officers from the NNC, as well as by representatives Nutrition International, with Alcanz International consultants accompanying the entire planning process. More specifically the milestone activities undertaken in arriving at the Region VI RPAN 2019-2022 were:

- Planning Workshop, 12-14 February 2018, Punta Villa Resort, Iloilo City
- Consolidation Meeting of the Regional Nutrition Technical Committee, April 16, 2018, Eon Centennial Plaza Hotel, Iloilo City
- Agency visits, February 23, 26 and April 4, 2018
- Regional Nutrition Technical Committee Meeting, July 5, 2018, Iloilo city

The RPAN was approved by the Regional Nutrition Committee on November 28, 2018 with the issuance of RNC Resolution No. 1 Series of 2018.

² RNC is the NNC Governing Board regional counterpart

Executive Summary

The Regional Plan of Action for Nutrition 2019-2022 is the response of Region VI or the Western Visayas Region to the alarming nutritional situation in the region. The 2015 National Nutrition Survey showed the region as marked by a high prevalence of stunting among children below five years old at 39.9 percent or around 420,000 children. The prevalence of wasting is also high at 6.3 percent, affecting 67,000 children below five years old. The same 2015 National Nutrition Survey recorded 31.5 percent of pregnant women in Region VI 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, and micronutrient deficiencies, among other indicators. Among 0-5 year old children, the stunting levels will be reduced by 14.4 percent from 39.9 percent (2015) to 25.5 percent by end 2022. Wasting prevalence will be reduced from 6.3 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 identifies 11 programs which translate into 41 projects. The programs consist of 9 nutrition-specific programs, 1 nutrition-sensitive program, and 1 enabling program. These follow the life stages of the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. The RPAN provides the necessary focus on the First 1000 Days program, given its huge potential in addressing the major nutritional issues in Region VI 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.

The budget estimated for 2019-2022 for all 11 programs amount to PhP 5.18B, with an annual average of about PhP1.28B. The funded portion is PhP 5.14B representing 99.32% of total, while the unfunded portion amounts to PhP 34.6M representing .67 %. Financing come mostly from General Appropriations and Local Budgets from IRA. The funding shortfalls will be generated mainly from Tier 2 budget process together with financing from development partners working in the region and provisions from local sources.

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

In summary, the Region VI RPAN contains key elements expected to contribute to the attainment of the national goals and targets set by PPAN 2017-2022. The Plan:

- reflects the commitment and accountabilities of regional sector agencies as a contribution of the region to the proportionate share of addressing the malnutrition burden
- aims to address the key manifestations of malnutrition - undernutrition, micronutrient deficiencies, overweight/obesity-- and their causes, following the ASEAN Conceptual Framework of Malnutrition
- sets two levels of outcome objectives by the end of 2022-- (1) outcome targets that refer to final outcomes against which plan success will be measured; and (2) sub-outcome or intermediate outcomes referring to those that will contribute to the achievement of the final outcomes
- identifies a mix of interventions appropriate for the region consisting of three distinct but complementary types of programs³ - *nutrition-specific, nutrition-sensitive and enabling management programs* as defined in the PPAN program framework

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

- 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

REGION VI NUTRITION PROFILE

Total Population in Region VI by Sex, Age and Physiological Group in 2015, Source: PSA 2015		
Total population		7,536,383
Male		3,830,514
Female		3,705,869
0-59 months		537,085
60-120 months		545,423
121-228 months		886,609
20 years and above		2,689,588
Women of reproductive age (15-49 years old)		1,849,430
Pregnant women		
Lactating mothers		
Nutritional Problems/Population Group	Prevalence (%)	Equivalent Number in 2017 (millions)
LOW BIRTH WEIGHT	9.2	22,759
UNDERNUTRITION (NNS, 2015)		
Under five children		
Stunting	39.9	426,605
Wasting	6.3	67,359
School age children (5-10 years old)		
Underweight	38.9	-
Stunting	36.2	-
Wasting	10.0	106,918
Teens (ages 10.08-19 years old)		
Stunting	36.5	-
Wasting	15	-
Adults (≥ 20 years)		
Chronic energy deficiency (CED)	14	-
Pregnant women		
Nutritionally at-risk	31.5	67,359
Lactating mothers		
Wasted and CED	17.5	-
OVERNUTRITION (NNS, 2015)		
Overweight/obese		
Children under five years old	3.3	35,283
School age children 5-10 years old	7.1	75,912
Adolescents 10.08-19 years old	6.6	107,156
Adults 20 years and above	23.5	381,541
<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>		

SECTION 1: REGIONAL NUTRITION SITUATION ANALYSIS

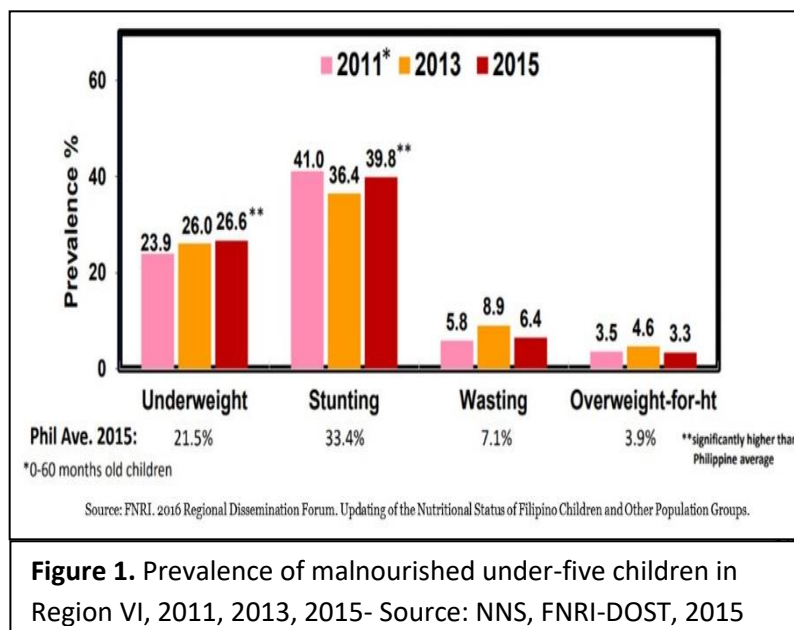
Region VI- Western Visayas is located in the central part of the Philippine archipelago between the Sibuyan Sea and the Visayan Sea, and is composed of six provinces: Aklan, Antique, Capiz, and Iloilo on the major island of Panay, the smaller island Guimaras, and Negros Occidental. The region occupies a land area of 20,223 sq. km., or approximately 6.74 percent of the total land area of the Philippines. It is made up of 6 provinces, 118 municipalities, 15 cities and 4,039 barangays. It has two highly-urbanized cities - Iloilo City and Bacolod City.

Based on the 2015 census, the region is home to 7.536 million inhabitants representing 7.5 per cent of total Philippine population. From 6.2 million in 2000, the population of the region increased to 7.5 million in 2015. Annual population growth rate continues to decline but the population is steadily increasing in number due to the large number of women that are entering the reproductive age. As of 2016, an estimated 129,727 nomadic indigenous peoples (IPs) belonging to two hunter-gatherer ethnic groups, Ati and Bukidnon, inhabit the forested highlands of the Islands of Panay, Guimaras and Negros Occidental. Even in recent times, many still prefer to live in the uplands and remote areas, perhaps wanting to preserve their culture and practices.

Outside of Luzon, the region is one of the biggest contributors to the national economic output. Its average regional share in the GDP from 2010-2015 is 4 percent and contribution to GDP growth is 2 percent. GRDP growth fell from 7.7 percent in 2011- 2012 to only 4.1 percent in 2012-2013. It managed to bounce back with 5.2 percent growth in 2013-2014 and an impressive 8.3 percent in 2014-2015, making Western Visayas the second best performing region in the country for that year. The impressive overall economic performance of the region in recent years was largely contributed by the industry and services sectors.

Malnutrition in Western Visayas

Despite the impressive overall economic gains in recent years, and the region's claim as the rice bowl and



seafood capital of the Visayas, the nutrition picture in the region remains dismal. The National Nutrition Survey of 2015 ranks the region as 6th highest in stunting prevalence (39.9 percent) among children under 5 years old, affecting an estimated 420,000 children. Wasting is slightly lower than the national prevalence of 7.1 percent at 6.3 percent prevalence or 67,000 children affected

The prevalence and large numbers of stunted and wasted children have been a cause of concern for regional authorities. The burden of stunting is higher than the national average, and has remained almost unchanged from 41.0 percent in 2011 to 39.8 percent in 2015. Wasting increased from 5.8 percent in 2011 to 6.4 percent in 2015 (Figure 1). Obesity is also on the rise particularly among adults (22.8 percent in 2013 to 23.5 percent in 2015). The prevalence of nutritionally at-risk pregnant women is the second highest among 17 regions at 31.5 percent, much higher than the national prevalence of 24.8 percent. Micronutrient deficiencies such as vitamin A deficiency among children 6 months to five years old (18.3 percent, NNS 2013) and iodine deficiency disorders among 6-12 years old children and lactating women (23.4 percent and 41.1 percent, respectively) continue to be of public health concern.

Among the six provinces, Antique (44.7 percent) and Negros Occidental (42.8 percent), have the highest levels of stunting, some 10 percent more than the average for Region VI (39.8 percent). Meanwhile, Antique (13.6 percent) and Aklan (9.4 percent) have the highest levels of wasting, with the former having twice as high and the latter about 50 percent more than the regional prevalence (6.4 percent).

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 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.

Immediate and Underlying Causes of Malnutrition

First 1000 Days. Stunting in Region VI and malnutrition in general is a problem best understood by using the ASEAN Conceptual Framework on Malnutrition. In analyzing the immediate causes of

stunting and other forms of malnutrition, looking at dietary intake and diseases in the first 1000 days or the period of pregnancy to the first two years of life is key.

In a detailed analysis of the two factors, it became clear that the dietary intake of the pregnant women, services for ante natal care, birthing, breastfeeding of the 0-5 and complementary feeding of the 6-23 months old children are critical to the reduction and ultimately, prevention of stunting and other forms of malnutrition in the region. Data revealed that services, with the exception of birthing, were all grossly deficient relative to standards of the Department of Health. Table 1 from FHSIS and the NDHS shows the coverage of such services relative to the standards of the DOH.

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

Selected Indicators of Services and Care during the FIK	Philippines	Region VI	Source of Data
Percent of mothers with on time (1 st trimester) first prenatal check-up during their last/current pregnancy	69.5	75.1	NNS 2015
Proportion of pregnant women with four or more prenatal visits (percent)	53.50 75.8	46.99 82.5	FHSIS 2015 NNS 2015
Proportion of pregnant women given complete iron with folic acid supplements (percent)	47.22	43.65	FHSIS 2015
Percentage of women receiving two or more tetanus toxoid injections during last pregnancy	53.6	52.9	NDHS 2013
Percentage of births delivered in a health facility	61.1 78.0	61.2 82.5	NDHS 2013 NNS 2015
Exclusive Breastfeeding (0-5 months)	48.8	58.3	NNS 2015
Mean duration of breastfeeding	8.3	9.0	NNS 2015
Breastfeeding with complementary Feeding of 6-11 months	57.7	62.2	NNS 2015
Breastfeeding with complementary Feeding of 12-23 months	43.1	57.8	NNS 2015
Percentage of children 6-23 months meeting the Minimum Acceptable Diet	18.6	23.1	NNS 2015

Up until this year, there are supply issues in the region related to iron with folic acid (IFA) supplementation. Clarity between the national and sub-national as to who provides what amounts of IFA and supply chain issues including warehousing in the region are critical challenges. Further gap exists in its provision and consumption.

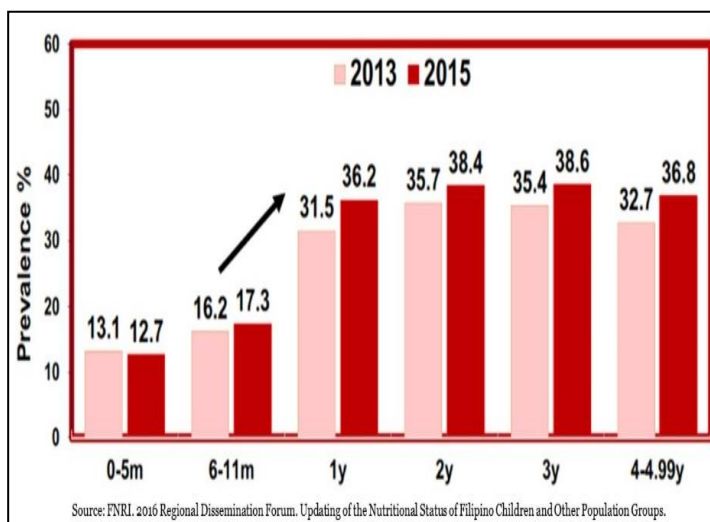


Figure 2. Prevalence of stunting among under-five children in the Philippines, 2013, 2015- Source:NNS, FNRI-DOST, 2015

Health providers are uncertain that the IFA provided are actually consumed. FGDs among pregnant women point to issues of acceptability and lack of appreciation of IFA's critical role in mother and baby's health and nutrition.

Low birth weight (19.2 percent) in Region VI although relatively lower in prevalence than in other regions, affects about 23,000 infants who then have increased risks for stunting and mortality. Using national data, Figure 2 shows that in 2015, stunting among children 0-5 months was at 12.7 percent, increasing to 17.3 percent for the 6-11 months, abruptly rising to 36.2 percent at the end of the first year, on to 38.4 percent in the second year and maintained at such level at 2-4 years of age.

The above data on stunting provide indications on the sub-optimal quality of infant and young child feeding (IYCF) practices in the region. The National Nutrition Survey (NNS) 2015 reported that 58.3 percent of children 0-5 months were exclusively breastfed. It is important to note, however, that the already low figure measures exclusive breastfeeding among children 0-5 months, not the percentage of infants breastfed for the entire 5 months for which regional data are not available. Nevertheless, the mean duration of exclusive breastfeeding in the region (4.3 months) indicates sub-optimal exclusive breastfeeding practices. In addition, only 23.1 percent of children 6-23 months meet the Minimum Acceptable Diet⁴ (MAD). Dietary diversity is also a big concern (30.6 percent).

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

Food insecurity

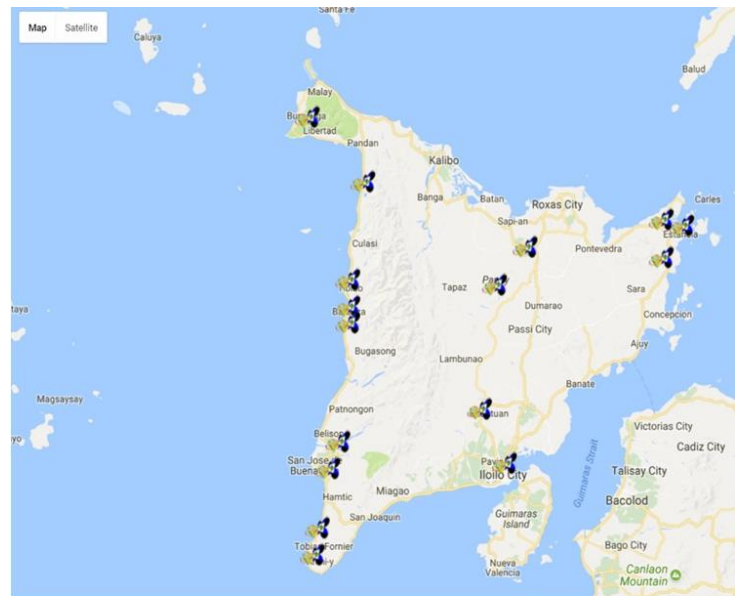
Food insecure households in Region VI remain a major concern affecting children 6-23 months in particular. Based on the NNS 2015, the percentage of food secure households in Region VI is only 23.8 percent, better only than the 15 percent of the Autonomous Region of Muslim Mindanao.

The IPC CHRONIC CLASSIFICATION RESULTS indicated mild to severe chronic food insecurity levels (CFI Level 2 or higher) for the provinces in the region.

⁴Proportion 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)

Aklan had a chronically food insecure population of 73 percent; Capiz had 70 percent; Guimaras 55 percent; Iloilo 70 percent; Negros Occidental 70 percent. There was no figure available for Antique. Food insecurity in these areas is caused by many factors such as unsustainable and low value livelihood strategies, low income, high retail prices, landlessness, and vulnerability to natural disasters and armed conflict.

Among the 18 cities and 117 municipalities of the six provinces in the region, only____ percent have organized complementary feeding for the 6-23 months. Figure 3 from the FNRI website shows the 16 LGUs in Region VI that implement the DOST PINOY (Package for the Improvement of Nutrition of Young Children). The DOST PINOY interventions include 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.



Source: <http://i.fnri.dost.gov.ph/dostpinoy/dman.nhn>

Figure 3. Sixteen areas implementing the DOST PINOY

As of 2017, there are 5 operational complementary and supplementary food plants in the region (Jordan, Guimaras; University of Antique; Bago City, La Carlota City and Bacolod City Negros Occidental) from where LGUs can procure their young child feeding requirements. Neither the region nor any provincial government has an organized program to make full use of the plants' capacities and continuously supply the region-wide requirements. Nor is there a systematic approach to convince LGUs to procure their complementary food requirements from plants.

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

Pre-school and school children's nutrition situation

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 centers and supervised neighborhood play (SNP), both programs of the DSWD, provide early child education and 120 days of supplementary feeding to child beneficiaries. As of 2017, a total of 3,927 centers serve 192,927 preschool children in barangays including GIDAs and IPs.

There are however important issues of equity and effectiveness of the program. In 2017, only 33 percent of children 24-59 months in the region were enrolled in child development centers and SNPs. The supplementary feeding program in Region VI includes monthly nutrition education of 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 factors in the home: family's economic capacity, sanitation and exposure to diseases, among others. Year after year, child development center workers report undernutrition relapse after summer break among children who were completely rehabilitated in the 120-day supplementary feeding. Mothers' education on nutrition either through the CDCs and Family Development Sessions appear to yield very little results. Private sector monitoring of quality of child development centers is not being undertaken by the DSWD in the region.

A similar phenomenon occurs among school children of elementary age. The 120-day supplementary feeding provided in the schools appear to address hunger and classroom attention while feeding lasts but the lack of parent education on good nutrition practices result in the same fate of recurring malnutrition. Several other interventions in schools are undertaken in the region (referred to by DepEd as complementary health services): school gardens, deworming, micronutrient supplementation, proper hand washing, personal and oral hygiene, healthy lifestyle promotion, among others. A few schools are replicating the experience of International Institute of Rural Reconstruction (IIRR) where schools organize the health and nutrition interventions in an integrated fashion supported by social preparations resulting in better nutritional outcomes. More such schools are needed to optimize GOP investments.

Teen-age pregnancy

The health and nutrition situation of adolescents is closely tied up with the health and nutrition of mothers. In Region VI, the incidence of pregnancy among teenagers has been increasing over the years. The Young Adult Fertility and Sexuality Study (YAFS) 4 indicated that the mean age of first sexual experience is getting younger among female adolescents in Region VI, from 18.4 years in 1994 to 17.6 years in 2013. The same study showed that teenage fertility quadrupled in the past decade. The 15-19 age group has the highest percentage of mothers (Figure 4), with fertility rising with age in the cohort.

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

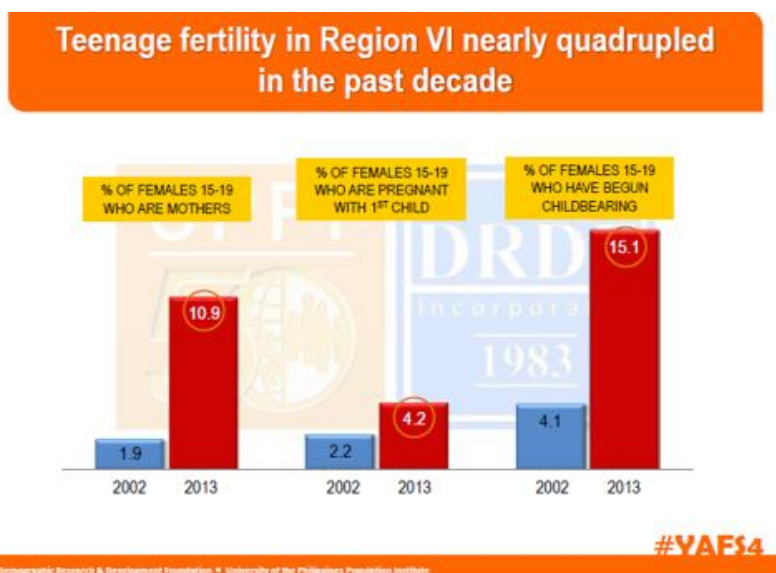


Figure 4. Teenage fertility in Region VI, 2002, 2013
Source: 2013 Young Adult Fertility and Sexuality Study

The prevalence of low birth weight babies among teenage mothers is also 15 percent higher than mothers aged 20 and above. Adolescents do not usually avail of prenatal care; in many cases pregnancy is kept secret until it becomes obvious. Moreover, very few health centers in the region are part of the movement on adolescent-friendly health services.

Morbidity, hygiene and sanitation

Infection and disease play a major role in the nutrition landscape of Region VI. DOH Region VI 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 leading causes of child morbidity and mortality among under-five year old children are diarrhea and

acute respiratory infections. Together they account for half of child mortality and of their morbidity. Diarrhea among children under five is high at 10.6 percent, ranking the region at second highest prevalence (NDHS 2013). Stools of about 53.2 percent of children under five are not disposed safely indicating serious hygiene and sanitation challenges. A total of 1,348,160 out of the targeted 1,315,279 households for CY 2013-2015 was provided access to safe water. This accomplishment was realized because priority was given to the development of new water supply sources and to increasing of coverage area. The number of households with access to safe water supply increased from 44 percent in 2012 to 84 percent in 2015 while the number of households with access to sanitary toilets increased from 80 percent in 2012 to 83 percent in 2015. However, the populations still unserved remain vulnerable to infection particularly water-borne diseases which often lead to diarrhea and malnutrition.

Inadequate health and nutrition services

The Regional Development Plan noted that health manpower to population ratio remains below ideal standard. As of 2015, there was one medical doctor for every 30,291 population in the region while public health nurse to population ratio was at one for every 17,163. There were not enough accessible health services and competent health professionals to serve the population. For example, the lack of skilled birth attendants in remote areas as well as lack of skills in Basic Emergency Maternal, Obstetric and Neonatal Care (BEMONC) services in rural health units also contribute to the increase in maternal mortality cases and problematic deliveries.

Local level nutrition programming

An important determinant of nutritional outcomes is the local governance of nutrition programs in the region and their constituent LGUs. Of the 133 towns and cities, about 93 are considered to have functional local nutrition committees. The number of LGUs with functional LNCs is hardly in accord with the worsening trend of malnutrition in the region. About 87 percent have designated or full time Municipal/City Nutrition Action Officers. Three LGUs were awarded a Consistent Regional Outstanding Winner in Nutrition⁵ or CROWN award for excellence in nutrition performance in the last 10 years.

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

Of the total 250 towns and cities, 50 are sixth class municipalities, 100 are fifth class, another 50 are fourth class, another 30 are third class and 15 are second class. Only 5 are first class and they have become component cities since five years ago. Despite the wide powers and authority given to LGUs to generate resources under the Local Government Code, the high dependency on IRA continues to persist. In 2015, the average IRA dependency ratio of provinces in the region was 79.6 percent, cities 80.2 percent and municipalities 89.5 percent.

Basic causes of malnutrition

The discussions on the underlying and basic causes of malnutrition draw primarily from the relevant sections of the Western Visayas Regional Development Plan 2017-2022.

Poverty and inequality

As is the case in any region in the country, malnutrition and hunger in Western Visayas are intimately linked with structural problems of poverty and inequality, natural and manmade disasters and topography.⁶ Although poverty decreased from 29.1 in 2012 to 22.4 percent in 2015, the size of the poor population remains high, estimated at 1,728,397 in 2015.⁷ The income index indicates that access to resources to obtain better living conditions remain poor. Table 2 shows the poverty incidence and magnitude of poor population by province in 2012 and 2015. Negros Occidental, part of the Negros Island Region in the earlier year, had the greatest incidence and number of poor population. Negros Occidental aside, the region's poor population is predominantly found in the provinces of Antique (26.0 percent) and Iloilo (20 percent). Guimaras Province has the lowest poverty incidence with only 5.2 percent of its population considered poor. Compared with the national, Western Visayas had a higher poverty incidence in 2012 and 2015.

Table 2. Poverty Incidence and Magnitude of Poor Families, by Province, Western Visayas and Philippines, 2012 and 2015

Region/Province	Poverty Incidence Among Population (%)		Magnitude Of Poor Population	
	2012	2015	2012	2015
PHILIPPINES	25.2	21.6	23,745,895	21,927,009
Region VI	29.1	22.4	2,088,471	1,728,397

⁶ Moreover, deficient financial resources make children and adults vulnerable to dropping out of school, becoming victims of abuse and exploitation, and becoming liabilities of society.

⁷ The GOP Region VI Regional Development Plan 2012-2017 targeted to reduce the region's poverty to 18 percent.

Aklan	25.0	14.9	136,917	67,199
Antique	30.9	26.0	160,625	126,943
Capiz	27.8	12.9	208,208	118,678
Guimaras	25.2	5.2	40,090	8,435
Iloilo	26.2	20.0	580,937	540,001
Negros Occidental	32.3	29.0	961,694	867,141

Source: PSA-VI

Vulnerable groups

Chapter 12 of the RDP takes a look at the region's vulnerabilities that can slow the momentum of its growth. On one hand, there are individuals and families who, by their poverty, are susceptible to infirmities and weaknesses. On the other hand, there are communities which, by their location and attributes are exposed to economic and natural risks. The plan presents strategies to reduce these vulnerabilities, strengthen individual and family resilience, and build safe and secure communities.

The poor are the most vulnerable members of society --vulnerable to hunger, malnutrition, dropping out of school, becoming victims of abuse and exploitation, and becoming the liabilities to society as when they engage in criminality.

The insufficient provision of LGU counterparts and lack of accredited partners that can facilitate implementation of government programs at the local level, are among the major factors in the slow implementation of anti-poverty interventions. Also, social protection programs such as the conditional cash transfer, social security insurance, livelihood support, and shelter assistance have limited coverage and benefits.

Appropriate interventions have to be based on a systematic understanding of the risk factors such as inherent vulnerabilities, economic risks, natural hazards, human-induced shocks, and governance and political risks.

Among the most vulnerable individuals and families are children; women; persons with disability; older persons; overseas Filipinos and their families; female workers and workers in the formal and informal sectors; indigenous peoples; families in coastal areas, highlands, and islands; and families living in high-risk areas (along riverbanks, mining areas, slopes, etc.).

The poor, children, women, PWDs, older persons, indigenous peoples, and overseas Filipinos have inherent vulnerabilities that make them more at risk to economic instability, social shocks, political disruptions, and environmental

Malnutrition affects certain groups more than others. Although disaggregated data are inexistent, it is commonly held that GIDA and IP communities along with farmers and fisher folks are more disadvantaged than their counterparts in more accessible communities and in non-farming and fishing communities.

Poverty among families dependent on agriculture and fisheries

Overall in 2016, the economy of Western Visayas posted a 6.1 percent growth of gross regional domestic product (GRDP), contributing 4 percent to the country's GDP. Of the region's economic sectors (service, agricultural and industrial), the service sector is most dominant (57.3 percent share of GRDP), followed by the industrial (24.3 percent) and the agricultural, fishing and forestry sector (18.5 percent). Agriculture, fishing and forestry have been contracting. The gross value added (GVA) in the sector registered negative growths of 3.3 percent in 2013, 0.6 percent in 2015 and 1.9 percent in 2016. Almost half of the region's household incomes of the poorest 40 percent are derived from earnings in agriculture.

Fifty-nine municipalities and two cities are coastal areas where livelihoods largely depend on fishing and marine products while 63 percent of the total land area are crop lands. As of 2015, there were 147,349 registered fisherfolks and 18,620 registered fishing boats. Manifestations of poverty and inequality are most observable in the agriculture and fishery sectors where about 34 percent of the region's labor force is engaged, 72.8 percent of whom are males and therefore, likely breadwinners. Further confirming the inference, the Listahanan 2015, the DSWD database of the country's poor, revealed that 86.8 percent of poor households in Western Visayas live in rural areas.

It is ironic that while Western Visayas has among the richest agricultural and marine resources in the country, the farmers and fisher folk are among the most impoverished. Moreover, some families living in the upland areas of Iloilo and Antique survive mainly by cutting trees and planting crops along the slopes.

Improving food security and reducing agricultural losses in the region remained elusive. Production and productivity of most crops and livestock were below plan targets for 2011-2016. Agricultural production declined by 2.07 percent in 2016, with the crops subsector output down by 5.0 percent.

Output from fisheries dropped by 2.73 percent.⁸ Low farm gate prices coupled with high input costs of commercial feeds, veterinary medicines, herbicides and pesticides greatly affected local production. Commercial and municipal fishery production kept on declining except for aquaculture which surpassed production targets in 2014 and 2015.

Agricultural production was affected by adverse weather conditions, the lingering effects of typhoon Yolanda and the more recent El Niño phenomenon, and by delays in major regional infrastructure projects supporting agriculture. Value adding has been constrained by poor connectivity of products to markets due to lack of transport and infrastructure and limited application of technologies.

Areas vulnerable to hazards and resource degradation

The region's geographic and tectonic setting makes it prone to flooding and landslides during tropical cyclones, which disrupt its economic growth. It is visited by typhoons every year, the more destructive ones were Frank (2008), Quinta (2012), and Haiyan (2013). The region is susceptible to ground shaking, earthquake-induced landslides, tsunami, and liquefaction due to the presence of fault lines as earthquake generators. These are West Panay Fault, Negros Trench, Tablas Fault, Central Negros Fault and Masbate Fault. Mt. Kanlaon in Negros Occidental, the most active volcano in Central Philippines, also exposes the region to volcanic eruptions. The geohazard assessment of Mines and Geo-Sciences Bureau (MGB), shows that there are areas in the region that are highly susceptible to landslides, flooding, tsunami and storm surges, and volcanic eruption.

Resource degradation also poses a challenge for the sector. The vulnerability of the ecosystem's ability to replenish water supply, especially for irrigation, amidst long dry spells, and the deteriorating status of the marine ecosystem such as coral reefs, fish stocks, mangroves, are critical considerations in maintaining sustainability of agriculture and fisheries.

Failure to fully implement the agrarian reform program

The RPD contended:

"Only about 14 percent of the 150,378 hectares targeted for Certificate of Land Ownership Award in the region has been distributed from 2013 to 2015. Agrarian Reform Beneficiaries

⁸ Sufficiency targets were achieved for chicken meat but not for pork and beef. Production increases were 5.26 and 4.25 percent in the livestock and poultry subsectors, respectively, but did not achieve planned targets.

awarded with Emancipation Patents and CLOAs were always way below the annual targets. Landowners' resistance, tedious processes and delays in the fragmented land management bureaucracy, and uncertainties caused by Supreme Court decision to hold in abeyance the acquisition of lands under the Operation Land Transfer hampered the acquisition of private agricultural lands. Consequently, insecurity in land tenure has discouraged investments that would have contributed to growth and expansion of the production base. Moreover, despite the safeguards in place, the lack of coordination among government agencies has resulted in continued premature and illegal conversion of prime agricultural lands, and irrigated and irrigable lands, which will compromise food security and agrarian reform objectives."

Conclusion

Malnutrition in Western Visayas is a critical problem intertwined with the region's development. The structural barriers to good nutrition can only be addressed in the medium- to long-term that as explained above, had faced major headwinds in recent years. Meanwhile, continued deterioration of human resource potentials has to be strongly addressed through direct nutrition-specific programs and through tweaking of development strategies to short-cut the trickle down process of benefits to the marginalized segment of the population.

Despite the considerable resources allotted to help the underprivileged, the magnitude of poor individuals and families remains high. Several major factors slowed the implementation and effectiveness of anti-poverty interventions: insufficient provision of LGU counterparts and lack of accredited partners, limited coverage and benefits of social protection programs such as the conditional cash transfer, social security insurance, livelihood support, and shelter assistance.

The GOP Region VI Regional Development Plan 2017-2022 provides for the strengthening of nutrition-specific and nutrition-supportive programs mostly resident in the health sector. At the same time the RDP offers a wide range of promising strategies and programs that address the basic causes of malnutrition, namely Expanding and Diversifying Opportunities in Agriculture and Fisheries, tourism and services, Enhancing Human Capital and Access to Social Services and Reducing Vulnerabilities, and Building Safe and Secure Communities.

It is clear that while the short-term and medium-term landscape of all forms of malnutrition in the region can be addressed by nutrition-specific and supportive programs, the long term prospect of

transforming the region's poor performance in nutrition can be addressed by both the (1) enabling factors that play a huge role in the planning, resourcing and management of nutrition programs and (2) the basic causes of malnutrition. Improving programs of the First 1000 Days seem promising given already existing programs to work from. Adjustments in the preschool and school nutrition program are also feasible as they require relatively small incremental investments. The strengthening of the enabling environment will require closer support and resources from the regional NNC office and all RNC agencies especially in local government mobilization. The introduction of nutrition-sensitive programs in existing economic and livelihood programs as well as infrastructure to short-cut the trickle down approach is also promising. Ensuring the full acceptance of the link between development projects and their nutritional outcomes within agencies and those which monitor the outcomes of the RDP would be a tremendous boost to the achievement of the RPAN's planned outcomes.

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SECTION 2. REGIONAL OUTCOME TARGETS

The Regional Plan of Action for Nutrition of Region VI (Western Visayas) 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 2040⁹, (2) reducing inequality in human development outcomes, and (3) reducing child and maternal mortality.

Region VI 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	39.9	25.5
- Prevalence (in percent) of wasted children		
- Under five years old	6.3	4.9
- 6 – 10 years old	10.0	5.8

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)	18.3	13.4
<u>Anemia</u>		
• Prevalence (in percent) of anemia among women of reproductive age	No regional data	-
<u>Iodine deficiency disorders</u>		
• Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	125	≥100
- Pregnant women	68	>150

⁹ 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
- Lactating women	62	≥100
Percent with urinary iodine concentration <50 mcg/L		
- Children 6-12 years old	23.4	16.1
- Lactating women	41.1	19.1

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	3.3	3.2
- 6 – 10 years old ²	7.1	7.0

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	6.6	4.9
Adults ²	23.5	17.5

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

Sub-outcome or intermediate outcome targets

Indicator	Baseline	2022 Target
Reduce the proportion of nutritionally-at-risk pregnant women ¹	31.5	25.4
Reduce the prevalence of low birthweight ³	19.2	14.9
Increase the percentage of infants 5 month old who are exclusively breastfed ¹	No reg'l data	-
Increase the percentage of children 6-23 months old meeting the minimum acceptable diet ¹	23.1	27.9
Increase the percentage of households with diets that meet the energy requirements ²	32.3	37.8

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 determinants¹⁰ of fetal and child nutrition and development”. Nutrition-sensitive intervention, 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 create 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.

¹⁰ Immediate determinants include adequate food intake and nutrient intake, caregiving and parenting practices, and low burden of infectious diseases. (Executive Summary of the Lancet Maternal and Child Nutrition Series, 2013).

SECTION 3. RPAN PROGRAMS AND PROJECTS

The Western Visayas RPAN consists of 11 programs and 41 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 and in particular adolescent pregnancy, where the prevalence for Western Visayas is one of the highest in the Philippines. 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 3. Western Visayas RPAN Programs and Projects

Program	Project
PROGRAM 1: IYCF AND FIRST 1000 DAYS (F1K) Enabling Program For F1K	Project 1. Mobilization of LGUs on the First 1000 days
	Project 2. Information Management in the F1K
	Project 3. Strengthening of the Health Delivery System for F1K
Micronutrient Supplementation	Project 4. Iron Supplementation of pregnant and lactating women and low birth weight infants and micronutrient powder (MNP) supplementation for children 6 to 23 mos old
	Project 5. Vitamin A supplementation for postpartum women and children 6-23 months old
Dietary Supplementation Program	Project 6. Mobilization of Local Government Units resources for dietary supplementation
Infant And Young Child Feeding (IYCF)	Project 7. Formulation of Plan for Regional Complementary Food production and marketing
	Project 8. Mobilization of barangay officials to organize Infant and Young Child Feeding (IYCF support groups)
	Project 9. Mobilization of Rural Improvement Clubs (RIC) and Women's Groups
	Project 10. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces), and RA 10410 (Early Years Act)
Philippine Integrated Management Of Acute Malnutrition (PIMAM)	See Project 30
Nutrition Promotion For Behaviour Change	Project 11. Communication Support for F1K

Program	Project
PROGRAM 2. DIETARY SUPPLEMENTATION PROGRAM¹¹	Project 12. Supplementary Feeding to Children Enrolled in Child Development Centers (CDCs) and Supervised Neighborhood Plays (SNPs)
	Project 13. Capacity Building for child dev't workers on the management of supplementary feeding, nutritional assessment and on the development of nutrient-dense cycle menu
	Project 14. Nutrition Education among Parents and Caregivers of Children enrolled in SNPs and CDCs
	Project 15. Supplementary Feeding in Schools
	Project 16. School-Based Complementary Health Services (deworming, micronutrient supplementation, WASH)
PROGRAM 3. MICRONUTRITION SUPPLEMENTATION	Project 17. Vitamin A Supplementation to Children 24-59 months old
	Project 18. Anemia Reduction Among Women of Reproductive Age
PROGRAM 4. PREVENTION OF ADOLESCENT PREGNANCY	Project 19. Strengthening of the Information and Service Delivery Network
	Project 20. Establishment of Management of Adolescent Friendly Spaces
	Project 21. Adolescent health and development classes
	Project 22. U 4 U (You for You) Teen Trail
	Project 23. Peer Educators' Training to Improve the Total Well Being of Adolescents
	Project 24. Weekly Iron with Folic Acid Supplementation
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION	Project 25. Promotion of Healthy Lifestyle and Wellness (Physical Activity and Healthy Food Environment)
	Project 26. Weight Management Intervention (for Overweight and Obese individual)
PROGRAM 6. NUTRITION IN EMERGENCIES PROGRAM	Project 27. Building and Strengthening Capacities for Nutrition in Emergencies
PROGRAM 7. NUTRITION PROMOTION FOR BEHAVIOR CHANGE	Project 28. Formulation and Implementation of the Regional Program on Nutrition Promotion for Behavior Change

¹¹ Dietary supplementation outside of the first 1000 days

Program	Project
PROGRAM 8. MANDATORY FOOD FORTIFICATION PROGRAM	Project 29. Advocacy for and Monitoring of Compliance of RA 8976 and 8172
PROGRAM 9. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	Project 30. Enhancement of PIMAM Facilities, Capacities and Provision of Services
PROGRAM 10. NUTRITION SENSITIVE	Project 31. Convergence Projects in Nutritionally Depressed Areas Using Rural Improvement Clubs
	Project 32. Community-Managed Potable Water Supply, Sanitation and Hygiene (CP WASH)
	Project 33. Sustainable Livelihood Support
	Project 34. Farm to Market Road
	Project 35. Production Support Services Sub-Program (Distribution of planting materials and vegetable seeds)
	Project 36. Gulayan sa Paaralan
	Project 37. Operational Research on the Nutrition Sensitive Projects
PROGRAM 11. ENABLING PROGRAM	Project 38. Mobilization of Local Government Units for Delivery of Nutritional Outcomes
	Project 39. Policy Development for Food and Nutrition
	Project 40. Management Strengthening Support to RPAN Effectiveness
	Project 41. Barangay Integrated Development Approach for Nutrition Improvement (BIDANI)

Table 4. Description of the Region VI RPAN Programs 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 but not limited to: 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) and RA 10028 (Breastfeeding Area in Workplaces).</p> <p>The program is led by the Department of Health in partnership with 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 80 municipalities and cities mobilized for F1K and nutrition
	1-O.2. RDC Resolution issued for F1K advocacy and support
Project 2. Information Management for F1K	2-O.1. Database and management information system for F1K established using existing platforms
Project 3. Strengthening of health delivery system for F1K	3-O.1. Review of all RHU compliance to F1K standards completed
	3-O.2. Annual Performance and Implementation Review of RHUs, other agencies involved in F1K and LGUs on F1K compliance conducted
	3-O.3. Integration of F1K compliance undertaken in successive plans of RHUs, other agencies involved in F1K, LGUs
	3-O.4. A system of periodic (small/meaningful) rewards for

		compliance to standards and meeting of milestone results during the first 1000 days established
Project 4. Iron Supplementation of pregnant and lactating women and low birth weight infants and MNP supplementation for children 6 to 23 months old	4-O.1.	All RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants and 90 sachets of MNP to children 6 to 23 months
	4-O.2.	A system of tracking consumption of iron and MNP supplements operationalized
Project 5. Vitamin A Supplementation to postpartum women and children 6-23 months old	5-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 (including high risk children); and 1 tablet of 200,000 IU Vitamin A capsule given to children 12 to 23 months every 6 months
	5-O.2.	A system of tracking vitamin A supplementation operationalized
Project 6. Mobilization of LGU resources for dietary supplementation	6-O.1.	LCEs in 80 municipalities and cities issue policy with budget allocation to implement dietary supplementation program for nutritionally at risk pregnant and lactating women, and children 6-23 months belonging to the food insecure families
Project 7. Formulation of Plan for Regional Complementary Food production and marketing	7-O.1.	A Plan for Regional Complementary Food Production and Marketing developed and resourced
Project 8. Mobilization of barangay officials to organize IYCF support groups	8-O.1.	At least 75% of all barangays in Region VI have IYCF nutrition support groups firmly established by end of 2022
Project 9. Mobilization of RIC and Women's Groups	9-O.1.	At least 100 existing and new chapters of RIC Women's groups engaged to support F1K and local nutrition program

Project 10. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces)	10-O.1. Organizations and entities exercising their commitment to enforcement and compliance monitoring on EO 51, RA 10028
Project 11. Communication Support for F1K	11-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K fully developed and implemented

PROGRAM 2. DIETARY SUPPLEMENTATION PROGRAM

Program Description:

The Dietary Supplementation Program aims to safeguard the health of nutritionally-at-risk groups by providing 1) nutritious foods to (a) supplement diets of preschoolers, school children, and pregnant women and 6-23 months old from food insecure families; 2) information on healthy eating; and 3) referrals to health care. Beyond improvements in access to food, the program has a positive impact on nutritional status, gender equity, and educational status, each of which contributes to improving overall levels of country and human development.

The Program will be jointly implemented by the DOH, DSWD, DepEd, and LGUs.

Project Title	Project Output/s
Project 12. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	12-O.1. At least 873,426 children fed for 120 days and given early child stimulation (192,927 baseline)
Project 13. Capacity Building for child development workers on the management of supplementary feeding, nutritional assessment and on the development of nutrient-dense cycle menu	13-O.1. At least 196 trained to staff the additional CDC every year or existing CDWs not yet trained given early child stimulation
	13-O.2. At least 133 LGU Focal Person given refresher training on child care and development and other related topics
Project 14. Nutrition Education among Parents and Caregivers of Children enrolled in SNPs and CDCs	14-O.1. At least 75,000 parents and caregivers complete monthly nutrition education classes
Project 15. Supplementary Feeding in Schools	15-O.1. 100% of all schools providing supplementary feeding for 120 days following standards
Project 16. School-Based Complementary Health Services	16-O.1. 100 % of all schools delivering package of complementary health services at satisfactory level

PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION PROGRAM**Program Description:**

Micronutrient Supplementation (MS) Program focuses on the provision of vitamins & minerals for treatment and prevention of specific micronutrient deficiencies (VAD, IDA, IDD) until more sustainable food-based approaches (e.g. food fortification and diet diversification) are put in place and become effective. The program aims to provide MS to 90% of program beneficiaries as per guidelines.

The overall policy on MS is contained in DOH Administrative Order No. 2010-0010 entitled "Revised Policy on Micronutrient Supplementation" to Reduce Under-Five and Maternal Deaths and Address Micronutrient Needs of Other Population Groups. The micronutrients under this AO are Vitamin A, Iron, Folate and Iodine. Department Memorandum No. 2011-0303 "Micronutrient powder supplementation for children 6-23 months" was adapted as household food based supplementation of micronutrients. More specifically, micronutrient supplementation under the F1K program will utilize existing delivery platforms such as antenatal care, essential intrapartum and newborn care as well as health facilities and outreach services in order to reach target program beneficiaries.

The Micronutrient Supplementation Program under the RPAN 2018-2022 is an important complement of the programs on IYCF/F1K, dietary supplementation, and nutrition in emergencies.

Project Title	Project Outputs
Project 17. Vitamin A Supplementation to children 24-59 months old	17-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 tablet of 200,000 IU Vitamin A capsule given to children 12 to 23 months every 6 months
	17-O.2. A system of tracking consumption of IFA supplements operationalized
Project 18. Anemia Reduction Among Women of Reproductive Age	18-O.1. All RHUs providing iron with folic acid to WRA based on standards
	18-O.2. A system of tracking consumption iron with folic acid operationalized

PROGRAM 4. PREVENTION OF ADOLESCENT PREGNANCY**Program Description:**

The program on the prevention of adolescent pregnancy was included in the RPAN because of the planners' 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. While the program addresses sexual and reproductive health

issues, it aims to improved health status of adolescents.

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

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

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

Project Title		Project Outputs
Project 19.	Strengthening of the Information and Service Delivery Network	19-O.1. An Information and Service Delivery Network established and fully functional
Project 20.	Establishment and Management of Adolescent Friendly Facilities (Teen Center/ Friendly Spaces)	20-O.1. 80 fully equipped and functional adolescent-friendly spaces established
		20-O.2. 8,000 adolescent peer counsellor at National High Schools organized
		20-O.3. 2,500 adolescent peer counsellors in the community recruited and trained
Project 21.	Adolescent Health and Development Classes	21-O.1. Number of adolescent health conducted
		21-O.2. Number of adolescents reached during the conduct of Adolescent Health and Development classes
Project 22.	U 4 U Teen trail	22-O.1. Number of U4U Teen Trails conducted
		22-O.2. Number of adolescents reached during the conduct of U4U Teen Trail
		22-O.3. Number of vulnerable adolescents identified and referred to adolescent health facility
Project 23.	Peer Educators' Training	23-O.1. Number of trained adolescent peer counsellors in secondary schools (School-Based Teen Centers)

		23-O.2. Number of trained adolescent peer counsellors in the community (Community Based Teen Centers)
		23-O.3. Number of parent-child trained on the Learning Package on Parent Education on Adolescent Health and Development (LPEAHD)
		23-O.4. Number of LPEAHD trainings conducted
Project 24.	Weekly Iron-Folic Acid Supplementation	24-O.1. 100% of public schools implementing WIFA based on standards
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION PROGRAM (ADULT)		
<p>Program Description:</p> <p>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 <i>National Healthy Lifestyle Program or the Go 4 Health Go sustansiya, Go sigla, Go smoke-free, and Go Slow sa Tagay</i> messages. . The program aims to reduce the prevalence of overweight and obesity among adults.</p> <p>Under the RPAN, this program is translated into 1) promotion of healthy lifestyle and wellness with emphasis on physical activity and ensuring a healthy food environment) and weight management intervention for overweight and obese adults and individuals.</p> <p>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.</p>		
Project Title		Project Outputs
Project 25.	Promotion of Healthy Lifestyle and Wellness (Physical Activity and Healthy Food Environment)	25-O.1. Number of LGUs, agencies and entities with policies and projects/activities on healthy lifestyle and healthy food environment
Project 26.	Weight Management\ Intervention (for Overweight and Obese individual)	26-O.1. Number of LGUs with Nutritionist dieticians
		26-O.2. # of LGUs, agencies and entities with policies and activities on weight management including diabetic clinic and hypertension clubs

PROGRAM 6. NUTRITION IN EMERGENCIES PROGRAM

Program Description:

Nutrition in Emergencies is one of the nutrition specific programs under the RPAN that seeks to build capacity of the Local Disaster Risk Reduction and Management Committees (LDRRMCs)/Nutrition Clusters (NCs) to integrate nutrition promotion and management activities in their disaster risk reduction and management plan in their LGUs. It seeks to enable *LGUs* to deliver timely, appropriate and adequate nutrition services during emergencies. The program would cover actions to improve levels of preparedness, response and recovery and rehabilitation¹². The capacity building of the LDRRMC/NCs will enable the effective protection of children, women, and other vulnerable groups with respect to their nutritional needs, promoting appropriate infant and young child feeding practices, and preventing under nutrition and worsening of nutritional status particularly in prolonged disasters and emergencies.

Project Title	Project Outputs
Project 27. Building and Strengthening Capacities for Nutrition in Emergencies	27-O.1. At least 106 Local Nutrition Committees transformed into Local Nutrition Clusters and with Nutrition in Emergencies plan (to be integrated in the LNAP and LDRRM Plan)
	27-O.2. At least 14 Provinces and Cities trained on NIEM and provided with technical assistance

PROGRAM 7. NUTRITION PROMOTION FOR BEHAVIOR CHANGE

Program Description:

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

The RPAN takes a systematic approach towards building its nutrition program for behavior change with three projects commencing with the review of existing actions followed by designing a nutrition promotion for behavior change program appropriate and feasible for the region and subsequently its implementation.

The Program aims to strengthen the provision of behavior changing nutrition promotion opportunities covering during the four year period of the RPAN. A more comprehensive and organized nutrition promotion anchored on a behavioral change framework constitutes the

¹² Disasters are a big downward pull to the state of nutrition and in the Philippines, including Region VI 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.

key feature of the Program.

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

Project Title	Project Outputs
Project 28. Formulation and Implementation of the Regional Program on Nutrition Promotions for Behavior Change	28-O.1. Regional Program on Nutrition Promotion for Behavior Change developed and implemented

PROGRAM 8. MANDATORY FOOD FORTIFICATION PROGRAM

Program Description:

The Mandatory Food Fortification (MFF) program at the regional level consists essentially of actions to educate the public about the value of fortified foods, monitoring compliance of food fortification following RA 8976 (The Food Fortification Law) and RA 8172 (The ASIN Law). Regional efforts also focus on ensuring that coordinating mechanisms for inter-agency collaboration on food fortification are fully functional.

The program is expected to result to Increased number of establishments monitored on MFF compliance and increased level of awareness on the importance of food fortification.

Program implementation will be led by the DOH in partnership with NNC, FDA and other agencies constituting existing inter-agency task force in the region.

Project Title	Project Outputs
Project 29. Advocacy for and Monitoring of Compliance of RA 8976 and 8172	29-O.1. A system for both monitoring of compliance and plan for advocacy completed and implemented
	29-O.2. 100% Provinces, Municipalities and Cities oriented, assessed and activated their Bantay Asin Task Force
	29-O.3. Improvements in the compliance level for mandatory food fortification evidenced in the region

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

Program Description:

The Philippine Integrated Management of Acute Malnutrition (PIMAM) Program aims to locate the acutely malnourished especially those with severe and moderate acute malnutrition, and to provide the needed medical and nutritional intervention. At least 90% of severely acute malnourished children given RUTF (Ready-to-Use Therapeutic Food) and

treated, at least 90% of moderately acute malnourished able to access RUSF or Ready-to-Use Supplementary Food and at least 90% of wasted treated are expected from the program.

The interventions will be delivered through in-patient treatment centers, out-patient treatment centers and target supplementary feeding program sites. Its implementation is guided by DOH AO 2015-055 National Guidelines on the Management of Acute Malnutrition of Children under 5 Years). More specific protocols are contained in the “National Guidelines on the Management of Severe Acute Malnutrition (SAM) for Under-Five Children” and the “National Guidelines on the Management of Moderate Acute Malnutrition (MAM) for Under-Five Children”.

The RPAN shall implement the PIMAM Program through a project named Enhancement of PIMAM Facilities and Provision of Services focused on building the capacity of local implementers on SAM and MAM active case finding, provision and supply management of F75, F100 RUTF and RUSF (and its equivalent in RHUs), treatment and management of SAM in the ITC and OTC and of MAM in TSFP, among others.

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

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

Project Title	Project Outputs
Project 30. Enhancement of PIMAM Facilities, Capacities and Provision of Services	30-O.1. Delivery system for PIMAM established and fully operational across the region
	30-O.2. All staff of public health facilities required in managing and providing PIMAM interventions fully trained

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 Western Visayas RPAN 2018-2022 identified nutrition-sensitive projects ranging from agriculture and fisheries, health, education, labor, public works, and social protection. The 8 projects are implemented by various local, regional, and national government agencies such as the Department of Agriculture (DA), Bureau of Fisheries and Aquatic Resources (BFAR),

Department of Agrarian Reform and Department of Public Works and Highways with key participation from the Local Government Units (LGUs).

These projects target food insecure households whose children and mothers are disadvantaged nutritionally, improve 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.

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 31.	Convergence Projects in Nutritionally Depressed Areas Using Rural Improvement Clubs	General Outputs for Nutrition-Sensitive Projects: 31-36-O.1. 6 projects in the region with tweaking strategies for nutritional impact 31-36-O.2. XX families enrolled in projects tweaked for nutritional impact 31-36-O.3. XX families involved in nutrition sensitive projects with increased income
Project 32.	Community-Managed Potable Water Supply, Sanitation and Hygiene (CP WASH)	
Project 33.	Sustainable Livelihood Support	
Project 34.	Farm to Market Road	
Project 35.	Production Support Services Sub-Program (Distribution of planting materials and vegetable seeds)	
Project 36.	Gulayan sa Paaralan	37-O.1. Operational research undertaken and fed in the redesign
Project 37.	Operational Research on the Nutrition Sensitive Projects	

ENABLING PROGRAM

PROGRAM 11. ENABLING PROGRAM

Program Description:

The Enabling Program recognizes the key role of LGUs in achieving targeted nutritional outcomes. This program aims to ensure that target LGUs deliver positive nutritional outcomes during the four-year period of the RPAN by inspiring and providing models and practices that other provinces, cities, and municipalities can adapt.

There are four inter-related projects under the enabling programs of Region VI RPAN 2018-

2022. They include: Mobilization of Local Government Units for Nutritional Outcomes, Policy Development for Food and Nutrition, Mobilization of RICs and other community-based organizations and Management Strengthening for PPAN Effectiveness.

The principal objective of *LGU Mobilization for Nutritional Outcomes* is to transform the five 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. For Region VI, mobilization of LGUs will likewise adopt the the BIDANI¹³ strategy.

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 for RPAN Effectiveness aims to produce changes in the current system of RPAN delivery involving management and coordination, monitoring and evaluation, budgeting, and other vital processes, as well as staffing requirements for the efficient and effective RPAN 2019-2022 implementation.

Barangay Integrated Development Approach for Nutrition Improvement (BIDANI – UP Visayas)

Project Title		Project Outputs	
Project 38.	Mobilization of Local Government Units for Delivery of Nutritional Outcomes	38-O.1.	100% of LGUs in Region VI mobilized and vigorously implemented the RPAN 2019-2022
		38-O.2.	One LCE from the province, city and municipal LGU enlisted as Nutrition Champions
		38-O.3.	Partnership in the region to support LGU mobilization established and strengthened

¹³ Bidani is a community-based, multidisciplinary, holistic, development-oriented approach aimed at improving governance and strengthening the food and nutrition security of Philippine villages lodged at the Institute of Human Nutrition and Food, College of Human Ecology (IHNF-CHE), UPLB as the national overall coordinator. As a flagship program of UPLB, it has become the academe's unique and continuing contribution to national development.

Project 39.	Policy Development for Food and Nutrition	39-O.1. Policy guidelines issued
		39-O.2. Compendium of nutrition and nutrition-related policies, resolutions and issuances developed
		39-O.3. Policy and research agenda developed and implemented
Project 40.	Management Strengthening Support to RPAN Effectiveness	40-O.1. NNC Regional Office Work and Financial Plan adjusted to the requirements of the RPAN
		40-O.2. RNC, RTWG and NNC RO strengthened for RPAN implementation and coordination
		40-O.3. Pool of LGU mobilizers organized and trained
Project 41.	Barangay Integrated Development Approach for Nutrition Improvement (BIDANI – UP Visayas)	41-O.1. Implemented Barangay Management Information System (BMIS) in BIDANI partner communities 41-O.2. Implemented Barangay Integrated Development Approach for Program Planning and Management in BIDANI partner communities 41-O.3. Implemented Participative Nutrition Enhancement Approach in BIDANI partner communities

SECTION 4. ESTIMATES OF BUDGETARY REQUIREMENTS FOR RPAN

Table 5 provides the budget estimates by program as well as the share of the total budget to the total RPAN budget. Table 6 provides the estimate for the 11 programs and 41 projects included in the RPAN. The table indicates both funded and unfunded components of the budgetary requirements. The budget estimated for 2019-2022 for all 11 programs amount to PhP 5.18B, with an annual average of about PhP1.28B. The funded portion is PhP 5.14B representing 99.32% of total, while the unfunded portion amounts to PhP 34.6M representing .67 %. Financing come mostly from the General Appropriations of national government agencies and Local Budgets from IRA. The funding shortfalls will be generated mainly from Tier 2 budget process and financing from development partners, NGOs working in the region and provisions from local sources. These budgets will require annual review and adjustments in line with the regional and national processes for the preparation of investment plans. Annex 3 provides more details of the budgetary requirements of the Region VI RPAN 2019-2022, by Program, by Project, by year and with recommended action to fill resource gap.

Table 5. 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)	545,473,000	10.6 %
Program 2: National Dietary Supplementation Program	4,300,599,840	83%
Program 3: Micronutrient Supplementation Program ¹⁴	67,292,354	1.3%
Program 4: Prevention of Adolescent Pregnancy	15,350,000	0.3%
Program 5: Overweight and Obesity Management and Prevention ¹⁵	400,000	0.008%
Program 6: Nutrition in Emergencies Program	2,121,600	0.04%
Program 7: Nutrition Promotion for Behaviour Change	5,092,000	0.1%
Program 8: Mandatory Food Fortification Program ¹⁶	400,000	0.008%
Program 9: Philippine Integrated Management of Acute Malnutrition (PIMAM)	158,050,000	3.0%
Program 10: Nutrition Sensitive	73,942,646	1.4%
Program 11: Enabling Program	14,700.000	0.3%
Grand Total	5,183,421,440	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 6. Summary Budget Estimates for Programs and Projects

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Program 1: IYCF and First 1000 Days (F1K)		528,747,000	16,726,000
Project 1. Mobilization of LGUs on the First 1000 days	DOH, NNC, DILG, LGUs	-	2,000,000
Project 2. Information Management in the F1K	DOH, NNC, LGUs	-	446,000
Project 3. Strengthening of health delivery system for F1K	DOH, NNC, LGUs	-	3,640,000
Project 4. Iron Supplementation of pregnant and lactating women and low birth weight infants and MNP supplementation for children 6 to 23 mos old	DOH, LGUs	516,300,000	-
Project 5. Vitamin A to postpartum women and children 6- 23 months old	DOH, LGUs	11,447,000.00	-
Project 6. Mobilization of LGU resources for dietary supplementation	DOH, NNC, LGUs	-	8,000,000
Project 7. Formulation of Plan for Regional Complementary Food production and marketing	DOH, DOST-FNRI, NNC, LGUs	-	360,000
Project 8. Mobilization of barangay officials to organize IYCF support groups	DOH, NNC, LGUs	-	1,280,000
Project 9. Mobilization of RIC and Women's Groups	DA, NNC, BIDANI, LGUs	720,000	-
Project 10. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces), and RA 10410	DOH, NNC, LGUs	280,000.00	-
Project 11. Communication Support for F1K	DOH, NNC, PIA	-	1,000,000
Program 2: National Dietary Supplementation Program		4,300,599,840	
Project 12. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	DSWD, LGUs	1,459,920,600	-
Project 13. Capacity Building for child dev't workers on the management of supplementary feeding, nutritional assessment and on the development of nutrient-dense cycle menu	DSWD	4,668,000	-
Project 14. Nutrition Education among Parents and Caregivers of Children enrolled in SNPs and CDCs	DSWD	Integrated in Project 12	
Project 15. School-Based Feeding Program	DepEd	2,806,011,240	-

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Project 16. School-Based Complementary Health Services	DepEd, DOH	30,000,000	-
Program 3: Micronutrient Supplementation Program	DOH, LGUs	67,292,354	
Project 17. Vitamin A Supplementation to children 24-59 months old	DOH, LGUs	10,700,000	-
Project 18. Anemia Reduction among Women of Reproductive Age	DOH, LGUs	56,592,354	-
Program 4: Adolescent Health and Development	PopCom, NNC	12,750,000	2,600,000
Project 19. Strengthening of the Information and Service Delivery Network	POPCOM, DepEd DOH, LGU	800,000	-
Project 20. Establishment of Management of Adolescent Friendly Spaces	POPCOM, DepEd DOH, LGU	9,200,000	-
Project 21. Adolescent Health and Development Classes	POPCOM, DepEd DOH, LGU	750,000	-
Project 22. U 4 U Teen trail	POPCOM, DepEd DOH, LGU	750,000	-
Project 23. Peer Educators' Training to Improve the Total Well Being of Adolescents Public Information Support	POPCOM, DepEd DOH, LGU	1,200,000.00	-
Project 24. Weekly Iron-Folic Acid Supplementation ¹⁷	DepEd, DOH	50,000.00	-
Program 5: Overweight and Obesity Management and Prevention (Adult)			400,000
Project 25. Promotion of Healthy Lifestyle and Wellness (Physical Activity and Healthy Food Environment)	DOH, NNC, LGUs		400,000
Project 26. Weight Management Intervention (for Overweight and Obese individual)	DOH, NNC, LGUs	Part of NCD Program of DOH	
Program 6: Nutrition in Emergencies		2,121,600	-
Project 27. Building and Strengthening Capacities for Nutrition in Emergencies	DOH, NNC, LGUs	2,121,600	-
Program 7: Nutrition Promotion for Behaviour Change		5,092,000	-
Project 28. Formulation and implementation of the Regional Program on Nutrition Promotion for Behaviour Change	NNC, RNC, PIA	5,092,000	-
Program 8: Mandatory Food Fortification Program		200,000	200,000
Project 29. Advocacy for and Monitoring of Compliance of RA 8976 and 8172	DOH, NNC, RBATF	200,000	200,000
Program 9. Philippine Integrated Management of Acute Malnutrition (PIMAM)		158,050,000	-

¹⁷ Supplements are downloaded from DOH Central Office thus budget requirements not included

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Project 30. Enhancement of PIMAM Facilities, Capacities and Provision of Services	DOH, NNC, LGUs	158,050,000	-
Program 10: Nutrition Sensitive		72,742,645	1,200,000
Project 31. Convergence Projects in Nutritionally Depressed Areas Using Rural Improvement Clubs	DA	4,207,414	-
Project 32. Community-Managed Potable Water Supply, Sanitation and Hygiene (CP WASH)	DAR	4,640,000	-
Project 33. Sustainable Livelihood Support	DAR	35,500,000.00	-
Project 34. Farm to Market Road	DPWH	Cost of tweaking TBD	
Project 35. Production Support Services Sub-Program	DA	25,895,231	-
Project 36. Gulayan sa Paaralan	DepEd	2,500,000	-
Project 37. Operational Research on the Nutrition Sensitive Projects	NNC	-	1,200,000
Program 11: Enabling Program		-	14,700,000
Project 38. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	NNC, DILG	-	4,750,000
Project 39. Policy Development for Food and Nutrition	NNC, RNC	-	2,250,000
Project 40. Management strengthening support to RPAN effectiveness	NNC, RNC	-	7,700,000
Project 41. Barangay Integrated Development Approach for Nutrition Improvement (BIDANI – UP Visayas)	UPV-BIDANI	720,000	-
Grand Total		5,148,135,440	35,826,000

Resource Mobilization Strategy for the RPAN

Annex 3 shows the funding shortfalls by program. The total program shortfall for the four-year period 2019-2022 amounts to PhP 34M. 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 VI's investment will translate to increased access to economic benefits and opportunities, reduced inequality in human development and a productive workforce, among other benefits.

SECTION 5. RISKS ANALYSIS AND MITIGATION MEASURES

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

Table 7. Risks Analysis and Mitigation Measures

Risk Category	Risk Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Political	<p>Political leadership changes in the local elections. The changes in political leadership often bring changes in priorities, discontinuity of programs and delays in the implementation as new LCEs take time to assess the past programs and the incumbents' political and developmental thrusts.</p>	<p>In addition to supportive strategies from the national level, a more integrated way of working in LGUs is to adopt a wider net of involvement beyond simply the LCEs. In addition the processes of engagement of the LGUs should involve deeper socialization to the problem of malnutrition its impact and the potential for delivering results. Legislations that lock funding and staffing are critical to avoid fluctuating fortunes of nutrition with changes in the political leadership. Often the capacity of local LGU mobilization teams for nutrition is nascent permitting little counter to the changes in LCE governance.</p> <p>Continuous advocacy and dialogues with newly elected local officials focusing on the LCE and continuous enforcement of DILG Memorandum Circular 2010-147 on the retention of</p>	<p>The design of the enabling programs in the RPAN should include both policy work, advocacy and strengthening of group capacity to protect nutrition against political leadership changes and federalism.</p> <p>Other enabling programs necessary are the policy work both at the national and regional levels and the strengthening of the nutrition human infrastructure at the regional and sub-regional levels particularly on mobilization of local government units. Efforts to sustain the capacity building of BNS will also be useful to reduce the impact of political changes.</p> <p>Program adjustments based on the new thrusts and directions of the new LCE to be effected with a vigorous provision of technical assistance from the Regional</p>

Risk Category	Risk Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
		<p>BHWs, BNS and DCWs even after elections.</p> <p>The Regional Nutrition Committee and NNC Regional Office (including the DOH-hired Nutritionist-Dieticians as LGU mobilizers) to undertake close monitoring and evaluation of projects and programs on a regular basis.</p>	<p>Nutrition Technical Committee and an enabling policy support from the Regional Development Council.</p>
	<p>Possible Shift towards Federalism. The potential impact of the adoption of the new system of government in the Philippines to the implementation of nutrition programs in the region can be manifold at least in the short and medium term as the new system is installed and teething problems are addressed. Regardless of how good the new system maybe any new form of government invariably entails delays, initial confusion and financing and other issues that hamper programs. At the same time the new system can offer</p>	<p>NNC and RNC to seek advice from political experts and formulate a position paper to ensure the appropriate placement of nutrition in the state structures, programs and budget.</p> <p>NNC Central and regional office to ensure visible presence of nutrition in the regional government agenda and priorities through active participation in all discussions related to federalism.</p>	

Risk Category	Risk Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	opportunities for positioning nutrition as a funded mandate and a distinct multi-sectoral program essential to development.		
Economic	<p>High prices of food. High prices of basic commodities particularly of food. Minimum level of income deemed adequate or expenditure required for a family to meet the basic food and non-food requirements is high for many families resulting in inadequate food security. Increase in prices of gasoline which has the direct effect in the prices of food and other commodities and the implementation of TRAIN Law are important factors to price increases.</p>	<p>Among the mitigation measures to be adopted include:</p> <ul style="list-style-type: none"> - Prioritization of poor families with malnourished pregnant and lactating women and children for livelihood assistance and social safety net projects. - Scaling up home food production and dietary supplementation for children, pregnant and lactating women from food insecure families. 	<p>The nutrition sensitive program and projects in the RPAN should be continuously pursued to complement the nutrition specific programs. Convergence of such projects and interventions in food insecure households and families with malnourished PLW and children is necessary.</p>

Risk Category	Risk Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Social	<p>Urbanization and media influence changing lifestyle and behavior pattern which impact on food choices and preferences. Both factors can negatively impact on breastfeeding practices. Working women stop breastfeeding and relegate the care of their children to other caregivers.</p>	<p>Several actions can mitigate the effects of urbanization and media influence on changing lifestyle:</p> <ul style="list-style-type: none"> - Intensify <i>Nutriskwela</i>, <i>Katumbas ay Biyaya Radio</i>, <i>Radyo mo sa Nutrisyon</i> Programs and nutrition promotion on multimedia platforms. The use of social media will be included to promote healthy lifestyle and good nutrition. Part of this program should include promotion of healthy lifestyle and healthy food environment. - Expand the training and development of community breastfeeding peer counsellors/support groups; and - Advocacy on the establishment of lactation station in public and workplaces. 	<p>The Nutrition Integration of nutrition into healthy lifestyle program e.g. healthy options in the school canteen, NCD prevention and control program.</p> <p>Integration of nutrition into social safety net programs e.g. conditional cash transfer, targeted supplementary feeding program in day care centers and schools.</p>

Risk Category	Risk Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	Proliferation of fast food chains and highly processed convenience food encourages consumption of unhealthy food leading to overweight, obesity and NCDs.	NNC and RNC should work with the appropriate bodies and entities (e.g. PLCPD) towards the regulation highly processed foods, mandatory food labelling and include this aspect in the nutrition education program.	
Technological	Social Media is a double- edged sword. It can be used as tool to spread promiscuous videos at the same time it can also be an effective tool for promotion of good nutrition. People's access to technology have impact on family values and relationships, lifestyle including acceptance of teenage pregnancy	Intensify the use of social media to promote good nutrition practices and messages. An inventory of available technologies and media applications that can facilitate the promotion of good nutrition practices and messages may be necessary. Social media can be tapped to send information and act as a surrogate peer counsellor or adviser.	The maximum use of social media as tools for behavior change should be included in the Nutrition Promotion for Behavior Change Program. The program can be adjusted when new, updated and innovative technologies become available.
Legal	One of the recent legislations that impact on nutrition is the Tax Reformation for Acceleration and Inclusion (Train) popularly known as the TRAIN Law (RA 10963) already discussed in the economic section of this risk analysis.		See above.

Risk Category	Risk Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Environmental	<p>The presence of mining community (Semirara Mining) Jalaur Dam pose serious threats to the region particularly those either displaced, marginalized or who's agricultural and forestry livelihood have been affected. These are mostly indigenous communities whose nutritional status are far worse than those in the mainland.</p>	<p>Following the RPAN formulation, the RNC must ensure that in the P/C/MNAP in the regions, appropriate programs and investments are planned and designed for IP communities. The RNC should open or further discussions with mining industries present in the region to make them responsible for programs to address both displacements and possible impact of displacements particularly on malnutrition. The RNC should also benchmark with other IP communities for effective programming and participation (with results of IP communities) around the area of food security and health and nutrition. Better yet the NNC Central Office work with the National Commission on Indigenous Peoples on a more comprehensive basis towards this purpose.</p>	<p>Enabling programs in the region must include provisions for advocacy, negotiations with the mining industry. Specific programs in the RPAN must include IP specific designed approaches to ensure delivery and effective results.</p>

Risk Category	Risk Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Cultural and Religious	The practice of early marriage resulting to teenage pregnancy repeats the vicious cycle of poverty and malnutrition. This is misconceptions and false beliefs on infant and young child feeding worsens the inadequate dietary intake of young children. The belief that eldest daughters are expected to be caretakers of siblings results to non-attendance to school and early marriage.	The RNC should monitor the progress and effectiveness of the adolescent programs being undertaken in the regional as they impact on the health and nutrition of woman and the child.	<p>Include interventions on the prevention of teenage pregnancy in the RPAN and the local nutrition action plans.</p> <p>Strengthen program linkage with the Responsible Parenthood and Reproductive Health (RPRH) programs and services at the schools and community levels.</p>

SECTION 6: 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 consists of individual and shared accountabilities to deliver outputs and outcomes. The delivery of outcomes and outputs which entail institutional resources and processes are ultimately the responsibility of the accountable regional agencies.

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, and municipal levels covered by the region.

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

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

SECTION 7: 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 VI. The Results Matrix will be broken down by NNC Regional Office 6 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/revisions/improvements/enhancement 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 8. RPAN REGION VI IMPLEMENTATION PLAN AND RESULTS FRAMEWORK

The RPAN Region VI 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 8), the implementation plan with respect to the outputs of the projects has also been defined for years 2018-2022. 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 VI 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 43 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 8. RPAN Region VI Results Framework Matrix

RPAN Region VI Outcome Targets



Program Title : Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)					
Intermediate Results:					
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 and at least 80 municipalities and cities mobilized for F1K and nutrition	6 provinces, 2 HUCs, 20 muns	20 muns	20 muns	20 muns	DOH, NNC, LMP, DILG, RDC, LGUs
Activity 1-A.1. Conduct of F1K Forum with Quezon governor to speak about Q1K Program	1 invitation as F1K resource person sent to Quezon Province Governor	X	X	X	
Activity 1-A.2. Advocacy with RDC, LPP and LMP for issuance of Statement of Support and resolution supporting F1K	1 policy statement issued by RDC	X	X	X	
Activity 1-A.3. Conduct and completion of the first 1000 days and RHU plan analysis In the next two years					
Activity 1-A.4. Preparation of P/M/CNAPs of all provinces, municipalities and cities including First 1000 days	36	35	34	34	

Program Title : Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)						
Intermediate Results:						
Project Title, Outputs and Major Activities		Target				Agency/ies involved
		2019	2020	2021	2022	
Activity 1-A.5.	DOH/NNC launch an incentive package for the best LGUs implementing the first 1000 days	TBD	TBD	TBD	TBD	
Activity 1-A.6.	Monitoring, evaluation and adjustments	9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	
2. Information Management in the F1K						
Output 2-O.1.	Database and management information system for F1K established using existing platforms	1	X	X	X	DOH, NNC, LGUs
Activity 2-A.1.	Development of prototype database and information system for F1K	9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	
Activity 2-A.2.	Pilot implementation of the system for F1K	9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	
Activity 2-A.3.	Full implementation of the system including data sharing and management adjustments	TBD	TBD	TBD	TBD	
3. Strengthening of health delivery system for F1K						
Output 3-O.1.	Review of all RHU compliance to F1K standards completed	1	1			DOH, NNC, LGUs
Output 3-O.2.	Annual Performance and Implementation Review of RHUs, other agencies involved in F1K and LGUs on F1K compliance conducted	100% of RHUs	100% of RHUs	100% of RHUs	100% of RHUs	
Output 3-O.3.	Integration of F1K compliance undertaken in successive plans of RHUs, other agencies involved in F1K, LGUs	100% of RHUs	100% of RHUs	100% of RHUs	100% of RHUs	
Output 3-O.4.	A system of periodic (small/meaningful) rewards for compliance to standards and meeting of milestone results during the first 1000 days established	X	X	X	X	
Activity 3-A.1.	Preparation of tools and facilitators	1	1	1	1	
Activity 3-A.2.	Undertaking the provincial review with clusters of municipal RHU teams	1	1	1	1	
Activity 3-A.3.	Development and resourcing of system for continuous rewards during the first 1000 days	X	X	X	X	

Program Title : Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
Activity 3-A.4. Monitoring, evaluation and adjustments	11 (ECCD F1K Areas and 2 provinces)	11 (ECCD F1K Areas and 2 provinces)	11 (ECCD F1K Areas and 2 provinces)	11 (ECCD F1K Areas and 2 provinces)	
4. Iron Supplementation of pregnant and lactating women and low birth weight infants and MNP supplementation for children 6 to 23 mos old					
Output 4-O.1. All RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants and 90 sachets of MNP to children 6 to 23 months	100% RHUs	100% RHUs	100% RHUs	100% RHUs	DOH, LGUs
Output 4-O.2. A system of tracking consumption of iron and MNP supplements operationalized	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 4-A.1. Improve planning for logistics and distribution	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 4-A.2. Execution of system for tracking iron supplementation of pregnant and lactating women, and low birth weight infants	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 4-A.3. Communication support through the rural health system	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 4-A.4. Monitoring, reporting and adjustments	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 4-A.5. DOH/NNC launch an incentive package for the best LGUs implementing the first 1000 days	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
5. Vitamin A Supplementation to postpartum women and children 6-23 months old					
Output 5-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 (including high risk children); and 1 tablet of 200,000 IU Vitamin A capsule given to children	340,831	353,537	358,253	394,076	

Program Title : Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)						
Intermediate Results:						
Project Title, Outputs and Major Activities		Target				Agency/ies involved
		2019	2020	2021	2022	
	12 to 23 months every 6 months (All RHUs providing 90 sachets of MNP to children 6 tp 23 months old)					
Output 5-O.2.	A system of tracking vitamin A supplementation operationalized	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 5-A.1.	Improve planning for logistics and distribution	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 5-A.2.	Execution of system for tracking vitamin A supplementation	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 5-A.3.	Communication support through the rural health system	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 5-A.4.	Monitoring, reporting and adjustments	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
6. Mobilization of LGU resources for dietary supplementation						
Output 6-O.1.	LCEs in 80 municipalities and cities issue policy with budget allocation to implement dietary supplementation program for nutritionally at risk pregnant and lactating women, and children 6-23 months belonging to the food insecure families	80 M/CLGUs	80 M/CLGUs	80 M/CLGUs	80 M/CLGUs	DOH, NNC, LGUs
Activity 6-A.1.	Planning for the supplementation program for LGUs including definition of the supplementary food package	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 6-A.2.	Implementation	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 6-A.3.	Monitoring and adjustments	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
7. Formulation of Plan for Regional Complementary Food production and marketing						
Output 7-O.1.	A Plan for Regional Complementary Food Production and Marketing developed and resourced	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	DOH, FNRI, NNC, LGUs
Activity 7-A.1.	Engagement of the planner from the business sector	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	

Program Title : Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)						
Intermediate Results:						
Project Title, Outputs and Major Activities		Target				Agency/ies involved
		2019	2020	2021	2022	
Activity 7-A.2.	Formulation of the plan and securing organizational resources for implementation	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 7-A.3.	Operationalization of the Plans for Complementary Food Plants and Marketing	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 7-A.4.	Monitoring, reporting and adjustments	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
8. Mobilization of barangay officials to organize IYCF/nutrition support groups						
Output 8-O.1.	At least 75% of all barangays in Region VI have IYCF nutrition support groups firmly established by end of 2022	1,013 (25%)	2,025 (50%)	2,430 (60%)	3,038 (75%)	DOH, NNC, LGUs
Activity 8-A.1.	Develop the regional approach/es for establishing IYCF nutrition support groups	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 8-A.2.	Advocacy and policy support for establishment of IYCF nutrition support groups and piggybacking on existing efforts	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 8-A.3.	Develop support materials for IYCF nutrition support groups and capacity building plan	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 8-A.4.	Implement the organization and training of the IYCF nutrition support groups in the region	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 8-A.5.	Monitoring, reporting and adjustments	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
9. Mobilization of RIC and Women’s Groups						
Output 9-O.1.	At least 100 existing RIC and new chapters of RIC Women’s groups engaged to support the local nutrition program in their LGU by being the catalyst of F1K and nutrition actions at the barangay level	5	5	5	5	DA, NNC, LGUs
Activity 9-A.1.	Mapping of existing RICs and potential women’s groups to be tapped	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	
Activity 9-A.2.	Advocacy and MOA signing	N/A	N/A	N/A	N/A	

Program Title: : Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)						
Intermediate Results:						
Project Title, Outputs and Major Activities		Target				Agency/ies involved
		2019	2020	2021	2022	
Activity 9-A.3.	Planning of F1K nutrition actions from RIC and women’s groups	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	
Activity 9-A.4.	Monitoring and adjustments	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	
10. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 and RA 10028						
Output 10-O.1.	Organizations and entities exercising their commitments to enforcement and compliance monitoring	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	DOH, NNC, LGUs
Activity 10-A.1.	Establish organizational and functional accountabilities for monitoring compliance	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 10-A.2.	Establish protocol/response of accountable entities and persons when there are violations	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 10-A.3.	Review of progress of enforcement and compliance monitoring and adjustments	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
11. Communication Support for F1K						
A regional strategy in line with the national strategy for the communication support on F1K fully developed and implemented		1	1	1	1	DOH, NNC, LGUs
Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days		9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	
Pre-test of communication materials and tools		9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	
Implementation		9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	
Monitoring and adjustments		9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	9 ECCD F1K areas	

Program Title: Dietary Supplementation Program					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
12. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays					
Output 12-O.1. At least 873,426 children fed for 120 days and given early child stimulation (192,927 baseline)	196785	196,785	200,720	200,720	DSWD
Activity 12-A.1. Downloading of financial resources to LGUs	254,663,640	254,663,640	254,663,640	254,663,640	
Activity 12-A.2. Monitoring of CDC operations and addressing operational issues	133	133	133	133	
Activity 12-A.3. Regional PIR and plans for the following year	2	2	2	2	
13. Capacity Building for child development workers on the management of supplementary feeding, nutritional assessment and on the development of nutrient-dense cycle menu					
Output 13-O.1. At least 196 trained to staff the additional CDC every year or existing CDWs not yet trained given early child stimulation	196	196	196	196	DSWD
Output 13-O.2. At least 133 LGU Focal Persons given refresher training on child care and development and other related topics	133	133	133	133	
Activity 13-A.1. Continuing review of training tools for periodic adaptation to new needs	2	2	2	2	
Activity 13-A.2. Undertake training activities for new staff and refresher training	1	1	1	1	
Activity 13-A.3. Monitoring of human resource performance and identification of evolving training needs	2	2	2	2	

Program Title: Dietary Supplementation Program					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
Activity 13-A.4. Evaluation of training					
14. Nutrition Education among Parents and Caregivers of Children enrolled in SNPs and CDCs					
Output 14-O.1. At least 57,000 parents and caregivers complete monthly nutrition education classes	57,000	57,000	57,000	57,000	DSWD
Activity 14-A.1. Conduct of monthly nutrition classes (learning with fun) for parents and caregivers of children enrolled in CDCs and SNPs	once a month/ day care center	once a month/ day care center	once a month/ day care center	once a month/ day care center	
15. Supplementary Feeding in Schools					
Output 15-O.1. 100% of all schools providing supplementary feeding for 120 days following standards	3, 408 schools 233,208 children	3, 408 schools 271,105 children	3, 408 schools 270,003 children	3, 408 schools 271,212 children	DepEd
Activity 15-A.1. Downloading of financial resources	531,714,240	650,652,000	810,009,000	813,636,000	
Activity 15-A.2. Schools' implementation of program	233,208	271,105	270,003	271,212	
Activity 15-A.3. Monitoring, evaluation and awards					
16. School based complementary health services					
Output 16-O.1. 100% of all schools delivering services at satisfactory level	100%	100%	100%	100%	DepEd, DOH
Activity 16-A.1. Downloading of financial resources and commodities	531,714,240	650,652,000	810,009,000	813,636,000	
Activity 16-A.2. Schools' implementation of program	233,208	271,105	270,003	271,212	
Activity 16-A.3. Monitoring, evaluation and awards					

Program Title: Micronutrient Supplementation Program					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
17. Vitamin A Supplementation for children 24-59 months s old					
Output 17-O.1. All RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants	100%	100%	100%	100%	DOH, LGUs
Output 17-O.2. A system of tracking consumption of IFA supplements operationalized	1	X	X	X	
Activity 17-A.1. Improve planning for logistics and distribution	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 17-A.2. Execution of system for tracking iron supplementation of pregnant and lactating women, and low birth weight infants	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 17-A.3. Communication support through the rural health system	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 17-A.4. Monitoring, reporting and adjustments	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 17-A.5. DOH/NNC launch an incentive package for the best LGUs implementing the first 1000 days	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
18. Anemia Reduction among Women of Reproductive Age					
Output 18-O.1. All RHUs providing iron with folic acid to WRA based on standards	100%	100%	100%	100%	DOH, NNC, LGUs
Output 18-O.2. A system of tracking consumption of iron with folic acid operationalized	1	X	X	X	
Activity 18-A.1. Improve planning for logistics and distribution	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	

Program Title: Micronutrient Supplementation Program					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
Activity 18-A.2. Execution of system for tracking consumption of MNP	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 18-A.3. Communication support through the rural health system	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 18-A.4. Monitoring, reporting and adjustments	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
19. Strengthening of the Information and Service Delivery Network for linking demand to health services					
Output 19-O.1. Information and Service Delivery Network (ISDN) on Adolescent Health and Development strengthened	X	X	X	X	POPCOM VI, DOH VI, LGUs
Activity 19-A.1. Conduct of stakeholders forum/ consultative meetings	6 LGUs	6 LGUs	6 LGUs	6 LGUs	
Activity 19-A.2. Partnership building and network expansion	12 ISDN meetings	12 ISDN meetings	12 ISDN meetings	12 ISDN meetings	
Activity 19-A.3 Retooling/Re-orientation on the ISDN	6 LGUs	6 LGUs	6 LGUs	6 LGUs	
Activity 19-A.4 Operationalization of the ISDN	6 LGUs	6 LGUs	6 LGUs	6 LGUs	
Activity 19-A.5. Monitoring, reporting, evaluation and adjustments	6 LGUs	6 LGUs	6 LGUs	6 LGUs	

PROGRAM TITLE: PREVENTION OF ADOLESCENT PREGNANCY						
Intermediate Results:						
Project Title, Outputs and Major Activities		Target				
		2019	2020	2021	2022	
20. Establishment and Management of Adolescent Friendly Spaces						
Output 20-O.1.	80 fully equipped and functional adolescent-friendly spaces established	20	20	20	20	POPCOM, DepEd DOH, LGU
Output 20-O.2.	8,000 adolescent peer counsellors at National High Schools organized	2,000	2,000	2,000	2,000	
Output 20-O.3.	2,500 adolescent peer counsellors in the community recruited and trained	500	600	600	800	
Activity 20-A.1.	Organization and training of adolescent peer counsellors per National High School	1000	1000	1000	1000	
Activity 20-A.2.	Recruitment and training of adolescent peer counsellors in the community	10	10	20	20	
Activity 20-A.3.	Lobbying of support from the LGUs on the establishment of functional ISDN on AHD	20	20	20	20	
Activity 20-A.4.	Consultative meetings with local officials, health center head and population officers					
Activity 20-A.5.	Setting up and management of adolescent-friendly spaces equipped guidance counsellors and adolescent peer counsellors for every health center					
Activity 20-A.6.	Development and distribution/airing of adolescent health IEC and media materials	10	10	10	10	
21-22. Adolescent health and development classes and U 4 U Teen trail (You-for-You)						
Output 21-22-O.1.	Number of Adolescent Health Development Classes and U4U Teen Trails conducted	150	150	200	200	POPCOM, DepEd DOH, LGU
Output 21-22-O.2.	Number of adolescents reached during the conduct of AHD Classes and U4U Teen Trails	3,750	3,750	5,000	5,000	
Output 21-22-O.3.	Number of vulnerable adolescents identified and referred to social and health services	375	375	500	500	
Activity 21-22-A.1.	Identification and training of youth groups (school and out of school) on risky sexual behavior and prevention of	10	20	20	20	

PROGRAM TITLE: PREVENTION OF ADOLESCENT PREGNANCY					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				
	2019	2020	2021	2022	
early pregnancy					
Activity 21-22-A.2. Conduct of advocacy campaigns among the youth groups	10	20	20	20	
Activity 21-22-A.3. Trainings among youth groups and cascaded to other groups	10	20	20	20	
Activity 21-22-A.4. Monitoring, reporting and adjustments for scaling up	10	20	20	20	
23. Peer Educators’ Training					
Output 23-O.1. Number of trained adolescent peer counsellors in secondary schools (School-Based Teen Centers)	1,000	1,000	1,000	1,000	POPCOM, DepEd DOH, LGU
Output 23-O.2. Number of trained adolescent peer counsellors in the community (Community Based Teen Centers)	150	150	150	150	
Output 23-O.3. Number of parent-child trained on the Learning Package on Parent Education on Adolescent Health and Development (LPEAHD)	50	50	150	150	
Output 23-O.4. Number of LPEAHD trainings conducted	1	1	2	2	
Activity 23-A.1. Identification and enrolment of parent-child pair to the training (following selection criteria of the training)					
Activity 23-A.2. Conduct of 3 day training, participated by parents and their children for PPAN priority provinces and its municipalities					
Activity 23-A.3. Distribution of IEC materials on related topics.					
Activity 23-A.4. Monitoring and evaluation					
24. Weekly Iron with Folic Acid (WIFA) Supplementation					
Output 24-O.1. All schools providing complete dosage WIFA to female adolescent school children	100%	100%	100%	100%	DOH, DepEd, LGUs
Activity 24-A.1. Promotion of the benefits of iron folic acid supplementation	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 24-A.2. Downloading of resources	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	

PROGRAM TITLE: PREVENTION OF ADOLESCENT PREGNANCY					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				
	2019	2020	2021	2022	
Activity 24-A.3. Provision and consumption of supplements	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 24-A.4. Monitoring, reporting and adjustments	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	

Program Title: Overweight and Obesity Management and Prevention Program					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
25. Promotion of Healthy Lifestyle and Wellness (Physical Activity and Healthy Food Environment)					
Output 25-O.1. Number of LGUs with policies issued and implemented	25%	50%	75%	100%	DOH, NNC, LGUs
Output 25-O.2. Number of LGUs implementing programs on healthy lifestyle activities	25%	50%	75%	100%	
Activity 25-A.1. Multimedia campaign on importance of healthy food options and physical activity	1	1	1	1	
Activity 25-A.2. Issuance of policies by LGUs on healthy food choice and environment	10	10	10	10	
Activity 25-A.3. Development and implementation of projects and activities on healthy lifestyle including nutritional assessment of employees	10 LGUs	10 LGUs	10 LGUs	10 LGUs	
Activity 25-A.4. Provision or designation of open space or facility for physical activities	1	1	1	1	
Activity 25-A.5. Monitoring of LGUs on the compliance for policy on healthy food environment	10	10	10	10	

Program Title: Overweight and Obesity Management and Prevention Program					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
26. Weight Management Intervention (for Overweight and Obese individual)					
Output 26-O.1. Number of LGUs with Nutritionist dieticians	25%	50%	75%	100%	
Output 26-O.2. Number of clients screened and enrolled in nutrition counselling	TBD	TBD	TBD	TBD	
Activity 26-A.1. Advocacy on the hiring of nutritionist dieticians for every municipality	30 municipality	30 municipality	30 municipality	30 municipality	
Activity 26-A.2. Nutritional assessment and screening of clients to be enrolled in nutrition counselling	30 clients	30 clients	30 clients	30 clients	
Activity 26-A.3. Conduct of regular nutrition counselling and weight monitoring	2	2	2	2	
Activity 26-A.4. Project monitoring, reporting and adjustments	1	1	1	1	

Program Title: Nutrition in Emergencies					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
27. Building and Strengthening Capacities of for Nutrition in Emergencies					
Output 27-O.1. At least 106 Local Nutrition Committees provided with technical assistance and transformed into Local Nutrition Clusters with Nutrition in Emergencies plan (integrated in the LNAP and DRRM Plan)	26	27	27	26	DOH, NNC, LGUs
Output 27-O.2. At least 14 Provinces and Cities trained on NIEM and provided with technical assistance	3	4	4	3	
Activity 27-A.1. Conduct of orientation sessions and training on nutrition in emergencies	1	1	1	1	
Activity 27-A.2. Conduct and completion of capacity mapping	1	1	1	1	
Activity 27-A.3. Provision of technical assistance in transforming LNCs into Nutrition Clusters and formulation of NiEm Plans	4 provinces	4 provinces	4 provinces	4 provinces	
Activity 27-A.4. Monitoring of progress of NiEm Plans formulation	4 provinces	4 provinces	4 provinces	4 provinces	
Activity 27-A.5. Intra and inter-cluster coordination (pre, during and post emergencies)	2	2	2	2	
Activity 27-A.6. Prepositioning of supplies at regional and local levels					
Activity 27-A.7. Monitoring, reporting and adjustments	1	1	1	1	

Program Title: Nutrition Promotion for Behaviour Change Program						
Project Title, Outputs and Major Activities		Target				Agency/ies involved
		2019	2020	2021	2022	
28. Formulation and Implementation of the Regional Program on Nutrition Promotion for Behavior Change						
Output 28-O.1.	A regional program on nutrition program for behaviour change developed and implemented	1	X	X	X	RNC, NNC
Activity 28-A.1.	Review and analysis of existing nutrition education and promotion efforts to identify gaps and how they can be transformed to nutrition promotion for behaviour change	1	1	1	1	
Activity 28-A.2.	Convene experts meeting to develop the framework and the program for nutrition promotion for behaviour change aligned with the national framework	2 meetings	2 meetings	2 meetings	2 meetings	
Activity 28-A.3.	Forging consensus among partners and mobilizing resources for the program	1	1	1	1	
Activity 28-A.4.	Mobilization and training of media partners and other relevant stakeholders	2	2	2	2	
Activity 28-A.5.	Provision of required communication and promotional materials	500 pcs	500 pcs	500 pcs	500 pcs	
Activity 28-A.6.	Development and implementation of the research component of the program	1	1	1	1	
Activity 28-A.7.	Monitoring and project adjustments	1	1	1	1	

Program Title: Mandatory Food Fortification Program					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
29. Advocacy for and Monitoring of compliance to RA 8976 and RA 8172					
Output 29-O.1. A system for both monitoring of compliance and plan for advocacy completed and implemented	1	X	X	X	DOH, NNC, RBATF
Output 29-O.2. 100% Provinces, Municipalities and Cities oriented, assessed and activated Bantay Asin Task Force	23	23	23	23	
Output 29-O.3. Improvements in the compliance level for MFF evidenced in the region	X	X	X	X	
Activity 29-A.1. Assessment of existing issuances on Universal Salt Iodization Program	1	1	1	1	
Activity 29-A.2. Conduct of advocacy on the issuance of resolution/ordinances on the universal salt iodization	1	1	1	1	
Activity 29-A.3. Conduct of BASIN TF monitoring on compliance to RA 8976 & 8172	2	2	2	2	
Activity 29-A.4. Activation/Reactivation of Bantay Asin Task Force Regional, Provincial and City/Municipality	23 (region, province, city)	23 (region, province, city)	23 (region, province, city)	23 (region, province, city)	
Activity 29-A.5. Conduct of testing and monitoring visits and reporting of results	1	1	1	1	
Activity 29-A.6. Monitoring, evaluation and adjustments	1	1	1	1	

Program Title: Philippine Integrated Management of Acute Malnutrition (PIMAM) Program					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
30. Enhancement of PIMAM Facilities, Capacities and Provision of Services					
Output 30-O.1. Delivery system for PIMAM established and operational	1	X	X	X	DOH, NNC, LGUs
Output 30-O.2. All staff of public health facilities required in managing and providing PIMAM interventions fully trained	TBD	TBD	TBD	TBD	
Activity 30-A.1. Training of provincial and municipal health workers in the identification and management of SAM and MAM cases	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 30-A.2. Downloading of F75, F100 RUTF and RUSF	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 30-A.3. Delivery of ITC/OTC services	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Activity 30-A.4. Monitoring and adjustments	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	

Program Title: Nutrition Sensitive Program					
Intermediate Results:					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
31. Convergence Projects in Nutritionally Depressed Areas Using Rural Improvement Clubs					
32. Community-Managed Potable Water Supply, Sanitation and Hygiene (CP WASH)					
33. Sustainable Livelihood Support					
34. Farm to Market Road					
35. Production Support Services Sub-Program (Distribution of planting materials and vegetable seeds)					
36. Gulayan sa Pa-aralan					
General Outputs for Nutrition-Sensitive Projects, see Annex __ for details: 31-36-O.1. 6 projects in the region tweaking strategies for nutritional impact					DA, DAR, DPWH, DepEd
31-36-O.2. XX families enrolled in projects tweaked for nutritional impact 31-36-O.3. XX families involved in nutrition sensitive projects with increased income					
Major Activities for Nutrition-Sensitive Projects, see Annex __ for details: 31-36-A.1. Determination of tweaking strategies for the project selected					
31-36-A.2. Decision on other features to prepare implementation in the region					
31-36-A.3. Implementation, monitoring and reporting of the project 31-36-A.4. General research developed with NEDA and the academe					
37. Operational Research on the Nutrition Sensitive Projects					
Output 37-O.1. Research completed and feed into redesign	X	1	X	X	NNC, RNC
Activity 37-A.1. Development of TOR	X	X	X	X	
Activity 37-A.2. Research Contracting	X	X	X	X	
Activity 37-A.3. Implementation of the research project	X	X	X	X	

Program Title: Enabling Program					
Intermediate Results:					
Project/Strategy/Output	Target				Agency/ies involved
	2019	2020	2021	2022	
38. Mobilization of Local Government Units for Delivery of Nutritional Outcomes					
Output 38-O.1. 100% of LGUs in Region VI mobilized and vigorously implemented the RPAN 2019-2022	35 LGUs	35 LGUs	35 LGUs	34 LGUs	DILG, NNC, RNC
Output 38-O.2. One LCE from the province, city and municipal LGU enlisted as Nutrition Champions	20	20	20	20	
Output 38-O.3. Partnership in the region to support LGU mobilization established and strengthened	X	X	X	X	
Activity 38-A.1. Issuance and dissemination of RNC, RDC resolutions and DILG MC supporting Region VI RPAN and LGU mobilization	1	1	1	1	
Activity 38-A.2. Development and implementation of a regional LGU mobilization strategy	1	1	1	1	
Activity 38-A.3. Mobilization of LGUs using the BIDANI strategy (Barangay Integrated Development Approach for Nutrition Improvement)	1	1	1	1	
Activity 38-A.4. Organization and strengthening of local nutrition committees	35 LGUs	35 LGUs	35 LGUs	35 LGUs	
Activity 38-A.5. Organization and mobilization of LCE nutrition champions	20	20	20	20	
Activity 38-A.6. Documentation, compilation and dissemination of good practices/actions on nutrition among well performing LGUs	20	20	20	20	
Activity 38-A.7. Conduct of stakeholders forum on LGU mobilization	1	1	1	1	
Activity 38-A.8. Intra-regional conduct of LGU learning visits	1	1	1	1	
Activity 38-A.9. Monitoring, reporting and adjustments	1	1	1	1	

Program Title: Enabling Program					
Intermediate Results:					
Project/Strategy/Output	Target				Agency/ies involved
	2019	2020	2021	2022	
39. Policy Development for Food and Nutrition					
Output 39-O.1. Policy guidelines issued	at least one regional policy	at least one regional policy	at least one regional policy	at least one regional policy	RNC, NNC, NEDA
Output 39-O.2. Compendium of nutrition and nutrition-related policies, resolutions and issuances relevant to Region VI developed	1	X	1	X	
Output 39-O.3. Policy and research agenda developed and implemented	X	X	X	X	
Activity 39-A.1. Compilation of all national and regional nutrition policies and resolutions	2	2	2	2	
Activity 39-A.2. Conduct of policy reviews	1	1	1	1	
Activity 39-A.3. Conduct of workshops on the development of policy and research agenda	1	1	1	1	
Activity 39-A.4. Development and dissemination of policy briefs/papers and research proposals	1	1	1	1	
Activity 39-A.5. Advocacy and lobbying on the issuance of policy guidelines including designation of fulltime NAOs and BNS deployment in LGUs	1	1	1	1	
Activity 39-A.6. Provision of technical assistance on policy formulation and compliance and progress monitoring	1	1	1	1	
Activity 39-A.7. Monitoring, evaluation and adjustments	1	1	1	1	
40. Management Strengthening Support to RPAN Effectiveness					
Output 40-O.1. NNC Regional Office Work and Financial Plan adjusted to the requirements of the RPAN	1	1	1	1	RNC, DOH, NNC
Output 40-O.2. RNC, RTWG and NNC RO strengthened for RPAN implementation and coordination	X	X	X	X	

Program Title: Enabling Program						
Intermediate Results:						
Project/Strategy/Output		Target				Agency/ies involved
		2019	2020	2021	2022	
Output 40-O.3.	Pool of LGU mobilizers organized and trained	20	20	20	20	
Activity 40-A.1.	Hiring of additional NNC RO staff including recruitment and deployment of 24 NDs in PPAN focus areas	5	5	5	5	
Activity 40-A.2.	Capability building and continuing education of the RNC, RTWG, NNC Regional Office staff on F1K, LGU mobilization, PPAN M & E and on other requirements of the RPAN	10	10	10	10	
Activity 40-A.3.	Conduct of RNC, RTWG meetings and activities	4	4	4	4	
Activity 40-A.4.	Organization LGU mobilizers	20	20	20	20	
Activity 40-A.5.	Mobilization of NAOPA, D/CNPCAP and BNS Fed as part of the NNC nutrition network	1	1	1	1	
Activity 40-A.4.	Monitoring, reporting and adjustments	4	4	4	4	
41. Barangay Integrated Development Approach for Nutrition Improvement						
Output 44-O.1	Implemented Barangay Management Information System (BMIS) in BIDANI partner communities	20	20	20	20	UP Visayas
Output 44-O.2	Implemented Barangay Integrated Development Approach for Program Planning and Management in BIDANI partner communities	15	15	15	15	
Output 44-O.3	Implemented Participative Nutrition Enhancement Approach in BIDANI partner communities	15	15	15	15	
Activity 44-A.1	Organization and training of BMIS Teams & generation of reports	20	20	20	20	
Activity 44-A.2	Capability building trainings for barangay officials and key stakeholders in BIDANI partner communities	5	5	5	5	
Activity 44-A.2	Capability building trainings for community volunteer health workers (BNS, BHWs) and parents in BIDANI partner communities	12	12	12	12	

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
31. Convergence Projects in Nutritionally Depressed Areas Using Rural Improvement Clubs Locations selected (Province/ LGU): Negros, Iloilo, Antique Coverage of families: 546	Targeting members of farmers association with pregnant woman, children 0-23 months	DA	Outputs: 31-O.1. Number of households with nutritionally-vulnerable family members in convergence area profiled	2,333 (from 5% of the total population)	2,333 (from 5% of the total population)	2,333 (from 5% of the total population)	2,333 (from 5% of the total population)	Increased family income for food	Improved nutritional status
			31-O.2. Number of members of farmers association with pregnant woman, children 0-23 months, provided with planting materials and vegetable, corn and rice seeds, and livestock dispersal	126	133	140	147		
			Major Activities: 31-A.1 Convergence area profiling of households with pregnant women, children 0-23 months old, by livelihood of parents, by membership of farmers associations both for DA and DAR, and other services received	126	133	140	147		
			31-A.2. Provision of planting materials and vegetable, corn and rice seeds, and livestock dispersal	126	133	140	147		

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			31-A.3. Enhancement of existing training modules to include nutrition and health related topics	5	5	5	5		
			31-A.4. Monitoring and evaluation	1	1	1	1		
32. Community-managed Potable Water Supply, Sanitation and Hygiene (CP-WASH) Locations selected (Province/ LGU): All 7 provinces Coverage: 58 ARBOs	Targeting ARBOs with nutritionally vulnerable members of the family	DAR	Output: 32-O.1. # of nutritionally vulnerable ARBOs with access to clean or filtered water	14	15	14	15	Improved access to water and sanitation	Improved nutritional status
			Major activities: 32-A.1. Profiling of members of ARBO/ARBs by presence of pregnant women, children 0-23 months old	N/A	N/A	N/A	N/A	Lessen infectious diseases	
			32-A.2. Identification of family beneficiaries of CP-WASH	14 municipalities	14 municipalities	14 municipalities	14 municipalities		
			32-A.3. -Conduct of coordination meetings specially between DAR and DA	2	2	2	2		
			32-A.4. Implementation of the project	5	5	5	5		
			32-A.5. Monitoring, evaluation and adjustments	5	5	5	5		
33. Sustainable Livelihood Support	Targeting poorest of the poor families, disadvantaged	DAR	Output: 33-O.1. ARBOs with nutritionally-vulnerable family members received assistance for enhancement of their existing products like	14	15	14	15	Increased production and family income	

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Locations selected (Province/ LGU): Coverage: 71 ARBOs	ged IP communities Targeting families with malnourished children/siblings		banana production, peanut production, corn, etc.						
			Major activities: 33-A.1. Profiling of members of ARBO/ARBs by presence of nutritionally-vulnerable members in the family	N/A	N/A	N/A	N/A		
			33-A.2. Conduct of orientation on nutrition-related concerns among identified ARBs	14	15	14	15		
			33-A.3. Provision of assistance to identified ARBOs	14	15	14	15		
			33-A.5. Monitoring (through their book of accounts), evaluation and adjustments/scaling up	14	15	14	15		
34. Farm to Market Road of DPWH Locations selected (Province/ LGU): Coverage: 2,544	Targeting workers from families with malnourished PLW, children	DPWH (District Engineering Offices)	Outputs: 34-O.1.# of projects hiring workers from families with malnourished pregnant and lactating women and children	92	100	108	116	Increased family income	Improved nutritional status
			34-O.2. Number of workers from families with malnourished PLW and children (within the distance of 150 KM) hired	563	611	660	710		
			Major activities: 34-A.1. Conduct of consultative meeting with LNC, BNC for identification of beneficiaries	N/A	N/A	N/A	N/A		
			34-A.2. Screening and hiring of workers from	N/A	N/A	N/A	N/A		

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			families with malnourished PLW and children						
			34-A.3. Monitoring, reporting and adjustments	4	4	4	4		
35. Production Support Services Sub-Program (Distribution of planting materials and vegetable seeds) Locations selected (Province/ LGU): Coverage: 2,544	Targeting food insecure and nutritionally depressed families (with malnourished PLW, children)	DA	Output: 35-O.1. # of food insecure families and families with malnourished PLW and children given planting materials and vegetable seeds	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	Food availability Increased family income	Improved nutritional status of malnourished PLW and children
			Major Activities: 35-A.1. Conduct of consultative meetings with LNC, BNC for identification of beneficiaries	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique		
			35-A.2. Masterlisting of beneficiaries	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique		
			35-A.3. Provision of planting materials and vegetable seeds	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique		
			35-A.4. Monitoring, reporting and evaluation for scaling up	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique		
36. Gulayan sa Paaralan Locations selected (Province/ LGU): All provinces, cities, municipalities	Harvest from school garden used for supplementary feeding for		Output: 36-O.1. # of schools implementing the project					Food availability	Improved nutritional status of malnourished school children
			36-O.2. # of children benefitting from the project						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Coverage: 100% of schools	malnourished children		Major Activities: 36-A.1 Conduct of stakeholders consultation meetings prior to program implementation						
			36-A.2. Conduct of trainings of focal teachers of Gulayan sa Paaralan						
			36-A.3.Provision of seeds and garden tools, seedling trays and other supplies						
			36.A.5. Implementation of the project						
			36-A.6. Monitoring, evaluation and adjustments						

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

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
PROGRAM 1. IYCF AND FIRST 1000 DAYS (F1K)						
Project 1. Mobilization of LGUs on the First 1000 days						
Outputs: 1-O.1. All provinces and at least 80 municipalities and cities mobilized for F1K and nutrition	DOH, NNC, LMP, DILG, RDC, LGUs	6 provinces , 2 HUCs, 20 muns	20 muns	20 muns	20 muns	NGA, development partners
1-O.2. RDC Resolution issued for F1K advocacy and support		1	x	x	x	
1-A.1. Conduct of F1K Forum with Quezon governor to speak about Q1K Program		1 invitation as F1K resource person sent to Quezon Province Governor	x	x	x	
1-A.2. Advocacy with RDC, LPP and LMP for issuance of Statement of Support and resolution supporting F1K		1 policy statement issued by RDC	x	x	x	
1-A.3. In the next two years, undertake/complete the analysis of first 1000 days and plan in all RHUs in the region						
1-A.4. Preparation of P/M/CNAPs of all provinces, municipalities and cities including First 1000 days		36	35	34	34	

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
1-A.5. DOH/NNC launch an incentive package for the best LGUs implementing the first 1000 days						
1-A.6. Monitoring, evaluation and adjustments						
Project 2. Information Management in the F1K	DOH, NNC, LGUs					
Output:						
2-O.1. Database and management information system for F1K established using existing platforms		1	X	X	X	NGA, development partners
2-A.1. Development of prototype database and information system for F1K						
2-A.2. Pilot implementation of the system for F1K						
2-A.3. Full implementation of the system including data sharing and management adjustments						
Project 3. Strengthening of health delivery system for F1K	DOH, NNC, LGUs					NGAs, LGUs, development partners, NGOs
Output:						
3-O.1. Review of all RHU compliance to F1K standards completed		1	1			
3-O.2. Annual Performance and Implementation Review of RHUs, other agencies involved in F1K and LGUs on F1K compliance conducted		100% of RHUs	100% of RHUs	100% of RHUs	100% of RHUs	
3-O.3. Integration of F1K compliance undertaken in successive plans of RHUs, other agencies involved in F1K, LGUs		100% of RHUs	100% of RHUs	100% of RHUs	100% of RHUs	
3-O.4. A system of periodic (small/meaningful) rewards for compliance to standards and meeting of milestone results during the first 1000 days established		X	X	X	X	
Major Activities:						
3-A.1. Preparation of tools and facilitators						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
3-A.2. Undertaking the provincial review with clusters of municipal RHU teams						
3-A.3. Development and resourcing of system for continuous rewards during the first 1000 days						
3-A.4. Monitoring, evaluation and adjustments						
Project 4. Iron Supplementation of pregnant and lactating women and low birth weight infants and MNP supplementation for children 6 to 23 mos old	DOH, LGUs					NGAs, LGUs
Outputs: 4-O.1. All RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants and 90 sachets of MNP to children 6 to 23 months		P/L women: 559,852 100% RHUs providing iron supplements to all identified LBW infants	P/L women: 567,405 100% RHUs providing iron supplements to all identified LBW infants	P/L women: 574,974 100% RHUs providing iron supplements to all identified LBW infants	P/L women: 632,472 100% RHUs providing iron supplements to all identified LBW infants	
4-O.2. A system of tracking consumption of iron and MNP supplements operationalized		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Major activities: 4-A.1. Improve planning for logistics and distribution		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
4-A.2. Execution of system for tracking iron supplementation of pregnant and lactating women, and low birth weight infants		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
4-A.3. Communication support through the rural health system		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
4-A.4. Monitoring, reporting and adjustments		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
4-A.5. DOH/NNC launch an incentive package for the best LGUs implementing the first 1000 days		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Project 5. Vitamin A Supplementation to postpartum women and children 6-23 months old	DOH, LGUs	340,831	353,537	358,253	394, 076	
Outputs:						
5-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 (including high risk children); and 1 tablet of 200,000 IU Vitamin A capsule given to children 12 to 23 months every 6 months		PP: 232,554 6-11: 116,277 12-23: 930,215	PP: 235,692 6-11: 117,846 12-23: 942,766	PP: 235,835 6-11: 119,418 12-23: 955,342	PP: 262,719 6-11: 131,360 12-23: 1,050,876	
5-O.2. A system of tracking vitamin A supplementation operationalized		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Major activities:						
5-A.1. Improve planning for logistics and distribution		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
5-A.2. Execution of system for tracking vitamin A supplementation		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
5-A.3. Communication support through the rural health system		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
5-A.4. Monitoring, reporting and adjustments		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Project 6. Mobilization of LGU resources for dietary supplementation	DOH, NNC, LGUs					
Outputs: 6-O.1. LCEs in 80 municipalities and cities issue policy with budget allocation to implement dietary supplementation program for nutritionally at risk pregnant and lactating women, and children 6-23 months belonging to the food insecure families		80 M/CLGUs	80 M/CLGUs	80 M/CLGUs	80 M/CLGUs	
Major activities: 6-A.1. Planning for the supplementation program for LGUs including definition of the supplementary food package		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
6-A.2. Implementation		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
6-A.3. Monitoring and adjustments		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Project 7. Formulation of Plan for Regional Complementary Food production and marketing	DOH, FNRI, NNC, LGUs	1	X	X	X	NGAs, development partners, NGOs

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Outputs: 7-O.1. A Plan for Regional Complementary Food Production and Marketing developed and resourced		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	DOH, FNRI/DOST, NNC, LGUs
Major activities: 7-A.1. Engagement of the planner from the business sector		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
7-A.2. Formulation of the plan and securing organizational resources for implementation		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
7-A.3. Operationalization of the Plans for Complementary Food Plants and Marketing		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
7-A.4. Monitoring, reporting and adjustments		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Project 8. Mobilization of barangay officials to organize IYCF/nutrition support groups	DOH, NNC, LGUs					
Outputs: 8-O.1. At least 75% of all barangays in Region VI have IYCF nutrition support groups firmly established by end of 2022		1,013 (25%)	2,025 (50%)	2,430 (60%)	3,038 (75%)	
Major activities: 8-A.1. Develop the regional approach/es for establishing IYCF nutrition support groups		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
8-A.2. Advocacy and policy support for establishment of IYCF nutrition support groups and piggybacking on existing efforts		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
8-A.3. Develop support materials for IYCF nutrition support groups and capacity building plan		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
8-A.4. Implement the organization and training of the IYCF nutrition support groups in the region		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
8-A.5. Monitoring, reporting and adjustments		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Project 9. Mobilization of RIC and Women's Groups	DA, NNC, LGUs					NGA, NGOs, LGUs
9-O.1. At least 100existing RIC and new chapters of RIC Women's groups engaged to support the local nutrition program in their LGU by being the catalyst of F1K and nutrition actions at the barangay level		TBD	TBD	TBD	TBD	
Major activities:						
9-A.1. Mapping of existing RICs and potential women's groups to be tapped						
9-A.2. Advocacy and MOA signing		N/A	N/A	N/A	N/A	
9-A.3. Planning of F1K nutrition actions from RIC and women's groups						
9-A.4. Monitoring and adjustments						
Project 10. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 and RA 10028	DOH, NNC, LGUs					NGA, NGOs, LGUs
Outputs:						
10-O.1. Organizations and entities exercising their commitments to enforcement and compliance monitoring		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Major activities:						
10-A.1. Establish organizational and functional accountabilities for monitoring compliance		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
10-A.2. Establish protocol/response of accountable entities and persons when there are violations		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
10-A.3. Review of progress of enforcement and compliance monitoring and adjustments		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Project 11. Communication Support for F1K	DOH, NNC, LGUs					NGAs, development partners
Outputs:						
11-O.1. A regional strategy in line with the national strategy for the communication support on F1K fully developed and implemented		1	1	1	1	
Major activities:						
11-A.1. Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days						
11-A.2. Pre-test of communication materials and tools						
11-A.3. Implementation						
11-A.4. Monitoring and adjustments						
Program 2. Dietary Supplementation Program						
Project 12. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	DSWD	196785	196,785	200,720	200,720	NGA, LGUs

Outputs: 12-O.1. At least 873,426 children fed for 120 days and given early child stimulation (192,927 baseline)		P259,717,920.00	P259,717,920.00	P264,950,400.00	P264,950,400.00	
Major activities: 12-A.1. Downloading of financial resources to LGUs		P100,000.00	P100,000.00	P100,000.00	P100,000.00	
12-A.2. Monitoring of CDC operations and addressing operational issues		P1,086,800.00	P1,086,800.00	P1,086,800.00	P1,086,800.00	
12-A.3. Regional PIR and plans for the following year						
Project 13. Capacity Building for child development workers on the management of supplementary feeding, nutritional assessment and on the development of nutrient-dense cycle menu	DSWD	once a year	once a year	once a year	once a year	NGAs, LGUs
Outputs: 13-O.1. At least 196 trained to staff the additional CDC every year or existing CDWs not yet trained given early child stimulation		196	196	196	196	
13-O.2. At least 133 LGU Focal Persons given refresher training on child care and development and other related topics		133	133	133	133	
Major activities: 13-A.1. Continuing review of training tools for periodic adaptation to new needs		1	1	1	1	
13-A.2. Undertake training activities for new staff and refresher training		1	1	1	1	
13-A.3. Monitoring of human resource performance and identification of evolving training needs		2	2	2	2	
13-A.4. Evaluation of training						
Project 14. Nutrition Education among Parents and Caregivers of Children enrolled in SNPs and CDCs	DSWD	once a month/ day care center	once a month/ day care center	once a month/ day care center	once a month/ day care center	NGA, LGUs
Output: 14-O.1. At least 57,000 parents and caregivers complete monthly nutrition education classes		57,000	57,000	57,000	57,000	

Major Activities: 14-A.1. Conduct of monthly nutrition classes (learning with fun) for parents and caregivers of children enrolled in CDCs and SNPs		once a month/ day care center	once a month/ day care center	once a month/ day care center	once a month/ day care center	
Project 15. Supplementary Feeding in Schools	DepEd					NGA
Outputs: 15-O.1. 100% of all schools providing supplementary feeding for 120 days following standards		3, 408 schools 233,208 children	3, 408 schools 271,105 children	3, 408 schools 270,003 children	3, 408 schools 271,212 children	
Major activities: 15-A.1. Downloading of financial resources		531,714,240	650,652,000	810,009,000	813,636,000	
15-A.2. Schools' implementation of program		233,208	271,105	270,003	271,212	
15-A.3. Monitoring, evaluation and awards						
Project 16. School based complementary health services	DepEd, DOH					NGA
Outputs: 16-O.1. 100% of all schools delivering services at satisfactory level		100%	100%	100%	100%	
16-A.1. Downloading of financial resources and commodities						
16-A.2. Schools' implementation of program						
16-A.3. Monitoring, evaluation and awards						
PROGRAM 3. Micronutrient Supplementation Program						
Project 17. Vitamin A Supplementation for children 24-59 months s old	DOH, LGUs					NGA, LGUs
Outputs: 17-O.1. All RHUs providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants		100%	100%	100%	100%	
17-O.2. A system of tracking consumption of IFA supplements operationalized		1	X	X	X	

Major activities: 17-A.1. Improve planning for logistics and distribution		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
17-A.2. Execution of system for tracking iron supplementation of pregnant and lactating women, and low birth weight infants		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
17-A.3. Communication support through the rural health system		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
17-A.4. Monitoring, reporting and adjustments		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
17-A.5. DOH/NNC launch an incentive package for the best LGUs implementing the first 1000 days		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Project 18. Anemia Reduction among Women of Reproductive Age	DOH, LGUs					NGA
Outputs:						
18-O.1. All RHUs providing iron with folic acid to WRA based on standards		100%	100%	100%	100%	
18-O.2. A system of tracking consumption of iron with folic acid operationalized		1	X	X	X	
Major activities:						
18-A.1. Improve planning for logistics and distribution		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
18-A.2. Execution of system for tracking consumption of MNP		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
18-A.3. Communication support through the rural health system		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
18-A.4. Monitoring, reporting and adjustments		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
PROGRAM 4. PREVENTION OF ADOLESCENT PREGNANCY						
Project 19. Strengthening of the Information and Service Delivery Network for linking demand to health services	POPCOM, DepEd DOH, LGU					NGA, LGUs
Output:						
19-O.1. Information and Service Delivery Network (ISDN) on Adolescent Health and Development strengthened		X	X	X	X	
Activities:						
19-A.1. Conduct of stakeholders forum/						

consultative meetings						
19-A.2. Partnership building and network expansion						
19-A.3. Retooling/Re-orientation of the ISDN						
19-A.4. Operationalization of the ISDN						
19-A.5. Monitoring, reporting, evaluation and adjustments						
Project 20. Establishment and Management of Adolescent Friendly Spaces	POPCOM, DepEd DOH, LGU					
Output:						
20-O.1. 80 fully equipped and functional adolescent-friendly spaces established		20	20	20	20	
20-O.2. 8,000 adolescent peer counsellors at National High Schools organized		2,000	2,000	2,000	2,000	
20-O.3. 2,500 adolescent peer counsellors in the community recruited and trained		500	600	600	800	
Major activities:						
20-A.1. Organization and training of adolescent peer counsellors per National High School		1000	1000	1000	1000	
20-A.2 Recruitment and training of adolescent peer counsellors in the community		10	10	20	20	
20-A.3. Consultative meetings with local officials, health center head and population officers		20	20	20	20	
20-A.4. Setting up and management of adolescent-friendly spaces equipped guidance counsellors and adolescent peer counsellors for every health center						
20-A.5. Development and distribution/airing of adolescent health IEC and media materials		10	10	10	10	
20-A.6. Monitoring, evaluation and scaling up						

Project 21-22: Adolescent health and development classes and U 4 U Teen trail (You-for-You)	POPCOM, DepEd DOH, LGU					NGAs, LGUs, development partners
Output: 21-22-0.1. Number of Adolescent Health Development Classes and U4U Teen Trails conducted		150	150	200	200	
21-22-0.2. Number of adolescents reached during the conduct of AHD Classes and U4U Teen Trails		3,750	3,750	5,000	5,000	
21-22-0.3. Number of vulnerable adolescents identified and referred to social and health services		375	375	500	500	
Major activities: 21-22-A.1. Identification and training of youth groups (school and out of school) on risky sexual behavior and prevention of early pregnancy		10	20	20	20	
21-22-A.2. Advocacy campaign implemented among the youth groups		10	20	20	20	
21-22-A.3. Trainings among youth groups and cascaded to other groups		10	20	20	20	
21-22-A.4. Monitoring, reporting and adjustments for scaling up		10	20	20	20	
Project 23. Peer Educators' Training	POPCOM, DepEd DOH, LGU					NGA, LGUs, development partners
Outputs: 23-O.1. Number of trained adolescent peer counsellors in secondary schools (School-Based Teen Centers)		1,000	1,000	1,000	1,000	
23-O.2. Number of trained adolescent peer counsellors in the community (Community Based Teen Centers)		150	150	150	150	
23-O.3. Number of parent-child trained on the Learning Package on Parent		50	50	150	150	

Education on Adolescent Health and Development (LPEAHD)						
23-O.4. Number of LPEAHD trainings conducted		1	1	2	2	
Major Activities:						
23-A.1. Identification and enrolment of parent-child pair to the training (following selection criteria of the training)						
23-A.2. Conduct of 3 day training, participated by parents and their children for PPAN priority provinces and its municipalities						
23-A.3. Distribution of IEC materials on related topics.						
23-A.4. Monitoring and evaluation						
Project 24: Weekly Iron with Folic Acid Supplementation	DOH, DepEd					NGA
Output:						
24-O.1. All schools providing complete dosage WIFA to female adolescent school children		100%	100%	100%	100%	
Major Activities:						
24-A.1. Promotion of the benefits of iron folic acid supplementation		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
24-A.2. Downloading of resources		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
24-A.3. Provision and consumption of supplements		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
24-A.4. Monitoring, reporting and adjustments		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
PROGRAM 5: Overweight and Obesity Management and Prevention Program						
Project 25. Promotion of Healthy Lifestyle and Wellness (Physical Activity and Healthy Food Environment)	DOH, NNC, LGUs					NGA, LGUs, NGOs, private sector, development partners

Outputs:						
25-O.1. <i>Number of LGUs with policies issued and implemented</i>		25%	50%	75%	100%	
25-O.2. <i>Number of LGUs implementing programs on healthy lifestyle</i>		25%	50%	75%	100%	
Major activities:						
25-A.1. Multimedia campaign on importance of healthy food options and physical activity		1	1	1	1	
25-A.2. Issuance of policies by LGUs on healthy food choice and environment		10	10	10	10	
25-A.3. Development and implementation of projects and activities on healthy lifestyle including nutritional assessment of employees		10 LGUs	10 LGUs	10 LGUs	10 LGUs	
25-A.4. Provision or designation of open space or facility for physical activities		1	1	1	1	
25-A.5. Monitoring of LGUs on the compliance for policy on healthy food environment		10	10	10	10	
Project 26. Weight Management Intervention (for Overweight and Obese individual)	DOH, NNC, LGUs					NGA, LGUs, NGOs, private sector, development partners
Output:						
26-O.1. <i>Number of LGUs with Nutritionist dieticians</i>		25%	50%	75%	100%	
26-O.2. <i>Number of clients screened and enrolled in nutrition counselling</i>		TBD	TBD	TBD	TBD	
26-O.3. Advocacy on the hiring of nutritionist dieticians for every municipality		30 municipalities	30 municipalities	30 municipalities	30 municipalities	
Major activities:						
26-A.1. Nutritional assessment and screening		30 clients	30 clients	30 clients	30 clients	

	of clients to be enrolled in nutrition counselling						
26-A.2.	Conduct of regular nutrition counselling and weight monitoring		2	2	2	2	
26-A.3.	Project monitoring, reporting and adjustments		1	1	1	1	
PROGRAM 6: Nutrition in Emergencies							
Project 27.	Building and Strengthening Capacities of for Nutrition in Emergencies						
Outputs:							
27-O.1.	<i>At least 106 Local Nutrition Committees provided with technical assistance and transformed into Local Nutrition Clusters with Nutrition in Emergencies plan (integrated in the LNAP and DRRM Plan)</i>	DOH, NNC, LGUs	26	27	27	26	NGA, LGUs, development partners
27-O.2.	<i>At least 14 Provinces and Cities trained on NIEM and provided with technical assistance</i>		3	4	4	3	
Major activities:							
27 A.1.	Conduct of orientation sessions and training on nutrition in emergencies		1	1	1	1	
27 A.2.	Conduct and completion of capacity mapping		1	1	1	1	
27 A.3.	Provision of technical assistance in transforming LNCs into Nutrition Clusters and formulation of NiEm Plans		4 provinces	4 provinces	4 provinces	4 provinces	
27 A.4.	Monitoring of progress of NiEm Plans formulation		4 provinces	4 provinces	4 provinces	4 provinces	
27 A.5.	Intra and inter-cluster coordination (pre, during and post emergencies)		2	2	2	2	

27 A.6.	Prepositioning of supplies at regional and local levels		1	1	1	1	
27 A.7.	Monitoring, reporting and adjustments						
PROGRAM 7: Nutrition Promotion for Behaviour Change							
Project 28. Formulation and Implementation of the Regional Program on Nutrition Promotion for Behavior Change	NNC, RNC, PIA						NGA
Outputs:							
28-O.1.	<i>A regional program on nutrition program for behaviour change developed and implemented</i>		1	X	X	X	
Major activities:							
28-A.1.	Review and analysis of existing nutrition education and promotion efforts to identify gaps and how they can be transformed to nutrition promotion for behaviour change		1	1	1	1	
28-A.2.	Convene experts meeting to develop the framework and the program for nutrition promotion for behaviour change aligned with the national framework		2 meetings	2 meetings	2 meetings	2 meetings	
28-A.3.	Forging consensus among partners and mobilizing resources for the program		1	1	1	1	
28-A.4.	Mobilization and training of NAOs, BNSs, media partners and other relevant stakeholders		2	2	2	2	
28-A.5.	Provision of required communication and promotional materials		500 pcs	500 pcs	500 pcs	500 pcs	
28-A.6.	Development and implementation of the research component of the program		1	1	1	1	
28-A.7.	Monitoring and project adjustments		1	1	1	1	

Outputs: 30-O.1. <i>Delivery system for PIMAM established and operational</i>		1	X	X	X	
30-O.2. <i>All staff of public health facilities required in managing and providing PIMAM interventions fully trained</i>		TBD	TBD	TBD	TBD	
Major activities: Output 28-O.2. Training of provincial and municipal health workers in the identification and management of SAM and MAM cases		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Output 28-O.3. Downloading of F75, F100 RUTF and RUSF		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Output 28-O.4. Delivery of ITC/OTC services		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Output 28-O.5. Monitoring and adjustments		6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	6 provinces and 2 HUCs	
Program 10: NUTRITION SENSITIVE PROGRAM Coverage:						
Project 31. Convergence Projects in Nutritionally Depressed Areas Using Rural Improvement Clubs	DA	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	NGAs
Project 32. CPWASH	DAR	14 municipalities	14 municipalities	14 municipalities	14 municipalities	
Project 33. Sustainable Livelihood Support	DAR	6 municipalities	6 municipalities	6 municipalities	6 municipalities	
Project 34. Farm to Market Road	DPWH					
Project 35. Production Support Services Sub-Program (Distribution of planting materials and vegetable seeds)	DA	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	5 municipalities in central Antique	
Project 36. Gulayan sa Pa-aralan	DepEd					

<p><i>General Outputs for Nutrition-Sensitive Projects, see Annex __ for details:</i></p> <p>31-36-O.1. 6 projects in the region tweaking strategies for nutritional impact</p> <p>31-36-O.2. XX families enrolled in projects tweaked for nutritional impact</p> <p>31-36-O.3. XX families involved in nutrition sensitive projects with increased income</p> <p><i>Major Activities for Nutrition-Sensitive Projects, see Annex __ for details:</i></p> <p>31-36-A.1. Determination of tweaking strategies for the project selected</p> <p>31-36-A.2. Decision on other features to prepare implementation in the region</p> <p>31-36-A.3. Implementation, monitoring and reporting of the project</p> <p>31-36-A.4. General research developed with NEDA and the academe</p>	See Annex 1					
Project 37. Operational Research on the Nutrition Sensitive Projects	NNC, RNC					NGA
Output: 37-O.1. Research completed and feed into redesign		X	1	X	X	
Major Activities: 37-A.1. Development of TOR		X	X	X	X	
37-A.2. Research Contracting		X	X	X	X	
37-A.3. Implementation of the research project		X	X	X	X	

Program 11: ENABLING PROGRAM						
Project 38. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	NNC, DILG RNC					NGAs, NGOs, development partners
Outputs:						
38-O.1. 100% of LGUs in Region VI mobilized and vigorously implemented the RPAN 2019-2022		35 LGUs	35 LGUs	35 LGUs	34 LGUs	
38-O.2. One LCE from the province, city and municipal LGU enlisted as Nutrition Champions		20	20	20	20	
38-O.3. Partnership in the region to support LGU mobilization established and strengthened		X	X	X	X	
38-A.1. Issuance and dissemination of RNC, RDC resolutions and DILG MC supporting Region VI RPAN and LGU mobilization		1	1	1	1	
38-A.2. Development and implementation of a regional LGU mobilization strategy		1	1	1	1	
38-A.3. Mobilization of LGUs using the BIDANI strategy (Barangay Integrated Development Approach for Nutrition Improvement)		15 barangays	15 barangays	15 barangays	15 barangays	
38-A.4. Organization and strengthening of local nutrition committees		35 LGUs	35 LGUs	35 LGUs	35 LGUs	
38-A.5. Organization and mobilization of LCE nutrition champions		20	20	20	20	
38-A.6. Documentation, compilation and dissemination of good practices/actions on nutrition among well performing LGUs		20	20	20	20	
38-A.7. Conduct of stakeholders forum on LGU mobilization		1	1	1	1	

38-A.8.	Intra-regional conduct of LGU learning visits		1	1	1	1	
38-A.9.	Monitoring, reporting and adjustments		1	1	1	1	
Project 39. Policy Development for Food and Nutrition		NNC, NEDA, RNC					NGAs, NGOs, development partners
Outputs:			at least one regional policy	at least one regional policy	at least one regional policy	at least one regional policy	
39-O.1.	<i>Policy guidelines issued</i>						
39-O.2.	<i>Compendium of nutrition and nutrition-related policies, resolutions and issuances relevant to Region VI developed</i>		1	X	1	X	
39-O.3.	<i>Policy and research agenda developed and implemented</i>		X	X	X	X	
Major activities:							
39-A.1.	Compilation of all national and regional nutrition policies and resolutions		2	2	2	2	
39-A.2.	Conduct of policy reviews		1	1	1	1	
39-A.3.	Conduct of workshops on the development of policy and research agenda		1	1	1	1	
39-A.4.	Development and dissemination of policy briefs/papers and research proposals		1	1	1	1	
39-A.5.	Advocacy and lobbying on the issuance of policy guidelines including designation of fulltime NAOs and BNS deployment in LGUs		1	1	1	1	
39-A.6.	Provision of technical assistance on policy formulation and compliance and progress monitoring		1	1	1	1	
39-A.7.	Monitoring, evaluation and adjustments		1	1	1	1	

Project 40. Management Strengthening Support to RPAN Effectiveness	NNC, RNC					NGA
Outputs:						
40-O.1. <i>NNC Regional Office Work and Financial Plan adjusted to the requirements of the RPAN</i>		1	1	1	1	
40-O.2. <i>RNC, RTWG and NNC RO strengthened for RPAN implementation and coordination</i>		X	X	X	X	
40-O.3. <i>Pool of LGU mobilizers organized and trained</i>		20	20	20	20	
Major activities:						
40-A.1 Hiring of additional NNC RO staff including recruitment and deployment of 24 NDs in PPAN focus areas		5	5	5	5	
40-A.2 Capability building and continuing education of the RNC, RTWG, NNC Regional Office staff on F1K, LGU mobilization, PPAN M & E and on other requirements of the RPAN		10	10	10	10	
40-A.3 Conduct of RNC, RTWG meetings and activities		4	4	4	4	
40-A.4 Organization LGU mobilizers		20	20	20	20	
40-A.5 Mobilization of NAOPA, D/CNPCAP and NaBNSFed as part of the NNC nutrition network		1	1	1	1	
40-A.6 Monitoring, reporting and adjustments		4	4	4	4	
Project 41. Barangay Integrated Development Approach for Nutrition Improvement (BIDANI – UP Visayas)	UPV- BIDANI					
41-O.1 Implemented Barangay Management Information System		20	20	20	20	

	(BMIS) in BIDANI partner communities						
41-O.2	Implemented Barangay Integrated Development Approach for Program Planning and Management in BIDANI partner communities		15	15	15	15	
41-O.3	Implemented Participative Nutrition Enhancement Approach in BIDANI partner communities		15	15	15	15	
41-A.1	Organization and training of BMIS Teams & generation of reports		20	20	20	20	
41-A.2	Capability building trainings for barangay officials and key stakeholders in BIDANI partner communities		5	5	5	5	
41-A.3	Capability building trainings for community volunteer health workers (BNS, BHWs) and parents in BIDANI partner communities		12	12	12	12	

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

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Program 1: IYCF and First 1000 Days (F1K)		128,130,000	4,586,000	130,631,000	3,950,000	133,034,000	4,070,000	136,952,000	4,120,000	528,747,000	16,726,000	Forge and secure partnership and financial support from NGAs, NGOs, LGUs, development partners and private sector.
Project 1. Mobilization of LGUs on the First 1000 days	NNC, DOH		500,000		500,000		500,000		500,000		2,000,000	
Project 2. Information Management in the F1K		-	396,000	-	-	-	50,000	-	-	-	446,000	
Project 3. Strengthening of health delivery system for F1K		-	760,000	-	880,000	-	950,000	-	1,050,000	-	3,640,000.0	
Project 4. Iron supplementation to pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months		125,200,000		127,600,000		129,900,000		133,600,000		516,300,000		
Project 5. Vitamin A Supplementation for postpartum women and children 6-23 months old		2,680,000		2,781,000		2,884,000		3,102,000		11,447,000		
Project 6. Mobilization of LGU resources for dietary supplementation for nutritionally at risk pregnant women and 6-23 months old children			2,000,000	-	2,000,000	-	2,000,000	-	2,000,000	-	8,000,000	

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Project 7. Formulation of Plan for Regional Complementary Food production and marketing		-	360,000	-	-	-	-	-	-	-	360,000	
Project 8. Mobilization of barangay officials to organize IYCF support groups		-	320,000	-	320,000	-	320,000	-	320,000		1,280,000	
Project 9. Mobilization of RIC and Women’s Groups	NNC, BIDANI	180,000		180,000		180,000		180,000		720,000		
Project 10. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code) and RA 10028 (Breastfeeding Area in Workplaces),		70,000.00		70,000.00		70,000.00		70,000.00		280,000.00		
Project 11. Communication Support for F1K			250,000		250,000		250,000		250,000		1,000,000	
Program 2: National Dietary Supplementation Program		893,694,240		1,020,315,000		1,187,497,200		1,199,093,400		4,300,599,840		
Project 12. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	DSWD	354,213,000		361,296,000		368,521,200		375,890,400		1,459,920,600	-	
Project 13. Capacity Building for child dev’t workers on the management of supplementary feeding, nutritional assessment and on the development of nutrient-dense cycle menu	DSWD	1,167,000		1,167,000		1,167,000		1,167,000		4,668,000		

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Project 14. Nutrition Education among Parents and Caregivers of Children enrolled in SNPs and CDCs	DSWD											Integrated in the regular activities of the SFP in CDCs and SNPs (Project 12)
Project 15. Supplementary Feeding in Schools	DepEd	531,714,240		650,652,000		810,009,000		813,636,000		2,806,011,240		
Project 16. School-Based Complementary Health Services (deworming, micronutrient supplementation, WASH)		6,600,000		7,200,000		7,800,000		8,400,000		30,000,000		
Program 3: Micronutrient Supplementation Program		14,694,000		16,013,400		17,454,740		19,130,214		67,292,354		
Project 17. Vitamin A Supplementation to Children 24-59 months old		2,500,000		2,600,000		2,700,000		2,900,000		10,700,000		
Project 18. Anemia Reduction Among Women of Reproductive Age		12,194,000		13,413,400		14,754,740		16,230,214		56,592,354		
Program 4: Prevention of Adolescent Pregnancy		4,350,000	650,000	2,800,000	650,000	2,800,000	650,000	2,800,000	650,000	12,750,000	2,600,000	
Project 19. Strengthening of the Information and Service Delivery Network for linking information with health services	POPCOM, DepEd DOH, LGU POPM (P/M/C Pop Offices) Healthy Young Ones (HYO) - DOH	200,000		200,000		200,000		200,000		800,000		Lobbying on the use of Sanggunin ang Kabataan funds
Project 20. Establishment and Management of Adolescent Friendly Spaces		2,300,000		2,300,000		2,300,000		2,300,000		9,200,000		
Project 21. Adolescent Health and Development Classes		750,000	500,000		500,000		500,000		500,000	750,000	2,000,000	
Project 22. U 4 U Teen trail		750,000.00	100,000		100,000		100,000		100,000	750,000	400,000	

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Project 23. Peer Educators' Training		300,000.00		300,000.00		300,000.00		300,000.00		1,200,000.00		
Project 24. Weekly Iron with Folic Acid Supplementation	DOH	50,000	50,000		50,000		50,000		50,000	50,000.00	200,000	Supplements downloaded by DOH-CO, budget reflected will be used for advocacy activities
Program 5: Overweight and Obesity Management and Prevention			100,000		150,000		100,000		50,000		400,000	
Project 25. Promotion of Healthy Lifestyle and Wellness (Physical Activity and Healthy Food Environment)	DOH, NNC		100,000		150,000		100,000		50,000		400,000	
Project 26. Weight Management Intervention (for Overweight and Obese individual)	DOH, NNC, RBATF	Funded under the DOH non communicable diseases program										
Program 6: Nutrition in Emergencies Program		353,600		707,200		353,600		707,200		2,121,600		
Project 27. Building and Strengthening Capacities of for Nutrition in Emergencies	DOH, NNC	353,600		707,200		353,600		707,200		2,121,600		
Program 7: Nutrition Promotion for Behavior Change		1,273,000		1,273,000		1,273,000		1,273,000		5,092,000		
Project 28. Formulation and Implementation of the Regional Program on Nutrition Promotion for Behavior Change	NNC, RNC	1,273,000		1,273,000		1,273,000		1,273,000		5,092,000		

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Program 8: Mandatory Food Fortification Program		50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	200,000	200,000	Forge and secure partnership and financial support from NGAs, NGOs, LGUs, development partners and private sector.
Project 29. Advocacy for and Monitoring of Compliance of RA 8976 and 8172	DOH, NNC	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	200,000	200,000	
Program 9: Philippine Integrated Management of Acute Malnutrition (PIMAM)		32,200,000		37,100,000		41,950,000		46,800,000		158,050,000		
Project 30. Enhancement of PIMAM Facilities, Capacities and Provision of Services	DOH	32,200,000		37,100,000		41,950,000		46,800,000		158,050,000		
Program 10: Nutrition Sensitive		16,773,819		18,174,635		18,930,880		18,863,312		73,942,645		
Project 31. Convergence Projects of in Nutritionally Depressed Areas Using Rural Improvement Clubs	DA	1,020,819		1,041,235		1,062,060		1,083,301		4,207,414	-	
Project 32. Community-Managed Potable Water Supply, Sanitation and Hygiene (CP WASH)	DAR	1,120,000		1,200,000		1,120,000		1,200,000	4,640,000	4,640,000		
Project 33. Sustainable Livelihood Support of DAR	DAR	8,000,000.00		9,000,000.00		9,500,000.00		9,000,000.00		35,500,000.00	-	

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Project 34. Farm to Market Road Projects of DPWH		901,600,000 (cost of tweaking strategies TBD)		980,000,000 (cost of tweaking strategies TBD)		1,058,888,888 (cost of tweaking strategies TBD)		1,137,000,000 (cost of tweaking strategies TBD)				
Project 35. Production Support Services Sub-Program (Distribution of planting materials and vegetable seeds)	DA	6,008,000		6,308,400		6,623,820		6,955,011		25,895,231		
Project 36. Gulayan sa Paaralan	DA	625,000		625,000		625,000		625,000		2,500,000		
Project 37. Operational Research on the Nutrition Sensitive Projects	RNC				1,200,000						1,200,000	
Program 11: Enabling Program		180,000	5,250,000	180,000	4,450,000	180,000	3,250,000	180,000	1,750,000	180,000	14,700,000	
Project 38. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	RNC, NNC	-	2,000,000	-	1,500,000	-	750,000	-	500,000	-	4,750,000	Forge and secure partnership and financial support from NGAs, NGOs, LGUs, development partners and private sector.
Project 39. Policy Development for Food and Nutrition	RNC, NNC	-	750,000	-	750,000	-	500,000	-	250,000	-	2,250,000	
Project 40. Management strengthening support to RPAN effectiveness	NNC, RNC	-	2,500,000	-	2,200,000	-	2,000,000	-	1,000,000	-	7,700,000	
Project 41. Barangay Integrated Development Approach for Nutrition Improvement (BIDANI – UP Visayas)	UPV-BIDANI	180,000	-	180,000	-	180,000	-	180,000	-	180,000		
Grand Total		1,091,698,659	10,636,000	1,227,244,235	9,250,000	1,403,523,420	8,120,000	1,425,849,126	6,620,000	5,147,775,440	35,826,000	

DIRECTORY OF RNC & RNTC

as of January 2019

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as of January 2019

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