

Regional Plan of Action for Nutrition



CENTRAL VISAYAS
2019-2022

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MESSAGE FROM THE RDC CHAIRPERSON



My warmest greetings and congratulations to the Regional Nutrition Committee (RNC) and its technical working group members for the completion of the Regional Plan of Action for Nutrition (RPAN) 2019 -2022.

Through the years, the efforts to improve the nutrition landscape of Central Visayas is incessant. Thus, the RPAN will serve as basis for the nutrition interventions to be implemented in the region to foster changes in the nutritional status of the people specifically the vulnerable groups.

As Chair of the Regional Development Council (RDC), we formally approved this plan during the Regional Development Council Meeting on 13 December 2018. Certainly, the plan and implementation of this document, when provided with adequate resources from the government and non-government agencies with

counterparts from the local government units, will generate a gratifying impact to the identified goals, objectives, and targets of the said plan.

I would also like to express my gratitude to the ever-committed partner agencies and members of the RNC and its secretariat for the formulation of RPAN. May this document provide the right direction to the current nutrition situation here in Central Visayas and help alleviate the problem of stunting and other forms of malnutrition in the next four to five years.

On behalf of the Central Visayas Regional Development Council, may we always have the will to serve for the betterment of the lives of the Filipino people.

Kenneth Cobonpue
KENNETH C. COBONPUE
Chairperson

MESSAGE FROM THE RNCVII CHAIRPERSON

Warmest Greetings to everyone!

It is with great pride to present the Central Visayas 2019 to 2022 Regional Pan of Action for Nutrition (RPAN), the living evidence of the commitments of critical regional agencies, particularly the Regional Nutrition Committee.

Congratulations and thank you for all who took part in the formulation of this plan which recognizes malnutrition is a multi-faceted and multi-sectoral issues that no one sector can produce an outcome. In the hope that this plan which is consistent to the Philippine Plan of Action for Nutrition and also anchored on the inter-sectoral, multi-level approach can serve as framework and a tool to guide to our stakeholders for their respective activities or programs and projects in prioritizing good nutrition focusing our efforts especially the poor to ensure that no one is left behind in the implementation in Central Visayas



This plan will bring us one step closer in realizing the desired results of improving the nutrition situation in the region with the following goals: (a) contribute to the achievement of the Regional Development Plan targets, and ultimately to Ambisyon 2040 by improving the quality of the human resource base of the region; (b) reducing inequality in human development outcome; and (c) reducing child and maternal mortality.

Making this plan to come to life will be a greater challenge to all of us. Hence, I issue this request to the Central Visayas Nutrition Committee along with partners and stakeholders from local government units, non-government organization and other agencies related to nutrition in the region to join hand in hand to ensure that the plan is being implemented as intended, that it is accomplishing its targeted activities, and most importantly, that it is making a difference in the lives of the people who are to be reached by this plan. With dedication and commitment, we are confident that the Central Visayas Nutrition Committee will face the challenge successfully.

More power!

Dir. Jaime S. Bernadas, MD, MGM, CESO III
Chair, Central Visayas Regional Nutrition Committee
Regional Director, Department of Health
Central Visayas Center for Health Development

MESSAGE FROM THE RNCVII VICE-CHAIR



Malnutrition results from insufficient supply or access to healthy foods, poor lifestyle, inadequate health services, absence of food safety measures, and poor water and sanitation, among others. If not addressed, malnutrition could lead to more serious problems like mortality and morbidity from infectious diseases, among others. Ending hunger, achieving food security, and improving nutrition are not just government's concerns. They call for a whole-of-nation solution and holistic efforts.

Health problems are cross-cutting. We need everyone on board. Each of us plays a part in addressing the current health challenges locally and globally. With the creation of RPAN, we are now scaling up the nutrition programs and plans by recalibrating some of the

indicators to better implement them in an effort to reduce the stunting, wasting and other forms of malnutrition percentage in the Philippines, especially in the region.

The plan, which was formulated through participatory, inter-sectoral, and multi-level approach, also embodies synergy among the stakeholders and wider participation in delivering nutritional outcomes which are responsive to the needs of the people at the grassroots level.

As we endeavor to implement the plan, may we all continue to do our part in responding to the needs of the citizenry, especially our children. However, no matter how we formulate and craft the programs, the government needs the help of the private sector, international organizations and other groups to promote good nutrition.

May we continue to capacitate the local committees whose contributions for the improvement of the nutrition situation in their respective places are essential to mitigate and eventually stamp out this problem.

This initiative may be ambitious move of the government. However, there is nothing impossible when everyone will contribute. This should be our turning point for our children, the next generation of healthy Filipinos.

Mabuhì!

Dir. Leocadio T. Trovela, CESO IV
Vice-Chair, Central Visayas Regional Nutrition Committee
Regional Director, Department of the Interior and Local Government 7

MESSAGE FROM THE RNC VII VICE-CHAIR

One of the greatest honors in life is to be a part of a community united to fight for a common problem of a society. Over the years, we at the Regional Nutrition Committee (RNC) stood strong and diligently in mitigating starvation and malnutrition cases in this region.

As the Vice-Chair of the Regional Nutrition Committee (RNC), I am more than proud to congratulate everyone who made the completion and the thorough composition of the Regional Plan of Action for Nutrition (RPAN) possible. The RPAN is the concrete evidence of everyone in the RNC who worked hard to provide us our framework as we bravely charge in the battle to eradicate malnutrition. Truly, the committee is beyond blessed to be integrated with these philanthropic people.

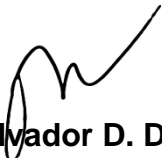


Moreover, since it has already been a culture in this committee to work hand-in-hand with our partner agencies and various LGUs in devising new plans and activities to educate and bring proper nutrition to the homes of the Visayan community, I am yearning that this positive culture and continuous support of our partner agencies and various LGUs will strive to exist. The success of this committee would not be possible without their support, and for that I am grateful for the partnership we have built, and the help we have garnered.

As a new year comes forth, I am looking forward to the materialization of the plan we laid in the Regional Plan of Action for Nutrition and the bright future that awaits the Regional Nutrition Committee.

On behalf of the Department of Agriculture RFO 7, count on your willingness to extend help in whatever ways we can for the benefit of the RNC and the community as a whole.

God bless us all and more power to the committee and the community!


Atty. Salvador D. Diputado, LL.M., Ph.D.
Vice-Chair, Central Visayas Regional Nutrition Committee
Regional Director, Department of Agriculture RFO 7

MESSAGE FROM THE RNC SECRETARIAT

Years have passed since the Philippine Plan of Action for Nutrition 2017-2022 was cascaded to all regions, provinces, cities, municipalities and down to the barangays in the country. The Central Visayas Regional Nutrition Committee along with its Technical Working Group has committed to contribute in reaching the goals of the national plan via a regional plan that will also address the region's current nutrition situation.

The crafting of the Regional Plan of Action for Nutrition (RPAN) 2019-2022 has underwent many processes and it had gone through several changes and pruning before it has advanced to what it is today. The plan was formally approved during the 4th Quarter Regional Development Council Meeting s. 2018 on 13 December 2018 giving all the member agencies' the nod in implementing their respective nutrition specific, nutrition sensitive and enabling programs. Indeed, the document will serve as a factual evidence of what the Regional Nutrition Committee thru its member agencies and the Secretariat intend to do in the next four years to arrest the increasing prevalence of stunting and all forms malnutrition in Central Visayas.

With the approval of the regional blueprint for nutrition interventions through a multi-sectoral approach, we are now one-step closer to achieving our regional outcome and sub-outcome targets. Together and with hands locked together, the active member agencies individually and collectively implementing their mandated and innovative programs and projects, the further reduction of malnutrition in the region is in our hands.

Moving forward, allow me to thank with heartfelt gratitude all the people behind the success of the preparation of this RPAN document. Its completion would not have been made possible without your unwavering commitment and support.

Dr. Parolita A. Mission, RN
Regional Nutrition Program Coordinator
National Nutrition Council Region VII



MESSAGE FROM THE RNC-TWG CHAIR



The Central Visayas Regional Plan of Action for Nutrition (CVRPAN) 2019-2022 is another worthy accomplishment of the Regional Nutrition Committee (RNC) which we are all proud of. This is a product of hard work and perseverance among RNC member agencies with the assistance of the RNC Secretariat under the leadership of Dr. Parolita A. Mission, Regional Nutrition Program Coordinator. The process of drafting and finalizing this document was tedious and all who were involved painstakingly shared their time and expertise in order to come up with this well-defined plan which will address the current nutrition challenges of the region and ultimately contribute to the Philippine Plan of Action Nutrition (PPAN) 2017-2022.

Through the years, I have seen the Regional Nutrition Action Plans evolve to having structured to more responsive approaches in combating various, complex nutrition problems.

With the CVRPAN 2017-2022, it clearly described the nutrition-specific, nutrition-sensitive and enabling programs. With this kind of grouping, we are now guided on what programs and projects have direct or indirect impact to the nutrition outcomes thus we can better focus our resources.

Agency responsibilities are also emphasized in the plan making it a good reference and reminder to all NGAs, LGUs and private sector involved in this cause. With the issuance of RNC Resolution No. 017-01 (Series of 2017) entitled “Adopting the Regional Nutrition Action Plan (RNAP) 2017-2022, our partners especially the local government units can easily adopt the RNAP to their respective local nutrition action plan.

It is with great pride and honor to be part of this milestone. Working with dedicated and passionate RNC Technical Working Group members for a common purpose, hurdling obstacles along the way, the camaraderie it brought and new friendship found would be an achievement in itself. All these for the love of the Filipino children.

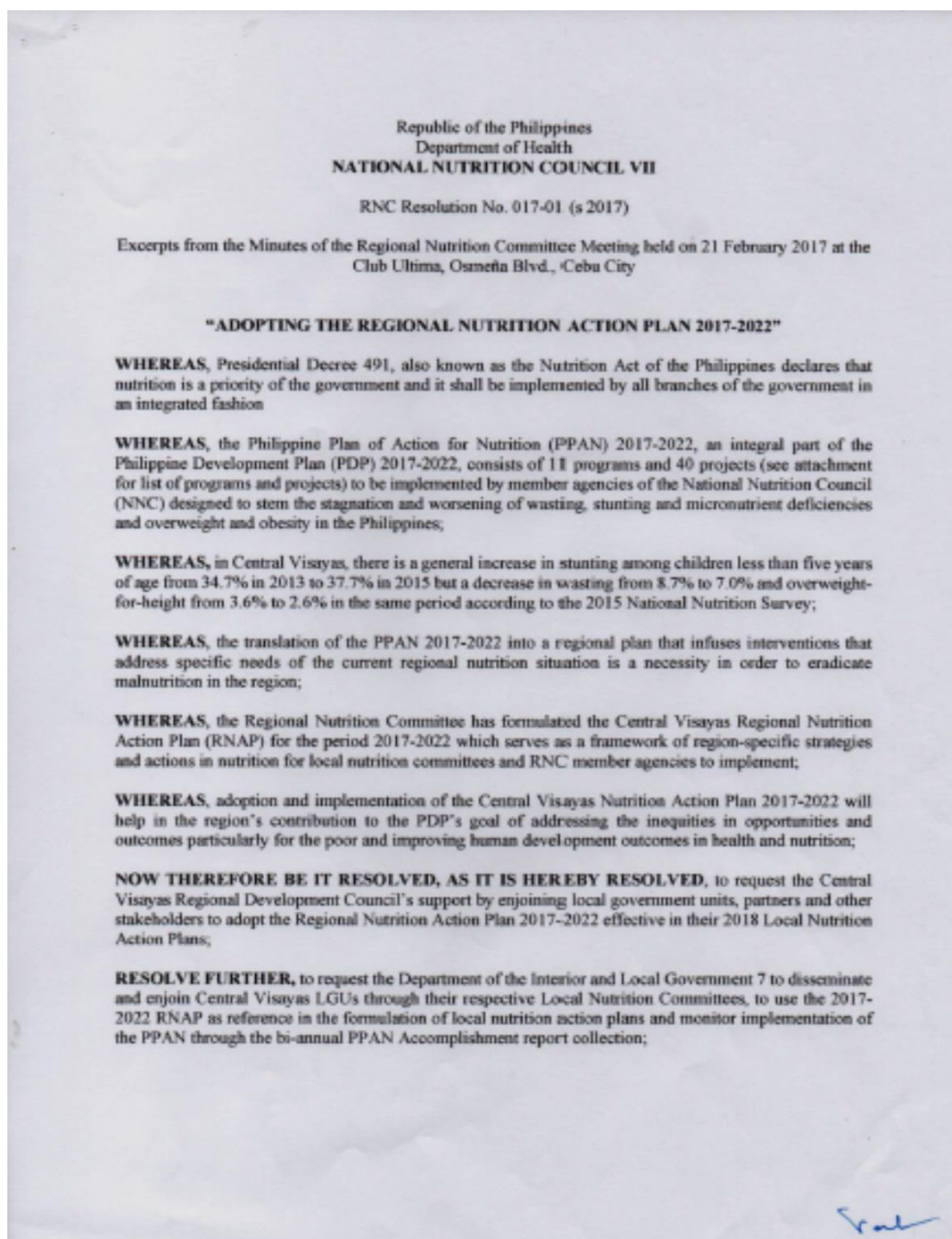
Ms. Melinda D. Cañares, RND, MPH

RNC-TWG Chair

ND III, Department of Social Welfare and Development Field Office VII

RNC VII Resolutions and Agency Commitments

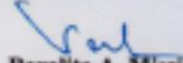
I. Adopting the RPAN 2019-2021



RESOLVE FINALLY, for the RNC-TWG/ RNET members to monitor PPAN implementation and request Regional Directors of Regional Nutrition Committee to authorize the participation of RNET members and other technical staff of other divisions in the annual Monitoring and Evaluation of Local Level Plan Implementation.

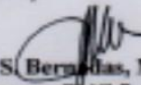
APPROVED, this 21st day of February 2017 during its 1st RNC Full Committee Meeting Series 2017 held at Club Ultima Board Room, Osmeña Blvd., Cebu City.

Certified Correct:



Parolita A. Mission, DPA, RN
RNC 7 Secretary

Attested by:



Jaime S. Bernillas, MD, MGM, CESO III
Chairperson, RNC 7

II. Approving the Central Visayas RPAN 2019-2022

Republic of the Philippines
Department of Health
NATIONAL NUTRITION COUNCIL REGION VII

RNC Resolution No. 018-03 (s 2018)

“APPROVING THE CENTRAL VISAYAS PLAN OF ACTION FOR NUTRITION 2019-2022”

WHEREAS, Presidential Decree 491, also known as the Nutrition Act of the Philippines declares that nutrition is a priority of the government and it shall be implemented by all branches of the government in an integrated fashion;

WHEREAS, the Philippine Plan of Action for Nutrition (PPAN) 2017-2022, an integral part of the Philippine Development Plan (PDP) 2017-2022, consists of 11 programs and 56 projects (see attachment for list of programs and projects) to be implemented by member agencies of the National Nutrition Council (NNC) designed to stem the stagnation and worsening of wasting, stunting and micronutrient deficiencies and overweight and obesity in the Philippines;

WHEREAS, in Central Visayas, there is a general increase in stunting among children less than five years of age from 34.7% in 2013 to 37.7% in 2015 but a decrease in wasting from 8.7% to 7.0% and overweight-for-height from 3.6% to 2.6% in the same period according to the 2015 National Nutrition Survey;

WHEREAS, the region also needs to address contributing factors that lead to malnutrition such as decreasing agricultural lands and food insecurity, risk to both natural and man-made calamities, limited local policies in support of the nutrition program and the effect of urbanization;

WHEREAS, the translation of the PPAN 2017-2022 into a regional plan that infuses interventions that address specific needs of the current regional nutrition situation is a necessity in order to eradicate malnutrition in the region;

WHEREAS, after a series of workshops and coordinative activities, the Regional Nutrition Committee of Central Visayas has drafted the Regional Plan of Action for Nutrition (RPAN) 2019-2022 with goal of improving the region's nutritional landscape with specific targets shown (See Attachment A);

WHEREAS, the Regional Nutrition Committee member agencies have committed to contribute to RPAN by tweaking agency programs, projects and activities to address regional nutrition-related problems. The plan programs, projects and activities are divided into three sections: nutrition specific, nutrition sensitive and enabling mechanism. In summary the region has adopted the 11 programs of the PPAN 2017-2022 but has identified a total of 56 projects under these programs;

WHEREAS, the Central Visayas Regional Nutrition Committee has agreed during its Special Regional Nutrition Committee Meeting s. 2017 conducted on 20 October 2017, to approve

the RPAN target and for the RPAN be approved by the committee members through a resolution by circulation once the full draft has been crafted;

NOW THEREFORE BE IT RESOLVED, AS IT IS HEREBY RESOLVED, the Regional Plan of Action for Nutrition 2019-2022 is approved by the Central Visayas Regional Nutrition Committee (See Attachment B);

RESOLVED, the RNC requests the Regional Development Council to approve of the RPAN 2019-2022 and incorporate its content in the Regional Development Plan and enjoin local government units to adopt said plan;

RESOLVED FURTHER, to request the Regional Nutrition Committee member agencies to implement respective programs, plans and activities by consciously including these activities in their respective agency's work and financial plan and deliberately targeting nutritionally challenged LGUs and individuals in regular program implementation;

RESOLVED FURTHERMORE, to request the DILG to disseminate the RPAN 2019-2022 to LGUs and enjoin them to functionalize local nutrition committees for RPAN implementation;

RESOLVED FINALLY, to request said agencies to update the RNC of the status of their implementation by providing quarterly accomplishment reports and ensure the attendance of the agency's nutrition focal person to the quarterly meetings and other RNC activities and for local government units to submit semestral PPAN accomplishment reports.

Certified Correct:



Parolita A. Mission, DPA, RN
RNC 7 Secretary

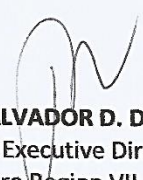
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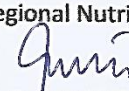
Jaime S. Bernadas, MD, MGM, CESO III
Chairperson, RNC 7

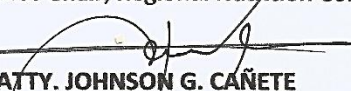
"APPROVING THE CENTRAL VISAYAS PLAN OF ACTION FOR NUTRITION 2019-2022"

CONFORME:

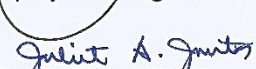

ATTY. SALVADOR D. DIPUTADO, LL.M, PHD
Regional Executive Director, Department of
Agriculture Region VII
Vice Chair, Regional Nutrition Committee



DIR. LEOCADIO T. TROVELA, CESO IV
Regional Director, Department of the Interior
and Government Region VII
Vice Chair, Regional Nutrition Committee



DIR. ASTERIA C. CABERTE
Regional Director, Department of Trade and
Industry Region VII

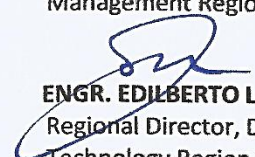

ATTY. JOHNSON G. CAÑETE
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DIR. EFREN B. CARREON
Regional Director, National Economic and
Development Authority Region VII



DR. JULIET A. JERUTA
Regional Director, Department of Education
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DIR. IMELDA C. LACERAS
Regional Director, Department of Budget and
Management Region VII


DIR. EVELYN B. MACAPOBRE, CESO III
Regional Director, Department of Social
Welfare and Development Region VII


ENGR. EDILBERTO L. PARADELA
Regional Director, Department of Science and
Technology Region VI

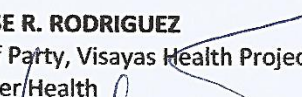

ATTY. BRUCE N. RAGAS
Regional Director, Population Commission
Region VII

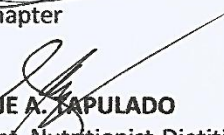

DIR. MARY CHRISTINE R. CASTRO, MD
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DR. JOSEPH STEPHEN DESCALLAR
President, Philippine Nurses Association Cebu
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DR. ERNESTO I. MACABENTA
Associate Director, Visayas World Vision
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MR. JARVIS S. PROCHINA
President, Philippine Association of Nutrition
Cebu Chapter


DR. JOSE R. RODRIGUEZ
Chief of Party, Visayas Health Project,
Engender Health


MR. SOJE A. TAPULADO
President, Nutritionist-Dietitian Association of
the Philippines, Cebu Chapter


DIR. KENNEDY B. TUAZON
Country Director, Feed the Children Philippines

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 then Assistant Secretary of Health and NNC Executive Director IV Maria-Bernardita T. Flores, CESO II and later Executive Director Azucena M. Dayanghirang, MD., 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 effort of the National RPAN Planning Team organized by NNC to assist in the RPAN formulation is recognized. At the regional level, members of the Regional Nutrition Committee and its technical working group who have met multiple times to analyze the region's nutrition situation, discuss strategies to address nutrition problems and recommend ways of improving plan implementation and its monitoring and evaluation. Acknowledgement is also given to LGUs who have provided insights in plan implementation and their efforts to adopt the RPAN.

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

The Region VII RPAN Formulation Process

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

The planning process for the Region VII RPAN was participatory, inter-sectoral and multi-level as it engaged the participation of the representatives from the RNC-Region VII member agencies. Planning staff and senior officers from the NNC as well as Alcanz International consultants accompanied the entire planning process. More specifically the following are the milestone activities undertaken in arriving at the Region VII RPAN 2019-2022:

1. RNC Full Committee 1st Semester Meeting for approval of the adoption of PPAN 2017-2022, 21 February 2017, Board Room A, Club Ultima, Cebu City
2. 3rd Quarter RNC-Technical Working Group s 2017, 03-04 October 2017, Cordova Home Village, Cordova Cebu
3. 1st Quarter RNC-Technical Working Group s 2018, 13-14 February 2018, Sarrosa International Hotel, Cebu City
4. RPAN Planning Workshop, 21-23 March 2018, MJ Hotel Suites, Cebu City
5. 2nd Quarter RNC-Technical Working Group s 2018, 11 June 2018, Azia Suites and Residences, Cebu City
6. RNC – Technical Working Group Special Meeting, 10 May 2018, One Central Hotel, Cebu City
7. RNC Full Committee 2nd Semester Meeting for RPAN 2019-2022 approval, 11 July 2018, Board Room A, Club Ultima, Cebu City
8. 4th Quarter Meeting of the RDC Social Development Committee (SDC) Meeting for RPAN 2019-2022 approval, 29 November 2018, El Jardin, Montebello Villa Hotel, Cebu City

The Central Visayas Regional Plan of Action for Nutrition was approved on 11 July 2018 following the issuance of RNC Resolution No. 018-03, series of 2018, Approving and Adopting of the Regional Nutrition Plan of Action 2019 to 2022 of Region VII via ad referendum among member agencies of the Regional Nutrition Committee. Furthermore, the Regional Development Council also approved the Central Visayas RPAN on 14 December 2018 following the issuance of RDC Resolution No. 73 (s. 2018) recommending the RDC Full Council to endorse the Central Visayas RPAN 2019-2022 and

requesting the concerned agencies to include the RPAN targets in their respective work and financial plans; as well as RDC Resolution No. 74 (s. 2018) recommending the RDC Full Council to request DILG R7 to help disseminate and to enjoin the local government units (LGUs) to use the RPAN as reference in the formulation of their respective local nutrition action plans.

The Regional Nutrition Profile

Estimated Population by Age/Physiological Group Based on the Projected Population, 2015 (in millions)		
Total population		6,041,903²
- Male		3,053,460
- Female		2,988,443
0-59 months		664,488
60-120 months		657,600
121-228 months-		1,224,995
20 years and above-		2,504,731
Women of reproductive age (15-49 years old)		2,504,731
Pregnant women		163,131
Lactating mothers		163,131
Nutritional Status Indicators/Population Group	Prevalence (%)	Equivalent Number in 2017 (millions)
LOW BIRTH WEIGHT INFANTS-	21.4%	16,213
INFANTS 5 MOS OLD WHO ARE EXCLUSIVELY BREASTFED-	48.8 %	37,858
CHILDREN 6-23 MONTHS OLD MEETING THE MINIMUM ACCEPTABLE DIET-	18.6 %	36,557
UNDERNUTRITION (NNS, 2015)		
Under five year old children		
- Underweight	22.8%	185,969
- Stunting -	37.7 %	307,502
- Wasting -	7.0 %	57,095
School age children (5-10 years old)		
- Underweight	34.3%	225,556
- Stunting	35.5%	233,448
- Wasting -	8.8 %	57,868
Adolescents (ages 10.08-19 years old)		
- Stunting	35.5%	434,873
- Wasting	12.2%	149,449
Adults (≥ 20 years)		
Chronic energy deficiency (CED)	10.3%	257,981
Pregnant women		
- Nutritionally at-risk	27.0%	44,045
Lactating mothers		
- Wasted and CED	ND	ND

²Central Visayas QuickStats. (07 May 2018) Retrieved 04 June 2018. <https://psa.gov.ph/content/quickstat-region-vii-central-visayas-may-2018>

OVERNUTRITION (NNS, 2015)		
Overweight/obese		
- Children under five years old	2.6%	17,276
- School age children	6.0%	39,456
- Adolescents	7.1%	86,974
- Adults 20 years and above	29.4%	736,390
Nutritional Status Indicators/Population Group	Prevalence (%)	Equivalent Number in 2017
MICRONUTRIENT DEFICIENCY		
Vitamin A deficiency among children 6 months to 5 years old	20.4 %	135,555
Anemia among women of reproductive age	11.7 %	293,053
Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	168	Not Applicable
- Pregnant women	105	Not Applicable
- Lactating women	77	Not Applicable
- Children 6-12 years old with UIE concentration <50 mcg/L	16.4	Not Applicable
- Lactating women with UIE concentration <50 mcg/L	33.4	Not Applicable
<i>LBW data from National Demographic Health Survey Assessment criteria in determining magnitude and severity of underweight, stunting and wasting in children under-five years old (0 to 59 months old) as public health problem (WHO, 1995): Underweight: <10% – low; 10-19% - medium; 20-29% – high; ≥30% – very high. Stunting: <20% – low; 20-29% - medium; 30-39% - high; ≥40% – very high. Wasting: <5% – acceptable; 5-9% – poor; 10-14% - serious; ≥15% – critical</i>		

Executive Summary

The Regional Plan of Action for Nutrition 2019-2022 is the response of Region VII to the alarming nutrition situation in the region. The 2015 National Nutrition Survey shows the region as marked by a high prevalence of stunting among children below five years old at 37.7 percent or around 307,502 children. The prevalence of wasting affects 7.0 percent of children below five and 8.8 percent of children age 5 to 10, one of the highest in the country.

The RPAN establishes regional outcome targets for 2022 toward reducing stunting, wasting and obesity, as well as micronutrient deficiencies, among other indicators. Among 0-5-year-old children, the stunting levels will be reduced from 37.7 percent to 24.1 percent by the end of 2022. Wasting prevalence will be reduced from 7.0 percent to 4.9 percent by the end of the RPAN period among the same group of children. Targets for obesity and micronutrient deficiencies were also included.

To address the problems identified during the planning process, the RPAN indicates 11 programs which translate into 55 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 VII and in the country. All 11 programs constitute the RPAN with an additional program to address the huge challenge of adolescent health, and in particular, adolescent pregnancy in the region and in the country.

The budget estimated for 2019-2022 for all 11 programs amount to Php119 B with an annual average of about Php29 B. The funded portion is Php2.47B which is 2.03 percent of total, while the unfunded portion amounts to Php 116.53B representing 97.97 percent. Financing come mostly from General Appropriations and Local Budgets from IRA. The funding shortfalls will be generated mainly from Tier 2 budget process together with financing from development partners working in the region and provisions from local sources.

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

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

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

- aims to address the key manifestations of malnutrition - under nutrition, over nutrition, micronutrient deficiencies and their causes following the ASEAN Conceptual Frameworks of Malnutrition,
- sets two layers of outcome objectives by the end of 2022 – (1) outcome targets that refers to final outcomes against which plan success will be measured; and (2) sub-outcome or intermediate outcomes referring to outcomes that will contribute to the achievement of the final outcomes,
- identifies a good mix of interventions appropriate for the region consisting of three distinct but complementing types of programs³ - *nutrition-specific, nutrition-sensitive and enabling management programs* as defined in the PPAN program framework,
- provides estimated budget requirements for each of the identified programs and projects cognizant of the actual GOP budget process,
- anticipates risks and threats by factoring mitigating strategies and program adjustments,
- defines the institutional accountabilities to deliver outputs and outcomes to include accountability for coordination which rests on the RNC,
- formulates a Results Framework Matrix that defines a vertical and horizontal logic of expected results, indicators, targets and accountability, and
- lays out the monitoring, reporting and evaluation mechanism necessary to determine progress of implementation and extent of outcome targets achievement.

³Nutrition-specific programs are those that were planned and designed to produce nutritional outcomes, nutrition-sensitive are those that will be tweaked to produce nutritional outcomes, enabling management support programs are actions developed and designed to assist the nutrition-specific programs to be achieved with greater degree of efficiency and effectiveness.

Section 1. Central Visayas Regional Nutrition Situation

Located at the very center of the Philippine archipelago, Region VII- the Central Visayas region is composed of four island provinces: Bohol, Cebu, Negros Oriental and Siquijor. The region is strategically located between the major islands of Luzon to the north and Mindanao to the south. Its location makes it a favorable transportation hub to and from many points in the country. Central Visayas is the third smallest region in the country with a total land area of 15,872.57 square kilometers (sq.km.) and constitutes about five percent of the country's land area.

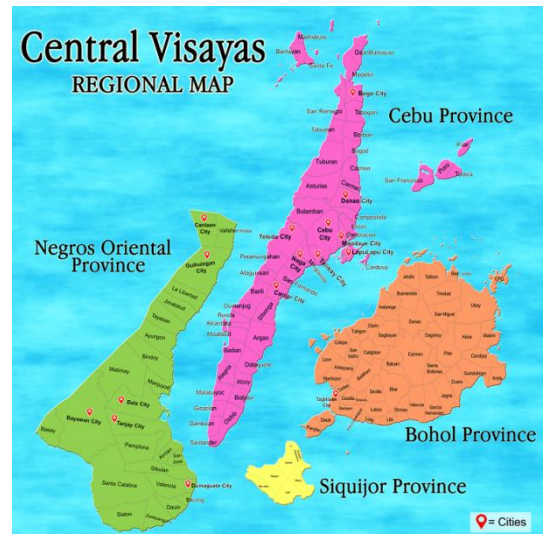


Figure 1. Location Map of Region VII

The region's geography is made up mainly of highlands with narrow coastal strips or arable lands except for the province of Bohol that has a level plateau on which agriculture is concentrated. About 62 percent of the regional land is hilly to mountainous with slopes above 18%, implying that a larger portion of the region is not suitable for agriculture production, settlements, and general development.

Central Visayas is the fifth most populous region in the Philippines. The 2015 Census of Population estimated the population to be 7,396,898 or about 7.3 percent of the country's total, with an average annual growth rate of 1.70 percent in 2010-2015. The population is concentrated in Cebu, accounting for 63 percent of the region's population in 2015, while the remaining 37 percent is distributed among the three other provinces of the region. Cebu had also the highest population growth rate of 2.14 percent.

The main source of income is the service industry mainly concentrated in the region's sixteen (16) cities and primarily in its premier urban area -- Metro Cebu.

Malnutrition: Who, What and Where

Despite its rapid economic growth, the problem of malnutrition remains a challenge in Central Visayas. According to the 2015 National Nutrition Survey (see Figure 1) conducted by the Food and Nutrition Research Institute of the DOST (FNRI-DOST),

- 37.7% or 4 in every 10 children 0-5 years old are stunted (defined as being short for one's age). In magnitude 37.7 percent is equivalent to 307,502 children 0-5 years old in 2017.
- 22.8% or 2 in every 10 children 0-5 years old in Central Visayas are underweight. In magnitude, this is around 185,969 children 0-5 years old in 2017.

- 7% or the equivalent of 7 out of every 100 children 0-5 years of age is wasted (thin for their height). In magnitude, this is equivalent to 57,095 children 0-5 years old in 2017.

The figures are higher compared to the national average of 33.4 percent for stunting, 22.8 percent for underweight and 7.1 percent for wasting. Moreover, stunting in Central Visayas increased from 34.7 percent in 2013 to 37.7 percent in 2015 while slight decreases were seen in wasting (from 8 percent to 7 percent), underweight (from 23.1 percent to 22.8 percent) and overweight (from 3.6 percent to 2.6 percent). Stunting represents the presence of long-term malnutrition.

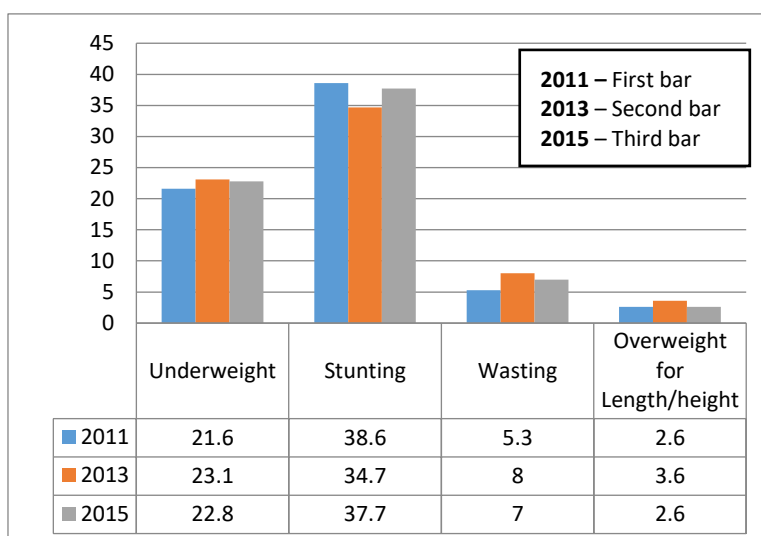


Figure 2. Nutritional Status of Children 0-5 years old in Central Visayas, *Source: DOST-FNRI, NNS 2015*

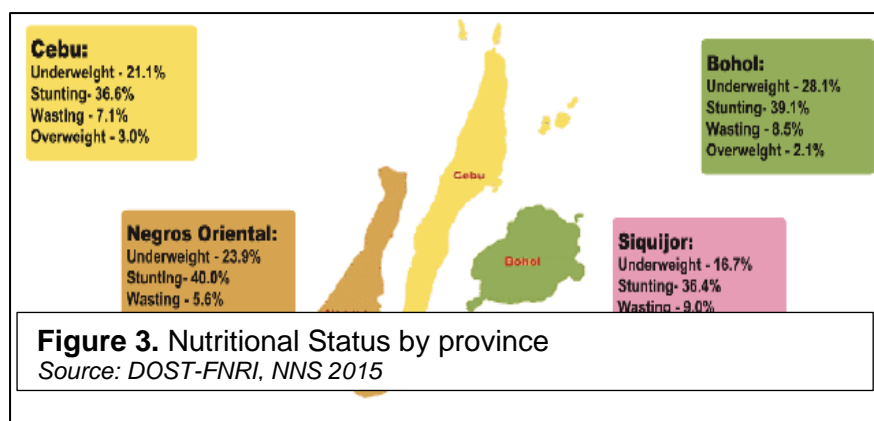


Figure 3. Nutritional Status by province
Source: DOST-FNRI, NNS 2015

While all the provinces had higher prevalence of stunting compared to the national average, the provinces of Negros Oriental and Bohol had a significantly high prevalence of 4 out of 10 stunted pre-

school children. Bohol and Siquijor on the other hand reflect a higher figure of wasting (too thin for height) than the national average of 7.1 percent at 8.5 percent and 9.0 percent respectively. See *Figure 3* for nutrition status per province.

While undernutrition persists, over nutrition is also a concern in the region. It registered a prevalence rate of 2.6 percent, i.e., almost 3 out of every 100 pre-school children in 2015 were overweight or obese.

Figure 4 shows the prevalence of malnutrition among 5-10 year-olds and 10-19 year-olds for year 2015. High prevalence of stunting was seen among children 5-10 years old with 34.3 percent and 35.5 percent among 10-19 years old. Another concern about these age groups is the prevalence rate of overweight with 6 percent among 5-10 years old and 7.1 percent among 10-19 years old, respectively.

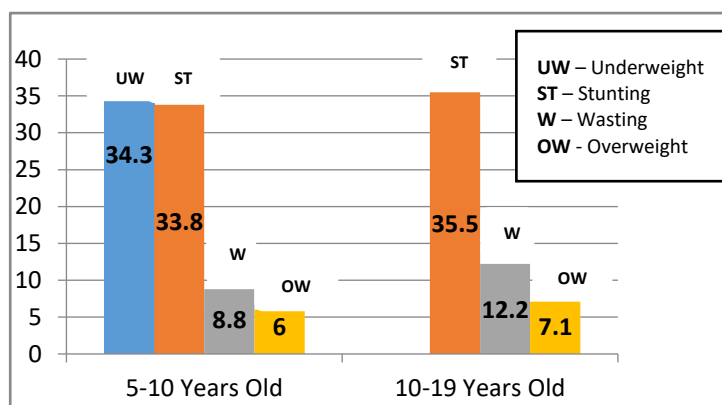


Figure 4. Nutritional Status of Children 0-5 and 10-19 years old in Central Visayas, Source: DOST-FNRI, NNS 2015

Among adults 20 years and over, 2 out of ten have elevated blood pressure, 2 out of 10 have high cholesterol levels, while 5 out of a hundred have elevated fasting blood glucose, an indicator of diabetes mellitus. These indicators are proof of the alarming threat of cardiovascular diseases and other lifestyle diseases.

According to the same survey, the prevalence of nutritionally-at-risk pregnant women has been consistently increasing in the region despite the decrease at the national level. Currently, 3 out of 10 pregnant women are at risk of being malnourished and only 65.4% of mothers have on time pre-natal check-up during their first trimester (NNS, 2015).

The Regional Development Plan (RDP) 2017-2022 highlighted the sharp rise of teenage fertility in the past decade. The 2013 Young Adult Fertility and Sexuality Survey showed about 11.2 percent of females aged 15-19 in the region were already mothers in 2013, up from just 2.9 percent a decade ago. In addition, 13.1 percent of the females aged 15-19 have begun childbearing, up from a low of 5.3 percent in 2002. While teen fertility is increasing in the region, it is still, however, below the national level of 13.6 percent. In 2013, the percentage of teenagers who had begun childbearing increased with age, from 2.1 percent among those age 15 years to 35.7 percent among those age 19 years. The increase was much more pronounced in the last 10 years. Starting at age 17, the proportion of teenagers who have begun childbearing rose dramatically, doubling at age 18 and rising by more than 50 percent at age 19.

To further identify areas with high prevalence of malnutrition, the 2017 OPT Plus results may be reviewed. Said results show that the bulk of LGUs with high prevalence of malnutrition is located in the province of Cebu in all three growth indicators. Moreover, there is sparse representation of LGUs from Bohol and Negros Oriental and none from the province of Siquijor included in the list of top 20 nutritionally depressed municipalities in the region. Areas included in the top 20 nutritionally depressed municipalities are considered to be priority areas for nutrition intervention in the region. (See Tables 1)

Table 1. Top 20 Highest Ranking Municipalities

Rank	LGU	Prevalence Rate	Rank	LGU	Prevalence Rate	Rank	LGU	Prevalence Rate
1	PCPG, BOHOL	38.9%	1	BUENAVISTA, BOHOL	21.6%	1	BUENAVISTA, BOHOL	21.4%
2	ALOGUINSAN, CEBU	37.28%	2	ZAMBOANGUITA, NEGROS ORIENTAL	10.9%	2	SAMBOAN, CEBU	14.97%
3	DUMANJUG, CEBU	35.41%	3	OSLOB, CEBU	10.50%	3	ALOGUINSAN, CEBU	14.68%
4	MEDELLIN, CEBU	35.11%	4	AMLAN, NEGROS ORIENTAL	9.4%	4	DUMANJUG, CEBU	13.35%
5	PINAMUNGAJAN, CEBU	33.16%	5	GUINDULMAN, BOHOL	9.4%	5	CATMON, CEBU	13.17%
6	CATMON, CEBU	33.02%	6	TABOGON, CEBU	9.34%	6	TABOGON, CEBU	12.60%
7	ASTURIAS, CEBU	31.76%	7	DAAN BANTAYAN, CEBU	9.28%	7	CARMEN, CEBU	12.50%
8	SAMBOAN, CEBU	31.32%	8	ALOGUINSAN, CEBU	9.03%	8	MADRIDEJOS, CEBU	12.38%
9	BADIAN, CEBU	31.25%	9	SIBONGA, CEBU	8.94%	9	STA. CATALINA, NEGROS ORIENTAL	11.6%
10	BASAY, NEGROS ORIENTAL	30.2%	10	BOLJOON, CEBU	8.59%	10	ALCANTARA, CEBU	11.26%
11	MADRIDEJOS, CEBU	29.76%	11	SAMBOAN, CEBU	8.26%	11	SAGBAYAN, BOHOL	11.0%
12	TABOGON, CEBU	29.69%	12	STA. CATALINA, NEGROS ORIENTAL	8.1%	12	TAYASAN, NEGROS ORIENTAL	10.5%
13	SAN JOSE, NEGROS ORIENTAL	28.8%	13	LOAY, BOHOL	8.0%	13	SAN FERNANDO, CEBU	10.38%
14	SEVILLA, BOHOL	28.4%	14	TAYASAN, NEGROS ORIENTAL	7.9%	14	VALLEHERMOSO, NEGROS ORIENTAL	10.2%
15	ALCOY, CEBU	28.32%	15	SAN FERNANDO, CEBU	7.85%	15	DAAN BANTAYAN, CEBU	10.13%
16	MALABUYOC, CEBU	28.28%	16	PILAR, BOHOL	7.7%	16	MANJUYOD, NEGROS ORIENTAL	10.1%
17	SANTANDER, CEBU	28.27%	17	BIEN UNIDO, BOHOL	7.5%	17	SIBONGA, CEBU	9.98%
18	CARMEN, CEBU	28.26%	18	SAN JOSE, NEGROS ORIENTAL	7.4%	18	PINAMUNGAJAN, CEBU	9.86%
19	SAGBAYAN, BOHOL	28.0%	19	ARGAO, CEBU	7.35%	19	LOAY, BOHOL	9.9%
20	RONDA, CEBU	27.20%	20	PINAMUNGAJAN, CEBU	7.34%	20	RONDA, CEBU	9.70%

Stunting, 2017 OPT

Wasting, 2017 OPT

Underweight, 2017 OPT

Causes of Malnutrition

Conceptual Framework of Malnutrition

The Philippine Plan of Action for Nutrition 2017-2022 (PPAN) uses the ASEAN/UNICEF conceptual framework in analyzing the nutrition situation in the country. The same framework is used in the RPAN formulation for this region. The framework shown in Figure 5 considers malnutrition reflected in stunting, wasting, obesity and micronutrient deficiencies as manifestations of malnutrition resulting from immediate, underlying and basic causes existing in the child's immediate and larger environment. Of the immediate causes of malnutrition, poor maternal and child care practices in the first 1000 days and disease prevail in Region VII. Stunting in the region is best understood by looking at the following factors.

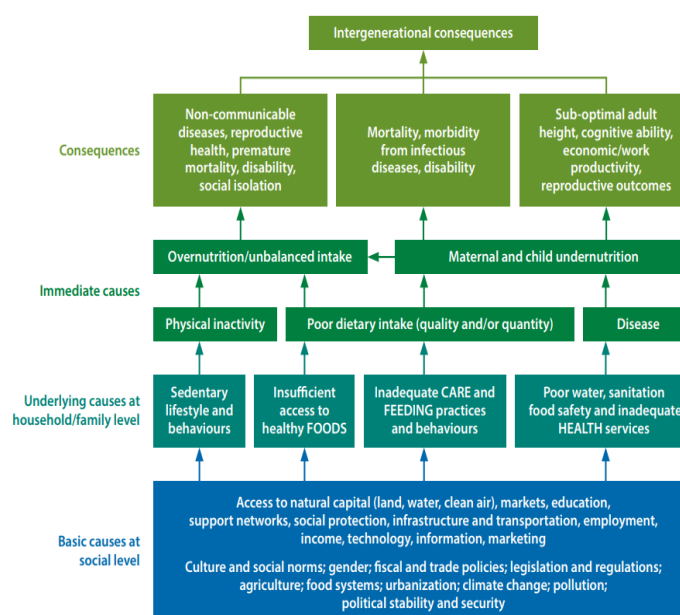


Figure 5. ASEAN/UNICEF Conceptual Framework
Source: ASEAN/UNICEF/WHO (2016) *Regional Report on Nutrition Security in ASEAN, Volume 2*

Underlying Causes

To understand malnutrition, there are underlying causes that must be examined: food security, care for mothers and children, and health services and environmental health. These factors determine both dietary intake and presence of diseases.

Poor maternal and child care practices in the first 1000 days

Looking into care for the first 1000 days of life which includes maternal and infant care, data from the DOH RO 7 FHSIS reveals that only 68.51 percent of pregnant women are able to have at least 2 prenatal visits. The same survey shows that only half (50.94 percent) of the pregnant population are given complete iron folate supplement which is vital for child and maternal health. The 2015 NNS further shows that 27 percent of pregnant women are nutritionally at-risk and thus contribute to the prevalence of low birthweight in the region which is at 8.8 percent (FHSIS, 2016). It is also noted that teen-age pregnancy and motherhood in the region is at 7.4 percent and may also be contributory to low birthweight (NDHS, 2017).

Exclusive breastfeeding in Central Visayas is relatively higher in prevalence as compared to the national average of 48.8 percent at 55.2 percent (NNS, 2015). However, the same survey shows that only 18.6 percent of children 6-23 months of age are able to reach minimum acceptable diet. Another factor to be considered in the care for mothers and infants during the first 1000 days (F1K) is the provision of Vitamin A for children 6-11 months which is 129 percent while the 12-59 months coverage is only 49.49 percent according to the 2016 FHSIS results.

Table 2.Coverage of selected services within the first 1000 days period

Selected Indicators of Services and Care during the F1K	Philippines	Region 7	Source of Data
Percent of mothers with on time (1 st trimester) first prenatal check-up during their last/current pregnancy	69.5	65.4	NNS, 2015
Proportion of pregnant women with four or more prenatal visits (%)	53.50	75.8 46.8	NNS, 2015 FHSIS, 2017
Proportion of pregnant women given complete iron with folic acid supplements	47.22	49.0	FHSIS, 2017
Percentage of women receiving two or more tetanus toxoid injections during last pregnancy	53.6	68.3	FHSIS, 2017
Percentage of births delivered in a health facility	78.0	83.8	NNS, 2015
	61.1	95.7	FHSIS, 2017
Exclusive breastfeeding (0-6 months)	48.8	55.2 56.3	NNS, 2015 FHSIS, 2017

Mean duration of breastfeeding (in months)	4.2	4.6	NNS, 2015
Breastfeeding with complementary feeding of 6-11 months	57.7	67.1	NNS, 2015
Breastfeeding with complementary feeding of 12-23 months	43.1	46.9	NNS, 2015
Percentage of children 6-23 months meeting minimum acceptable diet	18.6	18.6	NNS, 2015

According to the 2017 NDHS, there are more women receiving a postnatal checkup during the first 2 days after birth in urban areas with 89 percent compared to those in rural areas with only 84 percent.

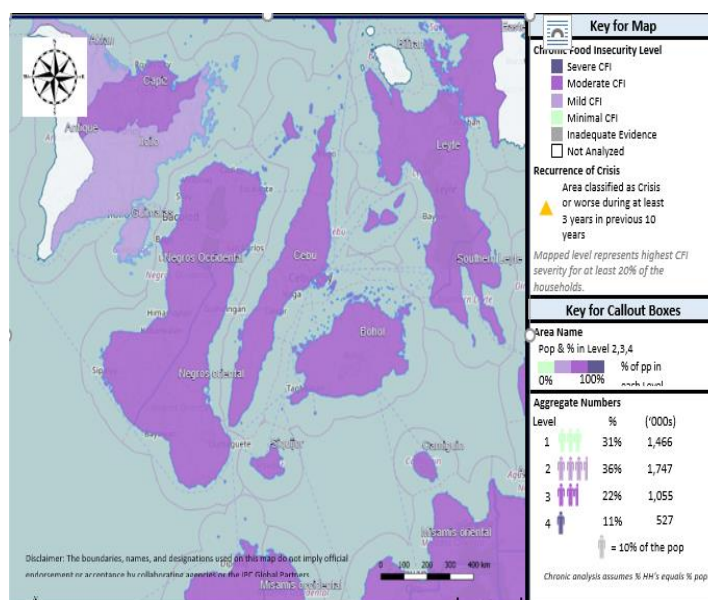
In addition, important contributors to childhood morbidity and mortality according to WHO 2003 are Acute Respiratory Infection (ARI), fever, and dehydration from diarrhea.

Unless the major gaps in the compliance of the standards of F1K are addressed immediately, the regional outcomes in stunting and other outcomes will prove elusive at the end of the RPAN period 2022. To resolve these gaps, we review the causes of malnutrition in Region VII and efforts done by different sectors to address them.

Food Insecurity

In terms of the quality of food intake, Central Visayas has a lower consumption of energy and protein, iron, calcium and Vitamin A intakes. This is largely brought about by food insecurity as well as dietary preferences in the region.

Only three out of 10 households have been assessed as food secure. (NNS, 2015). Food insecurity is a concern in Region VII as it has adverse effects on the nutritional status of children. As mentioned in the previous discussion, the high prevalence



of stunting is an indicator of long-term food insecurity. Chronic food insecurity can be attributed to limited livelihood opportunities, vulnerability to meteorological, geological and technological hazards, as well as limited availability and accessibility of nutritious food.

The Insecurity Analysis Report states that all four provinces in the region experience moderate chronic food insecurity and that 58 percent of the region's population is chronically insecure, of which about 23 percent is moderately food insecure while 8 percent is severely food insecure. Two million five hundred thousand (2.5 million) people in Central Visayas are moderately and severely food insecure.

Lack of access to health facilities

The RDP reported that access to health facilities and services remain low and unequal. Public hospitals are overcrowded and lack modern equipment and facilities. The ratio of hospital bed to population (available hospital beds for every 1,000 population) in Central Visayas was 1:1,316 in 2015. Many of the rural health units and barangay health centers are also confronted with poor and inadequate primary health care services. Further, the high fees charged by private hospitals offering tertiary health services prevent low-income groups from accessing these services.

The lack of affordable land hampers the construction or expansion of primary health care facilities. Where infrastructure is available, its functionality is limited due to lack of financial support, human resources, and necessary equipment provided by the local government.

Water scarcity

Access to water is an environmental health issue that has major influence on health and nutritional status. The RDP notes that water usage in the agricultural, domestic, and industrial sectors is faster than they can be replenished. This is a result of rapid population growth and urbanization especially in Metro Cebu. The lack of coordinated urban planning and management affects water security as unregulated water withdrawals and discharges hamper the natural water cycle, which leads to water depletion or contamination. Moreover, water stress is exacerbated by climate change as exemplified by the drying up of water reservoirs during a severe drought that hit the region in the first semester of 2016.

The population also suffers from limited access to piped water connections. While 95.64% of Metro Cebu's households have access to water supply services, only 39.10% of these households are being served by Metro Cebu Water District. The majority or 56% get their water from small-scale public or private well operators which deliver water through local water distribution systems or scheduled-delivery schemes.

The rural areas in the region also continue to grapple with water quality and physical accessibility issues. Water supply in these areas rely on low-cost, low-level technologies in extraction, treatment, and delivery of water.

The lack of water for irrigation has constrained farmers from increasing agriculture production. While the El Niño phenomenon has affected the supply of water, the problem is exacerbated by other factors, such as poor maintenance and design of irrigation facilities, and mismanagement of these facilities.

Root Causes of Malnutrition

Uneven economic growth

At present, Central Visayas is one of the country's best performing economies. Its economic growth has consistently been among the highest in the country. From 2011 to 2016, the region's Gross Regional Domestic Product (GRDP) grew at an average annual rate of 7.5%, the fastest growth rate in the country, and much higher than the national average of 6.1%. As a result, per capita income of the region rose to Php 64,858 in 2015, the fourth highest in the country.

The higher economic growth led to the generation of more jobs as the employment rate (95.0 percent in 2016) improved and surpassed the low end target. However, many of the jobs that were generated did not support full employment as the underemployment rate remained high and was even higher during the 2011-2015 period than in 2004-2010.

With a total population of 6,041,903 in Central Visayas, the problem of food insecurity continues in the region for reasons associated with unemployment and underemployment, with the latest prevalence rate of 4.1% and 19.6%, respectively, as of October 2017 (PSA 2018).

The region also missed its poverty reduction target. While poverty incidence among families went down from a high of 38.2 % in 1991 to 26.0 % in 2009 and 23.6 % in 2015, it was still short of the Millennium Development Goal (MDG) of a 19.1 % poverty incidence by 2015. The region, however, succeeded in bringing down incidence of hunger (subsistence incidence); in 2015, this was at 9.8 %, lower and better than the MDG target of 10.4 % for the year.

Inequality in development

The RDP points out that the failure to bring down poverty incidence to desired levels despite an impressive performance of the regional economy is an indication of the need to make the region's growth more inclusive. The MDG scorecard, which includes key non-income outcomes of inequality, shows poor performance in the population's access to development opportunities, such as good health, nutrition, and quality education. Inequality in development also exists among provinces. While Central Visayas is one of the fastest growing regions in the country, the bulk of its economic activities and employment opportunities are concentrated in Metro Cebu. It is estimated that Cebu accounts for 80% of the region's total economic output, while the rest of the provinces account for the remaining 20%. The RDP noted that more work therefore needs to be done to achieve inclusivity and to increase the access of the population to opportunities that will lead to a better quality of life.

Low agricultural productivity and incomes

The agriculture, forestry and fisheries (AFF) sector of Central Visayas employs 29.5% of the region's total employed persons. However, low production and productivity, coupled with the sector's vulnerability to natural disasters, render more than half of the region's farmers and fisherfolk poor.

From 2011 to 2016, the share of the AFF sector to the GRDP consistently declined from a high of 8.0% in 2011 to a low of 5.4% in 2016. On the average, the sector accounted for a mere 6.5% of the GRDP during the six-year period. During the same period, the sector grew by only 0.27% on the average, significantly below the Plan target of 3.1-3.5%.

Real wage rates of agricultural farm workers averaged only Php 147.59 a day from 2011 to 2015, less than half of the daily minimum wage of a non-agricultural worker. Average labor productivity in the sector for the six-year period was only Php 31,500.00, very much lower than the national figure of Php 64,189.00.

To increase farm income, the RDP focuses on sustainably boosting farm productivity and the competitiveness of agricultural, forestry and fishery products, and reducing inequality in economic opportunities.

Growth in the agriculture and fishery sector's productivity has been constrained by limited access to credit and insurance, weak agriculture extension service, inadequate agriculture infrastructure (such as irrigation, farm-to-market roads and post-harvest facilities), inadequate support for research and development, and ageing farmers and fisherfolk. Low priority accorded to the sector resulted in inadequate LGU budgetary and manpower support.

Sector's vulnerability to weather disturbances and climate change

Agriculture sector gains in 2011 were overturned by production losses and the damage to infrastructure due to typhoons and the El Niño that occurred from 2011 to 2015. These extreme weather conditions also hampered fishing activities. Damage to agriculture caused by the 2015-2016 El Niño reached more than Php 4.0 billion in Bohol and Php 3.8 billion in Cebu.

Limited access to health and education

According to the RDP, indicators for health care suggest that Central Visayas made significant progress in the delivery of some health services including child health care but failed to improve delivery of service in other areas most notably maternal health care.

Gaps in access to quality basic education have also persisted. The region failed to achieve universal access in primary education. It also fell short of its target to extend schooling years of students to complete at least 10 years of basic education. Achievement rates in both elementary and secondary education were below target. The implementation of the K-12 Program is expected to put more pressure on efforts to increase cohort-survival and completion rates in secondary education.

Likewise, the emergence of new diseases and the surge of lifestyle-related diseases including those resulting from substance abuse and extreme stress pose threats to the region's efforts to improve health status.

The RDP states that the challenges to the pursuit of universal access to quality health care and basic education include: a) socioeconomic constraints including generally low capacity of the region's constituents to avail of education and health services; b) lack of accessibility to facilities, especially in the rural areas; c) inadequacies of service providers in terms of quantity and quality of services; and (d) inadequacies of current education and health systems to meet the needs of segments of the population vulnerable to marginalization or exclusion, including indigenous peoples and people with disabilities.

Limited individual income

In 2011-2015, the region was able to bring its employment rate close to the plan target of at least 93.6% annually on the average. The average employment rate of Central Visayas during the period was 93.5%. Despite the region's success in generating over 400,000 jobs in the last five years, 28 out of 100 people in Central Visayas remain poor.

Underemployment also persisted, averaging 18.2% in 2011-2015. This is mainly because the jobs that were generated failed to substantially raise individual income. Almost half (49%) of the workers that were absorbed by the region's labor market during the period were in the construction, wholesale/ retail trade, and agriculture sectors, which do not provide full employment or guarantee higher income for workers.

Rapid urban growth

The urban population in Central Visayas has grown steadily over the years, reaching almost 44% of the total regional population in 2010 from only about 22% 50 years back or in 1960. Most of the urbanization happening in the region, however, is centered in Metro Cebu as it accounted for 73% of the total regional urban population in 2010. Rapid urbanization has heightened the demand for land. Urban land requirement for housing, for one, is becoming a critical issue. As a result, productive agricultural lands that are located near urban expansion areas have slowly been converted to urban use, which is perceived as a threat to food security. Land development has also been observed to extend to protected, environmentally critical and hazard-prone areas.

The region has a long-standing housing backlog, compounded by problems of rapid urbanization. Based on data from the Philippine Statistics Authority (PSA), the population in the Metro Cebu area, which is the region's urban core, grew by 2.63%

annually on the average for the past 15 years to reach 2.84 million in 2015. Tagbilaran City and Dumaguete City are also quickly becoming populous with population in these cities growing annually by 2.03% and 1.68%, respectively, between 2000 and 2015.

The influx of people to the cities has resulted in the proliferation of slums and informal settlements in the urban areas. Because of the prohibitively expensive lands and high rents in the urban areas, many families are prompted to live in unauthorized housing with insecure tenure. They reside in slum areas that are usually at high risk for flooding (beside waterways) and lack standard conveniences such as electricity, water, and drainage facilities.

A major impediment in the implementation of an effective housing program for the underprivileged and homeless constituents in Central Visayas is the failure of many LGUs to prepare or complete their comprehensive land use plans (CLUPs) and to undertake the housing and resettlement tasks expected of them under the Urban Development and Housing Act of 1992. RDP notes that government needs to implement schemes that would effectively increase production capacity to meet the growing housing demand triggered by rapid urbanization.

Environmental challenges

The RDP notes that the region continues to face several environmental challenges. Among these are the continued illegal cutting of trees and timber harvesting, the growing scarcity of water particularly in highly urbanized areas such as Metro Cebu due to unmanaged urbanization and the adverse impact of climate change, deteriorating water quality due to water pollution, the encroachment of settlements in the region's watersheds and protected areas, and low productivity in fisheries due to over fishing. It called for further efforts to ensure the sustainable management of the region's environment and natural resources.

Central Visayas is exposed to both hydrometeorological and geologic hazards. Its location and geographic landscape make it vulnerable to these two types of hazards. The long stretch of coastline makes the region highly susceptible to sea level rise and storm surges. Occurrences of tropical cyclones have also become more frequent in recent years due to the shift in the tracks of tropical cyclones.

Flooding is another hydrometeorological hazard common in Central Visayas particularly in the highly-urbanized Metro Cebu area due to poor drainage system. Floods probably injure more people and damage more property than any type of natural hazard that the region is exposed to. Even with normal rainfall, flood often occurs in Metro Cebu and other areas of the region due partly to inefficient design of flood control facilities. Landslides induced by heavy and/or continuous rainfall are also common occurrences.

Negros Oriental is the site of an active volcano – Kanlaon which has a direct danger zone of approximately 14,000 hectares. Since 1866, Kanlaon Volcano has had at least 25 episodes of eruptions. Until the 7.2 magnitude earthquake hit Bohol in October 2013,

earthquake-related hazards were not considered potential sources of disasters in Central Visayas. However, the Bohol earthquake compelled the national and regional authorities to review the region's susceptibility to earthquake related disasters. The fault lines in the provinces of Cebu and Bohol are now considered potential sources of major disasters.

Resources Available to Address Malnutrition

To address malnutrition in the region, we must look further into the resources available that should enable better delivery of services to mothers and their children in the first 1000 days. We must also review the community's structure from which we can assess if mothers and their babies are given proper support in this important phase. Below is a summary of selected indicators that may affect nutrition and nutrition-sensitive services:

Table 3. Selected indicators that may affect nutrition and nutrition-sensitive services

Resources	Present/Absent	Remarks
Nutrition Office	Cities: 15/16 Province: 2/4	Tanjay City and the provinces of Siquijor and Cebu do not have separate structures for nutrition offices
Trained Nutrition Staff	185 NPM trained 110 BNS ToT Trained 93 NiEm Trained	Health workers trained.
NAOs and D/C/MNPCs	Total LGUs: 136 NAOs:132 DNPCs: 18 CNPCs: 18 MNPCs: 116	Baclayon Bohol, Candijay Bohol, Getafe Bohol and Siquijor, Siquijor have no designated NAOs.
BNS per barangay	3191 BNSs registered Coverage: Bohol: 100% Cebu: 116% NegOr: 97% Siquijor:100%	Some barangays have more than one BNSs
LNC Structure	Yes	RNC Full Committee RNC-TWG

Resources	Present/Absent	Remarks
LNC Planning Core Group	Yes	RNC-TWG
Resources from NGOs, POs, Private Entities	Yes	NGOs have pledged support to nutrition and nutrition-sensitive program and activities and are given updates thru the NGO Forum and quarterly RNC-TWG meetings

Despite the rapid economic growth and urbanization in the region, Central Visayas is still struggling with malnutrition and its effects and impact on the region's potential to develop into the economic powerhouse that it aspires to be. The presence of both under and over nutrition affects individual performance and increases risks of a multitude of diseases.

The Regional Nutrition Committee with NNC 7 as its secretariat, seeks to address the causes of malnutrition at its roots by focusing on interventions during the first 1000 days, establishing better inter-agency coordination, and strengthening communities for sustainable nutrition interventions.

The Central Visayas Plan of Action for Nutrition 2019-2022 was formulated in recognition of nutrition problems and their dimensions. It defines targeted outcomes in terms of key nutrition indicators and identifies programs and projects accordingly.

Section II. 2022 Outcome Targets

The RPAN shall have outcome and sub-outcome targets supporting the AmBisyon 2040 to live long and have healthy lives. The interventions would help reduce human inequality by improving the nutrition situation and reducing child and maternal mortality. The achievement of the outcome targets will define the success of the plan.

Table 4. 2022 Regional Outcome Targets

a. To reduce levels of child stunting and wasting

Indicator(1)	Baseline	2022 Target
• Prevalence (in percent) of stunted children under five years old	37.7	24.1
• Prevalence (in percent) of wasted children		
– Under five years old	7.0	4.9
– 6 – 10 years old	8.8	4.9

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

b. 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 59 months vitamin A deficiency (low to deficient serum retinol)	20.4	15
<u>Anemia</u>		
• Prevalence (in percent) of anemia among women of reproductive age	11.7	6

Indicator (1)	Baseline	2022 Target
<u>Iodine deficiency disorders</u>		
• Median urinary iodine concentration, mcg/L		
– Children 6-12 years old	168	168
– Pregnant women	105	≥150
– Lactating women	77	≥100
• Percent with urinary iodine concentration <50 mcg/L		
– Children 6-12 years old (1)	14.7	14.6
– Lactating women (2)	25.7	19.9

(1) Baseline based on 2013 national nutrition survey conducted by the Food and Nutrition Research Institute

c. No increase in overweight among children

Indicator	Baseline	2022 Target
• Prevalence (in percent) of overweight		
• Under five years old (1)	2.6	2.5
• 6-10 years old (2)	6.0	5.9

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

(2) Baseline based on 2013 national nutrition survey conducted by the Food and Nutrition Research Institute

d. To reduce overweight among adolescents and adults

Indicator	Baseline	2022 Target
Adolescent	7.1	4.9
Adults	29.4	26.5

(1) Baseline based on 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)	27.0	21.8
Reduce the prevalence of low birthweight (2)	25.5	19.
Increase the percentage of infants 0 to 5 months old who are exclusively breastfed (1)	55.2	66.2
Increase the percentage of children 6-23 months old meeting the minimum acceptable diet	18.6	22.5
Increase the percentage of households with diets that meet the energy requirements (3)	30.3	36

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

(2) Baseline based on 2013 National Demographic and Health Survey

(2) Baseline based on 2013 national nutrition survey conducted by the Food and Nutrition Research Institute

Key Strategies to Achieve 2022 Outcome Targets

To achieve the RPAN 2022 outcome targets, the following key strategies will be implemented:

1. **Focus on the first 1000 days of life.** The first 1000 days of life refer to the period of pregnancy up to the first two years of the child. The RPAN will ensure that key health, nutrition, early education and related services are delivered to ensure the optimum physical and mental development of the child during this period.
2. **Complementation of nutrition-specific and nutrition-sensitive programs.** The regional planners ensured that there is a good mix of nutrition-specific and nutrition-sensitive interventions in the RPAN. Nutrition-specific interventions “address the immediate determinants⁴ of fetal and child nutrition and development”. Nutrition-sensitive interventions, on the other hand, were identified in order to address the underlying determinants of malnutrition (inadequate access to food, inadequate care for women and children, and insufficient health services and unhealthy environment).
3. **Intensified mobilization of local government units.** Mobilization of LGUs will aim to transform low-intensity nutrition programs to those that will deliver targeted nutritional outcomes.
4. **Reaching geographically isolated and disadvantaged areas (GIDAs) and communities of indigenous peoples.** Efforts to ensure that RPAN programs are designed and implemented to reach out to GIDAs and communities of indigenous peoples will be pursued.
5. **Complementation of actions of national, sub-national and local governments.** As LGUs are charged with the delivery of services, including those related to nutrition, the national and sub-national government creates the enabling environment through appropriate policies and continuous capacity building of various stakeholders. This twinning of various reinforcing projects in the RPAN will provide cushion for securing outcomes in case of a shortfall/ gaps in the implementation of one of the programs.

Section III. RPAN Programs and Projects

The Region VII RPAN consists of 11 programs and 55 projects. The 11 programs follow the life stages of the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. All 11 nutrition specific, nutrition sensitive and enabling programs constitute the RPAN with an additional program to reflect the huge challenge of adolescent health in the region and in particular

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

adolescent pregnancy. The RPAN provides the necessary focus on the First 1000 days given its huge potential in addressing the major nutritional issues in the region and in the country. The complete list of programs and projects is shown below:

Table 5. RPAN Region VII Programs and Projects

PROGRAMS	PROJECTS
PROGRAM 1. INFANT AND YOUNG CHILD FEEDING	Project 1. Mobilization of LGUs for the First 1000 days
	Project 2. Information Management in the F1K
	Project 3. Strengthen the health delivery system for F1K
	Project 4. IYCF Health System Support
	Project 5. Organization of Community-Based Support Group for IYCF
	Project 6. Compliance of RA 10028
PROGRAM 2. MICRONUTRIENT SUPPLEMENTATION	Project 7. Vitamin A Supplementation for postpartum women and children 6-23 months old
	Project 8. Vitamin A Supplementation for Children 24-59 months
	Project 9. Anemia Reduction among Adolescents and Women of Reproductive Age (WRA)
	Project 10. Provision of Therapeutic Micronutrient Supplements <ul style="list-style-type: none"> - Vitamin A for sick children - Iron for LBW and Pre-term babies - Iron for Anemic pregnant and lactating women - Zinc for Diarrhea
	Project 11. Iron supplementation for pregnant, lactating women and calcium carbonate supplementation from 5 months of age of gestation to deliver and MNP supplementation for children 6-23 months
PROGRAM 3. DIETARY SUPPLEMENTATION	Project 12. Mobilization of LGU resources for dietary supplementation for pregnant women and 6-23 months of food insecure families
	Project 13. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays
	Project 14. School-Based Supplementary Feeding Program
	Project 15. Milk Feeding Program

PROGRAMS	PROJECTS
PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT	Project 16. U4U (Youth 4 Youth) Teen Trail: Teen Chat
	Project 17. Learning Package for Parent Education on Adolescent Health and Development (LPPEAHD)
	Project 18. Establishment of Teen Centers
	Project 19. Program for Young Parents (PYP)
	Project 20. Healthy Young Ones
PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION	Project 21. Nutrition Education and Weight Management for Overweight and Obese
	Project 22. Healthy lifestyle support group
PROGRAM 6. NUTRITION IN EMERGENCIES	Project 23. Strengthening Capacities of Local Nutrition Clusters on Nutrition in Emergencies
	Project 24. Provision of Timely and Adequate Nutrition Services in times of emergencies and disasters
PROGRAM 7. MANDATORY FOOD FORTIFICATION	Project 25. Monitoring of Compliance of RA 8976 and 8172
PROGRAM 8. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION	Project 26. Enhancement of PIMAM Facilities, Capacities and Provision of Services
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE	Project 27. Stocktaking study of the status of the program including resources & end user profile
	Project 28. Formulation of the Regional Program on Nutrition Promotion for Behaviour Change
	Project 29. Communication Support
PROGRAM 10. NUTRITION SENSITIVE PROGRAM	Project 30. Gulayan sa Paaralan
	Project 31. Home Gardens for Strengthening of Complementary Feeding Program
	Project 32. School-based Complementary Health Services (Deworming and WASH)
	Project 33. Technology Transfer of Food Commodities
	Project 34. Mobilization of Rural Improvement Clubs (RICs) and other

PROGRAMS	PROJECTS
	community-based organizations
	Project 35. Aquaculture Production Services
	Project 36. Coastal Resource Management and BASIL (Balik Sigla sallog at Lawa) Establishment of Marine Protected Areas and Coral Nurseries, BRUSH park
	Project 37. Infrastructure Program and Maintenance Fund
	Project 38. Farm-to-Market Projects
	Project 39. Assistance to Municipalities Program
	Project 40. Family Welfare Program
	Project 41. Price monitoring of basic commodities
	Project 42. Diskwento caravans in depressed areas
	Project 43. Potable Water Support to ARAs/CP WASH
	Project 44. Sagana at Ligtas naTubig sa Lahat or SALINTUBIG
	Project 45. MHAM Nutrition Resource Development Center
	Project 46. Village Level Farm Focused Enterprise Development (VLFED)
	Project 47. Sustainable Livelihood Program
	Project 48. Science and Technology-based Livelihood Enterprise Development
	Project 49. Family Development Sessions for Pantawid Pamilya beneficiaries
	Project 50. The RxBox 1000 program
	Project 51. WASH Water system support (Handwashing facilities) among school age children in Ubay, Bohol
PROGRAM 11. ENABLING PROGRAM	Project 52. Research on the Effectiveness of Nutrition Sensitive Interventions
	Project 53. Mobilization of Local Government Units for Delivery of Nutritional Outcomes
	Project 54. Policy Development for Food and Nutrition
	Project 55. Management Strengthening Support to RPAN Effectiveness

Table 6. Description of the Region VII RPAN Programs and their Outputs

NUTRITION SPECIFIC PROGRAMS	
PROGRAM 1. INFANT AND YOUNG CHILD FEEDING	
<p>Program Description:</p> <p>The IYCF 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 F1K is among the package of maternal and 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 related interventions including but not limited to: strengthening of health delivery system through a review of LGU compliance to F1K standards (including service delivery), micronutrient supplementation among pregnant and lactating women, MNP and vitamin A 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 (Expanded Breastfeeding Promotion Act: Mother Baby Friendly Health Facility Initiated & Mother Baby Friendly in the Workplace).</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 for the First 1000 days	1-O.1. All provinces and cities and at least 52 municipalities mobilized for F1K and nutrition by 2019
	1-O.2. By the end of 2022 all 4 provinces, 16 cities and at least 80% of municipalities and cities are mobilized for F1K and Nutrition Program with provincial/municipal/city resolutions.
Project 2. Information Management in the F1K	2-O.1. A harmonized system of information for the efficient and effective implementation of F1K services utilized by the health system and the LGUs using FHSIS and ICLINIC-SYS.
Project 3. Strengthen the health delivery system for F1K	3-O.1. Annual Performance and Implementation Review of LGUs and other multi-sectoral agencies on F1K compliance

	3-O.2. Integration of F1K compliance in successive plans of LGUs and other multi-sectoral agencies completed
	3-O.3. Continuous compliance monitoring (LGU Level)
Project 4. IYCF Health System Support	4-O.1. Health Facilities at all levels catering to mother and child are MBFHI accredited by DOH.
	4-O.2. IYCF implemented by Service Delivery Network (SDN)
	4-O.3. Health facilities and workplaces complaint to RA 10028
Project 5. Organization of Community-Based Support Group for IYCF	5-O.1. Institutionalized Functional Community Support Group in every barangay.
	5-O.2. Integration of IYCF in barangay/municipal nutrition in emergencies plan and disaster risk reduction management plan
Project 6. Compliance of RA 10028	6-O.1. Organizations and entities exercising their commitment to enforcement and compliance monitoring on RA 10028
	6-O.2. Monitoring and reporting system on EO 51 violation established
PROGRAM 2: MICRONUTRIENT SUPPLEMENTATION	
<p>Program Description:</p> <p>A short to medium term intervention intended to prevent and/or correct high levels of micronutrient deficiencies by providing large doses of micronutrients immediately until more sustainable food-based approaches (e.g. Food fortification and diet diversification) are put in place and become effective.</p> <p>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.</p>	

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 7. Vitamin A Supplementation for postpartum women and children 6-23 months old	7-O.1. Institutionalized provision of Vitamin A capsules to post-partum women
	7-O.2. All RHUs providing 1 tablet of 200,000 IU Vitamin A capsule to postpartum women; 1 tablet of 100,000 IU Vitamin A capsule to children 6 to 11 months; and 1 tablet of 200,000 IU Vitamin A capsule given to children 12 to 23 months every 6 months
Project 8. Vitamin A Supplementation for 24-59 months	8-O.1. All RHUs and BHS provide Vit A supplements to children 24-59 months based on standards
	8-O.2. All RHUs providing 1 Vitamin A capsule to high risk children (diarrhoea and measles)
	8-O.3. A system of recording vitamin A supplementation operationalized
Project 9. Anemia Reduction among Adolescents and Women of Reproductive Age (WRA)	9-O.1. All RHUs and BHS provide IFA supplements to 10-49 non-pregnant and non-lactating women based on standards
	9-O.2. DOS (Directly Observed Supplementation) strategy and tracking system on the consumption of supplements in all cities and municipalities of Region VII developed and operationalized
	9-O.3. Institutionalized provision of Iron-Folic Acid to adolescent females in schools and communities
	9-O.4. At least 80% of female learners in Grades 7-10 enrolled in public schools and Alternative Learning System are given Iron-Folic Supplementation
	9-O.5. % of out of school adolescent females provided with Iron-Folic Acid
Project 10. Provision of Therapeutic and Micronutrient Supplements <ul style="list-style-type: none"> - Vitamin A for sick children - Iron for LBW and pre-term babies - Iron for Anemic pregnant and lactating women - Zinc for Diarrhea 	10-O.1. All RHUs and BHS provide Vitamin A capsule to children with diarrhea, measles and pneumonia.
	10-O.2. All RHUs to provide lipid based nutrient supplement based on standards
Project 11. Iron folic acid supplementation for pregnant	11-O.1. All 118 RHUs and 683 BHS providing at least 180 tablets of IFA (60

and lactating women, calcium carbonate supplementation from 5 months of age of gestation to delivery and MNP supplementation to children 6-23 months	mg Elemental Iron + 40 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants and MNPs to children 6 to 23 months
	11-O.2. DOS (Directly Observed Supplementation) strategy and tracking system on the consumption of supplements in all cities and municipalities of Region VII developed and operationalized

PROGRAM 3: DIETARY SUPPLEMENTATION

Program Description:

The Dietary Supplementation Program aims to safeguard the health of nutritionally-at-risk groups by providing 1) nutritious foods to supplement diets of 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 12. Mobilization of LGU resources for dietary supplementation for pregnant women and 6-23 months of food insecure families	12-O.1. LCEs in all municipalities and cities issued policy with budget allocation to implement dietary supplementation program for nutritionally at-risk pregnant women, and children 6-23 months belonging to the food insecure families
Project 13. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	13-O.1. All child development centers and SNPs operating with supplementary feeding program
Project 14. School-based Supplementary Feeding Program	14-O.1. All public elementary schools in the region operating the school-based feeding program
Project 15. Milk Feeding Program	15-O.1. Number of LGUs who partnered with NDA Central Visayas for the milk feeding program

PROGRAM 4: ADOLESCENT HEALTH AND DEVELOPMENT

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 16. U4U (Youth 4 Youth) teen trail groups : Teen Chat	16-O.1. No. of youth leaders (adolescents/students) trained to be youth leaders and sustainable U4U group (meets once a month)
Project 17. Learning Package for Parent Education on Adolescent Health and Development (LPPEAHD)	17-O.1. No. of parents with adolescent child oriented in LPPEAHD
Project 18. Establishment of Teen Centers	18-O.1. Number of School-based teen centers established
Project 19. Program for Young Parents	19-O.1. PYP centers established in hospitals
	19-O.2. No. of teen moms who availed the services in PYP centers
Project 20. Healthy Young Ones	20-O.1. No. of adolescents given information on health through HYO

PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION

Program Description:

The Overweight and Obesity Management and Prevention Program recognizes that life course approach on the promotion of healthy food environment, promotion of healthy lifestyle (physical activity and healthy eating) and weight management intervention (for existing overweight and obese individuals) is important. The program adopts the key messages from the Nutritional Guidelines for Filipinos (NGF) and DOH's *National Healthy Lifestyle Program or the Go 4 Health Go*

sustansiya, Go sigla, Go smoke-free, and Go Slow sa Tagay messages. The program aims to reduce the prevalence of overweight and obesity among adults.

Under the RPAN, this program is translated into (1) promotion of healthy lifestyle and wellness with emphasis on physical activity (2) ensuring a healthy food environment and (3) weight management intervention for overweight and obese adults and individuals.

The lead implementing agency will be the Department of Health (DOH) as part of its mandate is to promote and protect the health of the people while the National Nutrition Council Secretariat will act as the coordinator of the program and will monitor its implementation.

Project Title	Project Outputs
Project 21. Nutrition Education and Weight Management for Overweight and Obese	21-O.1. No. of target beneficiaries/participants reached
Project 22. Healthy lifestyle support group	22-O.1. Number of agencies and LGUs with fitness clubs established

PROGRAM 6. NUTRITION IN EMERGENCIES

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 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 rehabilitation⁵. 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 23. Strengthening Capacities of Local Nutrition Clusters on Nutrition in Emergencies	23-O.1. NNC Governing Board resolution on NiEm widely disseminated
	23-O.2. RNC agencies and other agencies included in GB Resolution re/oriented on Nutrition in Emergencies
	23-O.3. All provinces and cities and at least 80% of LGUs in the

⁵Disasters are a big downward pull to the state of nutrition and in the Philippines, including Region 7 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.

	region have organized and fully functional Nutrition Clusters (with stock piling of nutrition related commodities available)
	23-O.4. Nutrition in Emergencies plans formulated in all provinces and cities and at least 75% of municipalities with nutrition clusters
Project 24. Provision of Timely and Adequate Nutrition Services in times of emergencies and disasters	24-O.1. Minimum Service Package for NiE provided to all affected areas
	24-O.2. Organized Rapid Nutrition Assessment Teams and IYCF-E/Breast Feeding Support Groups
	24-O.3. Systematized referral system put into place
	24-O.4. Nutrition in Emergencies messages disseminated thru quad media
PROGRAM 7. MANDATORY FOOD FORTIFICATION	
<p>Program Description:</p> <p>The Mandatory Food Fortification (MFF) program at the regional level consists essentially of actions to educate the public about the value of fortified foods, monitoring compliance of food fortification following RA 8976 (The Food Fortification Law) and RA 8172 (The ASIN Law). Regional efforts also focus on ensuring that coordinating mechanisms for inter-agency collaboration on food fortification are fully functional.</p> <p>The program is expected to result to Increased number of establishments monitored on MFF compliance and increased level of awareness on the importance of food fortification.</p> <p>Program implementation will be led by the DOH in partnership with NNC, FDA and other agencies constituting existing inter-agency task force in the region.</p>	
Project Title	Project Outputs
Project 25. Advocacy for and Monitoring of Compliance of RA 8976 and 8172	25-O.1. A system/plan for both advocacy and compliance monitoring of food fortification strengthened and implemented
PROGRAM 8. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	
<p>Program Description:</p> <p>The Philippine Integrated Management of Acute Malnutrition (PIMAM) Program is a component of the Strategic Framework for Comprehensive Nutrition Implementation Plan of 2014-2025 and focuses on the management of moderate</p>	

and severe acute malnutrition. It relies heavily on the community component, participation in the prevention and treatment of malnutrition.

The PIMAM has four guiding principles: Maximum coverage, timeliness, appropriate medical and nutrition rehabilitation, and care as long as needed.

The PIMAM is composed of four key components namely: community outreach and mobilization, OTC for SAM with medical complications, OTC for SAM without medical complication and TSFP for MAM. For the management of MAM, the key components are:

- 1.) Community outreach and mobilization and
- 2.) TSFP

Project Title	Project Outputs
Project 26. Enhancement of PIMAM Facilities, Capacities and Provision of Services	26-O.1. RHU and Health Facilities capacitated for the implementation of PIMAM
	26-O.2. Identified SAM/MAM cases manage timely and appropriately
	26-O.3. Provision and proper administration of PIMAM commodities

PROGRAM 8. 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 RPN 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 RPN. A more comprehensive and organized nutrition promotion anchored on a behavioral change framework constitutes the key feature of the program.

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

Project Title	Project Outputs
Project 27. Stocktaking study of the status of the program including resources & end user profile	27-O.1. Recommendations on key features of new regional nutrition

	<p>program for promotion for behavior change</p> <p>27-O.2. Assessment of levels of achievement of MIND7 & other communication efforts in the region completed</p>
Project 28. Formulation of the regional nutrition program for promotion for behavior change	28-O.1. A regional nutrition program for promotion for behavior change formulated
Project 29. Communication Support	29-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K, GAW and Quad Media Campaign to be fully developed and implemented

NUTRITION SENSITIVE PROGRAMS

PROGRAM 10. NUTRITION SENSITIVE PROGRAMS

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 Central 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 Secretariat.

Project Title	Project outputs
Project 30. Gulayan sa Paaralan	<p>General Outputs for Nutrition-Sensitive Projects:</p> <p>30-51-O.1. 20 projects in the region with tweaking strategies for nutritional impact</p> <p>30-51-O.2. 10% nutritionally at-risk families enrolled in projects tweaked for nutritional impact</p> <p>30-51-O.3. 10% nutritionally at-risk families involved in nutrition sensitive projects with increased income</p>
Project 31. Home Gardens for Strengthening of Complementary Feeding Program	
Project 32. School-Based Complementary Health Services (deworming, micronutrient supplementation, WASH)	
Project 33. Technology Transfer of Food commodities	
Project 34. Mobilization of Rural Improvement Clubs (RICs) and other community-based organizations	
Project 35. Aquaculture Production Services	
Project 36. Coastal Resource Management and BASIL (Balik sigla sa Ilog at Lawa) Establishment of Marine Protected Areas and Coral Nurseries, BRUSH park	
Project 37. Infrastructure Program and DPWH Maintenance Fund	
Project 38. Farm-to-Market Projects	
Project 39. Assistance to Municipalities Program	
Project 40. Family Welfare Program	
Project 41. Price monitoring of basic commodities	
Project 42. Diskwento caravans in depressed areas	
Project 43. Potable Water Support to ARAs/CP WASH	
Project 44. Sagana at Ligtas na Tubig sa Lahat or SALINTUBIG	
Project 45. MHAM Nutrition Resource Development Center	
Project 46. Village Level Farm Focused Enterprise Development (VLFED)	
Project 47. Sustainable Livelihood Program	
Project 48. Science and Technology-based Livelihood Enterprise Development	

Project 49. Family Development Sessions for Pantawid Pamilya beneficiaries	
Project 50. The RxBox 1000 program	
Project 51. WASH Water system support (Handwashing facilities) among school age children in Ubay, Bohol	
<u>ENABLING PROGRAM</u>	
PROGRAM 11. ENABLING PROGRAM	
Program Description:	
<p>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.</p>	
<p>There are three inter-related projects under the enabling programs of Region VII RPAN 2019-2022. 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.</p>	
<p>The principal objective of <i>LGU Mobilization for Nutritional Outcomes</i> is to transform the four priority provinces and the majority of its municipalities and cities from LGUs with low intensity nutrition programs to ones that deliver nutritional outcomes. Undertaking LGU mobilization in nutrition involves a series of interdependent, interrelated actions or activities designed to move local government units into action to produce the desired nutritional outcomes. The strategy for LGU mobilization calls for various set of actions that will reinforce each other to transform the targeted provinces, cities and municipalities, and to have well performing LGUs.</p>	
<p><i>Policy Development for Food and Nutrition</i> aims to secure important pieces of legislative, policy and budgetary support that will enable the NGAs and the LGUs to implement the RPAN more robustly, and to expand and deepen the understanding and appreciation of nutrition in the public mind within the framework of the Nutrition Promotion Program for Behavior Change. The project intends to build a more informed society on the importance of nutrition to individual, family, community and national development aspirations. In addition, it hopes to create multiple weak links in the policy formulation and development arena for policy makers and legislators to open their doors to support the policy and pieces of legislation being proposed and to strongly advocate and secure their approval.</p>	

<i>Management Strengthening for RPAN Effectiveness</i> aims to produce changes in the current system of RPAN delivery involving management and coordination, monitoring and evaluation, budgeting, and other vital processes, as well as staffing requirements for the efficient and effective RPAN 2019-2022 implementation.	
Project Title	Project Outputs
Project 52. Research on the Effectiveness of Nutrition Sensitive Interventions	52-O.1. Research completed and feed into redesign
Project 53. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	53-O.1. Regional strategy fully developed and agreed in RNC for LGU mobilization
	53-O.2. LGUs mobilized to improve planning & management of LNAPs and delivering nutritional outcomes
Project 54. Policy Development for Food and Nutrition	54-O.1. RDC resolution enjoining LGUs in the region to support the 1000 day complementary feeding as well as the supplementary feeding for pregnant women to advance outcomes of the First 1000 days program
	54-O.2. RDC resolution reiterating support to the DILG MC on Support to PPAN at the LGU level
	54-O.3. Resolution from the local leagues to support the PPAN and RPAN
	54-O.4. An inventory of major policies at the local level that require vigor in increased implementation & a strategy to improve such policies
Project 55. Management Strengthening for RPAN Effectiveness	55-O.1. NNC Regional Office better equipped to meet the demands of RPAN
	55-O.2. Greater internalization of RNC members commitment to RPAN

Section IV. Estimates of Budgetary Requirements for RPAN

Table 7 provides the budget estimates by program as well as the share of the total budget to the total RPAN budget. Table 8 provides the estimate for the 11 programs and 55 projects included in the Region VII 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 120 B with an annual average fund requirement of about PhP29 B. The funded portion is Php 2.47 B representing 2.03% of total, while the unfunded portion amounts to Php 116.53 B representing 97.97%. Majority of the regular programs and project

will be funded by the regional line agencies and the local government units mostly from the General Appropriations of national government agencies and Local Budgets from IRA. The funding shortfalls will be generated mainly from Tier 2 budget process and financing from development partners, NGOs working in the region and provisions from local sources. These budgets will require annual review and adjustments in line with the regional and national processes for the preparation of investment plans. Annex 3 provides more details of the budgetary requirements of the Region VII RPAN 2019-2022, by Program, by Project, by year and with recommended action to fill resource gap.

Table 7.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	352,243,513	0.30
Program 2: Micronutrient Supplementation ⁶	501,506,922	0.42
Program 3: Dietary Supplementation	2,192,769,400	1.82
Program 4: Adolescent Health and Development	5,522,917	0.005
Program 5: Overweight and Obesity Management and Prevention ⁷	119,493,763	0.10
Program 6: Nutrition in Emergencies	453,377	0.0004
Program 7: Mandatory Food Fortification ⁸	400,000	0.0003
Program 8: Philippine Integrated Management of Acute Malnutrition (PIMAM)	5,358,090	0.004
Program 9: Nutrition Promotion for Behaviour Change	5,296,513	0.0006
Program 10: Nutrition Sensitive Program	117,050,920,204	97.35
Program 11: Enabling Program	6,390,202	0.005
Grand Total	120,240,354,901	100

⁶Part of budget cover is not costed since supplies are downloaded by Central Office to Regional Offices

⁷ Part of budget is integrated in the Prevention of Non Communicable diseases Program of DOH

⁸ 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 8. Summary Budget Estimates for Programs and Projects

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Program 1: Infant and Young Child Feeding		82,712,184	269,531,329
Project 1. Mobilization of LGUs for the F1K Days	DOH-7, NNC, DILG, RSDC, PAN, LGUs	15,000	46,824
Project 2. Information Management in the F1K	DOH	-	41,216
Project 3. Strengthening of Health Service Delivery System for F1K	DOH, LGUs	TBD	TBD
Project 4. IYCF Health Systems Support	DOH	-	10,000,000
Project 5. Organization of Community-Based Support Group for IYCF	DOH, FEED & LGUs	-	824,322
Project 6. Compliance of RA 10028	DOLE, Civil Service Commission, DOH& LGUs	60,000.00	102,432.16
Program 2: Micronutrient Supplementation		250,600,868	250,906,065
Project 7. Vitamin A Supplementation for postpartum women and children 6-23 months s old	DOH, LGUs	2,242,000	6,998,643
Project 8. Vitamin A Supplementation for children 24-59 months old			
Project 9. Anemia Reduction among Women of Reproductive Age (WRA)	DepEd, DOH, RHU	170,223,684	-
Project 10. Provision of Therapeutic Micronutrient Supplementation <ul style="list-style-type: none"> - Vitamin A for sick children - Iron for low birth weight and pre-term babies - Iron for anemic pregnant and lactating women - Zinc for Diarrhea 	DOH, LGUs	78,135,184	243,907,411
Project 11. Iron supplementation for pregnant, lactating women and calcium carbonate	DOH, LGUs	-	-

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
supplementation from 5 months of age of gestation to deliver and MNP supplementation for children 6-23 months			
Program 3. Dietary supplementation		1,812,369,400	380,400,000
Project 12. Mobilization of LGU resources for dietary supplementation for pregnant women and 6-23 months of food insecure families	DOH, NNC, LGU	120,000	-
Project 13. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	DSWD, LGUs	869,549,400	-
Project 14. School-Based Supplementary Feeding Program	DepEd	942,700,000	380,400,000
Project 15. Milk Feeding Program	NDA & LGUs	-	-
Program 4: Adolescent Health and Development		2,165,400	3,357,517
Project 16. U4U (Youth 4 Youth) Teen Trail: Teen Chat	PopCom	33,400	104,261
Project 17. Learning Package for Parent Education on Adolescent Health and Development (LPPEAHD)	PopCom	208,000	649,294
Project 18. Establishment of Teen Centers	PopCom	174,000	543,158
Project 19. Program for Young Parents (PYP)	Hospital / LGU, EH-VH	-	2,060,804
Project 20. Healthy Young Ones	DOH	1,750,000	-
Program 5: Overweight and Obesity Management and Prevention		77,436,000	42,057,763
Project 21. Nutrition Education and Weight Management for Overweight and Obese	RNC, NNC, PNA, LGU & Academe	30,000	31,216

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Project 22. Healthy Lifestyle support group	DOH, DA, DepEd, RNC, DOLE, NNC, LGUs	77,406,000	42,067,763
Program 6: Nutrition in Emergencies		453,377	-
Project 23. Strengthening Capacities of Local Nutrition Clusters on Nutrition in Emergencies	NNC, DILG	41,216	-
Project 24. Provision of Timely and Adequate Nutrition Services in times of emergencies and disasters	DOH, RNCluster	412,161	-
Program 7. Mandatory Food Fortification		200,000	200,000
Project 25. Monitoring of Compliance to RA 897 and 8172	DOH, NNC 7, FDA, RBATF 7, LGUs	200,000	200,000
Program 8: Philippine Integrated Management of Acute Malnutrition (PIMAM)		5,358,090	-
Project 26. Enhancement of PIMAM Facilities, Capacities and Provision of Services	DOH, LGUs	5,358,090	-
Program 9: Nutrition Promotion for Behaviour Change		5,078,000	218,513
Project 27. Stocktaking study of the status of the program including resources & end user profile	NNC RO, NNC CO, Media Group, DOH, Dev. Partners, NGOs, INGOs	400,000	-
Project 28. Formulation of the Regional Program on Nutrition Promotion for Behaviour Change	NNC RO, NNC CO, Media Group, DOH, Dev. Partners, NGOs, INGOs	70,000	218,513

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Project 29. Communication Support	NNC CO, NNC RO	4,608,000	-
Program 10: Nutrition Sensitive Program		1,156,409,224	115,894,510,980
Project 30. Gulayan sa Paaralan	DA, DepEd	56,000,000	29,621,208
Project 31. Home Gardens for Strengthening of Complementary Feeding Program	DOH 7, NNC 7, LGUs, DOST, WV, PAN, FEED	2,140,000	7,610,481
Project 32. School-Based Complementary Health Services (deworming, micronutrient supplementation, WASH)	DepEd, DOH	942,700,000	380,400,000
Project 33. Technology Transfer of Food commodities	DOST, PCA, ROs/PST, Cs, LGUs, and SMEs	-	6,000,000
Project 34. Mobilization of Rural Improvement Clubs (RICs) and other community-based-organizations	DA, NGOs	-	206,080
Project 35. Aquaculture Production Services	BFAR, LGUs	-	4,121,608
Project 36. Coastal Resource Management and BASIL (Balik Sigla sa Ilog at Lawa) Establishment of Marine Protected Areas and Coral Nurseries, BRUSH park	BFAR, IFAD	-	4,121,608
Project 37. Infrastructure Program and Maintenance Fund	DPWH	-	111,283,416,000
Project 38. Farm-to-Market Projects	DPWH with DTI, DA and LGU	147,512,124	-
Project 39. Assistance to Municipalities Program	DILG	-	-

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Project 40. Family Welfare Program	DOLE	50,000	156,080
Project 41. Price monitoring of basic commodities	DTI	887,100	2,769,176
Project 42. Diskwento caravans in depressed areas	DTI	-	412,161
Project 43. Potable Water Support to ARAs/CP WASH	DAR, LGU, RNC, MNAO, ARBOs, DA	1,160,000	3,621,065
Project 44. Sagana at Ligtas na Tubig sa Lahat or SALINTUBIG	DILG	-	6,000,000
Project 45. MHAM Nutrition Resource Development Center	PAN-Cebu	-	1,030,402
Project 46. Village Level Farm Focused Enterprise Development (VLFED)	DAR, DOST, NNC, LGU, DTI, DA, ARBO.	1,960,000	6,118,351
Project 47. Sustainable Livelihood Program	DSWD	-	4,121,608,000
Project 48. Science and Technology-based Livelihood Enterprise Development	DOST Regional Office/ Prov'l S & T, Centers; LGU, DAR, DTI, DSWD	-	400,000
Project 49. Family Development Sessions for Pantawid Pamilya beneficiaries	DSWD in coordination with the LGUs	-	412,160,800
Project 50. The RxBox 1000 program	DOST-PCHRD, DOST, and DILG	4,000,000	12,486,432
Project 51. WASH Water system support (Handwashing facilities) among school age children in Ubay, Bohol	World Vision	-	2,040,400

PROGRAM/ PROJECT	Agency/ies Responsible	TOTAL	
		Funded	Unfunded
Program 11: Enabling Program		630,000	5,760,202
Project 52. Research on the effectiveness of nutrition sensitive interventions	NNC & RNC		
Project 53. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	DOH, NNC, RNC, DILG, LMP, LCP	630,000	5,560,202
Project 54. Policy Development for Food and Nutrition	NNC, RNC, RDC, SDC, NEDA	-	80,000
Project 55. Management Strengthening Support to RPAN effectiveness	NNC, RNC, DILG, LMP, LCP	-	120,000
Grand Total		3,310,655,358	116,208,025,822.80

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 PhP116 B. 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 VII's investment will translate to increased access to economic benefits and opportunities, reduced inequality in human development and a productive workforce, among other benefits.

Section V. Risks Analysis and Mitigation Measures

The RPAN was subjected into rigorous risks analysis and corresponding to the various risks identified, mitigation measures were determined. In the Program Implementation Review Plan 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 VII. ***(See Table on the next page).***

Table 9. Risks Analysis and Mitigation Measures

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Political	<ol style="list-style-type: none"> 1. Local elections will result in changes in administration and leadership affecting program implementation. 2. Nutrition may not be priority of the LCEs and partisan politics may prevail. 3. These will lead to non-implementation and/or discontinuity of existing PPAs. There is a great possibility that trained community workers (BNS, BHW, CDW, etc) will be replaced, further hampering the attainment of program outcomes. 4. Targets in the RPAN are not accomplished since most of the PPAs are implemented by the LGUs. This would also mean less logistical support (ie. budget, manpower, etc). 	<p>Make courtesy calls on newly elected LCEs and present the RPAN and the LGUs' contribution.</p> <p>Present also a cost-benefit analysis on why trained and experienced community workers should be retained.</p> <p>Engage the Philippine Councilors League.</p> <p>Develop localized and effective advocacy material for LCEs.</p> <p>Advocate local ordinance in support for nutrition.</p> <p>Seek conscious inclusion of LNAPs in LDPs/LEDAC.</p>	<p>The LGU mobilization program should include close LCE engagement.</p> <p>Deployed personnel shall be trained in coordinating and dealing with LCEs.</p> <p>It should also include orientation of LCEs and SBs on Health and Nutrition.</p> <p>A monitoring scheme should be drafted to collect and update local policies for nutrition.</p>
Economic	<ol style="list-style-type: none"> 1. Decreasing agricultural lands lead to lower food production. Meanwhile, urbanization leads to increase in population in cities. Food security is at risk since there 	<p>Strengthen home and community food production.</p> <p>Increase livelihood opportunities in rural areas.</p>	<p>There is a need to actively involve food producers in the RPAN implementation. Although efforts have been made to accommodate the less privileged, food security is still evident in many sectors. The</p>

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	<p>is less food produced for the increasing population.</p> <p>2. Economic growth is concentrated in Metro Cebu only, leaving the other provinces and towns with less economic opportunities and lower incomes.</p> <p>3. Central Visayas geography limits the exchange of provincial products leading to high prices of commodities. (e.g. island provinces, viz, mainland). Disparity in prices lead to decreased purchasing power of families especially of nutritionally at risk households.</p>	<p>Bring processors to food production areas.</p> <p>Improve “connectivity” of provinces by opening/ rehabilitating points of entry (e.g. seaports and airports).</p>	<p>following adjustments may be done to enhance economic status:</p> <p>Establish a mechanism to connect farmers directly with buyers/marketing assistance.</p> <p>Develop a way to specifically target those who are nutritionally at risk. Disseminate guidelines for line agencies on prioritizing malnourished families/areas for livelihood activities.</p>
Social	<p>1. Migration to Metro Cebu contributes to the increase in population leading to inadequate health services and increased malnutrition rate.</p> <p>2. Urbanization and changing lifestyle in cities may lead to</p>	<p>Increase livelihood opportunities in rural areas.</p> <p>Strengthen Nutrition Promotion and Behavior Change program to serve healthier options to consumers.</p> <p>Engage with food chambers.</p>	<p>To suggest ways of decreasing migration to the metro and leaving rural land idle, better incentives for farmers and other food producers may be explored.</p> <p>There is a need to solidify the notion for behavior change communication not just for target clients but for</p>

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	<p>Increase in nutrition vulnerabilities, e.g. because of cheaper and faster access to fast food.</p> <p>3. Consumer attitude and food preferences influence food intake leading to nutrition vulnerabilities.</p> <p>4. Problems of peace and order such as armed conflicts can hinder the delivery of nutrition and other social services.</p>	<p>Regulate organic products.</p> <p>Assist in marketing of healthy food</p> <p>Engage LGUs into regulating food service (food safety and nutrition content).</p> <p>Provide livelihood activities for rebel returnees.</p>	<p>health and nutrition workers as well. To be able to effectively promote nutrition, health and nutrition workers need to internalize the lessons that they teach.</p> <p>Food safety and nutrition content awareness has not been inculcated in many of the LNAPs. Efforts should be made for LNCs to be more conscious of these.</p>
Technological	<p>1. If regional and local databases are not harmonized, different databases can lead to exclusion of beneficiaries or to duplication of PPAs for the same beneficiaries</p> <p>2. Limited research and documentation of good practice in nutrition prevent policy makers from crafting more responsive programs and strategies to address nutrition problems. Proper documentation on the</p>	<p>Initiate harmonization of LGU database.</p> <p>Facilitate the conduct nutrition impact research.</p> <p>Maintain positive reinforcement.</p>	<p>Engage in partnership activities with different agencies to harmonize databases available in the region.</p> <p>Have a regional research arm.</p>

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	<p>other hand will help promote appropriate nutrition actions.</p> <p>3. Lack of standard honorarium and incentives for community workers makes community workers less motivated to work, thus contributing to low quality outputs.</p>	<p>Strengthen LGU support for community workers.</p>	
Legal	<p>1. LGUs have limited capacity to monitor policies.</p> <p>2. Weak monitoring and poor compliance to nutrition policies will lead to poor quality of nutrition services.</p>	<p>Formulate better crafted nutrition policies tailor-fit to nutrition concerns.</p> <p>Map out policy compliance.</p> <p>Ensure harmonization of the monitoring.</p>	<p>Include nutrition policy crafting courses for NAOs and C/MNPCs.</p> <p>Develop an efficient policy monitoring and review system.</p>
Environmental	<p>1. Depletion of natural resources leading to limited water supply and fertile agricultural lands will lead to decreased agricultural outputs and increased incidence of water-related diseases.</p> <p>2. Adverse effects of climate change (hydro-meteorological and geologic hazards) may lead to worsening of malnutrition situation.</p>	<p>Promote sustainable agriculture.</p> <p>Intensify protection, conservation and rehabilitation of forested and watershed areas.</p> <p>Institutionalize and strengthen nutrition clusters and implementation of Nutrition in Emergencies.</p>	<p>Sustainable agriculture promotion should be included in regular agriculture activities.</p> <p>Program implementers must be conscious of ensuring that all activities be made environment friendly.</p> <p>To strengthen nutrition clusters, there is a need to review policy</p>

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
			basis for organization, re-iterate/amend agency activities and outline specific LGU activities under said cluster.
Cultural and Religious	1. Cultural and religious attitudes and beliefs affect program participation.	Intensify Nutrition Promotion and Behavior Change program.	Develop materials that are tailor fit to different cultures and beliefs. Ensure community participation and engage local leaders in nutrition promotion.

Section VI: The RPAN Institutional Arrangements

The RPAN Results Matrix defines the individual institutional accountability for each of the projects (output/s), programs and common accountabilities with respect to programs and outcome targets. The RPAN then 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 as defined in the annual RNC Work Plan. It is composed of the same agencies as the NNC Governing Board with additional member agencies as may be needed and appropriate for the region. In Central Visayas, the RNC Technical Working Group, composed of RNC member agencies' focal person for nutrition, is tasked to ensure the implementation of the RNC workplan, provision of technical assistance in the conduct of their agency's projects and activities that are contributory to the RPAN. Its functions are to formulate, coordinate, monitor, and evaluate the regional nutrition action plan.

Also, in Central Visayas, a Regional Management Conference, composed of Provincial/City Nutrition Action Officers and local Nutrition Program Coordinators, as well as Presidents from the MNAO and MNPC provincial associations was organized to ensure better nutrition update dissemination and coordination. The body serves as the main venue for, monitoring LGU contribution to the RPAN, providing technical assistance to improve nutrition program management at the LGU level and giving a platform for LGUs to voice out nutrition related concerns. On the other hand, the Media Information Network on Nutrition and Development 7 (MIND 7), composed of personnel of commercial media networks in the region, is in-charge of disseminating nutrition related messages meant to the general public.

Furthermore, an expansion of the Regional Nutrition Committee – Technical Working Group has been agreed upon by the RNC. The following government and non-government agencies to be included in the RNC-TWG are as follows: Bureau of Fisheries and Aquatic Resources (BFAR), Cebu Academe Network (CAN), Civil Service Commission (CSC), Department of Agrarian Reform (DAR), Department of Environment and Natural Resources (DENR), Food and Drug Administration (FDA), National Dairy Authority (NDA), Office of Civil Defense (OCD) and Philippine Coconut Authority (PCA). This expansion addresses the need of the RNC to have close coordination with agencies contributing to the new Regional Plan of Action for Nutrition.

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 bi-annual meetings; RNC-TWG, Regional Management Conference, MIND 7 for quarterly meetings; 3) annual program implementation review of the RPAN and 4.) deployment of nutrition human resource in PPAN priority areas.

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

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

As a management tool, the region will use for RPAN monitoring the quarterly reporting and management meetings of the RNC, its TWG and the Regional Management Conference. The Results Matrix will be broken down by the NNC Regional Office every year into quarterly plans and reported accordingly. While the report is important, it is the discussion at the RNC that is more vital in terms of ensuring that corrections are undertaken by individual agencies and the RNC as a whole in response to the emerging issues and problems in implementation. Meanwhile LGU input and status of implementation of RPAN programs are also of equal importance as monitored via the Regional Management Conference to properly align regional goals to what is needed at the LGU level. These coordinative activities ensure that there is cohesiveness in the implementation of the RPAN at all levels.

The RNC will also make use of the deployed DOH personnel assigned in ensuring the RPAN implementation in selected LGUs. These nutritionists-dietitians and nurses are tasked to provide closer technical assistance to LGUs and bring up LGU concerns in RPAN implementation to the RNC. At the end of each calendar year, they are expected to facilitate the formulation of LNAPs by the local nutrition committee aligned with the RPAN goals and objectives while continuously addressing the malnutrition problems in the community. Mentoring and monitoring activities for these deployed personnel is to be scheduled by the RNC-TWG while an annual PIR will serve as venue for administrative and technical concerns.

At the end of each year, the RNC will convene an annual *Program Implementation Review* (PIR) which is conducted during the 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 for in 2020. NNC 7 shall work hand in hand with the Nutrition Surveillance Division and the Nutrition Policy and Planning Division of NNC to 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 success or National Plan 2023-2028.

Section VIII. RPAN Region VII Implementation Plan and Results Framework

The Region VII RPAN results framework contains all the major information related to the plan. It contains the regional outcome targets, programs and projects, their outputs and corresponding activities, as well as responsible agencies and estimated resource requirements (Table 7). In the results framework matrix, the implementation plan with respect to the outputs of the projects has also been defined for years 2019-2022. The Region VII RPAN results framework therefore also serves as the implementation plan of the RPAN and basis for measuring program/project success.

The final results matrix was developed through a series of coherence review. The coherence review of the RPAN was examined in the RPAN formulation process. The review was initially made by analyzing the match of the priority problems identified with the regional outcome targets. The coherence of the interventions vis-à-vis the regional outcome targets was then analyzed. In this particular exercise, careful review of the outcomes, planned coverage, as well as the outputs of the 49 projects was done. Adjustments were made when necessary. At the end of the exercise, the budgetary requirements were also compared with the planned coverage and outputs, and at the end of the line the regional outcomes. The PESTLE+C analysis was factored throughout the review of the results framework.

In the results framework, the accountability of agencies vis-à-vis budgets, outputs, coverage and shared outcomes among agencies is made explicit. Individual agencies that are the major implementers of the said programs/projects have been consulted for these targets.

Table 10. RPAN 2019-2022 Results Framework

RPAN Region VII Outcome Targets



PROGRAM 1: INFANT AND YOUNG CHILD FEEDING					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
1. Mobilization of LGUs on the First 1000 days					NNC R7
Output:	1 Prov	1 Prov	29 (110)	6 (116)	
1-O.1. All provinces and cities and at least 52 municipalities mobilized for F1K and nutrition by 2019	29 (52)	29 (81)	Muns	Muns	
1-O.2. By the end of 2022 all 4 provinces, 16 cities and at least 80% of municipalities and cities are mobilized for F1K and Nutrition Program with provincial/municipal/city resolutions	Muns 5 Cities	Muns 6 cities			
Major activities:					
1-A.1. RNC to enjoin all governors and mayors to declare a political statement on addressing malnutrition, and endorsement of F1K and adoption of program of all cities/ municipalities					
1-A.2. DILG to issue memo circular for the Adoption and Implementation of the PPAN 2017-2022, and RO7 RPAN 2018-2022					
1-A.3. Provincial Governors and City/ Municipal Mayors to convene key officials and other stakeholders to a forum on F1K and issuance of respective resolutions					
1-A.4. Preparation of P/M/CNAPs of all provinces, municipalities and cities including First 1000 days					
1-A.5. Conduct PIR with bottleneck analysis of the first 1000 days in the next two years, in all RHUs in the region					

PROGRAM 1: INFANT AND YOUNG CHILD FEEDING					
1-A.6. NNC 7 to launch an incentive package for the best RHU implementing the first 1000 days					
2. Information Management in the F1K					NNC R7
Output: 2-O.1. A harmonized system of information for the efficient and effective implementation of F1K services utilized by the health system and the LGUs using FHSIS and ICLINIC-SYS	Review of system	Develop an information management mechanism	Pilot an area for IMO		
Major Activities: 2-A.1. Review of the system					
2-A.2. Provide recommendations for improvement					
2-A.3. Pilot a system for cohesive information management					
3. Strengthen the health delivery system for F1K NNC R7					
Outputs: 3-O.1. Annual Performance and Implementation Review of LGUs and other multi-sectoral agencies on F1K compliance	2 Provs 23 Muns 5 Cities	1 (3) Provs 29 (52)Muns 5 Cities	29 (81)Muns 6 cities	4 Prs 35 (116) Muns 16 cities	
3-O.2. Integration of F1K compliance in successive plans of LGUs and other multi-sectoral agencies completed	29 (52) Muns 6 Cities AOP's	29 (81) Muns AOP's	29 (110) Muns AOP's	6 (116) Muns AOP's	
3-O.3. Continuous compliance monitoring (LGU Level)	Quarterly	Quarterly	Quarterly	Quarterly	
Major Activities: 3-A.1. Planning of review					
3-A.2. Execution of review					
3-A.3. Reporting of results					

PROGRAM 1: INFANT AND YOUNG CHILD FEEDING					
3-A.4. Integration of results into new LGU plans					
3-A.5. Capacity building of regionally deployed NDs and others					
4. IYCF Health Systems Support					DOH, LGUs
Output:					
4-O.1. Health Facilities at all levels are MBFHI accredited by DOH	25%	25%	25%	25%	
4-O.2. IYCF implemented by Service Delivery Network (SDN)	20%	30%	50%	75%	
4-O.3. Health facilities and workplaces complaint to RA 10028	25%	25%	25%	25%	
Major Activities:					
4-A.1. Monitoring and technical assistance of MBFHI					
4-A.2. Annual MBFHI updating in all health facilities.					
4-A.3. Government and private health facilities in each level to be developed as models of MBFHI					
4-A.4. Create a Task Force that ensures: <ul style="list-style-type: none"> - Establishment of protocols to set-up and maintain MBFHI - Program Implementation Review - MBFHI assessment for accreditation 					
4-A.5. Capacity building for health personnel to implement IYCF					
4-A.6. Coordination with Health Systems to make sure that SDN is following protocols of IYCF					
4-A.7. Creation of online tracking systems for clients needing IYCF support in functional SDN.					
4-A.8. Creation of a Task Force to ensure management of donated and pasteurized milk					

PROGRAM 1: INFANT AND YOUNG CHILD FEEDING					
5. Organization of Community-Based Support Group for IYCF					DOH, FEED, LGUs, Development Partners (DPs)
Output:					
5-O.1. Institutionalized Functional Community Support Group in every barangay	/	/	/	/	
5-O.2. Integration of IYCF in barangay/municipal nutrition in emergencies plan and disaster risk reduction management plan	/	/	/	/	
Major Activities:					
5-A.1. Institutionalize community support group in all levels of governance					
5-A.2. Peer counselling training					
5-A.3. Program Implementation Review of Community Support Groups					
5-A.4. Online mechanism which allows continued communication of the support group					
5-A.5. Barangay level protocol established for IYCF in emergencies					
6. Compliance of RA 10028					DOLE, CSC, DOH, and LGUs
Output:					
6-O.1. Organizations and entities exercising their commitment to enforcement and compliance monitoring on EO 51 and RA 10028	/	/	/	/	
6-O.2. Monitoring and reporting system on EO 51 violation established					

PROGRAM 1: INFANT AND YOUNG CHILD FEEDING					
Major activities:					
6-A.1. Resolution for DOLE, Civil Service and LGUs					
6-A.2. LGU Ordinance to request MBFS in renewal of Mayor's permit					
6-A.3. Organize a regional and provincial technical working group for both EO51 and part of RA 10028					
6-A.4. Regular updating and or re-orientation of personnel for implementation of milk code in health facilities and workplaces					
6-A.5. Establishment of an online reporting system for violations related to EO 51					
6-A.6. Review of progress of enforcement and compliance monitoring and adjustments					

PROGRAM 2. MICRONUTRIENT SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
4. Vitamin A Supplementation for postpartum women and children 6-23 months old					DOH, LGUs
Outputs:					
7-O.1. Institutionalized provision of Vitamin A capsules to postpartum women	100%	100%	100%	100%	
7-O.2. All RHUs providing 1 tablet of 200,000 IU Vitamin A capsule to postpartum women; 1 tablet of 100,000 IU Vitamin A capsule to children 6 to 11 months; and 1	100%	100%	100%	100%	

PROGRAM 2. MICRONUTRIENT SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
tablet of 200,000 IU Vitamin A capsule given to children 12 to 23 months every 6 months					
Major activities:					
7-A.1. Improve planning and forecasting for logistics and distribution					
7-A.2. Operationalize the system for reporting vitamin A supplementation					
7-A.3. Communication support through the rural health system via SMS blast, social media, and local media					
7-A.4. Monitoring, reporting and adjustments					
5. Vitamin A Supplementation for 24-59 months					DOH, LGUs
Outputs:					
8-O.1. All RHUs and BHS provide Vit A supplementation to 24-59 mos old children based on standards	116 muns, 16cities	116 muns, 16 cities	116 muns, 16 cities	116 muns, 16 cities	
8-O.2. All RHUs providing Vitamin A capsule to high risk children (diarrhoea and measles)	100%	100%	100%	100%	
8-O.3. A system of recording vitamin A supplementation operationalized	/	/	/	/	
Major activities:					
8-A.1. Planning and forecasting for logistics and distribution					
8-A.2. Distribution and consumption of supplements					
8-A.3. Operationalization of the system for tracking vitamin A consumption					

PROGRAM 2. MICRONUTRIENT SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
8-A.4. Communication support through the rural health system via SMS blast, social media, and local media					
8-A.5. Monitoring, reporting and adjustments					
6. Anemia Reduction among Adolescents and Women of Reproductive Age (WRA)					DOH, RHU
Outputs:					
9-O.1. All RHUs, BHS and Adolescent Women of Reproductive Age provided with IFA based on standards	100%	100%	100%	100%	
Major activities:					
9-A.1. Improve planning and forecasting for logistics and distribution of all micronutrient supplements					
9-A.2. Workshop on developing the DOS (Directly Observed Supplementation) strategy					
9-A.3. Communication support through the rural health system via SMS blast, social media, and local media (Radyo Kaigsuonan and Radyo Kahimsug)					
9-A.4. Conduct training on micronutrient supplementation program among all health personnel					
9-A.5. Monitoring, reporting, and adjustments of the tracking system					
7. Provision of Therapeutic Micronutrient Supplements					DOH
Outputs:					
10-O.1. All RHUs and BHS provide Vitamin A capsule to sick children, iron for LBW and preterm babies, iron for anemic pregnant and lactating women and zinc for	100%	100%	100%	100%	

PROGRAM 2. MICRONUTRIENT SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
children with diarrhea					
10-O.2. All RHUs to provide lipid based nutrient supplement based on standards	100%	100%	100%	100%	
Major Activities					
10-A.1. Planning and forecasting of capsule distribution					
10-A.2. Distribution and consumption of capsules					
10-A.3. Provision of lipid-based nutrient supplement for 120 days to pregnant women					
10-A.4. 6-23 mos provision of lipid-based nutrient supplement in addition to CF					
8. Iron supplementation for pregnant and lactating women, calcium carbonate supplementation from 5 months of age of gestation to delivery and low birth weight infants, and MNP supplementation to children 6-23 months					DOH & LGUs
Output:					
11-O.1. All 118 RHUs and 683 BHS providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women and MNPs to children 6 to 23 months	100%	100%	100%	100%	
11-O.2. Developed and operationalized DOS (Directly Observed Supplementation) strategy and tracking system on the consumption of supplements in all cities and municipalities only in Region VII	100%	100%	100%	100%	
Major activities:					
11-A.1. Improve planning and forecasting for logistics and distribution of all micronutrient supplements					

PROGRAM 2. MICRONUTRIENT SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
11-A.2. Workshop on developing the DOS (Directly Observed Supplementation) strategy					
11-A.3. Pilot test and operationalize the system for tracking the consumption of iron supplementation of pregnant and lactating women, and low birth weight infants					
11-A.4. Communication support through the rural health system via SMS blast, social media, and local media (Radyo Kahimsog, Radyo Kaigsoonan)					
11-A.5. Provision of MNP to children 6 to 23 mos					
11-A.6. Conduct training on micronutrient supplementation program among all health personnel					
11-A.7. Monitoring, reporting, and adjustments of the tracking system, supply and distribution of MNPs					

PROGRAM 3. DIETARY SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
12. Mobilization of LGU resources for dietary supplementation for pregnant women and 6-23 months of food insecure families					DOH, FEED & LGUs
Output: 12-O.1. LCEs in all municipalities and cities issued policy with budget allocation to implement dietary supplementation program for nutritionally at-risk pregnant women, and children 6-23 months belonging to the food insecure families	29 (81) muns, 6 cities	29 (110) Muns, 4 cities	6 (116) Muns	29 (81) muns, 6 cities	

PROGRAM 3. DIETARY SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
Major Activities:					
12-A.1. Planning for the supplementation program for LGUs including definition of the supplementary food package					
12-A.2. Conduct orientation and coordination meetings					
12-A.3. Development of the mechanics, methodologies, and monitoring & evaluation tools for the dietary supplementation					
12-A.4. Implementation in pilot municipalities and cities					
12-A.5. Monitoring, reporting, and adjustments in preparation for scaling-up					
13. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays					DSWD & LGUs
Output:					
13-O.1. All child development centers and SNPs operating with supplementary feeding program	2980 CDCs & SNPs 115,470 children	3069 CDCs & SNPs 118,934 children	3161 CDCs & SNPs 122,502 children	3255 CDCs & SNPs 126,177 children	
Major Activities:					
13-A.1. Develop a system for compliance monitoring and technical assistance for CDC					
13-A.2. Development of an LGU database system for improved planning & targeting for health, nutrition & social services					
13-A.3. Downloading of funds and implementation of the 120					

PROGRAM 3. DIETARY SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
days feeding					
13-A.4. Proper documentation of best practices in child friendly areas					
13-A.5. Annual Program Implementation Review and Program Adjustment					
14. School-based supplementary feeding program for School Children					DEPED & FEED
Output:					
14-O.1. All public elementary schools in the region operating the school-based feeding program	100%	100%	100%	100%	
Major Activities:					
14-A.1. Conduct baseline measurement and mapping of schools with wasted learners					
14-A.2. Conduct orientation on SBFP guidelines to implementers (school head, district supervisor, health personnel, parents) in all targeted schools identified with wasted learners					
14-A.3. Build capacities of SBFP implementers on nutrition education					
14-A.4. Implementation of the 120 days feeding					
14-A.5. Monitoring, reporting progress and conduct of PIR					
15. Milk Feeding Program					NDA 7
Output:					
15-O.1. Number of LGUs who partnered with NDA Visayas for the Milk Feeding Program	TBD	TBD	TBD	TBD	

PROGRAM 3. DIETARY SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
Major Activities:					
15-A.1. Conduct of preparatory visits to LGUs					
15-A.2. Provision of TA in procurement of dairy cattle					
15-A.3. Provision of TA in milk harvesting					
15-A.4. Assistance in marketing milk produce					

PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
16. U4U (Youth 4 Youth) teen trail groups: Teen Chat					POPCOM
Outputs:					
16-O.1. No. of youth leaders (adolescents/students) trained to be youth leaders and sustainable U4U group (meets once a month)	20%	20%	20%	20%	
Major Activities:					
16-A.1. Conducting of U4U/ Teen Chat orientations (but will highlight only: Teen Chat) for possible youth leaders of LGUs who will sustain U4U groups					
16-A.2. Peer Education Training of trainers for youth leaders					
16-A.3. Monitoring and evaluation of possible application of Local Government Units of the project U4U or Youth 4 Youth groups during the MELLPI					

PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
17. Learning Package for Parent Education on Adolescent Health and Development (LPPEAHD)					POPCOM
Output:					
17-O.1. No. of parents with adolescent child oriented in LPPEAHD	20%	20%	20%	20%	
Major Activities					
17-A.1. Conducting an orientation of parents with teenagers					
17-A.2. Monitoring and evaluation of the effectivity of project by decreased prevalence of teenage pregnancy in the LGU					
17-A.3. Monitoring and evaluation of the effectiveness of the program by decreased prevalence of teenage pregnancy					
18. Establishment of Teen Centers					POPCOM
Output:					
18-O.1. Number of School-based teen centers established	20%	20%	20%	20%	
Major activities:					
18-A.1. Establishment of teen centers in schools vis the incorporation of teen corners in school clinics/ guidance counselor rooms					
18-A.2. Provide training on school nurses/ guidance counselors as point persons for teen centers					
18-A.3. Monitoring and evaluation of the effectiveness of the program by decreased prevalence of teenage pregnancy					
19. Program for Young Parents (PYP)					EH-VH
Output:					
19-O.1. PYP centers established in hospitals	80%	80%	80%	80%	

PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
19-O.2. No. of teen moms that availed the services in PYP centers	20%	30%	40%	50%	
Major Activities:					
19-A.1. Conduct of advocacy and consultative meetings among relevant stakeholders					
19-A.2. Forging of agreement on the establishment of PYP centers					
19-A.3. Provision of services to teen moms					
19-A.4. Monitoring and reporting					
19-A.5. Evaluation and adjustments					
20. Healthy Young Ones (HYO)					DOH
20-O.1. No. of adolescents ages 10-19 years old given information on health through HYO	80%	50%	50%	50%	
Major Activities:					
20-A.1. Capacitate healthcare providers					
20-A.2. Provision of flip-tarpaulin to healthcare providers					
20-A.3. Orient and conduct discussion to 10-19 years old adolescents					
20-A.4. Monitoring and evaluation of the effectiveness by decreased prevalence of teenage pregnancy					

PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
21. Nutrition Education and Weight Management for Overweight and Obese					RNC, NNC, PNA, LGU & Academe
Output:					
21-O.1. No. of target beneficiaries/participants reached	20%	20%	20%	20%	
Major Activities:					
21-A.1. Conduct of consultative meetings					
21-A.2. Nutrition assessment and masterlisting of project participants					
21-A.3. Advocacy for policy support					
21-A.4. Training on the promotion of nutritious foods and healthy beverages, positive eating behaviors, and provide healthy eating environment in schools, RHU, BHS					
21-A.5. Dissemination of IEC materials to schools, RHU and BHS					
21-A.6. Conduct of nutrition education and counselling sessions (seminars, fora, campaigns, orientation sessions)					
21-A.7. Monitoring and evaluation of the effectiveness of the project					
22. Healthy lifestyle support group					DOH, DA, DepEd, RNC, DOLE, NNC, LGUs
Output:					
22-O.1. Number of agencies and LGUs with fitness clubs	25 RNC	25 RNC	25 RNC	25 RNC	

established	10 LGUS	10 LGUS	10 LGUS	10 LGUS	
Major activities					
22-A.1. Establishment of healthy lifestyle support group					
22-A.2. Giving of incentives for well documented, organized and consistent wellness/fitness clubs in the community					
22-A.3. Monitoring and evaluation of the effectiveness of wellness/fitness groups and inclusion in the Provincial and Regional MELLPI					

PROGRAM 6. NUTRITION IN EMERGENCIES					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
23. Strengthening Capacities of Local Nutrition Clusters on Nutrition in Emergencies					NNC, DILG & FEED
Outputs:	116 muns 16 cities 4 Provs				
23-O.1. NNC Governing Board resolution on NiEm widely disseminated					
23-O.2. RNC agencies and other agencies included in GB Resolution re/oriented on Nutrition in Emergencies		50%			
23-O.3. All provinces and cities and at least 80% of LGUs in the region have organized and fully functional Nutrition Clusters (with stock piling of nutrition related commodities available)	80%				
23-O.4. Nutrition in Emergencies plans formulated in all provinces and cities and at least 75% of municipalities with nutrition clusters	25%of Cities and Muns	50% of Cities and Muns	60% of Cities and Muns	75% of Cities and Muns	

Major Activities:					
23-A.1. Re-dissemination of NNC Governing Board resolution and subsequent RNC resolution to agencies and LGUs					
23-A.2. Conduct a bi-annual inventory and securing prepositioning of NiEm commodities and tools (e.g. Vitamin A, iron, MNP, MUAC Tapes, RUTF)					
23-A.3. Conduct of trainings on NiEm in remaining areas					
23-A.4. Conduct annual capacity mapping					
23-A.5. Conduct of intra and inter cluster coordination meetings					
23-A.6. Assessment and adjustments					
24. Provision of Timely and Adequate Nutrition Services in times of emergencies and disasters					DOH & RNCluster
Output:	100% of affected LGUs	100% of affected LGUs	100% of affected LGUs	100% of affected LGUs	
24-O.1. Minimum Service Package for NiE provided to all affected areas					
24-O.2. Organized Rapid Nutrition Assessment teams and IYCF-E/Breast feeding support groups	1 regional level 2 prov level each for RNAT and IYCF-E	2 prov level 8 city level each for RNAT and IYCF-E	8 city level each for RNAT and IYCF-E		
24-O.3. Systematized referral system put into place	Referral system developed	Referral system tested	4 provinces	16 cities	
24-O.4. Nutrition in Emergencies messages disseminated thru quad media	5 posts/broadcast mentions per emergency	5 posts/broadcast mentions per emergency	5 posts/broadcast mentions per emergency	5 posts/broadcast mentions per emergency	

Major Activities:					
24-A.1. Conduct of intra and inter cluster coordination meetings					
24-A.2. Organize and mobilization of rapid nutrition assessment and IYCF-E teams					
24-A.3. Set-up reporting and referral system for NiEM					
24-A.4. Development, reproduction and dissemination of NiEM education, information materials					
24-A.5. After action review/ post incident evaluation or post emergency review					
24-A.6. Monitoring and updating of NiEM plans					
PROGRAM 7. MANDATORY FOOD FORTIFICATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
25. Advocacy for Monitoring of compliance to RA 8976 and RA 8172					DOH, NNC 7, FDA, RBATF 7, LGUs
Outputs:					
25-O.1. A system/plan for both advocacy and compliance monitoring of food fortification strengthened and implemented	1	Monitoring of the Plan			
Major activities:					
25-A.1. Strengthening the regional and local Bantay Asin Task Forces and other MFF Task Forces or structures					
25-A.2. Mapping of and conduct of advocacy and consultative dialogues with, salt producers/manufacturers/traders and LGUs					
25-A.3. Implementation of a strong media and communication strategy					
25-A.4. Provision of technical assistance on the organization and					

functionality of Bantay Asin and FF Task Forces					
25-A.5. Conduct of salt and FF monitoring, reporting and action taking					
25-A.6. Assessment of initiatives and adjustments					
25-A.7. Creation of micronutrient fortified foods task force					
PROGRAM 8. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
26. Enhancement of PIMAM Facilities, Capacities and Provision of Services					DOH, LGUs
Outputs:					
26-O.1. RHU and health facilities capacitated for the implementation of PIMAM					80% of RHU and Health Facilities
26-O.2. Identified SAM/MAM cases provided with PIMAM commodities that are properly administered	100% in 3 provinces	100% in 4 provinces	100% in 4 provinces	100% in 4 provinces	
Major Activities					
26-A.1. Capacity mapping of trained LGUS on PIMAM					
26-A.2. Training of hospital and community-based PIMAM implementers					
26-A.3. Establishment of referral system					
26-A.4. Provision of ready to use therapeutic and supplementary food for acutely malnourished 6-59 months old children (RUTF, RUSF, F75, F100)					

PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
27. Stocktaking study of the status of the program including resources & end user profile					NNC RO, NNC CO, Media Group, DOH, Dev. Partners, NGOs, INGOs
Outputs:					
27-O.1. Recommendations on key features of new regional nutrition program for promotion for behavior change	/				
27-O.2. Assessment of levels of achievement of MIND 7 & other communication efforts in the region completed	/				
Major activities:					
27-A.1. Formulation of TOR					
27-A.2. Contract process for study					
27-A.3. Completion of study					
27-A.4. Review of the implication of study in the formulation of new regional program for behavior change					
28. Formulation of the regional nutrition program for promotion for behavior change					NNC RO, NNC CO, Media Group, DOH, Dev. Partners, NGOs, INGOs
Outputs:					
28-O.1. A regional nutrition program for promotion for behavior change formulated	1	/	/	/	

Major activities:					
28-A.1. Consultation with RNC, media partners, & others in the region to establish parameters for the program					
28-A.2. Contract experts/advisers to support regional formulation process					
28-A.3. Program formulation by the regional team					
28-A.4. Review process					
28-A.5. Resource mobilization & partnership building & securing key commitments					
28-A.6. Establishment of the organization of the program including the research component					
28-A.7. Launching of the Program					
28-A.8. Monitoring progress					
28-A.9. Annual PIR & adjustments					
29. Communication Support					NNC RO, NNC CO, Media Group, DOH & NGOs
Outputs:					
29-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K, GAW and quad media campaign to be fully developed and implemented	/	/	/	/	
Major activities:					
29-A.1. Communication planning including the inventory of existing communication projects and tools					
29-A.2. Development of improved key messages and communication materials and collaterals					
29-A.3. Pre-testing of developed materials in regional level					
29-A.4. Implementation, monitoring, evaluation and adjustments					

PROGRAM 10. NUTRITION SENSITIVE PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
30. Gulayan sa Paaralan					DA, DepEd, FEED
31. Home Gardens for Strengthening of complementary feeding program					DOH, DOST, WV, PAN, FEED, NNC & LGUs
32. School-based complementary health services (Deworming and WASH)					DEPED, DOH & FEED
33. Technology transfer of food commodities					FNRI-DOST, DOST RO7
34. Mobilization of Rural Improvement Clubs (RICs) and other community-based organizations					DA, NGOs
35. Aquaculture Production Services					BFAR, LGUs
36. Coastal Resource Management and BASIL (Balik Sigla sa Ilog at Lawa) Establishment of Marine Protected Areas and Coral Nurseries, BRUSH park					BFAR, IFAD
37. Infrastructure Program and DPWH Maintenance Fund					DPWH
38. Farm-to-Market Projects					DA and DPWH
39. Assistance to Municipalities Program					DILG
40. Family Welfare Program					DOLE
41. Price monitoring of basic commodities					DTI
42. Diskwento caravans in depressed areas					DTI
43. Potable Water Support to ARAs/CP WASH					DAR, LGU, RNC, MNAO, ARBOs, DA, FEED
44. Sagana at Ligtas na Tubig sa Lahat or SALINTUBIG					DILG
45. MHAM Nutrition Resource Development Center					PAN-Cebu
46. Village Level Farm Focused Enterprise Development (VLFED)					DAR
47. Sustainable Livelihood Program					DSWD

48. Science and Technology-based Livelihood Enterprise Development					DOST Regional Office/ Prov'l S & T, Centers
49. Family Development Sessions for Pantawid Pamilya beneficiaries					DSWD in coordination with the LGUs
50. The RxBox 1000 program					DOST RO
51. WASH Water system support (Handwashing facilities) among school age children in Ubay, Bohol					World Vision, FEED
General Outputs for Nutrition-Sensitive Projects, see Annex 1 for details: 30-51-O.1. 20 projects in the region with tweaking strategies for nutritional impact 30-51-O.2. XX families enrolled in projects tweaked for nutritional impact 30-51-O.3. XX families involved in nutrition sensitive projects with increased income					
Major Activities for Nutrition-Sensitive Projects, see Annex 1 for details: 30-51-A.1. Determination of tweaking strategies for the project selected 30-51-A.2. Decision on other features to prepare implementation in the region 30-51-A.3. Implementation, monitoring and reporting of the project 30-51-A.4. General research developed with NEDA and the academe					

PROGRAM 11. ENABLING PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies Responsible
	2019	2020	2021	2022	
52. Research on the Effectiveness of Nutrition Sensitive Interventions					NNC, RNC
Output:				1	
52-O.1. Research completed and feed into redesign					
Major Activities:					
52-A.1. Development of TOR					
52-A.2. Research Contracting					
52-A.3. Implementation of the research project					
53. Mobilization of Local Government Units for Delivery of Nutritional Outcomes					DOH, NNC, RNC, DILG, LMP, LCP
Output:					
53-O.1. Regional strategy fully developed and agreed in RNC for LGU mobilization	1				
53-O.2. LGUs mobilized to improve planning & management of LNAPs and delivering nutritional outcomes	22 LGUs	22 LGUs	TBD	TBD	
Major Activities:					
53-A.1. Training of NDs for LGU Mobilization					
53-A.2. Dissemination of Best Practices					
53-A.3. Policy & budgetary support					
53-A.4. Enlisting of champions at the regional level					
53-A.5. Establish learning hubs					
53-A.6. Outstanding LNCs to mentor other LGU					
53-A.7. Engagement with LCEs					
53-A.8. Mobilize the leagues					
53-A.9. Establish fully funded nutrition office with staff compliment & complete training package					
53-A.10. Development of an LGU database system for improved planning & targeting for health, nutrition & social					

PROGRAM 11. ENABLING PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies Responsible
	2019	2020	2021	2022	
services					
53-A.11. Mobilize LGU for improved nutrition action including ECCD					
53-A.12. Strengthen commitment of health workers in their functions					
54. Policy Development for Food and Nutrition					NNC, RNC, RDC, SDC, NEDA
Outputs:					
54-O.1. RDC resolution enjoining LGUs in the region to support the 100 day complementary feeding as well as the supplementary feeding for pregnant women to advance outcomes of the First 1000 days program	1 RDC resolution				
54-O.2. RDC resolution reiterating support to the DILG MC on Support to PPAN at the LGU level	1 RDC resolution				
54-O.3. Resolution from the local leagues to support the PPAN and RPAN		Resolution in support to PPAN & RPAN (Bohol & Cebu)	Resolution in support to PPAN & RPAN (Negros Oriental & Siquijor)		
54-O.4. An inventory of major policies at the local level that require vigor in increased implementation & a strategy to improve such policies	1	1	1	1	
Major activities:					
54-A.1. Engagement with the RDC to secure various resolutions					
54-A.2. Development of plan for advocacy with the leagues					
54-A.3. Review of the policy implementation related to nutrition in the region & agreement on priorities for advocacy for the above					

PROGRAM 11. ENABLING PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies Responsible
	2019	2020	2021	2022	
54-A.4. Annual review of progress in policy development & setting of annual adjustments/ amendments					
55. Management Strengthening for RPAN Effectiveness					NNC, RNC, DILG, LMP, LCP, DBM
Outputs: 55-O.1. NNC Regional Office better equipped to meet the demands of RPAN	85% of RPAN targets				
55-O.2. Greater internalization of RNC member commitment to RPAN	100% of RNC member oriented 25% of RNC members cooperation in RPAN implementation	50% of RNC members	75% of RNC members	100% of RNC members	
Major Activities: 55-A.1. Annual formulation of the WFP responsive to the need of RPAN					
55-A.2. Members of the RNC ensure nutrition budget in their sector WFP					
55-A.3. Formulation and implementation of BNS capacity building across the board					
55-A.4. Institutionalization of FDS on F1K Child Care and nutrition for learning purposes					
55-A.5. Increase NPC visibility in LNCs					
55-A.6. Training of NDs for LGU Mobilization and Nutrition Program Strengthening at the LGU Level					
55-A.7. Establish fully funded nutrition office with staff compliment & complete training package					

Annex 1. RPAN Region VII 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
30. Gulayan sa Paaralan	Use of Gulayan sa Paaralan to benefit child nutrition	DA DepEd FEED	Outputs: 1. Establishment of vegetable garden among identified schools 2. Vegetable gardens harvests used in the school children feeding	100% of schools	100% of schools	100% of schools	100% of schools	Increased consumption of vegetables	Improved nutritional status of school children
			Major activities: 1. Consultation with partner agencies. 2. Conduct training on good agricultural practices on vegetable production 3. Provision of hybrid seeds						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			and garden tools (FEED). 4. Monitoring and technical supervision						
31. Home Gardens for Strengthening of complementary feeding program	Complementary feeding to strengthen the usage of locally available foods thru home gardens	DOH 7, NNC 7, LGUs, DOST, WV, PAN, FEED	Output: 1. Developed a Comprehensive Regional Complementary Feeding Plan 2. Implementation and monitoring of the Comprehensive Regional Complementary Feeding Plan (with Food Production)	/	/	/	/	Increased number of homes gardens and consumption of fruits and vegetables	Improved nutritional status
			Major Activities: 1. Formulation of Regional Complementary Feeding Plan strengthening use of locally available food, household food production (through home						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			gardens), and use of processing plants 2. Securing organizational resources for implementation 3. Implementation of the Regional Complementary Feeding Plan 4. Issuance of memorandum order to all LGUs from the Office of the Governor to patronize local complementary food products 5. Monitoring, reporting and adjustments						
32. School-based Complementary Health Services (Deworming and WASH)	Sufficient health services among elementary students	DepEd, DOH & FEED	Output: 1. All elementary schools in the region fully compliant with the provision of the complementary	100%	100%	100%	100%	Decrease prevalence of diseases among school children	Improved nutritional status among school children

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			<p>health service package.</p> <p>Major Activities:</p> <ol style="list-style-type: none"> 1. Allocation of resources 2. Provision of complementary health services (deworming, micronutrient supplementation, WASH in schools, nutrition education) 3. Link schools with private institutions and NGOs to generate resources for the establishment and/or maintenance of WASH facilities 4. Monitoring, project review and adjustments 						
33. Technology Transfer of Food Commodities	Targeting LGUs with high	DOST, PCA, ROs/PS T, Cs,	<p>Output:</p> <ol style="list-style-type: none"> 1. Number of technology adopters 	<p>2 LGUs</p> <p>2 centers</p>	<p>2 LGUs</p> <p>2 centers</p>	<p>2 LGUs</p> <p>2 centers</p>	<p>2 LGUs</p> <p>2 centers</p>	Increased production of safe foods	Improved nutritional status

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
	prevalence of malnutrition	LGUs, and SMEs	<p>2. Number of processing centers established</p> <p>Major Activities:</p> <p>1. Conduct of promotional activities/campaign for possible technology adaptors (LGUs and small scale enterprises)</p> <p>2. Provision of counter parting funds for the acquisition of technology thru GIA or SETUP</p> <p>3. Conduct trainings on the production of nutritious products and Food Safety & GMP (veggie breads, veggie noodles, iron-fortified rice, momsie, etc.)</p>						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			4. Provision of assistance for product development and packaging 5. Monitoring and evaluation of the project						
34. Mobilization of Rural Improvement Clubs (RICs) and other community-based organizations	Linkage with the LGUs through its LCEs and MA/MAO for nutritional outcomes	DA NGOs	Outputs: <ol style="list-style-type: none"> 1. Reactivate RIC/ARBOs and 4H Club 2. Provision of technical assistance 3. Vegetable gardens 4. Gardening Food Processing 	20% of RICs/4H Clubs	40% of RICs/4H Clubs	60% of RICs/4H Clubs	80% of RICs/'4 H Clubs	Supply of fresh and nutritious vegetables thereby, improving nutritional status of the schoolchildren	Decrease the prevalence of malnutrition among school children
			Major Activities: <ol style="list-style-type: none"> 1. Identification of qualified beneficiaries and site validation 2. Training on livestock 						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			management and the nutrients sources of meat 3. Monitoring and technical supervision 4. Distribution of good quality planting materials as source of mother plant						
35. Aquaculture Production Services	Targeting LGUs with high prevalence of malnutrition	BFAR LGUs	Output: 1. Poorest of the poor families with children under 5 provided with seaweeds farm inputs and fish cages to	100% of target families	100% of target families	100% of target families	100% of target families	Increased income among fisher folk families	Benefit nutrition and increase income status
			Major activities: 1. Site assessment & validation 2. Skills training on seaweeds farm management						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			3. Distribution of seaweed 4. Monitoring and evaluation						
36. Coastal Resource Management and BASIL (Balik sigla sa Ilog at Lawa) Establishment of Marine Protected Area and Coral Nurseries, BRUSH park Locations selected (Province/LGU) : 20 of LGUs with high malnutrition prevalence	MOA among areas	BFAR, IFAD and GAA	Output: 1. Established Marine Protected Area and Coral Nurseries, BRUSH park	5 established marine protected areas, coral nurseries & BRUSH Parks	5 established marine protected areas, coral nurseries & BRUSH Parks	5 established marine protected areas, coral nurseries & BRUSH Parks	5 established marine protected areas, coral nurseries & BRUSH Parks	Rivers rehabilitated	Available fish produce in the community

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			Major activities: <ol style="list-style-type: none"> 1. Coordination of target LGUs and site validation-resource assessment 2. Assist in the formulation of municipal fishery ordinance 3. Conduct training and assist in organizing bantay dagat and bantay lawa 4. Project Implementation 5. Regular monitoring and evaluation 						
37. Infrastructure Program and Maintenance Fund	Coordinate with the LGU (RHU and MSWD) to prioritize those families with	DPWH	Outputs: <ol style="list-style-type: none"> 1. MOA with DPWH, DOH and NNC forged 2. Priority areas identified 3. Beneficiaries hired for 	1 priority area identified	TBD	TBD	TBD	Increased family income and capacity to food access	Improved nutritional status of the undernourished children

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): Regionwide Coverage of families: 10% of vulnerable families	undernourished children		employment (works in the office as utility, maintenance, etc)						
			Major Activities: 1. Initial meetings on forging of MOA 2. MOA signing 3. Identification of project beneficiaries (families with malnourished PLW and children) 4. Hiring/Employment of beneficiaries 5. Monitoring and evaluation						
38. Farm to Market Projects	Coordination or linkage with the LGU (DA/ RHU) to prioritize those families	DPWH, DA & LGUs	Outputs: 1. MOA with DPWH, DOH and NNC forged 2. Priority areas identified	Base on request as approval by Congresspersons				Increased percentage of employment	

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
	with undernourished children		3. Beneficiaries hired for employment (works in the office as utility, maintenance, etc)					Increase household income and food supply	
			Major Activities: 1. Initial meetings on forging of MOA 2. MOA Signing 3. Identification of project beneficiaries (families with malnourished PLW and children) 4. Hiring/Employment of beneficiaries 5. Monitoring and evaluation						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
39. Assistance to Municipalities Program (AM)	Facilitate the delivery of basic services and easy transport of commodities from and to remote areas in the LGUs.	DILG	Outputs: <ol style="list-style-type: none"> 1. Construction of core local roads 2. Provision of potable water supply 3. Construction of local bridges 	92 core local roads 28 water projects 2 local bridges	TBD based on LDIP of LGUs	TBD based on LDIP of LGUs	TBD based on LDIP of LGUs	Number of local roads, water projects and local bridges constructed .	Easier and faster delivery of basic services and transport of commodities to and from remote areas in the LGUs.
			Major Activities: <ol style="list-style-type: none"> 1. Development of Local development investment program and menu of projects 2. Downloading of funds 3. Implementation of the program. 4. Monitoring and evaluation of the AM project. 						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
40. Family Welfare Program (FWP)- Labor Laws Compliance Officers (LLCO)/ FWP Focal	Target private companies for advocacy on healthy food choices	DOLE	Outputs: <ol style="list-style-type: none"> No. of companies inspected/ monitored No. of advocacy sessions on healthy food choices conducted Major Activities: <ol style="list-style-type: none"> Conduct of inspections Conduct of advocacy sessions Reporting Evaluation and adjustments 	80 companies for advocacy on healthy food choices				Increased awareness and knowledge on healthy food choices	Reduced prevalence of overweight and obesity
41. Price monitoring of basic commodities	Prioritizing areas with high prevalence of malnutrition	DTI	Outputs: <ol style="list-style-type: none"> Basic & prime commodities regulated/monitored 	728 Commodities	TBD Basic and prime commodities monitored	TBD Basic and prime commodities monitored	TBD Basic and prime commodities monitored	Increased awareness and knowledge on basic commodities for consumption	Improved nutritional status of the undernourished children

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
								n of families with malnourished children.	
			Major Activities: 1. Conduct of regular (Weekly) price Monitoring by Provinces 2. Reporting, monitoring, evaluation for scaling up						
42. Diskwento caravans in depressed areas	Prioritizing LGUs/communities with low income and marginalized population	DTI	Outputs: 1. # of LGUs, communities reached 2. Strengthened private-public partnership	No target set	2 Diskwento Caravans	TBD	TBD	Availability of food and non-food items at lower prices	Improved access to basic & prime commodities
			Major Activities: 1. Identification/selection of target areas 2. Coordination with LGUs						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			3. Mobilization of local manufactures 4. Conduct of the caravans 5. Monitoring, evaluation and adjustments						
43. Potable Water Support to ARAs CP-WASH (Facilities)	Targeting ARBHH with high prevalence of malnutrition.	DAR, LGU, RNC, MNAO, ARBOs, DA, FEED	Outputs: 1. Number amended local MOA 2. Number of ARBHH provided with livelihood and nutrition related interventions 3. Number of ARBHH members developed as nutrition champions	2 ARBOs	2 ARBOs	2 ARBOs	2 ARBOs	Improved nutritional status of the targeted ARBHH (e.g. increase in weight/ increase awareness on the use of potable water & sanitation practices).	Reduced malnutrition incidence and water born disease in the targeted ARBHH.
			Major Activities: 1. Meeting/dialogue with LGU, RNC &	Adoption of					

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			<p>concerned ARBOs.</p> <p>2. Consultation with concerned ARBOs & MNAOs on identification of ARBHH with high prevalence of malnutrition.</p> <p>3. Conduct nutrition related info-education activities.</p> <p>4. Identify and capacitate barangay level nutrition champions.</p> <p>5. Implement and monitor CP-WASH/WASH Livelihood with nutrition related projects.</p>	Modules on nutrition (FAO Video) as part of training designs of the project.				<p>Focused Livelihood adopted.</p> <p>Functional Nutrition Local Champions (e.g. regularity of meeting, access manages nutrition related projects.</p>	

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
44. Sagana At Ligtas na Tubig para sa Lahat Program (SALINTUBIG)	Provision of potable water supply to communities with high prevalence of malnutrition.	DILG	Outputs: <ol style="list-style-type: none"> 1. Number of water projects completed 2. Number of waterless barangays with access to potable water 	21 waterless brgys w/ access to potable water	50% waterless brgys w/ access to potable water	75% waterless brgys w/ access to potable water	75% waterless brgys w/ access to potable water	Improved health and sanitation	Improved nutritional status
			Major Activities: <ol style="list-style-type: none"> 1. Identification of waterless barangays in the region 2. Identified LGUs will undergo capacity development seminar in the implementation of the SALINTUBIG program. 3. CO will download funds to the RO; RO to turn-over funds 						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			to the LGU beneficiary 4. Implementation phase of the program; construction/rehabilitation of water project. 5. Monitoring and evaluation of the SALINTUBIG project.						
45. MHAM Nutrition Resource Development Center Locations selected Calidngan, Carcar City, Cebu	Linkages and coordination with stakeholders	PAN Cebu	Outputs: 1. Improved knowledge and skills in preparing nutritious food 2. Community-based food industry established 3. Community-based/farm based common post-harvest	10 trainings 1 community based farm 1 community farm based common post	10 trainings TBD by PAN-Cebu	10 trainings TBD by PAN-Cebu	10 trainings TBD by PAN-Cebu	Availability and increased consumption of nutritious foods at HH, schools and communities Increased family	Well-nourished women, children and the entire populace

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Coverage of families Mothers and “household cooks” skilled in cooking nutritious food- 1 barangay			facility established Major Activities: <ol style="list-style-type: none"> 1. Conduct of health and nutrition education/ trainings 2. Development of community-based food industry/livelihood trainings 3. Provision of seed capital 4. Processing of farm produce that retains nutritional value 5. Marketing of products 6. Monitoring, evaluation and adjustments/ expansion 	harvest facility				income and capacity access to nutritious food	
46. Village Level Farm Focused	Increase production supply of	DAR, DOST, NNC,	Outputs: <ol style="list-style-type: none"> 1. Number of participating 					Number of ARBO	Improved purchasing

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Enterprise Development (VLFED)	<p>ARBO processing center to supply LGU feeding programs.</p> <p>Adopt food fortification to existing products.</p> <p>Research & Development for product Enhancement (e.g. development of rice malunggay processed product etc.</p> <p>Amendment of Existing Local MOA with LGU to include the</p>	LGU, DTI, DA, ARBO	<p>ARBOs as regular supplier of the products.</p> <p>2. Number of ARBOs managed enterprises adopting food fortification.</p> <p>3. Standard recipe for products fortified/ enhanced</p>	Selected ARBOs	Selected ARBOs	Selected ARBOs	Selected ARBOs	<p>products fortified.</p> <p>Transformed ARBOs in operating their enterprises with social responsibilities</p>	<p>power as a result of increased in income from production and processing activities.</p> <p>Reduced malnutrition problems in the project site.</p>
			<p>Major Activities:</p> <p>1. Conduct Consultation with ARBOs covered under VLFED</p> <p>2. Conduct ARBO level trainings on nutrition, technology on food fortification.</p> <p>3. Provision of additional working capital to finance scaled up production.</p>					<p>Increased number of small holder farmers as raw material suppliers to ARBO managed processing center.</p>	

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
	NNC as partners for consideration of integrating nutrition concerns in the project.		4. Other markets for distribution of fortified products. 5. Conduct tracking and monitoring on the status of the targeted beneficiaries.						
47. Sustainable Livelihood Program ⁹	Priority is given to food poor 4Ps beneficiaries	DSWD	Output: 1. Number of beneficiaries provided with livelihood assistance.	As the Need Arises	ANA	ANA	ANA	Increased family income	Improved nutritional status
			Major Activities: 1. Area assessment and identification of beneficiaries 2. Conduct trainings and livelihood						

⁹The SLP Management Office cannot determine the targets for 2019-2022 since their provision of livelihood projects are based on the assessment of their field staff in coordination with the beneficiaries

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			3. Provision of livelihood assistance 4. Tracking and monitoring						
48. Science and Technology based Livelihood Enterprise Development	Prioritization of communities with high prevalence of malnutrition Targeting families with malnourished PLW and children	DOST LGUs, DAR, DTI, DSWD	Outputs: 1. Number of technology trainings conducted 2. Number of participants attended	4 30	4 60	6 90	6 90	Employment generated Increased family income and access to food	Improved nutritional status
			Major Activities: 1. Coordination with LGUs, LNCs 2. Identification of target beneficiaries 3. Conduct of community needs assessment 4. Conduct of trainings						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			5. Monitoring, evaluation, documentation and adjustments						
49. Family Development Session for Pantawid Pamilya beneficiaries	<p>Inclusion of food and nutrition modules in FDS</p> <p>Inclusion of vegetable gardening as part of the rice subsidy component</p>	DSWD & LGUs	<p>Output:</p> <p>1. Number of household with vegetable gardens</p> <p>Major Activities:</p> <p>1. Enhancement of the FDS modules integrating Food and Nutrition Modules:</p> <ul style="list-style-type: none"> • Basic Facts on Food, Nutrition and Health • Proper Nutrition for Pregnant and Lactating Mothers • Feeding the Infant 	100% of active/registered HHs	100% of active/registered HHs	100% of active/registered HHs	100% of active/registered HHs	<p>Increased knowledge on proper nutrition</p> <p>Increased consumption of vegetables</p> <p>Improved access to nutritious food</p>	Improved nutritional status

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			<ul style="list-style-type: none"> Planning and preparation of nutritious foods to achieve proper nutrition. 2. Conduct of FDS sessions using enhanced modules 3. Provision of vegetable garden supplements 4. Training on home gardening 5. Establishment of home gardens 6. Monitoring, evaluation and adjustments 						
50. The RxBox 1000 program	Deployment of RxBox1000 and training of trainers & 4 Rural	DOST-PCHRD, DOST IVA, DOST VII	Outputs: <ol style="list-style-type: none"> 1. Number of trainings conducted 2. Number of RHU staff trained 	1 3 50	100RxBox to be deployed	7 RxBox to be deployed	No target set	Access to life-saving health care service in isolated & disadvantaged	Improved maternal & neonatal health services

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
	Health Unit staff	DOH DILG	3. Number of RxBox deployed					ed communities region wide.	
			Major Activities: 1. Conduct of training of trainers among identified RHU staff						
			2. Cascading of training to rural health staff 3. Deployment of RxBox to rural health units						
51. WASH Water system support (Handwashing facilities) among school age children in Ubay, Bohol	Targeting nutritional depressed municipality	World Vision, FEED	Output: 1. Number of HH provided with hand washing facility	5 brgys	5 brgys	TBD	TBD	New hygiene behaviour/practices learned at school	Improved health and nutrition of school children
			Major Activities: 1. Coordination with LGUs 2. Selection of priority HH					Improved school attendance and decreased	

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			3. Setting up of WASH water system support 4. Monitoring, reporting and adjustments					drop out rates Decrease and prevention of diseases/infections caused by unsanitary school	

Annex 2. RPAN Region VII Programs and Projects to Meet the Standard and Achieve the Regional Outcome Targets

PROGRAMS	Agency Responsible		2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
	Lead	Support					
Program 1.INFANT AND YOUNG CHILD FEEDING							
Project 1. Mobilization of LGUs for the First 1000 days	NNC R7						NGAs NGOs LGUs
Outputs:							
1-O.1. All provinces and cities and at least 52 municipalities mobilized for F1K and nutrition by 2019			1 Prov 29 (52) Muns 5 Cities	1 Prov 29 (81) Muns 6 cities	29 (110) Muns	6 (116) Muns	
1-O.2. By the end of 2022 all 4 provinces, 16 cities and at least 80% of municipalities and cities are mobilized for F1K with provincial/municipal/city resolutions.							
Major activities:							
1-A.1. RNC to enjoin all governors and mayors to declare a political statement on addressing malnutrition, and endorsement of F1K and adoption of program of all cities/ municipalities.							
1-A.2. DILG to issue memo circular for the Adoption and							

	Implementation of the PPAN 2017-2022, and RO7 RPAN 2019-2022						
1-A.3.	Provincial Governors and City/ Municipal Mayors to convene key officials and other stakeholders to a forum on F1K and issuance of respective resolutions.						
1-A.4.	Preparation of P/M/CNAPs of all provinces, municipalities and cities including First 1000 days						
1-A.5.	Conduct PIR with bottleneck analysis of the first 1000 days in the next two years, in all RHUs in the region						
1-A.6.	NNC 7 to launch an incentive package for the best RHU implementing the first 1000 days						
Project 2. Information Management in the F1K	NNC R7						NGAs
Output:							
2-O.1.	A harmonized system of information for the efficient and effective implementation of F1K services utilized by the health system and the LGUs using FHSIS and ICLINIC-SYS.			Finalized information system	Adoption of the harmonized system		
Major activities:							

2-A.1.	Review of the system							
2-A.2.	Finalization of information system and for endorsement							
2-A.3.	Implementation of the approved harmonized information system and re-design							
Project 3.	Strengthen the health delivery system for F1K	NNC R7						NGAs, NGOs, development partners
Outputs:								
3-O.1.	Annual Performance and Implementation Review of LGUs and other multi-sectoral agencies on F1K compliance			2 Provs 23 Muns 5 Cities	1 (3) Provs 29 (52) Muns 5 Cities	29 (81) Muns 6 cities	4 Prs 35 (116) Muns 16 cities	
3-O.2.	Integration of F1K compliance in successive plans of LGUs and other multi-sectoral agencies completed			29 (52) Muns 6 Cities AOP's	29 (81) Muns AOP's	29 (110) Muns AOP's	6 (116) Muns AOP's	
3-O.3.	Continuous compliance monitoring (LGU Level)			Quarterly	Quarterly	Quarterly	Quarterly	
Major activities:								
3-A.1.	Planning of review							
3-A.2.	Execution of review							
3-A.3.	Reporting of results							
3-A.4.	Integration of results into new LGU plans							
3-A.5.	Capacity building of regionally deployed NDs and others							

Project 4. IYCF Health Systems Support	DOH						LGUs
Outputs:							
4-O.1. Health Facilities at all levels are MBFHI accredited by DOH			25%	25%	25%	25%	
4-O.2. IYCF implemented by Service Delivery Network (SDN)			20%	30%	50%	75%	
4-O.3. Health facilities and workplaces complaint to RA 10028			50%	25%	25%	25%	
Major activities:							
4-A.1. Monitoring and technical assistance of MBFHI							
4-A.2. Annual MBFHI updating in all health facilities.							
4-A.3. Government and private health facilities in each level to be developed as models of MBFHI							
4-A.4. Create a Task Force that ensures: <ul style="list-style-type: none"> - Establishment of protocols to set-up and maintain MBFHI - Program Implementation Review - MBFHI assessment for accreditation 							
4-A.5. Capacity building for health personnel to implement IYCF							
4-A.6. Coordination with Health Systems to make sure that SDN is following protocols of IYCF							
4-A.7. Creation of online tracking systems for clients needing IYCF support in functional SDN.							

4-A.8. Creation of a Task Force to ensure management of donated and pasteurized milk							
Project 5. Organization of Community-Based Support Group for IYCF	DOH, FEED	LGUs, D Ps					LGUs
Outputs:							
5-O.1. Institutionalized functional community support group in every barangay.			Institutionalized SG in every brgy	Institutionalized SG in every brgy	Institutionalized SG in every brgy	Institutionalized SG in every brgy	
5-O.2. Integration of IYCF in barangay/municipal nutrition in emergencies plan and disaster risk reduction management plan			/	/	/	/	
Major Activities:							
5-A.1. Institutionalize community support group in all levels of governance							
5-A.2. Peer counselling training							
5-A.3. Program Implementation Review of community support groups							
5-A.4. Online mechanism which allows continued communication of the support group							
5-A.5. Barangay level protocol established for IYCF in emergencies							
Project 6. Compliance of RA 10028	DOLE, CSC	DOH					DOLE, CSC, LGUs

6-O.1. Organizations and entities exercising their commitment to enforcement and compliance monitoring on EO 51 and RA 10028			/	/	/	/	
6-O.2. Monitoring and reporting system on EO 51 violation established			/	/	/	/	
Major activities:							
6-A.1. Resolution for DOLE, Civil Service and LGUs							
6-A.2. LGU Ordinance to request MBFS in renewal of Mayor's permit							
6-A.3. Organize a regional and provincial technical working group for both EO51 and part of RA 10028							
6-A.4. Regular updating and or re orientation of personnel for implementation of milk code in health facilities and workplaces							
6-A.5. Establishment of an online reporting system for violations related to EO 51							
6-A.6. Review of progress of enforcement and compliance monitoring and adjustments							
PROGRAM 2. MICRONUTRIENT SUPPLEMENTATION							
Project 7. Vitamin A Supplementation for postpartum women and children 6-23 months old	DOH, LGUs						DOH

Outputs:							
7-O.1. Institutionalized provision of Vitamin A capsules to post-partum women			/	/	/	/	
7-O.2. All RHUs providing 1 tablet of 200,000 IU Vitamin A capsule to postpartum women; 1 tablet of 100,000 IU Vitamin A capsule to children 6 to 11 months; and 1 tablet of 200,000 IU Vitamin A capsule given to children 12 to 23 months every 6 months			100%	100%	100%	100%	
Major activities:							
7-A.1. Improve planning and forecasting for logistics and distribution							
7-A.2. Operationalize the system for reporting vitamin A supplementation							
7-A.3. Communication support through the rural health system via SMS blast, social media, and local media							
7-A.4. Monitoring, reporting and adjustments							
Project 8. Vitamin A Supplementation for 24-59 months	DOH, LGUs						DOH
Outputs:							
8-O.1. All RHUs and BHS provide Vit A supplementation to 24-59 mos old children based on standards			116 muns, 16 cities and 100% high risk children	116 muns, 16 cities and 100% high risk children	116 muns, 16 cities and 100% high risk children	116 muns, 16 cities and 100% high risk children	

8-O.2. All RHUs providing 1 Vitamin A capsule to high risk children (diarrhoea and measles)			100%	100%	100%	100%	
8-O.3. A system of recording vitamin A supplementation operationalized			/	/	/	/	
Major activities:							
8-A.1. Planning and forecasting for logistics and distribution							
8-A.2. Distribution and consumption of supplements							
8-A.3. Operationalization of the system for tracking vitamin A consumption							
8-A.4. Communication support through the rural health system via SMS blast, social media, and local media							
8-A.5. Monitoring, reporting and adjustments							
Project 9. Anemia Reduction among Adolescents and Women of Reproductive Age (WRA)	DepEd, DOH, LGUs						DepEd & DOH
Outputs:							
9-O.1. All RHUs, BHS and Adolescent Women of Reproductive Age provided with IFA based on standards			100%	100%	100%	100%	

Major activities:							
9-A.1. Improve planning and forecasting for logistics and distribution of all micronutrient supplements							
9-A.2. Workshop on developing the DOS (Directly Observed Supplementation) strategy							
9-A.3. Communication support through the rural health system via SMS blast, social media, and local media (Radyo Kaiguonan and Radyo Kahimsug)							
9-A.4. Conduct training on micronutrient supplementation program among all health personnel							
9-A.5. Monitoring, reporting, and adjustments of the tracking system							
Project 10. Provision of Therapeutic Micronutrient Supplements	DOH						DOH
Outputs:							
10-O.1. All RHUs and BHS provide Vitamin A capsule to sick children, iron for LBW and preterm babies, iron for anemic pregnant and lactating women and zinc for children with			100%	100%	100%	100%	

diarrhea							
10-O.2. All RHUs to provide lipid based nutrient supplement based on standards			100%	100%	100%	100%	
Major Activities							
10-A.1. Planning and forecasting of capsule distribution							
10-A.2. Distribution and consumption of capsules							
10-A.3. Provision of lipid-based nutrient supplement for 120 days to Pregnant women							
10-A.4. 6-23 mos provision of lipid-based nutrient supplement in addition to CF							
Project 11. Iron supplementation for pregnant and lactating women, calcium carbonate supplementation from 5 months of age of gestation to delivery and low birth weight infants, and MNP supplementation to children 6-23 months	DOH & LGUs						DOH
Output:							
11-O.1. All 118 RHUs and 683 BHS providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women and MNPs to children 6 to 23 months			100%	100%	100%	100%	

11-O.2. Developed and operationalized DOS (Directly Observed Supplementation) strategy and tracking system on the consumption of supplements in all cities and municipalities only in Region VII			100%	100%	100%	100%	
Major activities:							
11-A.1. Improve planning and forecasting for logistics and distribution of all micronutrient supplements							
11-A.2. Workshop on developing the DOS (Directly Observed Supplementation) strategy							
11-A.3. Pilot test and operationalize the system for tracking the consumption of iron supplementation of pregnant and lactating women, and low birth weight infants							
11-A.4. Communication support through the rural health system via SMS blast, social media, and local media (Radyo Kaigsoonan, Radyo Kahimsog)							
11-A.5. Provision of MNP to children 6 to 23 mos							
11-A.6. Conduct training on micronutrient supplementation							

program among all health personnel							
11-A.7. Monitoring, reporting, and adjustments of the tracking system, supply and distribution of MNPs							
PROGRAM 3. DIETARY SUPPLEMENTATION PROGRAM							
Project 12. Mobilization of LGU resources for dietary supplementation for pregnant women and 6-23 months of food insecure families	DOH	FEED & LGUs					LGUs
Output: 12-O.1. LCEs in all municipalities and cities issued policy with budget allocation to implement dietary supplementation program for nutritionally at-risk pregnant women, and children 6-23 months belonging to the food insecure families			29 (81) muns, 6 cities	29 (110) Muns, 4 cities	6 (116) Muns		
Major Activities: 12-A.1. Planning for the supplementation program for LGUs including definition of the supplementary food package							
12-A.2. Conduct orientation and coordination meetings							
12-A.3. Development of the mechanics, methodologies, and monitoring							

	& evaluation tools for the dietary supplementation							
12-A.4.	Implementation in pilot municipalities and cities							
12-A.5.	Monitoring, reporting, and adjustments in preparation for scaling-up							
Project 13. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays		DSWD & LGUs						DSWD
Output:								
13-O.1.	All child development centers and SNPs operating with supplementary feeding program			2980 CDCs & SNPs 115,470 children	3069 CDCs & SNPs 118,934 children	3161 CDCs & SNPs 122,502 children	3255 CDCs & SNPs 126,177 children	
Major Activities:								
13-A.1.	Develop a system for compliance monitoring and technical assistance for CDC							
13-A.2.	Development of an LGU database system for improved planning & targeting for health, nutrition & social services							
13-A.3.	Downloading of funds and implementation of the 120 days feeding							
13-A.4.	Proper documentation of best practices in child friendly areas							
13-A.5.	Annual Program Implementation Review and program adjustment							

Project 14. School-based supplementary feeding program for School Children	DepEd	FEED					NGA
Output:							
14-O.1. All public elementary schools in the region operating the school-based feeding program			100%	100%	100%	100%	
Major Activities:							
14-A.1. Conduct baseline measurement and mapping of schools with wasted learners							
14-A.2. Conduct orientation on SBFP guidelines to implementers (school head, district supervisor, health personnel, parents) in all targeted schools identified with wasted learners							
14-A.3. Build capacities of SBFP implementers on nutrition education							
14-A.4. Implementation of the 120 days feeding							
14-A.5. Monitoring, reporting progress and conduct of PIR							
Project 15. Milk Feeding Program	NDA 7						NDA & LGUs
Output:							
15-O.1. Number of LGUs who partnered with NDA Visayas for the Milk			TBD	TBD	TBD	TBD	

Feeding Program							
Major Activities:							
15-A.5. Conduct of preparatory visits with LGUs							
15-A.6. Provision of TA in procurement of dairy cattle							
15-A.7. Provision of TA in milk harvesting							
15-A.8. Assistance in marketing milk produce							
PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT							
Project 16. U4U (Youth 4 Youth) teen trail groups : Teen Chat	POPC OM						NGA
Outputs:							
16-O.1. No. of youth leaders (adolescents/students) trained to be youth leaders and sustainable U4U group (meets once a month)			20% trained youth leaders	20% trained youth leaders	20% trained youth leaders	20% trained youth leaders	
Major Activities:							
16-A.1. Conducting of U4U/ Teen Chat orientations (but will highlight only: TeenChat) for possible youth leaders of LGUs who will sustain U4U groups							
16-A.2. Peer Education Training of trainers for youth leaders							

16-A.3. Monitoring and evaluation of possible application of Local Government Units of the project U4U or Youth 4 Youth groups during the MELLPI							
Project 17. Learning Package for Parent Education on Adolescent Health and Development (LPPEAHD)	POPCOM						NGA, LGUs
Output: 17-O.1. No. of parents with adolescent child oriented in LPPEAHD			20% of parents oriented	20% of parents oriented	20% of parents oriented	20% of parents oriented	
Major Activities 17-A.1. Conducting an orientation of parents with teenagers							
17-A.2. Monitoring and evaluation of the effectivity of project by decreased prevalence of teenage pregnancy in the LGU							
17-A.3. Monitoring and evaluation of the effectiveness of the program by decreased prevalence of teenage pregnancy							
Project 18. Establishment of Teen Centers	POP COM	DepEd					NGA
Output: 18-O.1. Number of school-based teen centers established			20% centers established	20% centers established	20% centers established	20% centers established	
Major activities:							
18-A.1. Establishment of teen centers in schools vis the incorporation of							

teen corners in school clinics/ guidance counselor rooms							
18-A.2. Provide training on school nurses/ guidance counselors as point persons for teen centers							
18-A.3. Monitoring and evaluation of the effectiveness of the program by decreased prevalence of teenage pregnancy							
Project 19. Program for Young Parents (PYP)	DOH, LGUs						NGA
Output:							
19-O.1. PYP centers established in hospitals			80%	80%	80%	80%	
19-O.2. No. of teen moms that availed the services in PYP centers			20%	30%	40%	50%	
Major Activities:							
19-A.1. Conduct of advocacy and consultative meetings among relevant stakeholders							
19-A.2. Forging of agreement on the establishment of PYP centers							
19-A.3. Provision of services to teen moms							
19-A.4. Monitoring and reporting							
19-A.5. Evaluation and adjustments							

Project 20. Healthy Young Ones (HYO)	DOH						
Outputs:							
20-O.1. No. of adolescents given information on health through HYO			80%	50%	50%	50%	
Major Activities:							
20-A.1. Capacitate healthcare providers							
20-A.2. Provision of flip-tarpaulin to healthcare providers							
20-A.3. Orient and conduct discussion to 10-19 years old adolescents							
20-A.4. Monitoring and evaluation of the effectiveness by decreased prevalence of teenage pregnancy							
PROGRAM 5. OVERWEIGHT AND OBESITY							
Project 21. Nutrition Education and Weight Management for Overweight and Obese	RNC	NNC, PNA, LGUs, Academe					NGA, LGUs, NGOs
Output:							
21-O.1. Percentage of targets beneficiaries reached			20% target LGU beneficiaries	20% target LGU beneficiaries	20% target LGU beneficiaries	20% target LGU beneficiaries	
Major Activities:							
21-A.1. Conduct of consultative meetings							

21-A.2.	Nutrition assessment and masterlisting of project participants							
21-A.3.	Advocacy for policy support							
21-A.4.	Training on the promotion of nutritious foods and healthy beverages, positive eating behaviors, and provide healthy eating environment in schools, RHU, BHS							
21-A.5.	Dissemination of IEC materials to schools, RHU and BHS							
21-A.6.	Conduct of nutrition education and counselling sessions (seminars, fora, campaigns, orientation sessions)							
21-A.7.	Monitoring and evaluation of the effectiveness of the project							
Project 22. Healthy lifestyle support group	DOH, DA DepEd, RNC, DOLE, NNC							NGAs
Output:								
22-O.1.	Number of agencies and LGUs with fitness clubs established			25 RNC 10 LGUs	25 RNC 10 LGUs	25 RNC 10 LGUs	25 RNC 10 LGUs	
Major activities								
22-A.1.	Establishment of healthy lifestyle support group							

22-A.2.	Giving of incentives for well documented, organized and consistent wellness/fitness clubs in the community						
22-A.3.	Monitoring and evaluation of the effectiveness of wellness/fitness groups and inclusion in the Provincial and Regional MELLPI						
PROGRAM 6. NUTRITION IN EMERGENCIES							
Project 23. Strengthening Capacities of Local Nutrition Clusters on Nutrition in Emergencies		NNC, DILG					NGAs
Outputs:							
23-O.1.	NNC Governing Board resolution on NiEm widely disseminated			116 muns 16 cities 4 provinces			
23-O.2.	RNC agencies and other agencies included in GB Resolution re/oriented on Nutrition in Emergencies				50% of RNC agencies oriented		
23-O.3.	All provinces and cities and at least 80% of LGUs in the region have organized and fully functional Nutrition Clusters (with stock piling of nutrition related commodities available)			80%			

23-O.4. Nutrition in Emergencies plans formulated in all provinces and cities and at least 75% of municipalities with nutrition clusters			25% of Cities and Muns	50% of Cities and Muns	60% of Cities and Muns	75% of Cities and Muns	
Major Activities:							
23-A.1. Re-dissemination of NNC Governing Board resolution and subsequent RNC resolution to agencies and LGUs							
23-A.2. Conduct a bi-annual inventory and securing prepositioning of NiEM commodities and tools (e.g. Vitamin A, iron, MNP, MUAC Tapes, RUTF)							
23-A.3. Conduct of trainings on NiEm in remaining areas							
23-A.4. Conduct annual capacity mapping							
23-A.5. Conduct of intra and inter cluster coordination meetings							
23-A.6. Assessment and adjustments							
Project 24. Provision of Timely and Adequate Nutrition Services in times of emergencies and disasters	DOH, RN Cluster						NGAs, LGUs
Output:							
24-O.1. Minimum Service Package for NiE provided to all affected areas			100% of affected LGUs				

24-O.2. Organized Rapid Nutrition Assessment Teams and IYCF-E/Breast feeding support groups			1 regional level 2 prov level each for RNAT and IYCF-E	2 prov level 8 city level each for RNAT and IYCF-E	8 city level each for RNAT and IYCF-E		
24-O.3. Systematized referral system put into place			Referral system developed	Referral system tested	4 provinces	16 cities	
24-O.4. Nutrition in Emergencies messages disseminated thru quad media			5 posts/broadcast mentions per emergency	5 posts/broadcast mentions per emergency	5 posts/broadcast mentions per emergency	5 posts/broadcast mentions per emergency	
Major Activities:							
24-A.1. Conduct of intra and inter cluster coordination meetings							
24-A.2. Organize and mobilization of rapid nutrition assessment and IYCF-E teams							
24-A.3. Set-up reporting and referral system for NiEm							
24-A.4. Development, reproduction and dissemination of NiEm							

24-A.5.	education, information materials After action review/ post incident evaluation or post emergency review							
24-A.6.	Monitoring and updating of NiEm plans							
PROGRAM 7. MANDATORY FOOD FORTIFICATION								
Project 25. Advocacy for and Monitoring of compliance to RA 8976 and RA 8172		DOH, NNC RO, FDA	RBATF 7					NGAs, LGUs
Output:				1 system/p lan for complian ce	Monitoring of the Plan			
25-O.1.	A system/plan for both advocacy and compliance monitoring of food fortification strengthened and implemented							
Major activities:								
25-A.1.	Strengthening the regional and local Bantay Asin Task Forces and other Food Fortification Task Forces or other structures							
25-A.2.	Mapping of and conduct of advocacy and consultative dialogues with, salt producers/ manufacturers/traders and LGUs							
25-A.3.	Implementation of a strong media and communication strategy							

25-A.4.	Provision of technical assistance on the organization and functionality of Bantay Asin and FF Task Forces							
25-A.5.	Conduct of salt and FF monitoring, reporting and action taking							
25-A.6.	Assessment of initiatives and adjustments							
25-A.7.	Creation of Food Fortification Task Force							
PROGRAM 8. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION								
Project 26. Enhancement of PIMAM Facilities, Capacities and Provision of Services		DOH	LGU					NGA, LGUs
Outputs:								
26-O.1.	RHU and Health Facilities capacitated for the implementation of PIMAM			80% of RHU and Health Facilities				
26-O.2.	Identified SAM/MAM cases provided with PIMAM commodities that are properly administered			100% in 4 provinces				
Major Activities								
26-A.1.	Capacity mapping of trained LGUs on PIMAM							
26-A.2.	Training of hospital and community-based PIMAM implementers							

26-A.3. Establishment of referral system							
26-A.4. Provision of supplementary food for acutely malnourished 6-59 months old children (RUTF, RUSF, F75, F100)							
PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE							
Project 27. Stocktaking study of the status of the program including resources & end user profile	NNC RO, NNC CO,	Media Group, DOH, Dev. Partners, NGOs, INGOs					NGA
Outputs:							
27-O.1. Recommendations on key features of new regional nutrition program for promotion for behavior change			1 regional nutrition promotion plan				
27-O.2. Assessment of levels of achievement of MIND7 & other communication efforts in the region completed			1 Message recall survey				
Major activities:							
27-A.1. Formulation of TOR							
27-A.2. Contract process for study							
27-A.3. Completion of study							
27-A.4. Review of the implication of study in the formulation of new							

regional program for behavior change							
Project 28. Formulation of the regional nutrition program for promotion for behavior change	NNC RO, NNC CO,	Media Group, DOH, Dev. Partners , NGOs, INGOs					NGA, NGOs
Outputs:							
28-O.1. A regional nutrition program for promotion for behavior change formulated			1 regional nutrition promotio n plan	/	/	/	
Major activities:							
28-A.1. Consultation with RNC, media partners, & others in the region to establish parameters for the program							
28-A.2. Contract experts/advisers to support regional formulation process							
28-A.3. Program formulation by the regional team							
28-A.4. Review process							
28-A.5. Resource mobilization & partnership building & securing key commitments							
28-A.6. Establishment of the organization of the program including the research							

component							
28-A.7. Launching of the program							
28-A.8. Monitoring progress							
28-A.9. Annual PIR & adjustments							
Project 29. Communication Support	NNC	NGAs					
Outputs: 29-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K, GAW and quad media campaign to be fully developed and implemented			1 regional nutrition promotion plan	/	/	/	
Major activities:							
29-A.1. Communication planning including the inventory of existing communication projects and tools							
29-A.2. Development of improved key messages and communication materials and collaterals							
29-A.3. Pre-testing of developed materials in regional level							
29-A.4. Implementation, monitoring, evaluation and adjustments							
PROGRAM 10. NUTRITION SENSITIVE PROGRAM							NGAs
Project 30. Gulayan sa Paaralan	DA, DepEd, FEED						

Project 31.	Home Gardens for Strengthening of complementary feeding program	DA, DOST & NGOs					
Project 32.	School-based complementary health services (Deworming and WASH)	DEPED & DOH					
Project 33.	Technology transfer of food commodities	DOST RO & PCA					
Project 34.	Mobilization of Rural Improvement Clubs (RICs) and other community-based organizations	DA & NGOs					
Project 35.	Aquaculture Production Services	BFAR, IFAD & GAA					
Project 36.	Coastal Resource Management and BASIL (Balik Sigla sa Ilog at Lawa) Establishment of Marine Protected Areas and Coral Nurseries, BRUSH park	BFAR, IFAD & GAA					
Project 37.	Infrastructure Program and DPWH Maintenance Fund	DPWH					
Project 38.	Farm-to-Market Projects	DA & DPWH					
Project 39.	Assistance to Municipalities Program	DILG					
Project 40.	Family Welfare Program	DOLE					
Project 41.	Price monitoring of basic commodities	DTI					
Project 42.	Diskwento caravans in depressed areas	DTI					
Project 43.	Potable Water Support to	DAR & WV					

ARAs/CP WASH							
Project 44. Sagana at Ligtas na Tubig sa Lahat or SALINTUBIG	DILG						
Project 45. MHAM Nutrition Resource Development Center	PAN Cebu Chapter						
Project 46. Village Level Farm Focused Enterprise Development (VLFED)	DAR						
Project 47. Sustainable Livelihood Program	DSWD in coordination with the LGUs						
Project 48. Science and Technology-based Livelihood Enterprise Development	DOST RO						
Project 49. Family Development Sessions for Pantawid Pamilya beneficiaries	DSWD						
Project 50. The RxBox 1000 program	DOST RO						
Project 51. WASH Water system support (Handwashing facilities) among school age children in Ubay, Bohol	WV & FEED						
General Outputs for Nutrition-Sensitive Projects, see Annex 1 for details: 30-51-O.1. 20 projects in the region with tweaking strategies for nutritional impact 30-51-O.2. XX families enrolled in projects tweaked for nutritional impact 30-51-O.3. XX families involved in nutrition sensitive projects with increased income							

Major Activities for Nutrition-Sensitive Projects, see Annex 1 for details: 30-51-A.1. Determination of tweaking strategies for the project selected 30-51-A.2. Decision on other features to prepare implementation in the region 30-51-A.3. Implementation, monitoring and reporting of the project 30-51-A.4. General research developed with NEDA and the academe							
PROGRAM 11. ENABLING PROGRAM							
Project 52. Research on the Effectiveness of Nutrition Sensitive Interventions	NNC RO	RNC					NGA
Output: 52-O.1. Research completed and feed into redesign			No target set			1 research completed and feed into redesign	
Major Activities:							
52-A.1. Development of TOR							
52-A.2. Research contracting							
52-A.3. Implementation of the research project							

Project 53. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	DOH, DILG & NNC						NGAs, NGOs, DP
Outputs:							
53-O.1. Regional strategy fully developed and agreed in RNC for LGU mobilization			1 Regional strategy fully developed				
53-O.2. LGUs mobilized to improve planning & management of LNAPs and delivering nutritional outcomes			No target set	22 LGUs	TBD	TBD	
Major Activities:							
53-A.1. Training of NDs for LGU mobilization							
53-A.2. Dissemination of best practices							
53-A.3. Policy & budgetary support							
53-A.4. Enlisting of champions at the regional level							
53-A.5. Establish learning hubs							
53-A.6. Outstanding LNCs to mentor other LGU							
53-A.7. Engagement with LCEs							
53-A.8. Mobilize the league							
53-A.9. Establish fully funded nutrition office with staff compliment & complete training package							

53-A.10. Development of an LGU database system for improved planning & targeting for health, nutrition & social services							
53-A.11. Mobilize LGU for improved nutrition action including ECCD							
53-A.12. Strengthen commitment of health workers in their functions							
Project 54. Policy Development for Food and Nutrition	NNC Region	RNC, RDC, SDC, NEDA					NGAs, NGOs, development partners
Outputs:							
54-O.1. RDC resolution enjoining LGUs in the region to support the First 1000 days program and complementary feeding for pregnant women and children 6-23 months to advance outcomes of the First 1000 days program			1 RDC resolution				
54-O.2. RDC resolution reiterating support to the DILG MC on support to PPAN at the LGU level			1 RDC resolution				
54-O.3. Resolution from the local leagues to support the PPAN and RPAN				Resolution in support to PPAN & RPAN (Bohol & Cebu)	Resolution in support to PPAN & RPAN (Negros Oriental & Siquijor)		

54-O.4. An inventory of major policies at the local level that require vigor in increased implementation & a strategy to improve such policies			1	1	1	1	
Major activities:							
54-A.1. Engagement with the RDC to secure various resolutions							
54-A.2. Development of plan for advocacy with the leagues							
54-A.3. Review of the policy implementation related to nutrition in the region & agreement on priorities for advocacy for the above							
54-A.4. Annual review of progress in policy development & setting of annual adjustments/ amendments							
Project 55. Management Strengthening for RPAN Effectiveness	NNC RO, RNC, DILG, LMP, LCP						NGAs, NGOs, development partners
Outputs:							
55-O.1. NNC Regional Office better equipped to meet the demands of RPAN			85% of RPAN targets achieved				

55-O.2. Greater internalization of RNC members commitment to RPAN			100% of RNC members oriented				
			25% of RNC member cooperation	50% of RNC member cooperation in	75% of RNC member cooperation in	100% of RNC member cooperation in	
Major Activities:							
55-A.1. Annual formulation of the WFP responsive to the need of RPAN							
55-A.2. Members of the RNC ensure nutrition budget in their sector WFP							
55-A.3. Formulation and implementation of BNS capacity building across the board							
55-A.4. Institutionalization of FDS on F1K child care and nutrition for learning purposes							
55-A.5. Increase NPC visibility in LNCs							
55-A.6. Training of NDs for LGU mobilization and nutrition program strengthening at the LGU Level.							
55-A.7. Establish fully funded nutrition office with staff compliment & complete training package							

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

PROGRAM/ PROJECT	Agen cy/ies Resp onsibl e	Budgetary Requirement								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: Infant And Young Child Feeding		45,000	1,220,000	10,000	1,259,900	10,000	4,264,898	10,000	4,269,995.76	75,000	11,014,793.80	
Project 1. Mobilization of LGUs on the First 1000 days	NNC R7	15,000			15,300		15,606		15,918	15,000	46,824	Funds to be included in PPAN budget
Project 2. Information Management in the F1K	NNC R7		10,000		10,200		10,404		10,612	0	41,216	For inclusion in the Family Health and HEPO plans and budget
Project 3. Strengthen the health delivery system for F1K	NNC R7	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	0	0	
Project 4. IYCF Health Systems Support	DOH, LGUs		1,000,000		1,000,000		4,000,000		4,000,000	0	10,000,000	Lobby with NGOs, LGUs
Project 5. Organization of Community-Based Support Group for IYCF	DOH, FEED, DPs		200,000.00		204,000.00		208,080.00		212,241.60	0	824,322	Include project as part of the agenda for funding during NGO forums
Project 6. Compliance of RA 10028	DOLE & CSC	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	40,000	40,000	Lobby CSC to monitor compliance of government agencies
	DOH, FDA, LGUs	20,000.00			20,400.00		20,808.00		21,224.16	20,000.00	62,432.16	DOH to ensure functionality of breastfeeding task force

PROGRAM/ PROJECT	Agen cy/ies Resp onsibl e	Budgetary Requirement								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 2: Micronutrient Supplementation Program		121,736,802	0	42,146,925	81,984,727	42,949,499	83,624,420	43,767,641	85,296,907	250,600,867	250,906,054	
Project 7. Vitamin A Supplementation for postpartum women and children 6-23 months old	DOH 7 & LGUs	2,242,000	-	-	2,286,840	-	2,332,576	-	2,379,227	2,242,000	6,998,643	
Project 8. Vitamin A Supplementation for 24-59 months												
Project 9. Anemia Reduction among Adolescents and Women of Reproductive Age (WRA)	DepEd, DOH & RHU	36,374,000 4,985,618	0	37,101,480 5,045,445	0	37,843,509 5,105,990	0	38,600,379 5,167,262	0	149,919,368 20,304,316	0	
Project 10. Provision of Therapeutic Micronutrient Supplements	DOH	TBD		TBD		TBD		TBD		TBD		
Project 11. Iron supplementation for pregnant and lactating women, calcium carbonate supplementation from 5 months of age of gestation to delivery and low birth weight infants, and MNP supplementation to children 6-23 months	DOH & LGUs	78,135,184	0	0	79,697,887	0	81,291,844	0	82,917,680	78,135,184	243,907,411	
Program 3: Dietary Supplementation		466,846,000	0	524,881,200	0	593,403,600	3,000,000	227,118,600	383,400,000	1,812,249,400	0	

PROGRAM/ PROJECT	Agen cy/ies Resp onsibl e	Budgetary Requirement								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 12. Mobilization of LGU resources for dietary supplementation for pregnant women and 6-23 months of food insecure families	DOH, FEED & LGUs		TBD		TBD		TBD		TBD		TBD	
Project 13. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	DSWD	207,846,000	0	214,081,200	0	220,503,600	0	227,118,600	0	869,549,400	0	Lobby NGOs and LGUs to fund 2022 activities
Project 14. School-based supplementary feeding program for School Children	DepEd & FEED	259,000,000	0	310,800,000	0	372,900,000	0	0	380,400,000	942,700,000	380,400,000	
Project 15. Milk Feeding Program	NDA	TBD		TBD		TBD		TBD		TBD		Coordinate with NDA Central Visayas
Program 4: Adolescent Health and Development		1,115,400	500,000	350,000	933,708	350,000	952,381	350,000	971,428	2,165,400	3,357,517	
Project 16. U4U (Youth 4 Youth) teen trail groups : Teen Chat	POPCOM	33,400	0	0	34,068	0	34,749	0	35,444	33,400	104,261	For PopCom to include in WFP; for integration in other PopCom activities
Project 17. Learning Package for Parent Education on Adolescent Health and Development (LPPEAHD)	POPCOM	208,000	0	0	212,160	0	216,403	0	220,731	208,000	649,294	For PopCom to include in WFP; for integration in other PopCom activities

PROGRAM/ PROJECT	Agen cy/ies Resp onsibl e	Budgetary Requirement								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 18. Establishment of Teen Centers	POPC OM	174,000	0	0	177,480	0	181,029	0	184,649	174,000	543,158	For PopCom to include in WFP; for integration in other PopCom activities
Project 19. Program for Young Parents (PYP)	Hospit al / LGU, EH-VH	0	500,000	0	510,000	0	520,200	0	530,604	0	2,060,804	For EH-VH to include in WFP; for integration in other EH-VH activities
Project 20. Healthy Young Ones	DOH	700,000	0	350,000	0	350,000	0	350,000	0	1,750,000	0	
Program 5: Overweight and Obesity Management and Prevention (Adult)		15,406,000	0	26,010,000	1,423,920	36,010,000	1,452,398	10,000	39,181,445	77,436,000	42,057,763	
Project 21. Nutrition Education and Weight Management for Overweight and Obese		PNA										
	RNC, NNC, PNA, LGU, Acade me	10,000	0	0	10,200	0	10,404	0	10,612	10,000	31,216	PNA to include activities in their annual WFP
		RNC										
		5,000	0	5,000	0	5,000	0	5,000	0	20,000	0	
Project 22. Healthy lifestyle support group	DOH, DA, DepEd, RNC, DOLE, NNC, LGUs	DA										Pass RNC resolution to encourage agencies to implement healthy lifestyle support group
		1,386,000	0	0	1,413,720	0	1,441,994	0	1,470,833	1,386,000	4,326,547	
		DepEd										
		14,000,000	0	26,000,000	0	36,000,000	0	0	37,700,000	76,000,000	37,700,000	
		RNC										
		5,000	0	5,000	0	5,000	0	5,000	0	20,000	0	
DOLE												

PROGRAM/ PROJECT	Agen cy/ies Resp onsibl e	Budgetary Requirement								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	
		0	10,000	0	10,200	0	10,404	0	10,612	0	41,216	To include in DOLE WFP
Program 6: Nutrition in Emergencies		110000	0	112200	0	114444	0	116732.88	0	453,377	0	NiE plan to be included in RNC members' WFPs
Project 23. Strengthening Capacities of Local Nutrition Clusters on Nutrition in Emergencies	NNC, DILG & FEED	10,000	0	10,200	0	10,404	0	10,612	0	41,216	0	
Project 24. Provision of Timely and Adequate Nutrition Services in times of emergencies and disasters	DOH, RNC cluster	100,000	0	102,000	0	104,040	0	106,121	0	412,161	0	
Program 7: Mandatory Food Fortification Program		50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	200,000	200,000	For inclusion in the Family Health and HEPO activities and budgeting
Project 25. Advocacy for and Monitoring of Compliance of RA 8976 and 8172	DOH, NNC 7, FDA, RBATF 7	50000	50000	50000	50000	50000	50000	50000	50000	200,000	200,000	
Program 8: Philippine Integrated Management of Acute Malnutrition (PIMAM)		1,300,000	0	1,326,000	0	1,352,520	0	1,379,570	0	5,358,090	0	
Project 26. Enhancement of PIMAM Facilities and Provision of Services	DOH, LGUs	1,300,000	0	1,326,000	0	1,352,520	0	1,379,570	0	5,358,090	0	
Program 9: Nutrition Promotion for Behaviour Change		1,322,000	0	1,252,000	71,400	1,252,000	72,828	1,252,000	74,285	5,078,000	218,513	

PROGRAM/ PROJECT	Agen cy/ies Resp onsibl e	Budgetary Requirement								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 27. Stocktaking study of the status of the program including resources & end user profile	NNC RO, NNC CO, Media Group, DOH, Dev. Partner s, NGOs, INGOs	100,000	0	100,000	0	100,000	0	100,000	0	400,000	0	For funding proposal to NGOs
Project 28. Formulation of the Regional Program on Nutrition Promotion for Behaviour Change		70,000	0	0	71,400	0	72,828	0	74,285	70,000	218,513	Unfunded activities to be included in NNC 7 media plan
Project 29. Communication Support for: - F1k - GAW - Quad Media	NNC, NNC CO, Media, DOH & NGOs	1,152,000	0	1,152,000	0	1,152,000	0	1,152,000	0	4,608,000	0	
Program 10: Nutrition Sensitive		318,417,900	28,104,425,000	364,455,450	28,676,894,042	435,995,365	29,255,757,422	37,540,509	30,246,923,388	1,156,709,224	115,893,407,062	
Project 30. Gulayan sa Paaralan	DA	1,000,000	0	0	1,020,000	0	1,040,000	0	1,061,208	1,000,000	3,121,208	
	DepEd	12,000,000	0	17,000,000	0	26,000,000	0	0	26,500,000	55,000,000	26,500,000	
Project 31.Home Gardens for Strengthening of complementary feeding program	DOST, WV, PAN, FEED, NNC & LGUs	2,140,000	0	0	2,182,800	0	2,532,456	0	2,895,225	2,140,000	7,610,481	Ensure inclusion of project in in agencies' WFP Lobby for DOST support in putting up additional food plants
Project 32. School- based complementary health services	DEPE D, & DOH	259,000,000	0	310,800,000	0	372,900,000	0	0	380,400,000	942,700,000	380,400,000	Lobby NGOs and LGUs to fund 2022 activities

PROGRAM/ PROJECT	Agen cy/ies Resp onsibl e	Budgetary Requirement								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 33. Technology transfer of food commodities	DOST RO & PCA	0	0	0	0	0	3,000,000	0	3,000,000	0	6,000,000	Ensure inclusion of project in in agencies' WFP
Project 34. Mobilization of Rural Improvement Clubs (RICs) and other community-based organizations	DA, NGOs	0	50,000	0	51,000	0	52,020	0	53,060	0	206,080	For inclusion in DA & LGU WFPs
Project 35. Aquaculture Production Services	BFAR, LGUs	0	1,000,000	0	1,020,000	0	1,040,400	0	1,061,208	0	4,121,608	For inclusion in BFAR & LGU WFPs
Project 36. Coastal Resource Management and BASIL (Balik sigla sallog at Lawa) Establishment of Marine Protected Areas and Coral Nurseries, BRUSH park	BFAR, IFAD, GAA	0	1,000,000	0	1,020,000	0	1,040,400	0	1,061,208	0	4,121,608	For inclusion in BFAR & LGU WFPs
Project 37. Infrastructure Program and DPWH Maintenance Fund	DPWH	0	27,000,000 ,000	0	27,540,000 ,000	0	28,090,800 ,000	0	28,652,616 ,000	0	111,283,416,0 00	For inclusion in DPWH WFPs
Project 38. Farm-to-Market Projects	DA &DPW H	36,220,800	0	36,655,450	0	37,095,365	0	37,540,509	0	147,512,124	0	
Project 39. Assistance to Municipalities Program	DILG	0	25,000	0	25,000	0	25,000	0	25,000	0	100,000	Activities to be included in other coordinative activities

PROGRAM/ PROJECT	Agen cy/ies Resp onsibl e	Budgetary Requirement								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 40. Family Welfare Program	DOLE	50,000	0	0	51,000	0	52,020	0	53,060	50,000	156,080	
Project 41. Price monitoring of basic commodities	DTI	887,100	0	0	904,842	0	922,938	0	941,396	887,100	2,769,176	
Project 42. Diskwento caravans in depressed areas	DTI	0	100,000	0	102,000	0	104,040	0	106,121	0	412,161	
Project 43. Potable Water Support to ARAs/CP WASH	DAR	1,160,000	0	0	1,183,200	0	1,206,864	0	1,231,001	1,160,000	3,621,065	
Project 44. Sagana at LigtasnaTubigsa Lahat or SALINTUBIG	DILG	0	1,000,000	0	1,000,000	0	2,000,000	0	2,000,000	0	6,000,000	LGUs to submit proposal
Project 45. MHAM Nutrition Resource Development Center	PAN Cebu	0	250,000	0	255,000	0	260,100	0	265,302	0	1,030,402	For PAN & MHAM funding
Project 46. Village Level Farm Focused Enterprise Development (VLFED)	DAR	1,960,000	0	0	1,999,200	0	2,039,184	0	2,079,967	1,960,000	6,118,351	
Project 47. Sustainable Livelihood Program	DSWD in coordination with the LGUs	0	1,000,000,000	0	1,020,000,000	0	1,040,400,000	0	1,061,208,000	0	4,121,608,000	
Project 48. Science and Technology-based Livelihood Enterprise Development	DOST-PCHR D, DOST, DOH	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	-	-	

PROGRAM/ PROJECT	Agen cy/ies Resp onsibl e	Budgetary Requirement								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	
	and DILG											
Project 49. Family Development Sessions for Pantawid Pamilya beneficiaries	DSWD in coordination with the LGUs	0	100,000,000	0	102,000,000	0	104,040,000	0	106,120,800	0	412,160,800	For inclusion in LGU LDPs & AIPs
Project 50. The RxBox 1000 program	DOST-PCHR D, DOST, DOH and DILG	4,000,000	0	0	4,080,000	0	4,161,600	0	4,244,832	4,000,000	12,486,432	Included in DOH & DOST WFP; proposal for other beneficiaries to be drafted
Project 51. WASH Water system support (Handwashing facilities) among school age children in Ubay, Bohol	World Vision, FEED	300,000	0	0	306,000	0	312,120	0	318,362	300,000	936,482	For inclusion in WV WFP
Program 11: Enabling Program		630,000	944,530	-	1,574,530	-	1,605,021	-	1,636,121	630,000	5,760,202	
Project 52. Research on the Effectiveness of Nutrition Sensitive Interventions	NNC, RNC	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD			
Project 53. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	DOH, NNC, RNC, DILG, LMP, LCP	630,000	894,530	0	1,524,530	0	1,555,021	0	1,586,121	630,000	5,560,202	Coordinating activities may be done simultaneous with other activities in the region, mentoring activities may be done

PROGRAM/ PROJECT	Agen cy/ies Resp onsibl e	Budgetary Requirement								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	
												during regular monitoring activities, to ask DOH to continue HRH support
Project 54. Policy Development for Food and Nutrition	NNC, RNC, RDC, SDC, NEDA	0	20,000	0	20,000	0	20,000	0	20,000	0	80,000	Activities to be included in other coordinative activities
Project 55. Management strengthening support to RPAN effectiveness	NNC, RNC, DILG, LMP, LCP	0	30,000	0	30,000	0	30,000	0	30,000	0	120,000	Activities to be included in other coordinative activities
Grand Total		926,979,102	28,107,139,530	960,593,775	28,764,192,227	1,111,487,428	29,350,779,368	311,595,052	30,761,803,569.76	3,310,955,358	116,208,962,304.80	

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