



Regional Plan of Action for Nutrition 2020-2022

**Bangsamoro Autonomous Region in
Muslim Mindanao**

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We would like to extend our heartfelt gratitude to people who work so hard to complete the manuscript, we say Thank you very much! Shukran Katheeran!



- ❖ Office of the Chief Minister
- ❖ National Nutrition Council
- ❖ Office of the Executive Secretary
- ❖ Bangsamoro Transition Authority
- ❖ Bangsamoro Planning and Development Authority
- ❖ Ministry of Health
- ❖ Ministry of the Interior and Local Government
- ❖ Ministry of Basic, Higher and Technical Education
- ❖ Ministry of Agriculture, Fisheries and Agrarian Reform
- ❖ Ministry of Social Services and Development
- ❖ Ministry of Labor and Employment
- ❖ Ministry of Science and Technology
- ❖ Ministry of Public Works
- ❖ Ministry of Environment, Natural Resources and Energy
- ❖ Philippine Statistics Authority

- ❖ Ministry of Trade, Investments and Tourism
- ❖ Ministry of Transportation and Communication
- ❖ Ministry of Indigenous People's Affair
- ❖ Bangsamoro Women Commission
- ❖ Bangsamoro Youth Commission
- ❖ Bangsamoro Darul Ifta
- ❖ Bangsamoro Sports Commission
- ❖ Bangsamoro Public Information
- ❖ Bangsamoro Cultural
- ❖ Bangsamoro Commission of the Cultural Preservation and Heritage
- ❖ Unicef
- ❖ World Food Programme
- ❖ Alcanz International LLC
- ❖ Health Organization for Mindanao

ACRONYMS

AA –	Actual Accomplishment
BARMM –	Bangsamoro Autonomous Region in Muslim Mindanao
BDI -	Bangsamoro Darul Ifta
BPDA –	Bangsamoro Planning and Development Authority
ECDD-	Early Childhood Care and Development
F1K –	First 1,000 Days
FHSIS –	Field Health Service Information System
FNRI –	Food and Nutrition Research Institute
GIDA –	Geographically Isolated and Disadvantaged Areas
IFA –	Iron Folic Acid
IP –	Indigenous People
MAFAR –	Ministry of Agriculture, Fisheries and Agrarian Reform
MBHTE –	Ministry of Basic, Higher and Technical Education
MENRE -	Ministry of Environment, Natural Resources and Energy
MFF –	Mandatory Food Fortification
MILG –	Ministry of the Interior and Local Government
MOH –	Ministry of Health
MOLE –	Ministry of Labor of Employment
MOST –	Ministry of Science and Technology
MNP –	Multiple Micronutrient Powder
MSSD –	Ministry of Social Services and Development
NDHS –	National Demographic and Health Survey
NEDA –	National Economic and Development Authority
NiEm –	Nutrition in Emergencies
NGO –	Non-government Organizations
NNC –	National Nutrition Council
NNS –	National Nutrition Survey
NO –	Nutrition Officer
NPPD –	Nutrition Policy and Planning Division
NSD –	Nutrition Surveillance Division
OOMP –	Overweight and Obesity Management Prevention
PDP –	Philippine Development Plan
PPAN –	Philippine Plan of Action for Nutrition
PSA -	Philippine Statistics Authority
RIC –	Rural Improvement Club
RNC –	Regional Nutrition Committee
RNPC –	Regional Nutrition Program Coordinator
RPAN –	Regional Plan of Action for Nutrition
RTWG –	Regional Technical Working Group
WRA –	Women of Reproductive Age

MESSAGE FROM NNC EXECUTIVE DIRECTOR

First of all, I would like to congratulate NNC-BARMM for the launching of their Regional Plan of Action on Nutrition (RPAN).

RPAN is like a mirror of the Philippine Plan of Action on Nutrition (PPAN) at the regional level. It captures the initiatives of regional offices of member agencies of the Regional Nutrition Committee along the PPAN programs for 2017-2022. It supports the over-all goal, targets and directions of the PPAN. This plan, while formulated along the PPAN programs, is adapted to the unique situation of the region.

In 2018, activities such as the organization of regional PPAN mobilization teams, capacitating them to be effective mobilizers and negotiators, and the development of region-specific strategies for LGU mobilization were pursued by NNC in support to RPAN.

The PPAN is our artillery to fight the common enemy, hunger and malnutrition. Even with the occurrence of the pandemic, NNC continues to implement the PPAN to achieve the desired major outcomes of reduced stunting, wasting among young children, micronutrient deficiencies and manage the emerging problem on overweight and obesity. The targets were adjusted considering the effects of almost a year of community quarantine amidst the pandemic. Our goal is to bring back levels of malnutrition to pre-COVID levels or even better.

The challenges of malnutrition now are greater more than ever. But we need to keep going because one third of the children under-fives' future depend on us.

To combat these challenges, we need to level up our actions. Our situation right now requires a special sense of responsibility, especially among us in the public service.

There are simply not enough hands, not enough resources, but we can go much farther than we have done so far if we make up our mind to use those scarce resources as efficiently and as wisely as we can.

We commend the NNC-BARMM for coming up with their very own RPAN. We may already be past the midterm of our PPAN 2017-2022. But as the saying goes, "It is better late than never". We urge the region to continue to advocate for nutrition to be a perspective and component of our policies, plans and programs in the region, and ensure the availability of needed resources.

Rest assured that we at the NNC Central Office, in my leadership, will try our best to mobilize and engage relevant sectors including the private and the development partners to move forward in responding and recover from malnutrition problems.

Thank you. Sa PPAN Panalo and Bayan.


AZUCENA M. DAYANGHIRANG, MD, MCH, CESO III
Executive Director
National Nutrition Council



MESSAGE FROM BARMM CHIEF MINISTER

Assalamu Alaykum Warahmatullahi Wabarakatuhu!

Over the years, it has been increasingly recognized that nutrition plays a vital role in human health and subsequently, to national development.

Citing the United Nations Sustainable Development Goals, allow me to underscore that Nutrition is a fundamental right of all humanity. In the absence of good nutrition, one's mind as well as one's body cannot function well. When that happens, the foundation of our economic, social, and cultural life are weakened.



In 2015, the National Nutrition Survey results for the Bangsamoro Autonomous Region suggest the prevalence of Stunting, Wasting, and Micronutrient Deficiency among our constituents – an alarming reality that we truly need to address. By their nature, public health concerns such as nutrition are multifactorial. That being said, interventions to address concerns about nutrition prompt effects within multifaceted interactions of the government, our people, and our partners. We are currently seeking to establish and maintain effective and sustainable ways to implement solutions to the nutrition problems in our region at scale.

With this in mind, the Plan of Action for Nutrition, anchored in the Philippine Development Plan 2022 and the 10-point economic agenda of President Duterte's administration, is cascaded to our region by the BARMM Regional Nutrition Committee, through its Regional Plan of Action for Nutrition 2020-2022 or RPAN.

This endeavor allows the Bangsamoro Government to effectively and significantly contribute to the efforts of ending hunger, achieving food security, improving nutrition, and promoting sustainable agriculture.

To everyone, allow me to say that we are at a crossroads where the decisions and actions we make will have an incontestable impact on our children and the children of the future. It is my honest desire that the nutrition program in our region and all efforts geared towards its realization will be fruitful. Let me end this message by expressing my sincerest congratulations to everyone in the BARMM Regional Nutrition Committee for completing the tedious process of developing the Nutrition Action Plan 2020-2022 in the hopes of improving the status of nutrition among our Bangsamoro constituents.

Thank you so much and Wassalam.


HON. AHOD BALAWAG EBRAHIM AL-HADJ

Chief Minister

Bangsamoro Autonomous Region in Muslim Mindanao

MESSAGE FROM RNC CHAIRPERSON

Assalamualaikum Warahmatullahi Itallah Wabarakatuho.

In the entirety of our life, I have learned that it is within the first 1000 days that begin at the start of our mothers' pregnancy that the nutrition we receive, or we do not get plays the most crucial role. Can a child get the nutritional benefits from his mother during her pregnancy period and breastfeeding stage? Can he meet the minimum acceptable diet?

Our nutritional profile in the BARMM has alarming numbers, and that is why the Bangsamoro attaches great importance to addressing undernutrition and overnutrition, focusing on the most vulnerable in our population: on our mothers and young children, and we aim to provide a continuum of care for mothers and children from the prenatal to postnatal stages.



In the BARMM, we have one of the highest stunting rates in the world among children below 5 years old at 45.2% or around 236,000 children as per the 2015 National Nutrition Survey. We also have a high statistic on wasting which exceeds the national average. Not only that, the pregnant women in the BARMM who nutritionally-at-risk have been recorded at 22.3%. These are dreadful numbers. This has to be stopped, or at least drastically reduced.

It would be painful to see a disadvantaged child living in one of our remote areas with little access to nutritional benefits. She might be born to a sickly mother. She might be underweight, but she does not receive rich, early breast milk that can help to overcome these deficits. In the first years of her life, she might experience hunger often and whenever she gets food, she might not get the nutrients her body needs. She grows up becoming frequently sick, but somehow, she survives.


The child might survive, but we want more for her. She and her mother deserve more and deserve better access to nutritional opportunities from the time of her mother's pregnancy to the first and later years of her life.

This is where we come in. We aim to put a stop to these patterns of nutritional problems in the BARMM—for our infants, our youth, our mothers, and for all of us 4 million in the Bangsamoro.

With proper information and interventions, we can manage many of the factors that influence our health and nutrition. The Bangsamoro Government will continue to implement and support programs and projects that would create greater awareness on the existing nutritional problems in the region and organize mechanisms in the eventual addressing of these concerns.

It is indeed a noble and grand opportunity to address this distinguished audience on such a significant day of launching our Regional Plan of Action for Nutrition 2020-2022. Allow me to congratulate everyone who is present here for putting the issues of nutrition and health so high on the agenda of the Bangsamoro Government.

We hope that from here onwards, this development will continue to underpin the efforts of our government and stakeholders in our joint endeavour towards better nutrition and health for the people of Bangsamoro.



HON. ABDUL RAOF A. MACACUA
Member of Parliament,
Senior Minister, Office of the Chief Minister
Minister, Ministry of Environment, Natural Resources and Energy

MESSAGE FROM NNC REGIONAL PROGRAM COORDINATOR

Bismillahir Rahahmanir Rahim.

Greetings of Peace and Prosperity.

Nutrition is often taken for granted by leaders and parents considering its silent and protracted course of effect to our children and the susceptible population. BARMM is not exempted. For 27 years during the creation of Muslim Mindanao and the second year for the Bangsamoro Region, Nutrition has been included in the priority bucket list of some responsive LGUs knowing its irreversible impact to children and pregnant mothers. But the challenge is far greater than what we see. And the effect is more visible than we thought.



2015 NNS Survey revealed an alarming regional data with almost half of the children under five years old is suffering from stunting. This has caught the attention of President Duterte making nutrition a priority in the region. The cause can be traced from pregnancy until 2 years where growth is dependent on the level of nutrition from exclusive breast feeding to complimentary feeding, the state of health and the frequency the child is subjected to infectious diseases. Contributory factors are endless but the most common is poverty, lack of education, and poor access to health services, health information, safe water and sanitation. With the commitment of the BARMM Regional Government to support the Philippine Plan of Action for Nutrition, the Regional Plan (RPAN) is crafted focusing on the peculiarity of the region based on culture, religion, economy and geography. We have a long way to go but the good thing is that we have started. It may have been late but the momentum is building up. And we are all geared up to address the pressing and urgent need to address the challenges and ill effects of Malnutrition.

Again, the road to proper Nutrition and Health can be uncertain with our apathy and unconcern. Together, we can make a difference in the life of ordinary BangsaMoro people. Mabuhay po tayong lahat.

Wassalamu Alaykum Waramatullahi Wabarakatuhu.

DR. KADIL M. SINOLINDING JR., DPBO
Regional Nutrition Program Coordinator
National Nutrition Council - BARMM

MESSAGE FROM OIC-MINISTER OF HEALTH

Assalamu Alaykum Warahmatullahi Wabarakatuhu!

The Ministry of Health is proud and humbled to be one of the collaborators and authors of Regional Plan of Action for Nutrition. This is yet, another milestones for the Bangsamoro for it address one of the vast major problems in our region; Malnutrition not only in the children it encompasses among all ages and age group.

This holistic approach will surely help the Bangsamoro Government in resolving primary societal problems. The RPAN is holistic in a way that it presents the precipitating factors detrimental nutrition and health of young children. It gives schematic medium for the government to intervened in a manner that all concerned agencies and offices are moving synchronously with one vision – that is to address malnutrition in the BARMM.



Further, this plan will be the presentation of the determination of the Bangsamoro Government that it leaves no societal aspect in uplifting the lives of the Bangsamoro. It considers all factors that may affect the peace and progress within the region – for as true as it is, progress starts from the households, but it can be possible when each member of the household is healthy. The health of a person determines most of the time by his nutrition. Therefore, progressively community can be deduced to a healthy member of society.

I am, once again, grateful for this collaborative effort especially by the National Nutrition Council for they are leading this initiative. May we implement this plan in the ways of Allah (SWT).

Long may Bangsamoro reign!

Wanillahi Tauwîq Walhidaya Wassalamu Alaykum Warahmatullahi.

DR. AMIREL S. USMAN, DipHM, DPCHA, CHA

OIC – Minister of Health

Bangsamoro Autonomous Region in Muslim Mindanao

MESSAGE FROM BANGSAMORO TRANSITION AUTHORITY

Assalaamu Alaykum Warahmatullah Wabarakatuhu.

It is indeed a great honor and privilege to be part of this momentous launching of our nutritional action plan. It is commendable that the office of the BARMM National Nutrition Council has responded to the distressing nutritional problem in the region and organized this event. At present, the statistics paint a bleak picture of not just a problem, but a calamity:

- When the rate of stunting in children of the BARMM is among the highest stunting rates of children in the world, it means the rate of socio-economic progress of the BARMM is also stunted.
- When 22.3% of pregnant women in BARMM are recorded to be nutritionally- at-risk, **it is in fact, the future of the Bangsamoro that is at risk.**



The nutritional status of the Bangsamoro children and the pregnant women of the present embody the potential quality of our human resources in the future. As stated by the International Conference on Nutrition, in its World Declaration and Plan of Action for Nutrition, the nutritional well-being of all people is a pre-condition for the development of societies and is a key objective of progress in human development.

Hence, the success of the Regional Plan of Action for Nutrition 2020-2022 (RPAN) is crucial in attaining our envisioned comprehensive and sustainable development plan for the Bangsamoro. I acknowledge the inter-agency cooperation as part of our institutional and governmental strategy for success as, indeed, the causes and factors for the prevalence of malnutrition are multi-factorial. There are times when we need not have to look outside for solutions and strategies.

For example, the World Health Organization recommends that all infants receive only breastmilk from birth to six months of age. Do we really need the World Health Organization to recommend it when no other than the Holy Book declares breastmilk as the entitled right of every child? Verse 223 of Surah Al-Baqarah says, “Mothers shall breastfeed their children for two whole years, for those who wish to complete the term.” This is repeatedly mentioned in several other verses. Both the WHO and the UNICEF have worked with governmental institutions all around the world to campaign for breastfeeding programs. For us, Bangsamoro, to promote and implement breastfeeding will not only effectively solve the problem of infant malnutrition but will also serve to strengthen our lifetime spiritual mission in the light of putting into practice what has been commanded by the Almighty. Some years from now, the results of the RPAN will reflect the performance of our government’s efficiency in terms of resource allocation systems and inter-agency cooperation. I truly pray and hope that by implementing the BARMM Regional Plan of Action for Nutrition 2020-2022, we not only break the bleak statistics of the present, but most importantly, break free from the vicious cycle of underdevelopment and malnutrition, In Shaa Allah!

Wa Alaikum Salam Warahmatullahi Wabarakatuhu.

HON. ALI PANGALIAN M. BALINDONG
Parliament Speaker
Bangsamoro Transition Authority

MESSAGE OF COMMITMENTS FROM BARMM MINISTRIES

The BARMM launch the Regional Plan of Action for Nutrition (RPAN) is an indication that we are indeed putting everything in the right context and that this government is truly sincere in addressing nutrition in the region. Based on the National Nutrition Survey Result in 2015, children in the region continuous to suffer from chronic malnutrition with 45.2% rate (FNRI 2015). What does this mean to all of us, it simply means that we are “Food Insecure”. With the RPAN we now have the roadmap and guiding principles in the development of the nutritional status of this region which we in the MAFAR is working in convergence with the lead agency to continue addressing malnutrition all over the region.



In October of 2020, the BARMM launched the 1st of its kind Food Security and Nutrition Roadmap which is a product of a one-year collaboration between the BARMM’s Ministry of Agriculture, Fisheries and Agrarian Reform (MAFAR), BPDA, the World Food Program and Food Agriculture Organization of the United Nations. Our gratitude to the partner agencies. This 10-year FSN Roadmap envisions for a “A self-reliant, food secure and resilient Bangsamoro” ensuring that every Bangsamoro (men, women, children, PWD and elderly) that food is accessible, available, utilized and stable, which is anchored in the three (3) Pillars of Food Security such as; “Sustainable, competitive, and accessible food supply chain for Bangsamoro”; “Balanced intake of halal food”; and “Adaptive capacity of Bangsamoro communities”.

In support to the promotion of nutrition in the region, the MAFAR is;

- Actively participate in the inter-agency program in the backyard and school gardening and provide agricultural inputs and technical know-how.
- Advocate and promote using quad media and interactive in promoting healthy lifestyle of the Bangsamoro families especially encouraging their children to eat vegetables and its by-products start from home to the school (canteen).
- Actively participate in the conduct of the inter-agency Nutrition Month Celebration every July of every year.
- Actively participate in the Family Week Celebration and outreach activities which spearheaded the conduct of poster making contest for the children enrolled in primary and elementary school both private and public (6-12 years old) every September and October in line with the World Food Day celebration, and
- Ensure that Agri-fishery programing in the MAFAR has a nutrition-sensitive lens and shall continue to strengthen partnerships on technical cooperation and capacity building programs/projects with development partners and LGUs.

Lastly, I would like to express my warmest congratulations for the RNC team for the job well done for successfully completing the RPAN 2020-2022. We are excited to see and will fully support the operative implementation of the Regional Plan of Action for Nutrition in a more harmonize and systematic approach for the future of our Bangsamoro children.

Wassalamualaykum warahmatulaahi wabarakatuh. Mabuhay ang Bangsamoro.

HON. MOHAMMAD SHUAIB YACOB, PhD

Minister, Ministry of Agriculture, Fisheries and Agrarian Reform

First of all, we congratulate the National Nutrition Council for the formulation and turnover of the Bangsamoro Regional Plan of Action on Nutrition or RPAN (for 2020 to 2022). With the alarmingly high numbers in the indicators of malnutrition, the Ministry of Social Services and Development takes cognizance of the message that malnutrition, especially among children and pregnant and lactating mothers is an urgent concern requiring purposive and effective action. With this document, the Ministry, on its own and with other agencies and stakeholders in the Bangsamoro, will be guided in the specific action points to be undertaken that would address the different forms of malnutrition, especially wasting, stunting, underweight, and deficiencies in vitamins and minerals among our children.



We take note of the different factors that lead to the problem of malnutrition, foremost of which is poverty, which besets 63% of our population. And in the cycle of poverty, it is not just a cause of malnutrition but also becomes a result of malnutrition. And with the high level of malnutrition, many of our constituents become more vulnerable to death and illnesses. Many of them will not have the opportunity to optimize their skills and talents, as their cognitive, physical, psychological, and developmental well-being is compromised. If we are to set up the Bangsamoro Autonomous Region in Muslim Mindanao and rebuild the Bangsamoro nation, we should be able to provide the opportunities for our constituents to have a higher level of well-being. This is not just for the interest of the individual persons or households, but for the region as well, as we work on equitable economic development based on a strong foundation of human capital.

Part of the current efforts of to address malnutrition is the Supplementary Feeding Program of the Department of Social Welfare and Development implemented by the Ministry of Social Services and Development in the Bangsamoro Region. This nationally-funded program allows children who are aged 3-4 and are enrolled in public daycare centers and supervised neighborhood plays to have access to an additional hot meal for 120 days. During the pandemic, because of the policy not to conduct face-to face classes, dry rations of rice and *monggo* have been distributed to the households where these children belong.

Another effort to bring the most vulnerable children is our Kupkop program, where orphaned children are provided with monthly cash assistance in the amount of P5,000.00 which should defray the costs of their basic needs, including the provision of food, and ensuring their health and nutrition. Some augmentation for minors studying in elementary, high school and in college is also provided under the ABAKA program, where the cash assistance can cover expenses such as food while they attend school.

Still, we think that we can still do more, and we commit to do more. We commit to develop more programs for the betterment of our children, pregnant and lactating mothers, and other vulnerable sectors, especially looking at their nutritional needs. Again, we congratulate and thank the NNC-Bangsamoro for developing the RPAN as a guide for our program development.

Wassalamu Alaykum Warahmatullahi Wabarakatuhu!

ATTY. RAISSA H. JAJURIE

Minister, Ministry of Social Services and Development

On behalf of the Ministry of Basic Higher and Technical Education, I want to thank the National Nutrition Council of the Bangsamoro Autonomous Region in Muslim Mindanao for their kind invitation to today's auspicious event. More importantly, the invitation to the MBHTE serves as a recognition of the significant connection or interdependence between the education and health sectors.



I have said in previous related activities that education and health are interconnected. One of the 12 priority areas of the Education Ministry ***is the implementation of a relevant and comprehensive health and nutrition program in Bangsamoro schools.*** According to relevant studies, nutritional status can directly affect mental capacity and learning performance among children. For example, iron deficiency can negatively impact cognition, and gaps in other vitamins and minerals inhibit cognitive abilities and mental concentration. Studies have also suggested that malnutrition leads to behavioral problems.

On the other hand, when children consume balanced and nourishing meals, they can counteract these adverse effects. For our Moro learners, that a balanced diet should also include nutritious halal food. Undoubtedly, improvements in their diet will allow our children to concentrate on their lessons and have fewer interruptions over the school year. Creating a better learning environment for each learner and teacher is crucial at the moment since the pandemic has obliged us to prohibit face-to-face interaction and shift to home-based and distance learning. Therefore, we must practice a healthy lifestyle and safety measures diligently at home.

In addition to their learning performance, good health will help our children and young people take on the challenges of leading the Bangsamoro nation once they become its future professionals. A healthy body produces a healthy and sound mind, critical for future leaders in their decision-making and nation-building.

As the MBHTE works in advancing the educational goals of the BARMM, we encourage the people in the Bangsamoro Region to advocate a healthier lifestyle and consume halal food that ensures good physical health and mental condition. Especially in these trying times where we are dealing with a pandemic, let us remind ourselves of the benefits of prioritizing our physical, mental, and social well-being through a balanced and nutritious diet and observance of proper health and safety protocols. As public servants, we should inspire our constituents to make healthy choices, especially our children.

In this regard, the MBHTE supports the programs and projects highlighted in the REGIONAL PLAN OF ACTION FOR NUTRITION (RPAN) 2020-2022. We look forward to working closely with the Office of the Chief Minister and the National Nutritional Council – BARMM to implement these programs in a timely and logical manner so we also don't compromise our communities' safety while we are dealing with a pandemic.

Education and health reinforce one another; improving children's health and nutrition brings substantial benefits to education. I commend the Office of the Chief Minister and the National Nutritional Council – BARMM. By working together, we will deliver the most significant education and nutrition benefits to the Bangsamoro people, especially the poor and most vulnerable.

Maraming Salamat po at Mabuhay tayong lahat!

HON. MOHAGHER M. IQBAL

Minister, Ministry of Basic, Higher and Technical Education

Indeed, the completion of the Regional Plan of Action for Nutrition 2020-2022 is another major accomplishment of the new Bangsamoro Government. The RPAN is a result of collaborative study of concerned ministries, other government agencies and institutions, and development partners in the region with the aim of eliminating the malnutrition problem in the region. AN achievement to celebrate and an important document that will tell ourselves that this is yet the beginning of the battle. The implementation of this plan is the critical period wherein we are to perform our respective responsibilities to the Bangsamoro as provided therein. A battle, if won, will surely eliminate the nutrition problem in the region and consequently part of history of our children and their children's children.



Guided with the principle of Moral Governance, strong leadership and hardworking officials and employees that will serve as a strong foundation of the BARMM, I firmly believe that we can achieve the aspirations and dreams of our forefathers for the Bangsamoro.

In the Ministry of Labor and Employment, we assure that the rights and welfare of every worker both local and overseas are protected as most of them are bread winners of their family, we are also strictly monitoring the compliance of all industries, private establishments and institutions in region to labor relations and standards and minimum wage order, to ensure that well-being of workers are safeguarded and they will receive the precise salary for them to provide nutritious food to their children; interventions were also provided to some unfortunate local and overseas workers who are not able to continue working due to uncontrollable circumstances; we also provide work to informal sectors for them to have income specially during calamities wherein our help or assistance are most needed; and we protect children who were mistakably engaged in child labour. This kind of work is mentally. Physically, socially or morally dangerous and harmful to children. In other words, the provision of decent work to Bangsamoro human capital is our primary goal. This goal will one way or another contributes to the elimination, if not, at least lessen the number of malnutrition in the Bangsamoro region.

Furthermore, we will efficiently perform our mandate and limitlessly contribute to the aim of the Chief Minister to make the region a better place for the Bangsamoro.

Thank you very much and Wassalam.

HON. ROMEO K. SEMA

Minister, Ministry of Labor and Employment

We are at a crossroads needing to do as much work as we can. One of the things that require much of our attention is the health, nutrition and over-all well-being of our people. Such noble yet gargantuan task has been at the forefront of our battle for the improved quality of life among our less privileged constituents. And at present, we continue to focus on that aspect of the people's socio-economic condition that is self-sustaining and self-reliant in nature.



I wish to share with my words of gratitude as well as my commitment of support to the realization of this action plan which can eventually pave the way for us to make a meaningful change in the lives of the people. I fully support this endeavor that aims to end or at least mitigate the effects of malnutrition in the Bangsamoro. Indeed, I believe that with concerted efforts and unified actions, we can triumph over the hurdles of our time and succeed all the way to our cherished dream of emancipating our people from the dirt of poverty and malnutrition to the light and alluring effect of healthy living inside and out.

With that, I declare my full support to this Regional Plan of Action for Nutrition (RPAN 2020-2022).

ENGR, AIDA M. SILONGAN, MAPD
Minister, Ministry of Science and Technology

ARMM RNC Resolution



Republic of the Philippines
Bangsamoro Autonomous Region in Muslim Mindanao
REGIONAL NUTRITION COMMITTEE

RNC Resolution No. 03 S 2021

ENJOINING ALL MEMBERS OF RNC-BARMM TO ADOPT REGIONAL PLAN OF ACTION FOR NUTRITION 2020-2022

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 40 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 Bangsamoro Autonomous Region in Muslim Mindanao, there is a high increase in stunting among children less than five years of age from 42.7% in 2013 to 45.2% in 2015, increase in wasting from 8.0% to 8.2 % and overweight from 4.0% to 4.2 % in the same period according to the 2015 National Nutrition Survey;

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, the Regional Nutrition Committee has formulated the BARMM Regional Plan of Action for Nutrition (RPAN) for the period 2020-2022 which serves as a framework of region-specific strategies and actions in nutrition for local nutrition committees and RNC member ministries/agencies to implement;

WHEREAS, adoption and implementation of the BARMM Plan of Action for Nutrition 2020-2022 will help in the region's contribution to the PDP's goal of addressing the inequities in opportunities and outcomes particularly for the poor and improving human development outcomes in health and nutrition;

NOW THEREFORE BE IT RESOLVED, AS IT IS HEREBY RESOLVED, to request the Bangsamoro Economic Development Council's support by enjoining local government units, partners and other stakeholders to adopt the Regional Plan of Action for Nutrition 2020-2022 effective in their 2021-2022 Local Nutrition Action Plans;

RESOLVE FURTHER, to request the Ministry of the Interior and Local Government BARMM to disseminate and enjoin BARMM LGUs through their respective Local Nutrition Committees, to use the 2020-2022 RPAN as reference in the formulation of local nutrition action plans;

RESOLVE FINALLY, for the RNC-TWG members to monitor PPAN implementation and request the Regional Nutrition Committee to authorize the participation of permanent focal persons in the annual Monitoring and Evaluation of RPAN.

APPROVED, this day 19 of January 2021 during its 1st Quarter RNC Meeting held online via Google Meet in Cotabato City.

Certified Correct:

DR. KADIL M. SINOLINDING JR., DPBO
Regional Nutrition Program Coordinator, NNC- BARMM and
Secretary, RNC-BARMM

Attested By:

(SGD.)

HON. ABDULRAOF A. MACACUA
Executive Secretary – OCM BARMM
Chairperson, RNC-BARMM

The BARMM RPAN Formulation Process

One of the strategies to fully operationalize the Philippine Plan of Action for Nutrition (PPAN) 2017-2022 is the formulation of Regional Plans of Action for Nutrition (RPAN) to embody the key commitments of key regional agencies, in particular the member agencies of the Regional Nutrition Committees¹, along the PPAN programs. The RPAN is a plan that commits regional sector agencies to action and resources to contribute to their proportionate share of the malnutrition burden and corresponding targets in the PPAN.

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

The BARMM RPAN planning process was participatory, inter-sectoral and multi-level, from 2018 up until the present, as it engaged the participation of the RNC-BARMM member agencies and their department senior officials, members of the ARMM Regional Legislative Assembly as well as representatives from the provincial governments. Planning staff and senior officers from the NNC as well as representatives from WFP Philippines and UNICEF Philippines and Nutrition International and Alcanz International consultants accompanied the entire planning process. More specifically the following are the milestone activities undertaken:

1. Planning workshop, 26 February to 1 March 2018, Grand Regal Hotel, Davao City
2. Review Meeting and Writeshop, 11-13 March 2018, Grand Regal Hotel, Davao City
3. NNC NRPT Review Meeting, 17 March 2018, St. Giles Hotel, Manila
4. Draft ARMM RPAN Presentation, 19 March 2018 RNC Meeting, DOH ARMM Training Center, Cotabato City
5. Draft ARMM RPAN Presentation, 20 March 2018 ARMM REDPB² Meeting, Cotabato City
6. ARMM RPAN Presentation, 16 May 2018, ARMM Regional Governor and Cabinet members, Cotabato City
7. The RPAN was approved on May 26, 2018 during its second quarter Regional Nutrition Committee Meeting Series 2018 held at DOH-ARMM Training Center, ORG Compound, Cotabato City.
8. Initial Meeting with NNC National RPAN Planning Team and NNC BARMM on August 5, 2020 via Google Meet.
9. Presentation of RPAN 2018-2022 on November 26, 2020 during the 4th RNC Meeting via Google Meet
10. Adoption of BARMM RPAN 2020-2022 during the 1st RNC Meeting on January 19, 2021
11. Review of RPAN to integrate interventions in the context of COVID-19 Pandemic with RNC TWG, UNICEF and HOM on January 25, 2021 at Sweet Bliss Café, Cotabato City.
12. Updating of BARMM RPAN 2020-2022 writeshop/meeting with RNC TWG, UNICEF and Health Organization for Mindanao (HOM) on January 27, 2021 at Sweet Bliss Cafe, Cotabato City.

The BARMM RPAN 2020-2022 was passed and approved by the Regional Nutrition Committee on 19 January 2021 via Google Meet in Cotabato City.

¹ RNC is the NNC Governing Board regional counterpart

²This is now the Bangsamoro Economic and Development Council (BEDC) which is NEDA counterpart in BARMM.

BARMN Nutrition Profile

Estimated Population by Age/Physiological Group Based on the Projected Population, 2016 (in millions)		
Total population		4,273,149
- Male		1,987,392
- Female		1,909,456
0-59 months		526,074
60-120 months		526,074
121-228 months		938,166
20 years and above		1,906,537
Women of reproductive age (15-49 years old)		958,625
Pregnant women		136,390
Lactating mothers		116,905
Nutritional Status Indicators/Population Group	Prevalence (%)	Equivalent Number in 2017
LOW BIRTH WEIGHT INFANTS	21.8%	2,468
INFANTS 5 MOS OLD WHO ARE EXCLUSIVELY BREASTFED	24.7 (National data)	8,768
CHILDREN 6-23 MONTHS OLD MEETING THE MINIMUM ACCEPTABLE DIET	7.2%	149,054
UNDERNUTRITION (NNS, 2015)		
Under five year old children		
- Stunting	45.2%	236,734
- Wasting	8.2%	43,138
School age children (5-10 years old)		
- Stunting	44%	231,473
- Wasting	6.3%	33,143
Adolescents (ages 10.08-19 years old)		
- Stunting	44.9%	358,685
- Wasting	9.6%	50,503
Adults (≥ 20 years)		
Chronic energy deficiency (CED)	10.2%	81,483
Pregnant women		
- Nutritionally at-risk	19.5%	20,517
Lactating mothers		
Chronic energy deficiency (CED)	10.4%	10,942
OVERNUTRITION (NNS, 2015)		
Overweight/obese		
- Children under five years old	4.1%	21,569
- School age children	4.2%	22,095
- Adolescents	4.3%	34,351
- Adults 20 years and above	21.6%	204,507
MICRONUTRIENT DEFICIENCY		
Vitamin A deficiency among children 6 months to 5 years old	22%	125,381
Anemia among women of reproductive age	11.7% (Nat'l)	112,159
Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	20.6%	130,046
- Lactating women	28.6%	33,435
HOUSEHOLDS WITH DIETS THAT MEET THE ENERGY REQUIREMENTS	30.4%	188,597
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		

Executive Summary

The BARMM Regional Plan of Action for Nutrition 2020-2022 is the response of the regional government to the alarming nutritional problem in the region. The 2015 National Nutrition Survey recorded a high prevalence of stunting among children below five at 45.2 % or around 236,000 children, which is among the highest stunting rates in the world. The prevalence of wasting in BARMM is also high, reaching 8.2 % and 6.3 % for children below 5 and children age 5 to 10, respectively. These numbers exceed the national average of 7.1 percent. In the 2015 National Nutrition Survey, 22.3 % of pregnant women in BARMM were recorded to be nutritionally-at risk. These nutritional problems are caused by immediate and underlying causes ranging from inadequate food intake, diseases on one hand and the inadequate care, food insecurity and inadequate health services, and at the root of these problems do the basic problems of poverty, lack of education, underemployment and unemployment, and exposure to natural and man-made emergencies owe from conflict. BARMM remains among the poorest regions in the country with attendant conflict that limits the potential for growth and social development of the region.

Regional outcome targets were established for 2022 for stunting, wasting and obesity as well as micronutrient deficiencies and other indicators. Among 0-5-year old children, the stunting levels will be reduced from 45.2 to 35% by end 2022. Wasting prevalence will be reduced from 8.2 to 7% by the end of the RPAN period among the same group of children. Targets for obesity, micronutrient deficiencies have also been estimated in the RPAN formulation process.

As a response to the problems identified in the planning process, the RPAN formulated 11 programs and 53 projects. They consist of a Nutrition sensitive, an Enabling and 9 nutrition specific programs. The 11 programs follow the life stages of a person set by the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. All nutrition specific, sensitive, and enabling programs constitute the RPAN with an additional program to reflect the huge challenge of adolescent health, and in particular, adolescent pregnancy, where the prevalence for BARMM represents the highest in the Philippines. The RPAN provides the necessary focus on the First 1000 days given its huge potential in addressing the major nutritional issues in BARMM and in the country.

The budget estimated for 2020-2022 for all 11 programs amount to PhP 4.7 B, with an annual average of about PhP2.3 B. The funded portion is PhP2.1 B representing 44.6% of total, while the unfunded portion amounts to PhP2.5 B representing 53.19%. Financing comes mostly from General Appropriations and Local Budgets from IRA. The funding shortfalls will be generated mainly from Tier 2 budget process and financing from development partners working in the region and provisions from local sources.

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.

The BARMM RPAN 2020-2022 has been enhanced to include response mechanisms to address the consequences and impact of the COVID-19 pandemic on food and health care delivery systems. Through this, BARMM RPAN is envisioned to significantly aid in ensuring that the nutritional status on the most vulnerable sectors of the region will be safeguarded specially under the “new normal” conditions.

In summary, the BARMM 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 - undernutrition, over nutrition, micronutrient deficiencies and their causes following the UNICEF and ASEAN Conceptual Frameworks of Malnutrition
- sets two layers of outcome objectives by the end of 2022– (1) outcome targets that refers to final outcomes against which plan success will be measured; and (2) sub-outcome or intermediate outcomes referring to outcomes that will contribute to the achievement of the final outcomes
- identifies a good mix of interventions appropriate for the region consisting of three distinct but complementing types of programs³ - *nutrition-specific, nutrition-sensitive and enabling management programs* as defined in the PPAN program framework
- integrates strategies adoptive to the changes in the region’s health and nutrition landscape brought about by the COVID 19 pandemic and those that promote the continuous provision of relevant, innovative and timely health and nutrition services under the “new normal” conditions
- 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 including the current and future pandemics due to emerging infectious diseases such as COVID-19
- defines the institutional accountabilities to deliver outputs and outcomes to include accountability for coordination which rests on the Regional Nutrition Committee

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.

- formulates a Results Framework Matrix that defines a vertical and horizontal logic of expected results, indicators, targets and accountability
- lays out the monitoring, reporting and evaluation mechanism necessary to determine progress of implementation and extent of outcome targets achievement

The road to an improved health and nutrition status in BARMM requires better health services and interventions, enhanced community participation, and effective leadership and governance. Convergence in and for BARMM requires the collaboration among the government and its people, and calls for the sharing of resources, technical expertise, and embracing the technical side of nutrition and health to provide a holistic and enabling policy and program approach for a pandemic-resilient region.

Section 1. Regional Nutrition Situation Analysis 2015

Regional Profile

The Bangsamoro Autonomous Region in Muslim Mindanao or BARMM, has an estimated population of 4.2 million (PSA 2015) and annual growth rate of 1.98 % in the last five years. It is a culturally and ethnically diverse region geographically situated in the southern part of the Philippines on the island group of Mindanao. It consists of five predominantly Muslim provinces with their distinct history and rich cultures and which persist in their pursuit of self-determination and self-governance. The region was created by virtue of Republic Act No. 6734 which was signed into law by President Corazon Aquino in 1981, and covers the five provinces of Maguindanao, Lanao del Sur, Basilan, Sulu, and Tawi-Tawi, and the cities of Lamitan and Marawi. The



Figure 1. Location map of BARMM

provinces making up the region are geographically dispersed – with Maguindanao and Lanao del Sur found on mainland Mindanao and the other three island provinces, Basilan, Sulu, and Tawi-Tawi, stretch from the tip of the Zamboanga peninsula down toward the island of Borneo. The BARMM was created by virtue of Republic Act No. 11054 otherwise known as the Bangsamoro Organic Law (BOL). The BARMM replaces the former Autonomous Region in Muslim Mindanao after the passage of Republic Act No. 11054. The Bangsamoro Autonomous Region is a result of long decade of armed struggle of the Bangsamoro in its quest for a genuine and meaningful autonomy or self-governance. The regional and de facto seat of the Bangsamoro Government is in Cotabato City, which is now under the jurisdiction of BARMM including the 63 barangays from North Cotabato. Dialects spoken in the region include Maguindanaon, Maranao, Iranun, Tausug, Yakan, Sama, Banguingui, Teduray, Ilonggo and Bisaya.

BARMM covers a total land area of 12, 711.79 sq. km., with Lanao del Sur being the largest province. The region is a rice and corn producing region which occupies more than 538,685 hectares of agricultural land. While its economic performance slightly improved with a GDP growth rate of 7.2 percent in 2018, agriculture inputs declined by 3.10 percent. Most of its working-age residents are employed in agriculture with men taking the lion's share (79 percent) of the region's total number labor participation (589,000 men; 153,000 female). Apart from agriculture, BARMM also has hunting, forestry, and fishing sectors.

The BARMM represents one of the most difficult development landscapes in the Philippines. The region registered a poverty incidence rate of 61.3 percent in 2018 (PSA), more than double the national average of 22.3 percent. The province of Sulu was the poorest in the Philippines with a poverty rate of 74.3 percent while Basilan, Lanao del Sur, Maguindanao and Tawi-Tawi poverty rates were recorded at 65.7 percent, 64.1 percent, 39.9 percent and 14.7 percent, respectively. BARMM is the poorest of 17 regions with per capita GDP of PhP27, 345 against the national figure of PhP140,259 in 2016. The key indices of social development are also far behind the national levels. The Bangsamoro Development Plan 2020/Chapter 9, page 214, the BARMM is faced with limited access to safe drinking water. Despite the region's immense water resources such as lakes, springs, and streams, most of these have yet to be tapped. Despite the implementation of numerous water supply facility projects, access to potable water and sanitary toilets remains a challenge.

The potential for growth and development are immense but the geographical isolation and prolonged security issues prevent the sustained economic empowerment of the region and its people. The conservative economic growth in recent years is a welcome gain but like other achievements in the past, the structural problems that the long-running conflicts present are stark reminders that things can change rapidly. Hostilities in 2000 and 2008, for instance, displaced about 900,000 people. The more recent conflict in Marawi City resulted in the displacement of 77,000 families.

The Bangsamoro Development Plan 2020-2022, however, maintains a positive note:

The Bangsamoro Chief Minister is optimistic about improving its current state by utilizing its strengths and comparative advantages, including positive developments at the regional, Mindanao, and national levels. Some of the possible prospects that can be maximized include the gains of BARMM Reform Agenda, emerging global and regional opportunities for Halal and Islamic finance, as well as the Duterte administration's strong policies on poverty reduction, and peace and development in Mindanao. (BDP)

Nutritional Status of Children and Adults in BARMM

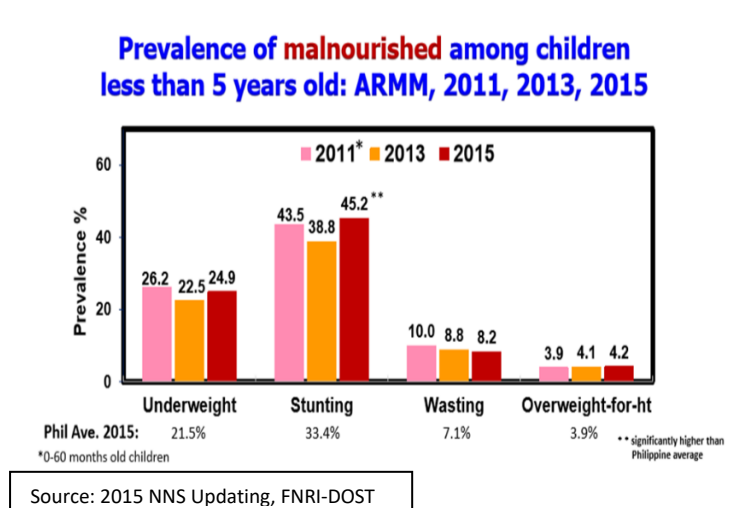
Definition of Terms. The National Nutrition Survey characterized the nutritional status of children and adults in terms of underweight, stunting, and wasting as follows:

UNDERWEIGHT based on weight for-age index; children with weight below the standard for child's age; captures both the past and present nutritional status

STUNTING based on height for-age index; children with height below the standard for child's age; reflects chronic undernutrition or past nutritional status; caused by prolonged inadequate intake, recurrence of illness or improper feeding practices

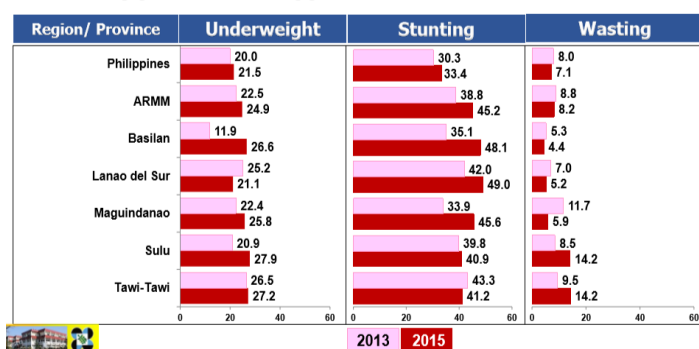
WASTING/THINNESS based on weight for-height index; weight below the standard for child's height; sensitive index of current nutritional status.

The 2015 National Nutrition Survey reported a very high prevalence of stunting among children below age five at 45.2 percent or around 236,000 children, which was among the highest stunting rates in the world. Meanwhile, stunting in schoolchildren age 5 to 10 was at 44 percent, which was higher than the national average of 31.1 percent.



The prevalence of wasting in BARMM was also high, reaching 8.2 percent and 6.3 percent for children below 5 and children age 5 to 10, respectively. These numbers exceeded the national average of 7.1 percent. In addition, the 2015 National Nutrition Survey recorded 22.3 percent of pregnant women in BARMM to be nutritionally-at risk, and 10.4 percent of lactating women with chronic energy deficiency.

Prevalence of undernutrition among children, less than 5 years old by province: Philippines and ARMM, 2013 vs 2015



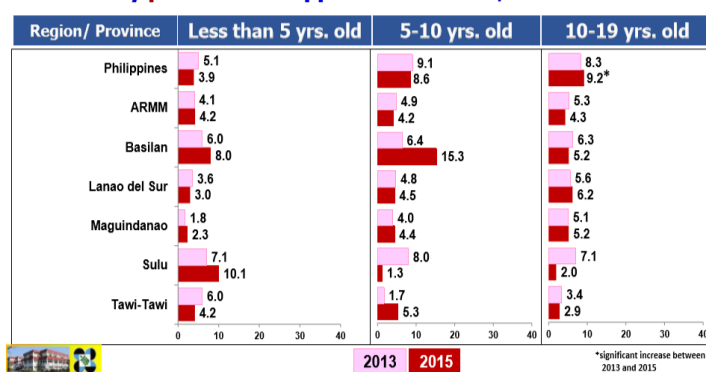
Source: 2015 NNS Updating, FNRI-DOST

Comparing figures between 2013 and 2015 showed that underweight prevalence generally increased in the region, except for Lanao del Sur; stunting prevalence generally increased except for Tawi – Tawi; wasting generally decreased except for Sulu and Tawi – Tawi.

The prevalence of Vitamin A deficiency for children age 6 months to 5 years old is at 22 percent. For prevalence of iodine deficiency, the regional data for schoolchildren age 6 to 12 years old is 20.6 percent, with Lanao del Sur posting the highest prevalence at 24.4 percent and Sulu coming in at close second at 24.2 percent.

With respect to school-age children 5 to 10 years old, the NNS report revealed underweight and stunting prevalence generally increasing among all provinces except for Tawi – Tawi; wasting generally decreasing except for Sulu. Among preadolescent and older children 10 to 19, the trends showed stunting generally increasing except in Maguindanao; wasting generally decreasing except in Maguindanao; and overweight/ obesity prevalence generally decreasing except in Lanao del Sur.

Prevalence of overweight and obese among children, 0-19 years old by province: Philippines and ARMM, 2013 vs 2015

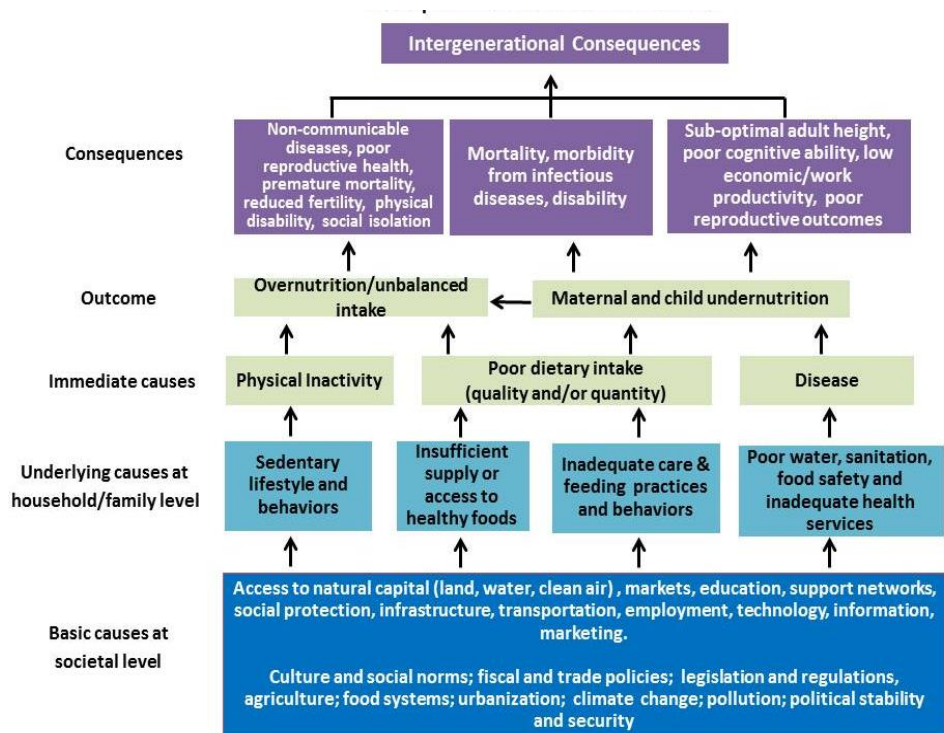


*significant increase between 2013 and 2015

Problems of adults 20 years and older were cited in terms of chronic energy deficiency prevalence generally decreasing in BARMM ; overweight and obesity prevalence generally increasing in all provinces except in Lanao del Sur; with Basilan with significant increases in overweight/ obese prevalence between 2013 and 2015.

Analytical Framework for Identifying Causes of Malnutrition

The Philippine Plan of Action for Nutrition uses the ASEAN Conceptual Framework of Malnutrition as an analytical framework for identifying causes and outcomes and consequences of poor health and nutrition. See figure 2 below



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

Fig 2. ASEAN Conceptual Framework of Causes of Malnutrition

Within this framework, undernutrition is seen as caused by immediate factors of poor dietary intake (in terms of quantity and quality), and disease. Food insecurity, poor caring practices, unhealthy household environment, and inadequate health services are seen as the underlying causes. Other than unbalanced food intake, physical inactivity and sedentary lifestyle and behaviors constitute the immediate and underlying causes of overnutrition. These causes are in turn linked to basic causes that relate to, among others, poverty, access to resources, employment, education, and dimensions along social and political stability and security.

The COVID-19 pandemic exacerbated the basic and underlying causes of malnutrition in BARMM. It not only strained the country and the BARMM Region's health system but it has also impacted the food systems secondary to the disruption of production, trade and transportation. The burgeoning number of vulnerable families struggling to access food and services, especially those in the remote

and geographically isolated areas, have overloaded and depleted the paucity of resources in the region.

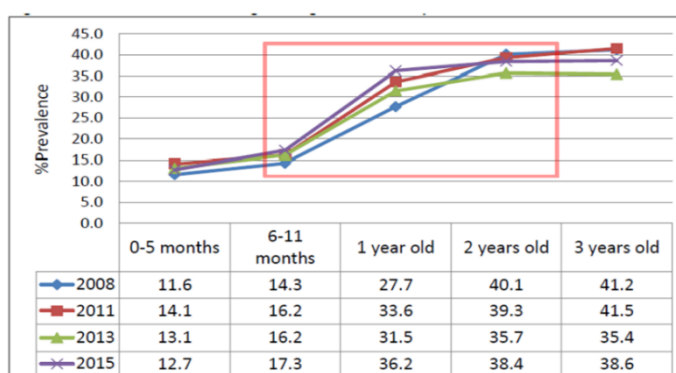
Immediate Causes of Malnutrition

The First One Thousand Days. In analyzing the immediate causes of stunting and other forms of malnutrition, looking at dietary intake and diseases in the first 1000 days or the period of pregnancy to the first two years of life is key. The first 1000 days concept has been introduced in the region in the last few years. Food intake of pregnant women, antenatal services, birthing, breastfeeding, and complementary feeding of the 6-23 months old children are considered critical to the reduction and ultimately, prevention of stunting and other forms of malnutrition in the region. However, a review of the indicators of how the health system has implemented the First One Thousand Days Program (FIK) reveals much needs to be strengthened. Data revealed that services were generally deficient relative to standards of the Department of Health. The table below from NNS, FHSIS and the NDHS shows the coverage of such services relative to the standards of the DOH.

Table 1. Coverage of selected services within the First 1000 Days Period

Selected Indicators of Services and Care during the FIK	Philippines (%)	BARMM (%)	Source of Data
Percent of mothers with on time (1 st trimester) first prenatal check-up during their last/current pregnancy	69.5	64.9	NNS 2015
Proportion of pregnant women with four or more prenatal visits (%)	53.50 75.8	39.7	FHSIS 2015 NNS 2015
Proportion of pregnant women given complete iron with folic acid supplements (%)	47.22	46.90	FHSIS 2015
Percentage of women receiving two or more tetanus toxoid injections during last pregnancy	53.6	44.23	FHSIS
Percentage of births delivered in a health facility	61.1 78.0	25.98 78	FHSIS NNS 2015
Exclusive Breastfeeding (0-5 months)	48.8	59.3	NNS 2015
Mean duration of breastfeeding	8.3	8.9	NNS 2015
Breastfeeding with complementary Feeding of 6-11 months	57.7	69.7	NNS 2015
Breastfeeding with complementary Feeding of 12-23 months	43.1	47.5	NNS 2015
Percentage of children 6-23 months meeting the Minimum Acceptable Diet	18.6	12.2	NNS 2015

The figure below shows that in 2015, stunting among children 0-5 months was recorded at 12.7 percent, which increased to 17.3 percent in 6-11 months, abruptly rose to 36.2 percent in the first year, further increased to 38.4 percent in the second year and maintained at such level at 2-4 years of age. The data provide indications on the sub-optimal quality of infant and young child feeding (IYCF) practices in the whole country, including BARMM.



Source: FNRI-DOST. 2008, 2011, 2013 and 2015 National Nutrition Surveys.

Inadequate nutritious food intake

affects a wide range of issues from the

beginning of life: a pregnant mother's nutrition status largely affects the developing infant, from the nine months of pregnancy to the first 24 months of the child after birth. When nutrition needs are not met, the infant can have a low birth weight. The newborn's weight is a significant indicator of its nutritional status, growth, health, and even chances of survival. Thus, low birth weight is a contributor to child mortality. In BARMM, 2013 data shows 21.8 newborns were reported to have low birth weight, i.e, less than 2.5 kg.

Exclusive breastfeeding is a critical and important factor in infant and young child development. In the region, among children age 0 to 5 months, only 59.3 percent were recorded to be breastfed (2015 NNS). In the BARMM context, exclusive breastfeeding and micronutrient supplementation are seemingly misunderstood, considering that cultural and religious beliefs call for intensive and holistic maternal and child care education not just among health workers in barangays and municipalities, but more importantly among mothers and caregivers through *fatwa*. Additionally, limited knowledge on complementary feeding for children age 6 to 23 months also contribute to poor health that leads to stunting and wasting in their early childhood years. The proportion of breastfed children age 6 to 11 months introduced to complementary foods from age 6 to 8 months is at 69.7 percent.

A food plant exists in Mamasapano, Maguindanao and is producing complementary food for children with DOST support but the demand for its product remains very low relative to the potential.

The minimum diet diversity required for children age 6 to 23 months is at least four out seven food groups and the minimum acceptable diet is the measure combining frequency and diversity in food. In the 2015 National Nutrition Survey, among children age 6 to 23 months, BARMM posted very low indicators at 7.72 percent (6.4 percent male and 7.9 percent female) meeting minimum dietary

diversity and a very low 12.2 percent (11.4 percent male and 12.9 percent female) meeting minimum acceptable diet. On a larger scale, BARMM showed only 30.4 percent of households with diets meeting energy requirements. Minimum acceptable diet is based on the minimum frequency of feeds and diet diversity or consumption of foods from four groups of a group of seven groups that include grains, roots, and tubers; legumes and nuts; dairy products (milk, yogurt, cheese); flesh foods (meat, fish, poultry and liver/organ meats); eggs; vitamin-A rich fruits and vegetables; and other fruits and vegetables.

Disease. Diarrhea is a significant problem which causes dehydration and is one of the leading causes of malnutrition and death among children under five. In BARMM, the prevalence of diarrhea in under-fives was 5.1 percent and affected more than 250 children in 2013. Acute respiratory tract infections (ARI), which include pneumonia, influenza, and respiratory syncytial virus (RSV) is also a leading cause of malnutrition and death among children of the same age group. About 258 children, or 2.1 percent of children in BARMM were symptomatic of ARI. Anemia prevalence in children age 6 to 12 months in BARMM is among the top three highest in the Philippines at 39.4 percent in 2013. In other age groups in the region, the prevalence of anemia takes a smaller proportion (11 percent).

Underlying Causes of Malnutrition in BARMM

Deeper analyses of malnutrition reveal the interrelated problems posed by food insecurity, coupled with very limited health care and services, and with an unhealthy environment.

Food Insecurity Household food security is defined as sustainable access to safe food of sufficient quality and quantity to ensure adequate intake and a healthy life for all members of the family (Harmonized Training Package, Module 5). Food insecurity in BARMM is triggered by poor access to food and inadequate food production. In 2015, 44.5 percent of households were reported to be severely food- insecure and 34.7 percent moderately food-insecure.

The National Nutrition Council (NNC) report on Chronic Food Insecurity (CFI) Analysis conducted in January 2015, classified Lanao del Sur and Sulu at Severe CFI Level 4, where about 15.0 percent to 30.0 percent of total households are severely chronically food insecure. (Figure 10.1) These households with very high levels of stunting tend to have poor food consumption, both in terms of quantity and quality throughout the year. They have seasonal deficits in quantity of food for more than four months

of the year and they do not consume a diet of adequate quality mainly because of unstable livelihood and are likely to have malnourished members.

Table 2. Chronic Food Insecurity Situation Overview in the 18 Provinces of Mindanao, 2015

Provinces	Total # (pp)	Level 1		Level 2		Level 3		Level 4	
		#	%	#	%	#	%	#	%
Agusan del sur	710,158	178,000	25	320,000	45	142,000	20	71,000	10
Bukidnon	1,437,110	323,000	22	539,000	37	395,000	28	180,000	13
Camiguin	88,863	33,000	37	31,000	35	18,000	20	7,000	7
Compostela valley	746,939	291,000	39	261,000	35	149,000	20	45,000	6
Davao del norte	1,066,423	320,000	30	400,000	38	213,000	20	107,000	10
Davao del sur	2,239,636	728,000	32	1,008,000	45	336,000	15	168,000	7
Davao oriental	556,638	153,000	27	250,000	45	97,000	17	56,000	10
Lanao del norte	1030632	180,000	17	4,900,000	47	258,000	25	103,000	10
Lanao del sur	1,006,411	101,000	10	377,000	37	302,000	30	226,000	22
Maguindanao	1,024,589	205,000	20	384,000	37	282,000	27	154,000	15
North cotabato	1,387,424	416,000	30	486,000	35	347,000	25	139,000	10
Sarangani	549,489	137,000	25	192,000	35	137,000	25	82,000	15
Sulu	772,120	97,000	12	309,000	40	193,000	25	174,000	22
Surigao del norte	480,560	142,000	29	216,000	45	96,000	20	26,000	5
Surigao del sur	592,221	163,000	27	266,000	45	104,000	17	59,000	10
Zamboanga del norte	1,031,946	155,000	15	413,000	40	284,000	27	181,000	17
Zamboanga del sur	1,957,241	871,000	44	832,000	43	147,000	8	108,000	5
Zamboanga sibugay	633,167	158,000	25	222,000	35	174,000	27	79,000	12

Lack of access to food is a major cause of hunger and malnutrition for the provinces of Lanao del Sur, Maguindanao, and Sulu. Low income, limited livelihood and employment opportunities, illiteracy and low education levels, and underemployment come with inadequate food access. In addition, inadequate transport services affect access to food in the provinces mentioned. Food availability is also a major limiting factor for the province of Sulu due to limited self-sufficiency and inadequate nutritious food.

Lanao del Sur and Sulu were among the provinces classified under Crisis Phase 3 in the Acute Food Security Analysis carried out in January 2013. This means that even with humanitarian assistance, at least one in five households had food consumption gaps resulting in high or above-usual acute malnutrition. These households experienced acute food deficits combined with long term food deprivation.

Inadequate Health Care and Services

Inadequate healthcare services for mothers and children, poor child feeding practices, and lack of knowledge on proper nutrition and maternal and child care constitute underlying causes as well.

BARMM's prenatal, delivery, and post-natal care for women rate as inferior when compared to national averages. Out of 173 women age 15 to 49 that had a live birth in the last five years from the conduct of the 2013 National Demographic and Health Survey, only 52.8 percent received antenatal care from a skilled provider. Upon birth delivery, only 20 percent were attended by skilled birth attendants and a very low 12.3 percent by institutional delivery. Post-natal care coverage also followed a similar path with only 20.4 percent of women age 15-49 receiving post-natal checkup in the first two days following delivery.

BARMM's child health coverage program on the provision of Vitamin A and Iron and deworming activity are also below the national average. Only 61.4 percent of children age 6 to 59 months were provided with Vitamin A supplements and 21.7 percent with Iron supplements. Meanwhile, while deworming is recommended by the World Health Organization for the prevention of intestinal worm infections, only 30.5 percent were given deworming medication in BARMM among the same age group.

Immunization through infant and childhood vaccines is also pertinent in the prevention of vaccine-preventable diseases. Since 1976, an Expanded Programme on Immunization fully funded by the government has been implemented in the Philippines to reduce morbidity and mortality among children. It covers the provision of vaccines against seven vaccine-preventable diseases such as tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis, measles and hepatitis B. School-based immunization was also implemented since 2013 to catch up on missed doses of immunization vaccines to schoolchildren. Compared to national coverage and to other regions, BARMM's immunization coverage for vaccinations is significantly lower at 29.4 percent, with the second lowest region, Ilocos Region, still more than twice as high at 61.1 percent.

Access to and use of modern contraceptive methods is another area where BARMM lags behind national prevalence rates. BARMM's contraceptive prevalence rate (any contraception method) appears to be very low at 23.9% for women age 15 to 49. Naturally, a low average on use of contraception in the region heightens the risk of early pregnancy, which is closely similar to national trends with 2.2 percent of women already sexually active before the age of 15. But on a positive note, teenage pregnancy rates in BARMM are lower than national prevalence. The NDHS data reveal that among women age 15-24 in BARMM, 24.4 percent have begun childbearing, a percentage lower than the national average of 27 percent.

These regional indicators point to barriers that prevent households from getting access to health facilities. The lack and remoteness of health facilities pose bottlenecks to accessibility of quality health services. NDHS data reveal that transportation and travel time to health facilities are much more challenging in rural areas than in urban areas. In BARMM, it would take an average of 83 minutes to reach a health facility because these are too few and far between. This is in stark contrast to the National Capital Region and Northern Mindanao which recorded the shortest time in reaching facilities in only 28 minutes average. As of 2005, BARMM had only seven primary care hospitals and no secondary or tertiary care hospitals. For a region with a population of 3.7 million, the disparity is huge. BARMM has the lowest bed-to-population ration in the country at 0.17 beds per 1,000 population.

Thus, other hindrances underlying malnutrition in BARMM are the region's very limited health services and lack of skilled health personnel, aggravated by geographic spread and isolation, and difficulties in transportation and communication.

Unhealthy Environment

Water, sanitation, and hygiene, collectively known as WASH, are three important issues grouped together as a main public health concern. Lack of potable water, inadequate sanitation, and poor hygiene practices increase vulnerability to diarrhea, and infectious and water-borne diseases, which are direct causes of acute malnutrition.

The BDP 2020-2022 cites that 56.0 percent of the total households in BARMM have access to safe water which is below the 2018 target of 70.0 percent. Notably, the lowest coverage was posted in Marawi City, with only 15.5 percent having access to a safe drinking water. Most of the populace, especially those below the poverty threshold, opt to use more accessible and affordable water sources such as dug well or spring water. These water source alternatives can easily be contaminated with fecal coliforms and other microscopic contaminants. A low proportion of households has access to sanitary toilets at 18.42 percent, 25.04 percent and 26.97 percent in 2014, 2015, and 2017, respectively. This slightly increased to 33.84 percent in 2018. Unsanitary toilet facilities are still rampant due to poor sanitation and hygiene practices. This is despite the roll out of the WASH Program in the region.

Basic Causes of Malnutrition in BARMM

Persistent Armed Conflict and Unstable Peace and Order Situation

CHAPTER 9 of the BDP 2020-2022 on Improving Access to and Delivery of Services for Human Capital Development further cites “ The sense of social injustice, exclusion, marginalization, and unequal distribution of resources including land have been central to the decades-long armed rebellions in Muslim Mindanao. From the 1970s to the present, the cost of war in the Bangsamoro has been estimated to cause 100,000 to 150,000 lives lost and about PhP 640 billion in economic loss. The situation is made more complex by episodes of armed conflict involving breakaway groups (ASG, BIFF, among others), local warlords, and numerous clan-based conflicts (*rido*). The proliferation of small arms and weapons, as well as incidents of kidnaping and lawless elements, contribute to the insecurity that has come to characterize the region. The insecurity has hampered a broad range of normal economic activity making it difficult for the region to achieve economic growth.

Persistent conflicts and unstable peace and order situation impact directly on food security as they drastically compromise access to food. People who are uprooted by conflict lose access to their farms and businesses, or other means of local food production and markets. When farms are abandoned, food supplies to distributors are cut off, and people are therefore unable to obtain enough food. Their displacement disrupts livelihood and education, and cause the disintegration of social functions. Armed conflicts destabilize the health system or destroy health facilities, resulting in outbreaks of infectious disease as well as the deterioration of health service delivery.

Frequently displaced are marginalized women and children who often seek refuge in neighboring barangays or in temporary evacuation centers. Displaced children, who constitute 60 to 70 percent of internally displaced persons (IDP), are exposed to ailments such as flu, skin diseases, cough, measles, diarrhea, and typhoid fever. Overcrowding inside the evacuation centers and problems of lack of safe water and sanitation usually result in the high incidence of illnesses, death, and infectious diseases.

Host LGUs, communities, and families suffer equally with the displaced population as their resources are depleted and the stream of IDPs swell. Convergence efforts of the Autonomous Regional Government allow other sectors to provide a coordinated response to the disasters.

In May 2017, an armed conflict waged by ISIS-inspired Maute and Abu Sayyaf Group in Marawi City against government security forces led to the displacement of more than 77,000 families. This further

aggravated the food security and nutrition in the region with the displaced population staying in evacuation centers or host families in neighboring municipalities. To counter this and to mitigate the risks, the national government declared Martial Law in the entire Mindanao. Among the most affected are schoolchildren whose education have been disrupted by the fighting.

Frequent Natural Disasters

The Bangsamoro territory is also within the Philippine earthquake trench, tsunami-prone area in the eastern coast of Mindanao, and host to active volcanoes (see figures below). The region also has a history of According to the BDP, the Bangsamoro communities are not exempt from occurrence of other catastrophic natural disasters such as flooding, landslides and erosion, tsunami, earthquake and volcanic eruption.

Maguindanao, being situated in the lowest portion of Central Mindanao, is a natural catch basin of water from close to half of the Mindanao mountain system. This causes flood in different parts of the region despite the absence of heavy rains. Lanao del Sur and Sulu also experience flooding due to the downpour of water from the mountains. Most recently, Lanao del Sur was one of the hardest-hit provinces when Tropical Storm Tembin (locally known Vinta) made landfall in December 2017. More than 42,478 families were affected due to flooding and landslides.

The Bangsamoro territory is also within the Philippine earthquake trench, tsunami-prone area in the eastern coast of Mindanao and host to active volcanoes. Climate change is a major threat to the region's food security. Crops, livestock, fishery, and forestry sectors are vulnerable to climate-related disasters.

Based on the Emergency Food Security Assessment (EFSA) study in March 2016, about one in five households were severely food-insecure. These households are characterized by extreme food consumption gaps and extreme loss of livelihood assets. The farm-based households are the most affected by natural disasters in the region. About 62.0 percent of the households rated their livelihoods to have been severely affected and 75.0 percent of the livelihood activities were impacted by extreme weather conditions.

Pregnant and lactating women have also been affected by the drought. After the onset of the drought, about 53.0 percent of them were eating less than three meals a day while only 33.0 percent were able to adequately breastfeed their children.

Impact of the COVID-19 Pandemic

On March 8, 2020, President Rodrigo Roa Duterte issued Proclamation No. 922 that declared a State of Public Health Emergency throughout the Philippines due to Covid-19 consistent with the World Health Organization (WHO) declaration (January 30, 2020) of COVID-19 as a Public Health Emergency of International Concern (PHEIC).

The Coronavirus Disease (COVID-19) pandemic undermines nutrition worldwide, particularly in lower middle-income (LMIC) countries. The pandemic have disrupted systems of governance and service delivery. Food and health care delivery are two systems most dented and the worst consequences are borne by young children.

Citing UN-FAO's recent rapid assessment results of the impact of COVID-19 on food supply chains in the Philippines:

"...within the short run one-year period (2020), several production shocks are expected to introduce deviations between the forecasted normal increase and the actual increase for the year. The shocks are African Swine Fever (ASF), avian influenza (AI), fall armyworm (FAW), and adverse climate events. The short--term production problems plaguing agriculture have been severe enough to impact growth figures for the first quarter of 2020.

Not only have there been problems plaguing agriculture in the short term; there have also been long-standing structural problems affecting the sector, namely: 1) weak growth of agricultural output; 2) low income of producers; 3) declining labour supply; 4) deteriorating resource base; 5) lack of inputs and finance, especially for small farmers and fisherfolk; 6) poor logistics infrastructure; 7) disconnect between small farmers and fisherfolk (SFF) and the value chain; 8) high cost of nutritious food; and 9) dependence on concentrated distribution points (urban areas).

Item # 9 is a structural constraint that is not traditionally mentioned as a long--term development constraint; however, it must be mentioned now, as it creates a vulnerability point that was exposed by the COVID-19 pandemic⁴."

As the pandemic continues to weaken food and health systems, reduce routine health service coverage levels, and inflict socioeconomic shocks, an increase in child wasting (with increased risk of dying than normal children) as well as stunting is expected in BARMM. Micronutrient deficiencies including deficiencies in Vitamin A, iron, and iodine especially in extremely vulnerable populations

⁴ FAO. 2021. Rapid assessment of the impact of COVID-19 on food supply chains in the Philippines. Manila. <https://doi.org/10.4060/cb2622en>

For the period 2009 to 2015, Lanao del Sur had the most number of poor families in the region with an increasing trend. In 2015, poverty incidence in Lanao del Sur was highest at 66.3 percent, followed by Sulu at 49.6 percent. This can be attributed to intermittent and sporadic clashes between the government and armed groups, and the occurrence of natural calamities.

Despite the high poverty incidence, all provinces in the region except Sulu registered a decrease in poverty incidence between 2012 and 2015. The 23.3 percent poverty increase in Sulu pulled down the overall performance of the region.

The unemployment rate in the region increased in 2016, from 3.4 percent in 2014 to 3.9 percent in 2016, still the lowest unemployment rate among the Mindanao regions. The underemployment rate increased to 13.4 percent in 2016 from 11.7 percent in 2014. Lack of productive employment opportunities forces people to accept work that is not commensurate to their skills and educational qualification, to be able to earn income and satisfy their basic needs.

Fluctuating economy The Regional Development Plan cited how BARMM's economic growth rate contracted to 0.4 percent in 2015 from a positive growth of 3.0 percent in 2014. The sector consisting of agriculture, hunting, forestry and fishing (AHFF) which directly impact food production and food availability, suffered negative growth in four periods, 2011 to 2012 and 2014 to 2016, but recovered with a positive growth of 2.5 percent in 2013. The sector's low performance was due to decreased production of major crops in the region such as palay and corn as well as livestock, poultry, and fishery products. Among the reasons for the decline in production were drought and disasters, conversion of areas planted with palay to cassava in Lanao del Sur; conversion of rice lands into banana plantations; rat infestations. The BARMM economy relies heavily on agriculture, hunting, fisheries, and forestry (AHFF), which accounts for 58.8 percent of the region's total output, and which employs more than 50.0 percent of the labor force. AHFF remains important in improving food security, increasing incomes, and reducing poverty.

In 2016, BARMM economy rebounded to 0.3 percent from negative 0.4 percent in 2015. BARMM was among the 10 regions in the country with accelerated economic growth in 2016. The Bangsamoro Government is optimistic about sustained positive growth in the succeeding years given the reform initiatives.

The economy of BARMM grew at a slower pace by 5.9 percent in 2019. Industry posted the fastest growth rate at 10.2 percent at the production side while exports of goods and services to rest of the world recorded the fastest growth of 69.5 percent at the expenditure side. On the production side, Services had the biggest share to the region economy at 40.4 percent while in terms of expenditure

side, Household Final Consumption Expenditure has the highest at 121.1 percent. BARMM ranked 7th among 17 regions in terms of GRDP/GRDE growth rate in 2019 and second in Mindanao Island, next to Davao Region. The per capita GRDP/GRDE of BARMM improved by 3.9 percent. (Source PSA)

The poor sector in the region has yet to maximize the benefits of national initiatives such as the Pantawid Pamilyang Pilipino Program (4Ps) Conditional Cash Transfer (CCT), PhilHealth, and other social welfare and protection programs. The 4Ps and PhilHealth programs appear not to have direct impact on increasing incomes, since the focus of these programs are on health and education assistance to poor families. Their impacts on welfare work through the substitution effect. In addition, recurring conflict and natural calamities contribute to the compounded problem of intergenerational poverty in the region.

The challenge is for the Bangsamoro Government to design development interventions that would help poor families earn sustainably, weaning them from dependence on temporary government assistance. Social preparation and capacity building need to be effectively integrated in livelihood assistance packages. Another key intervention is the resolution of the peace and order situation.

The Bangsamoro Development Plan 2020-2022 reiterates the government's commitments, the Bangsamoro Government shall push for the implementation of flagship programs and projects such as the BARMM Ayudang Medikal Mula sa Bangsamoro Government (AMBAG), Kapayapaan sa Pamayanan (KAPYANAN), Tulong Alay sa Bangsamorong Nangangailangan (TABANG) and Marawi Rehabilitation Program to help reduce poverty.

Efforts in Literacy and Culturally-sensitive Education

The region sees the need to address the low levels of human development in BARMM, which appear to have the lowest average among all regions at 2.8 percent, with all of its five provinces identified in the bottom ten, and Maguindanao, Sulu, and Tawi-Tawi in the bottom three.

BARMM, the education system is a "subsystem of the national education system" but enjoys fiscal autonomy and academic freedom. The manner in which education policies are implemented is devolved as provided by law but follows the national government's adoption of the K to 12 program which amends basic education in the country to a total of 13 years: one year in kindergarten, six years in primary education, and six years in secondary education. K to 12 also sought the implementation of a mother tongue-based multilingual education which included Maguindanaoan. Interestingly, and due to the fact that most teachers in the region are not natives of BARMM, Maguindanaoan is not as widely

taught as Filipino. The Multiple Indicator Survey 2016 reveals that students in Sulu and Tawi-Tawi appear to have more mother tongue-based multilingual education than Maguindanao counterparts, due in part to the remoteness of the two provinces which made local recruitment a more viable option. Among students in Parang and Siasi in Sulu and Languyan in Tawi-Tawi age 3 to 8, more than 70 %receive mother tongue education.

Moreover, BARMM has been making strides in increasing the number of students receiving early childhood care and development (ECCD). MIS 2016 reveals that only South Upi and Mamasapano in Maguindanao have seen declines in public early education enrolment. However, there has been an increase in the number of students attending private early education which may account for the reduced public counterpart. Barriers that prevent better implementation of early education have been identified, such as centralized budget which results in insufficient local input, long distances to travel to day care centers, and low number of day care centers.

Despite recent increase in literacy rates (81.5 percent in 2008 to 86.1 percent in 2013), BARMM still appears to have the lowest basic literacy rate among all 17 regions. Some of the deterrents to the continuity and improvement of basic education among primary students are armed conflicts that in some cases lead to displacement, as well as high dropout rates due to poverty. The NDHS 2013 also show very low numbers on the educational attainment of household population. Only 10.9 percent of females and 11.1 percent of males were able to finish elementary education. For secondary education completion, the numbers were 11 percent for females and 9.8 percent for males. Females who were able to finish tertiary/college education were only 9.8 percent and males only 7.4 percent. To address the low literacy and education averages in BARMM, the region is part of the Mindanao-wide Mindanao Peace and Development Framework Plan (MPDF) which aimed to increase enrolment rates in primary schools to 95 percent by 2016 (baseline 82.5 in 2009-2010 school year), and targets a 100 percent increase by 2020.

The percentages of indigenous children attending kindergarten and elementary school are 4.6 percent and 48.5 percent, respectively. However, primarily due to long distances and transportation to attend school, the percentage of those who were able to finish their elementary education is only 11.2 percent.

MOVING FORWARD WITH THE RPAN

The 1st Bangsamoro Development Plan 2020-2022 is the first of its kind in the Bangsamoro and in the country. Its is the first Plan that harmonizes existing development plans in the BARMM such as the

Bangsamoro Development Plan (BDP) I and II (MILF-BDA) Unified Bangsamoro Development Plan (MILF and MNLF), and ARMM Regional Development Plan (RDP), 2017-2022. The BDP is also aligned with the 12-point priority agenda of the Bangsamoro Government, consistent and supportive to the national development direction as outlined in the Ambisyon Natin 2040, Philippine Development Plan (PDP) Midterm Update, 2017-2022- and 0-10-Point Socioeconomic Agenda of President Duterte. It will also contribute to the attainment of the 2030 Sustainable Development Goals (SDGs).

The BARMM articulated its long-term vision and mission consistent with the national direction. The Bangsamoro envisions, “the Bangsamoro that is united, enlightened, self-governing, peaceful, just, morally upright, and progressive.” And its mission is stated as, “Guided by moral governance and in pursuit of genuine and meaningful autonomy, the Bangsamoro Government ensures the necessary conditions for enduring peace and sustained socio-economic development suitable to the systems of life, needs, and aspirations of its peoples by providing services to communities, ensuring multi-stakeholder participation, and facilitating appropriate partnerships.”

Last year, the Bangsamoro Government launched the Food Security and Nutrition Roadmap to calls for aggressive, efficient, and effective convergence among government agencies and institutions for feasible, viable, and sustainable realization of a self-reliant, food-secure, and resilient Bangsamoro.

(Excerpts from the BDP 2020-2022 and FSN Roadmap).

The Bangsamoro Government created a roadmap to improve social protection among the poor, to achieve health-related development in line with national targets, and to improve access to quality healthcare services for all. On social protection, the government advocated for comprehensive PhilHealth coverage, information, and benefits. On health-related developments, BARMM aimed to reduce maternal, infant and child deaths and to increase facility-based deliveries and births attended by skilled birthing attendants. The roadmap set targets to improve services in ante natal care, family planning, and full immunization among children. On the improvement of the access to quality health services, it specified the establishment of a service delivery system and the improvement of hospital care and services, as well as access to safe water and sanitary toilets.

To continue the efforts to address malnutrition, the Regional Plan of Action for Nutrition (RPAN) 2020-2022 builds on the Bangsamoro Development Plan in general, and on existing programs and projects, to further enhance the approach on all aspects. The RPAN is in line with the Philippine Plan of Action (PPAN) — the country’s blueprint for an integrated programming of nutrition interventions for 2017 to 2022 to be mobilized by the National Nutrition Council. The PPAN identified 36 provinces as focus areas selected according to population size, prevalence of stunting, high magnitude of poor households, high poverty incidence, and exposure to multiple hazards. Among BARMM’s provinces, four of five (with the exception of Basilan) are included in the 36 PPAN focus provinces.

The road to an improved health and nutrition status in BARMM requires better health services and interventions, enhanced community participation, and effective leadership and governance. Convergence in and for BARMM requires the collaboration among the government and its people, and

calls for the sharing of resources, technical expertise, and embracing the technical side of nutrition and health to provide a holistic policy and program approach.

The Philippine government is aware that the 2022 target outcomes of PPAN 2017-2022 cannot be achieved without all LGUs lamping up their nutrition program in their provinces, cities, and municipalities. Further, the war against malnutrition cannot be won without the 1,700 LGUs in the Philippines including BARMM joining hands and taking action in their locality.

BARMM's RPAN 2020-2022 and that of the other 16 regions have been completed relative to the detailing and committing the outcomes to be delivered by sectoral agencies by end of 2022 have been established. The LGU's action is imperative if the region has to change its nutrition landscape and they have an essential role to play in embodying the commitment and accountabilities as a contributor of BARMM's proportionate share of the malnutrition burden.

As the science to combating COVID evolves, so will RPAN strategies for its remaining years. These may change to give considerations to government COVID issuances and guidelines, but basic principles on delivering basic health and nutrition to the most affected populations remain.

The region's established outcome targets for 2022 toward reducing stunting, wasting, and obesity, as well as micronutrient deficiencies, among other indicators should be prioritized and should not be delayed further especially that 2022 is fast approaching. The result of all the concerted effort from the member agencies will surely contribute to the success of BARMM RPAN 2021-2022, PPAN 2017-2022, PDP 2017-2022, Philippines' Ambisyon 2040, and globally, to the Sustainable Development Goals (SDGs) of the United Nations.

Section 2. BARMM 2022 Outcome Targets

The Regional Plan of Action for Nutrition of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) 2020-2022 is aligned with the over-all goal of the Philippine Plan of Action for Nutrition 2017-2022, namely, *to improve the nutrition situation of the country as a contribution to*: (1) the achievement of Ambisyon 2040⁵, (2) reducing inequality in human development outcomes, and (3) reducing child and maternal mortality.

To contribute to the achievement of the national outcomes, BARMM has set the outcome and sub-outcome targets for the region for end-2022, consistent with those of the PPAN 2017-2022.

Outcome Targets

To reduce levels of child stunting and wasting

Indicator ¹	Baseline	2022 Target
- Prevalence (in percent) of stunted children under five years old	45.0	35.0
- Prevalence (in percent) of wasted children		
- Under five years old	8.2	7.0
- 6 – 10 years old	6.3	5.6

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

To reduce micronutrient deficiencies to levels below public health significance

Indicator ¹	Baseline	2022 Target
<u>Vitamin A deficiency</u>		
1. Prevalence (in percent) of children 6 months to 5 years old with vitamin A deficiency (low to deficient serum retinol)	22.0	14.9
<u>Anemia</u>		
• Prevalence (in percent) of anemia among women of reproductive age	No data from NNS	
<u>Iodine deficiency disorders</u>		
• Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	128	≥100
- Pregnant women	100	≥150
- Lactating women	94	≥100
• Percent with urinary iodine concentration <50 mcg/L		

⁵Ambisyon 2040 is the Philippines' long-term vision, i.e. "By 2040, the Philippines shall be a prosperous, predominantly middle-class society where no one is poor, our people shall live long and healthy lives, be smart and innovative, and shall live in a high-trust society. The Philippines hereby aims to triple real per capita income, and eradicate hunger and poverty by 2040, if not sooner" (Executive Order 05, October 2017).

Indicator ¹	Baseline	2022 Target
- Children 6-12 years old	20.6	19.9
- Lactating women	28.6	19.9

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

No increase in overweight among children

Indicator	Baseline	2022 Target
- Prevalence (in percent) of overweight		
- Under five years old ¹	4.1	3.7
- 6 – 10 years old ²	4.2	4.1

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

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

To reduce overweight among adolescents and adults

Indicator	Baseline ¹	2022 Target
Adolescents ¹	4.3	4.2
Adults ²	25.6	19.0

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

Sub-outcome or intermediate outcome targets

Indicator	Baseline	2022 Target
Reduce the proportion of nutritionally-at-risk pregnant women ¹	19.5	15.7
Reduce the prevalence of low birthweight ³	21.8	16.9
Increase the percentage of infants 5 month old who are exclusively breastfed ¹	No data from NNS	
Increase the percentage of children 6-23 months old meeting the minimum acceptable diet ¹	7.2	8.7
Increase the percentage of households with diets that meet the energy requirements ²	30.4	35.6

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

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

³Baseline based on 2013 National Demographic and Health Survey

Key Strategies to Achieve RPAN 2022 Targets

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

1. **Focus on the first 1000 days of life.** The first 1000 days of life refer to the period of pregnancy up to the first two years of the child. The RPAN will ensure that key health, nutrition, early education and related services are delivered to ensure the optimum physical and mental development of the child during this period. Interventions will be geared on targeting maternal, neonatal and infant's health.
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 determinants⁶ 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). The life-stage approach will be used to cater to all members of the society including maternal, neonatal, infant, child, adolescent and adult nutrition.
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.
6. **Building a pandemic resilient BARMM communities.** The BARMM RPAN is expected to respond to the challenges brought about by COVID-19 pandemic and provide *evidence and science-based* strategies responsive to shifting priorities on health and nutrition as the BARMM (together with the whole country) transitions to the new normal and as new infectious diseases and other threats emergence. This is also in keeping towards a building a healthy and more resilient BARMM communities consistent with the goal of the Updated Philippine Development Plan.

⁶ Immediate determinants include adequate food intake and nutrient intake, care giving and parenting practices, and low burden of infectious diseases. (Executive Summary of the Lancet Maternal and Child Nutrition Series, 2013).

Section 3. RPAN Programs and Projects

The BARMM RPAN consists of 11 programs and 53 projects. The 11 programs follow the life stages of the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. All 11 nutrition specific, nutrition sensitive and enabling programs constitute the RPAN with an additional program to reflect the huge challenge of adolescent health and in particular adolescent pregnancy, where the prevalence for BARMM represents the highest in the Philippines. The RPAN provides the necessary focus on the First 1000 days given its huge potential in addressing the major nutritional issues in BARMM and in the country.

The complete list of programs and projects is shown below:

Table 3. BARMM RPAN Programs and Projects

Program	Project
PROGRAM 1: IYCF AND FIRST 1000 DAYS (F1K) Enabling Program for F1k	Project 1. Mobilization of LGUs on the First 1000 days
	Project 2. Information Management in the F1K
	Project 3. Strengthening of health delivery system for F1K including review of LGUs and other multi-sectoral agencies for F1K compliance including delivery system (nutrition specific and sensitive interventions)
Micronutrient Supplementation	Project 4. Iron supplementation to pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months
	Project 5. Vitamin A Supplementation for postpartum women and children 6-23 months old
Dietary Supplementation Program	Project 6. Mobilization of LGU resources for dietary supplementation
Maternal Neonatal Infant And Young Child Feeding (MNIYCF)	Project 7. Strengthening of Complementary Feeding Program as part of the MNIYCF
	Project 8. Mobilization of barangay officials to organize MNIYCF support groups
	Project 9. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces), and RA 10410 (Early Years Act)
Nutrition Promotion For Behaviour Change	Project 10. Communication Support for F1K
Philippine Integrated Management Of Acute Malnutrition (PIMAM)	Enhancement of PIMAM Facilities, Capacities and Provision of Services
	Project 11. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays

Program	Project
PROGRAM 2: NATIONAL DIETARY SUPPLEMENTATION PROGRAM⁷	Project 12. School-Based Feeding Program
	Project 13. School-Based Health Services (deworming, micronutrient supplementation, WASH)
	Project 14. Provision of Food Pack to wasted adolescents for at least 120 days including OSY
PROGRAM 3: MICRONUTRIENT SUPPLEMENTATION PROGRAM¹	Project 15. Vitamin A Supplementation
	Project 16. Anemia Reduction among WRA
PROGRAM 4: MANDATORY FOOD FORTIFICATION PROGRAM	Project 17. Advocacy for and Monitoring of Compliance of RA 8976 and 8172
	Project 18. Public Information Support
PROGRAM 5: NUTRITION IN EMERGENCIES PROGRAM	Project 19. Building Preparedness for Emergency
	Project 20. Strengthening Response Capacity
	Project 21. Strengthening Recovery and Rehabilitation Capacity
PROGRAM 6: PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	Project 22. Enhancement of PIMAM Facilities and Provision of Services
PROGRAM 7: NUTRITION PROMOTION FOR BEHAVIOUR CHANGE	Project 23. Review of Existing Actions related to Nutrition Promotion for Behaviour Change
	Project 24. Formulation of Regional Program for Nutrition Promotion for Behaviour Change
	Project 25. Implementation of the Regional Program for Nutrition Promotion for Behaviour Change
PROGRAM 8: ADOLESCENT HEALTH	Project 26. Establishment and Management of Adolescent Health Friendly Facilities (Teen Center/ Friendly Spaces)
	Project 27. Adolescent Health Development Program (AHDP) – DOH / Adolescent Health Youth Development (AHYD) - Prevention of teenage pregnancy, STD/STI, and HIV/AIDS
	Project 28. Comprehensive Gender and Health Education for Youth (exclusive for Madaris)
	Project 29. Adolescent Health (Healthy Adolescents and of Active Lifestyle, Oral Health, Water Sanitation and Hygiene)
PROGRAM 9: OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION (ADULT)	Project 30. Promotion of Healthy Diet and Active Lifestyle
PROGRAM 10: NUTRITION SENSITIVE	Project 31. SALINTUBIG
	Project 32. Zero Open Defecation Program or Phased Approach to Sustainable Sanitation

⁷ Dietary and micronutrient supplementation programs outside the first 1000 days

Program	Project
	Project 33. Ensuring Food and Nutrition Security through Accessibility, Affordability and Availability of Rice
	Project 34. Solid Waste Management: Proper Waste Disposal (BASURANIHAN)
	Project 35. Water Sanitation and Hygiene
	Project 36. Regional Standard and Laboratory Halal Testing for Water Testing Analysis and Microbiological Analysis (Including Machinery and Equipments).
	Project 37. Farmers Support Program
	Project 38. Aquaculture Production Services
	Project 39. Coastal Resource Management and BASIL (Baliksigtasalog at Lawa) Establishment of Marine Protected Area and Coral Nurseries, BRUSH park
	Project 40. Vegetable Production, Gulayan sa Barangay/Indigenous vegetables
	Project 41. Livestock & Poultry Production: Animal Dispersal
	Project 42. Production of alternative food
	Project 43. Techno demo on Black Palay Seeds and Corn Production and Palayamanan demo
	Project 44. Job Facilitation
	Project 45. Bangsamoro Rural Employment through Entrepreneurial Development Program
	Project 46. Technology Transfer and Commercialized Program
	Project 47. Livelihood Support to Families with Wasted Adolescents and OSY to Ensure Food Security
	Project 48. Operational Research on the Nutrition Sensitive Projects
PROGRAM 11: ENABLING PROGRAM	Project 49. Mobilization of Local Government Units for Delivery of Nutritional Outcomes
	Project 50. Policy Development for Food and Nutrition
	Project 51. Mobilization of RICs and other community-based organizations
	Project 52. Management strengthening support to RPAN effectiveness
	Project 53. Public Advocacy for improving nutrition in BARMM

Table 4. Description of the BARMM RPAN Programs and Their Outputs

NUTRITION SPECIFIC PROGRAMS	
PROGRAM 1. INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K) PROGRAM	
<p>Program Description:</p> <p>The IYCF and the First 1000 Days Program aims to improve the delivery of services to all pregnant women to ensure healthy newborns and to lactating women to inculcate the practice of exclusive breastfeeding and complementary feeding with continued breastfeeding to infants 0 to 23 months by building and sustaining an enabling supportive environment in various settings. Based on global evidence, promoting IYCF and F1K is among the package of child nutrition interventions that can bring down under nutrition, particularly stunting, significantly.</p> <p>Under the RPAN, efforts will heavily focus on mobilizing LGU support and resources for F1K and IYCF related interventions including: 1) strengthening of health delivery system through a review of LGU compliance to F1K and IYCF standards (including service delivery); 2) micronutrient supplementation among pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months; 3) promotion of breastfeeding and complementary feeding practices; 4) organization of IYCF support groups; and 4) compliance monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces) and RA 10410 (Early Years Act). 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> <p>The program is led by the Ministry of Health in partnership with sectoral agencies, LGUs, NGOs, and development partners.</p>	
Project Title	Project Output/s
Project 1. Mobilization of LGUs on the First 1000 days	1-O.1. All provinces and at least 59 municipalities and cities mobilized for F1K and IYCF with increased compliance to standards relative to F1K
	1-O.2. By the end of 2022 all 5 provinces, 2 cities and 118 municipalities are mobilized for F1K and Nutrition Program with provincial/municipal/city resolutions
Project 2. Information Management for 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. Strengthening of health delivery system for F1K	3-O.1. Review of all RHU compliance to F1K standards completed
	3-O.2. Annual Performance and Implementation Review of RHUs, other agencies involved in F1K and LGUs on F1K compliance conducted

	3-O.3. Integration of F1K compliance undertaken in successive plans of RHUs, other agencies involved in F1K, LGUs
Project 4. Iron supplementation to pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months	4-O.1. All 118 RHUs and 683 BHS providing 180 tablets of IFA (60 mg Elemental Iron + 400 µg FA) supplements to pregnant and lactating women, iron supplements to low-birth-weight infants and MNPs to children 6 to 23 months
	4-O.2. Developed and test the DOS (Directly Observed Supplementation) strategy and tracking system on the consumption of IFA supplements, MNPs, Vitamin A, and other supplements the 9 municipalities in Sulu and all municipalities in 2020 up to 2022
Project 5. Vitamin A Supplementation for postpartum women and children 6-23 months old	5-O.1. Institutionalized provision of Vitamin A capsules to post-partum women
	5-O.2. All RHUs providing 1 200,000 IU Vitamin A capsule to postpartum women; 1 100,000 IU Vitamin A capsule to children 6 to 11 months; and 1 200,000 IU Vitamin A capsule given to children 12 to 23 months every 6 months
	5-O.3. All RHUs providing 1 Vitamin A capsule to high risk children (diarrhea and measles)
	5-O.4. A system of tracking vitamin A supplementation operationalized
Project 6. Mobilization of LGU resources for dietary supplementation	6-O.1. LCEs in 30 municipalities and 2 cities issued policy with budget allocation to implement dietary supplementation program for nutritionally at-risk pregnant and lactating women, and children 6-23 months belonging to the food insecure families. By the end of 2022, these 30 municipalities and 2 cities have put in action the dietary supplementation program.
Project 7. Strengthening of Complementary Feeding Program as part of the IYCF	7-O.1. Developed a Comprehensive Regional Complementary Feeding Plan strengthening use of locally available food, household food production (through home gardens), and use of processing plants where necessary
	7-O.2. Implementation and monitoring of the Comprehensive Regional Complementary Feeding Plan (with Food Production)

Project 8. Mobilization of barangay officials to organize IYCF support groups	8-O.1. Development of the IYCF Support Groups for the BARMM Region based on the national/regional evidence-based experiences
Project 9. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces) and RA 10410 (Early Years Act)	9-O.1. Organizations and entities exercising their commitments to enforcement and compliance monitoring on EO 51, RA 10028 and RA 10410
Project 10. Communication Support for F1K	10-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K fully developed and implemented

PROGRAM 2. DIETARY SUPPLEMENTATION PROGRAM

Program Description:

The Dietary Supplementation Program aims to safeguard the health of nutritionally-at-risk groups by providing 1) nutritious foods to (a) complement breastfeeding of 6-24 month-old infants; (b) supplement diets of preschoolers, school children, and pregnant women; 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.

In addition, the BARMM RPAN aims to provide food packs to wasted adolescents for at least 120 days including OSYs.

The Program will be jointly implemented by the MOH, MSSD, MBHTE, and LGU in partnership with NGOs and development partners.

Project Title	Project Output/s
Project 11. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	11-O.1. 2,400 child development centers and SNPs operating with supplementary feeding programming accordance with standards
Project 12. School-Based Feeding Program	12-O.1. All public elementary schools in the region operating the school-based feeding programming accordance with MBHTE directive
Project 13. School-Based Health Services (deworming, micronutrient supplementation, WASH)	13-O.1. 95 % of all schools providing full package of complementary health services at satisfactory level in accordance with MBHTE directive
Project 14. Provision of Food Packs to wasted adolescents for at least 120 days including OSY	14-O.1. Wasted adolescents identified in the program provided with Food Packs in accordance to Nutrition Cluster Advisories No. 1 and 2 recommendations

PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION PROGRAM

Program Description:

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

The overall policy on MS is contained in DOH Administrative Order No. 2010-0010 entitled "Revised Policy on Micronutrient Supplementation" to Reduce Under-Five and Maternal Deaths and Address Micronutrient Needs of Other Population Groups. The micronutrients under this AO are Vitamin A, Iron, Folate and Iodine. Department Memorandum No. 2011-0303 "Micronutrient powder supplementation for children 6-23 months" was adapted as household food based supplementation of micronutrients.

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

Project Title	Project Outputs
Project 15. Vitamin A Supplementation	15-O.1. About 95% of children given Vit. A (24-59 mos)
Project 16. Anemia Reduction among WRA	16-O.1. Coverage of WRA who receive intervention for anemia reduction

PROGRAM 4. MANDATORY FOOD FORTIFICATION PROGRAM

Program Description:

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

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

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

Project Title	Project Outputs
Project 17. Advocacy for and Monitoring of Compliance	17-O.1. A system for both monitoring of compliance and plan for advocacy completed and implemented
	17-O.2. Improvements in the compliance level for MFF evidenced in the region
Project 18. Public Information Support	18-O.1. A public information project designed and implemented for MFF with evidence of audience patronage

PROGRAM 5. NUTRITION IN EMERGENCIES PROGRAM

Program Description:

Nutrition in Emergencies is one of the nutrition specific programs under the RPAN that seeks to build capacity of the Local Disaster Risk Reduction and Management Committees (LDRRMCs)/Nutrition Clusters (NCs) to integrate nutrition promotion and management activities in their disaster risk reduction and management plan in their LGUs. It seeks to enable LGUs to deliver timely, appropriate and adequate nutrition services during emergencies. The program would cover actions to improve levels of preparedness, response and recovery and rehabilitation⁸. 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. With the COVID-19 pandemic, the implementation of the program shall be guided by the issuance of advisories from the National Nutrition Cluster led by the National Nutrition Council as Cluster lead agency. Related advisories include: 1) Nutrition Cluster Advisory No. 1 series of 2020 “Nutrition Cluster Guidelines on LGU Nutrition Action Relative to COVID-19”, and 2.) Nutrition Cluster Advisory No. 2 series of 2020 “Nutrition Cluster Recommendations on Healthful and Nutritious Family Food Packs and sustainable food sources”. These recommendations are encouraged to be conscientiously followed by all local government units, non-government organizations, business companies and other civic-oriented organizations providing aid and services to all COVID 19 – affected population.

Project Title	Project Outputs
Project 19. Building Preparedness for Emergency	19-O.1. Final & approved resolution on NIE
	19-O.2. All targeted LGUs with finalized NIE Plan & integrated in DRRM Plan, trained health workers and LGU on NIE, supplies and equipment allocated at all level, and harmonized NIE Reporting Tools
Project 20. Strengthening Response Capacity	20-O.1. All affected municipalities and barangays providing the minimum service package (RNA Reports, Breastfeeding Support Group & Mother-Baby Friendly Spaces, Milk bank for Muslim mothers, Health facilities capable of managing acute malnutrition, Children and PLW provided with MS, and Supplementary Feeding Program during disaster)
Project 21. Strengthening Recovery and Rehabilitation Capacity	21-O.1. All affected municipalities and barangays provided with recovery and rehabilitation support (including RDANA report, facility rehabilitation, vulnerable groups included in social protection,

⁸Disasters are a big downward pull to the state of nutrition and in the Philippines, including ARMM 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.

	livelihood & MHPSS support, logistics and supplies, and After Action Review)
PROGRAM 6. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	
<p>Program Description:</p> <p>The Philippine Integrated Management of Acute Malnutrition (PIMAM) Program aims to locate the acutely malnourished especially those with severe and moderate acute malnutrition, and to provide the needed medical and nutritional intervention. At least 90% of SAM children given RUTF (Ready-to-Use Therapeutic Food) and treated, at least 90% of those with moderate acute malnutrition (MAM) able to access RUSF (Ready-to-Use Supplementary Food).</p> <p>The interventions will be delivered through in-patient treatment centers, out-patient treatment centers and target supplementary feeding program sites. Its implementation is guided by DOH AO 2015-055 National Guidelines on the Management of Acute Malnutrition of Children under 5 Years). More specific protocols are contained in the “National Guidelines on the Management of Severe Acute Malnutrition (SAM) for Under-Five Children” and the “National Guidelines on the Management of Moderate Acute Malnutrition (MAM) for Under-Five Children”.</p> <p>The RPAN shall implement the PIMAM Program through a project named Enhancement of PIMAM Facilities and Provision of Services focused on building the capacity of local implementers on SAM and MAM active case finding, provision and supply management of F75, F100 RUTF and RUSF (and its equivalent in RHUs), treatment and management of SAM in the ITC and OTC and of MAM in TSFP, among others.</p> <p>The RPAN recognizes that PIMAM shall be complemented by other nutrition interventions to sustain the normal status of rehabilitated children including nutrition counseling, especially on IYCF. It also interphases with the Nutrition in Emergencies Program as emergencies and disasters could trigger an increase in acute malnutrition.</p> <p>The program is led by the MOH, in partnership with LGUs, NGOs, and developmental partners, in particular UNICEF and WFP.</p>	
Project Title	Project Outputs
Project 22. Enhancement of PIMAM Facilities and Provision of Services	21-O.1. Delivery system for PIMAM established and fully operational across the region
PROGRAM 7. NUTRITION PROMOTION FOR BEHAVIOR CHANGE	
<p>Program Description:</p> <p>The Nutrition Promotion for Behavior Change Program aims to raise awareness of family members, development workers and policy makers on the importance of improving nutrition and ensure that the various nutrition-specific services are supported with appropriate communication activities. Ultimately, the program is designed to contribute to the program partners’ (audiences) adoption of positive practices that impact on nutrition.</p> <p>The RPAN takes a systematic approach towards building its nutrition program for behavior change with three projects commencing with the review of existing actions followed by designing a nutrition promotion for behavior change program appropriate and feasible for the region and subsequently its implementation.</p>	

<p>The Program aims to strengthen the provision of behavior changing nutrition promotion opportunities covering during the four-year period of the RPAN. A more comprehensive and organized nutrition promotion anchored on a behavioral change framework constitutes the key feature of the Program.</p> <p>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.</p>	
Project Title	Project Outputs
Project 23. Review of Existing Actions related to Nutrition Promotions for Behavior Change	23-O.1. Inventory of existing communication materials, communication processes and projects, agencies involved, financing available and available research information on effectiveness of behavioral communication and recommendations on the identified gaps
Project 24. Formulation of Regional BARMM Program for Nutrition Promotions for Behavior Change	Project 25. Development of a Nutrition Communication Plan for BARMM encompassing Social Mobilization and Behavior Change Communication interventions geared towards all decision makers, local and international partners and community members
Project 26. Nutrition Promotion for Behavior Change Project	25-O.1. Coordinated program for behavior change implemented in the region including the organization of the ARMM Quad-Media Group
PROGRAM 8. ADOLESCENT HEALTH PROGRAM	
<p>Program Description:</p> <p>The adolescent health program 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. The program addresses sexual and reproductive health issues. Improved health status of adolescents and prevention of teenage pregnancy are results expected from this program.</p> <p>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.</p> <p>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, counseling 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.</p>	

Capacity building packages for service providers and tools for health and nutrition counseling will be developed and updated. Adolescent Health Package for financing will be prioritized to ensure resources.	
Project Title	Project Outputs
Project 26. Establishment and Management of Adolescent Health Friendly Facilities (Teen Center/ Friendly Spaces)	26-O.1. Number of Facilities established and fully functional
Project 27. Adolescent Health Development Program (AHDP) – DOH / Adolescent Health Youth Development (AHYD) - Prevention of teenage pregnancy, STD/STI, and HIV/AIDS	27-O.1. Adolescents have access to health care services (Family Planning Reproductive Health, STD/STI, and HIV/AIDS)
Project 28. Comprehensive Gender and Health Education for Youth (exclusive for Madaris)	28-O.1. All Madaris schools covered and with access to and implemented CGHEY
Project 29. Adolescent Health (Healthy Adolescents and Active Lifestyle, Oral Health, Water Sanitation and Hygiene)	29-O.1. All adolescents covered under Promotion of Healthy Diet and Active Lifestyle Project
PROGRAM 9. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION PROGRAM (ADULT)	
<p>Program Description:</p> <p>The Overweight and Obesity Management and Prevention Program recognizes that life course approach on the promotion of healthy food environment, promotion of healthy lifestyle (physical activity and healthy eating) and weight management intervention (for existing overweight and obese individuals) is important. The program adopts the key messages from the Nutritional Guidelines for Filipinos (NGF) and DOH's <i>National Healthy Lifestyle Program or the Go 4 Health Go sustansiya, Go sigla, Go smoke-free, and Go Slow sa Tagay</i> messages. The program aims to reduce the prevalence of overweight and obesity among adults.</p> <p>Under the RPAN, this program is translated into one single project on promoting healthy lifestyle while at the same time emphasizing the importance of physical activity and healthy eating particularly among adults.</p> <p>The lead implementing agency will be the Ministry of Health (MOH) as part of its health system response against the rising prevalence of Non Communicable Diseases (NCDs). The National Nutrition Council Secretariat will act as the coordinator of the program and will monitor its implementation.</p>	
Project Title	Project Outputs
Project 30. Promotion of Healthy Diet and Active Lifestyle	30-O.1. All adults covered under Promotion of Healthy Diet and Active Lifestyle Project
PROGRAM 10. NUTRITION SENSITIVE PROGRAM	

Program Description:

The Nutrition-Sensitive Program involves tweaking the design of on-going development programs to contribute to achieving nutritional outcomes. The program seeks to increase the percentage of identified nutritionally disadvantaged households reached by one or more nutrition-sensitive projects that can improve accessibility and availability and improve sanitation hygiene and environmental conditions of families.

The BARMM RPAN 2018-2022 identified nutrition-sensitive projects ranging from agriculture and fisheries, health, education, labor, public works, and social protection. The 17 projects are implemented by various local, regional, and national government agencies such as the Ministry of Agriculture, Fisheries and Agrarian Reform (MAFAR), Ministry of Trade, Investment and Tourism (MTIT), Ministry of Social Services & Development (MSSD), Ministry of Basic, Higher and Technical Education (MBHTE), Ministry of Labor and Employment (MOLE), Ministry of Science and Technology (MOST), Ministry of Environment, Natural resources and Energy and Ministry of the Interior and Local Government (MILG) with key participation from the Local Government Units (LGUs).

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

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

Project Title		Project outputs
Project 31.	SALINTUBIG	Summary Outputs for Nutrition-Sensitive Projects⁹: 31-47-O.1. 17 projects in the region with tweaking strategies for nutritional impact 31-47-O.2. Actual number of families enrolled in projects tweaked for nutritional impact. 31-47-O.3. Actual number of families involved in nutrition sensitive projects with increased income
Project 32.	Zero Open Defecation Program or Phased Approach to Sustainable Sanitation	
Project 33.	Ensuring Food and Nutrition Security through Accessibility, Affordability and Availability of Rice	
Project 34.	Solid Waste Management : Proper Waste Disposal (BASURANIHAN)	
Project 35.	Water Sanitation and Hygiene	

⁹See Annex 1 for details on targets, agency responsible for the project/s, tweaking strategies, outputs and activities

Project 36. Regional Standard and Laboratory Halal Testing for Water Testing Analysis and Microbiological Analysis	
Project 37. Farmers Support Program	
Project 38. Aquaculture Production Services	
Project 39. Coastal Resource Management and BASIL (Baliksigtasalog at Lawa) Establishment of Marine Protected Area and Coral Nurseries, BRUSH park	
Project 40. Vegetable Production, Gulayan sa Barangay/Indigenous vegetables	
Project 41. Livestock & Poultry Production: Animal Dispersal	
Project 42. Production of alternative food	
Project 43. Techno demo on Black Palay Seeds and Corn Production and Palayamanan demo	
Project 44. Job Facilitation	
Project 45. Bangsamoro Rural Employment through Entrepreneurial Development Program	
Project 46. Technology Transfer and Commercialized program	
Project 47. Livelihood Support to Families with Wasted Adolescents and OSY to Ensure Food Security	
Project 48. Operational Research on the Nutrition Sensitive Projects	48-O.1. Operational research undertaken and real time results fed into management of implementation and lessons and implications used in the redesign of the nutrition sensitive program and projects
PROGRAM 11. ENABLING PROGRAM	
<p>Program Description:</p> <p>There are four inter-related projects under the enabling programs of BARMM RPAN 2020-2022. 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 five priority provinces and the majority of its municipalities and cities from LGUs with low intensity nutrition programs to ones that deliver nutritional outcomes. Undertaking LGU mobilization in nutrition involves a series of interdependent, interrelated actions or activities designed to move local government units into action to produce the desired nutritional outcomes. The</p>	

strategy for LGU mobilization calls for various set of actions that will reinforce each other to transform the targeted provinces, cities and municipalities, and to have well performing LGUs.

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

Mobilization of RICs and other community-based organizations aims to revitalize the role of Rural Improvement Clubs in improvement of community organized actions around food security and nutrition, livelihood and women empowerment, building on their history during the Malnutrition Prevention Program days of the Bureau of Agricultural Extension. Rallying communities particularly women and health service personnel around F1K will be a particular focus of the project.

Management Strengthening for RPAN Effectiveness aims to produce changes in the current system of RPAN delivery involving management and coordination, monitoring and evaluation, budgeting, and other vital processes, as well as staffing requirements for the efficient and effective RPAN 2020-2022 implementation.

Public Advocacy for improving nutrition in BARMM aims to increase the visibility of nutrition among policy makers and program managers to increase knowledge and commitment as well as resources allocated to nutrition programs. This also applies to local government leaders linked to LGU mobilization.

Project Title	Project Outputs
Project 49. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	49-O.1. Increased commitment of local government units (5 Provinces, 2 cities, 116 municipalities) to RPAN with enhance understanding of the nutrition issues particularly surrounding FIK, children and women in BARMM resulting into LGU plans with budgetary commitments and effective delivery of nutritional outcomes
Project 50. Policy Development for Food and Nutrition	50-O.1. Policy guidelines issued
Project 51. Mobilization of RICs and other community-based organizations	51-O.1. No of RIC partner organizations engaged
	51-O.2. A program for engaging mothers, parents and adolescents in ECCD and FIK developed in BARMM
Project 52. Management Strengthening Support to RPAN Effectiveness	52-O.1. LCEs as Nutrition Champions
	52-O.2. Organized/Reconstituted Local Nutrition Committees and WASH Councils

Project 53. Public Advocacy for improving nutrition in BARMM	53-O.1. A public information strategy designed for improving nutrition policy and financing support implemented
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PLANNED PROJECT OUTPUTS AND ACTIVITIES

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

Section 4. Estimates of Budgetary Requirements for BARMM RPAN

Table 4 provides the budget estimates by program as well as the share of the total budget to the total RPAN budget. The share of the BARMM Dietary Supplementation Program (81.93%) dwarfs all the share of the other 10 programs. Table 5 provides the estimate for the 11 programs and 53 projects included in the RPAN. The table indicates both funded and unfunded components of the budgetary requirements. The budget estimated for 2020-2022 for all 11 programs amount to PhP 4.7 B, with an annual average of about PhP 2.3 B. The funded portion is PhP 2.1 B representing 44.6% of total, while the unfunded portion amounts to PhP 2.5 B representing 53.19%. Financing come mostly from General Appropriations and Local Budgets from IRA. The funding shortfalls will be generated mainly from Tier 2 budget process and financing from development partners working in the region and provisions from local sources. These budgets will require annual review and adjustments in line with the regional and national processes for the preparation of investment plans. Annex 3 provides more details of the budgetary requirements of the BARMM RPAN 2020-2022, by Program, by Project, by year and with recommended action to fill resource gap.

Table 4. Summary of Budget by Program

Programs	Total budget (pesos)	% of total RPAN budget
Program 1: IYCF and First 1000 Days (F1K)	71,473,581.00	1.52
Program 2: National Dietary Supplementation Program	3,855,487,750.00	81.93
Program 3: Micronutrient Supplementation Program	4,581,000.00	0.10
Program 4: Mandatory Food Fortification Program ¹⁰	30,000,000.00	0.64
Program 5: Nutrition in Emergencies Program	52,377,000.00	1.11
Program 6: Philippine Integrated Management of Acute Malnutrition (PIMAM)	9,836,915.00	0.21
Program 7: Nutrition Promotion for Behaviour Change	18,000,000.00	0.38
Program 8: Adolescent Health	194,996,977.28	4.14
Program 9: Overweight and Obesity Management and Prevention (Adult)	12,000,000.00	0.26
Program 10: Nutrition Sensitive (subject for adjustments)	141,903,892.40	3.02
Program 11: Enabling Program	314,967,200.00	6.69
Grand Total	4,705,629,315.70	100.0

¹⁰Budgets come from national level and estimates are not included so percentage share of programs to the RPAN budget do not show total picture

Table 5. Summary Budget Estimates for Programs and Projects

PROGRAM/ PROJECT	Agency/ies Responsible	Budget Estimates		TOTAL
		Funded	Unfunded	
Program 1: IYCF and First 1000 Days (F1K)		15,767,915.00	55,705,666.00	71,473,581.00
ENABLING PROGRAM FOR F1K				
Project 1. Mobilization of LGUs on the First 1000 days	MILG, MOH, NNC	-	680,000.00	
Project 2. Information Management in the F1K	NNC	-	396,000.00	
Project 3. Strengthening of health delivery system for F1K including review of LGUs and other multi-sectoral agencies for F1K compliance including delivery system (nutrition specific and sensitive interventions)	MOH	-	2,880,000.00	
MICRONUTRIENT SUPPLEMENTATION				
Project 4. Iron supplementation to pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months	MOH	5,400,000.00	4,200,000.00	
Project 5. Vitamin A Supplementation for postpartum women and children 6-23 month old	MOH	531,000.00	519,666.00	
DIETARY SUPPLEMENTATION PROGRAM				
Project 6. Mobilization of LGU resources for dietary supplementation	MOH, NNC	6,000,000.00	32,730,000.00	
MATERNAL NEONATAL INFANT AND YOUNG CHILD FEEDING (IYCF)				
Project 7. Strengthening of Complementary Feeding Program as part of the IYCF	MOH	-	360,000.00	
Project 8. Mobilization of barangay officials to organize MNIYCF support groups	MOH, NNC	-	5,400,000.00	
Project 9. Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces), and RA 10410 (Early Years Act)	MOH	-	530,000.00	
PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)				

PROGRAM/ PROJECT	Agency/ies Responsible	Budget Estimates		TOTAL
		Funded	Unfunded	
Enhancement of PIMAM Facilities and Provision of Services	MOH	3,836,915.00	7,000,000.00	
Project 10. Communication Support for F1K		-	1,010,000.00	
Program 2: National Dietary Supplementation Program		1,984,537,450.00	1,870,950,300.00	3,855,487,750.00
Project 11. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	MSSD	653,513,700.00	950,300.00	
Project 12. School-Based Feeding Program	MBHTE	1,288,980,000.00	-	
Project 13. School-Based Health Services (deworming, micronutrient supplementation, WASH)	MBHTE and other partners	42,043,750.00		
Project 14. Provision of Food Pack to wasted adolescents for at least 120 days including OSY	MBHTE, MSSD LGUs		1,870,000,000.00	
Program 3: Micronutrient Supplementation Program		531,000.00	4,050,000.00	4,581,000.00
Project 15. Vitamin A Supplementation	MOH	531,000.00	4,050,000.00	
Project 16. Anemia Reduction among WRA	MOH			
Program 4: Mandatory Food Fortification Program		-	30,000,000.00	30,000,000.00
Project 17. Advocacy for and Monitoring of Compliance			15,000,000.00	
Project 18. Public Information Support			15,000,000.00	
Program 5: Nutrition in Emergencies Program		-	52,377,000.00	52,377,000.00
Project 19. Building Preparedness for Emergency	NNC, MILG	-	10,116,000.00	
Project 20. Strengthening Response Capacity	NNC, MOH, DRRM	-	39,561,000.00	
Project 21. Strengthening Recovery and Rehabilitation Capacity	NNC, MILG	-	2,700,000.00	
Program 6: Philippine Integrated Management of Acute Malnutrition (PIMAM)		3,836,915.00	6,000,000.00	9,836,915.00
Project 22. Enhancement of PIMAM Facilities and Provision of Services	MOH	3,836,915.00	6,000,000.00	
Program 7: Nutrition Promotion for Behaviour Change		-	18,000,000.00	18,000,000.00

PROGRAM/ PROJECT	Agency/ies Responsible	Budget Estimates		TOTAL
		Funded	Unfunded	
Project 23. Review of Existing Actions related to Nutrition Promotions for Behaviour Change	MOH, NNC		6,000,000.00	
Project 24. Formulation of Regional BARMM Program for Nutrition Promotions for Behaviour Change	RNC	-	6,000,000.00	
Project 25. Project Implementation of the Regional Program	RNC		6,000,000.00	
Program 8: Adolescent Health		34,496,977.28	160,500,000.00	194,996,977.28
Project 26. Establishment and Management of Adolescent Health Friendly Facilities (Teen Center/ Friendly Spaces)	MOH, Pop Com, MBHTE and LGU	8,624,244.32	112,500,000.00	
Project 27. Adolescent Health Development Program (AHDP) – DOH / Adolescent Health Youth Development (AHYD) - Prevention of teenage pregnancy, STD/STI, and HIV/AIDS	MOH, MSSD, Pop Com, MBHTE and LGU	8,624,244.32	30,000,000.00	
Project 28. Comprehensive Gender and Health Education for Youth (exclusive for Madaris)	MOH, Pop Com, MBHTE	8,624,244.32	12,000,000.00	
Project 29. Adolescent health (Healthy Adolescents and of Active Lifestyle, Oral Health, Water Sanitation and Hygiene)	MOH, Pop Com, MBHTE and LGU	8,624,244.32	6,000,000.00	
Program 9: Overweight and Obesity Management and Prevention (Adult)		6,000,000.00	6,000,000.00	12,000,000.00
Project 30. Promotion of Healthy Diet and of Active Lifestyle	MOH, NNC and LGU	6,000,000.00	6,000,000.00	
Program 10: Nutrition Sensitive		131,649,892.40	10,254,000.00	141,903,892.40
Project 31. SALINTUBIG	MILG			
Project 32. Zero Open Defecation Program or Phased Approach to Sustainable Sanitation	MOH, MILG, MBHTE	6,400,000.00	-	
Project 33. Ensuring Food and Nutrition Security through Accessibility, Affordability and Availability of Rice	MAFAR	1,909,467.00	-	

PROGRAM/ PROJECT	Agency/ies Responsible	Budget Estimates		TOTAL
		Funded	Unfunded	
Project 34. Solid Waste Management: Proper Waste Disposal (BASURANIHAN)	MENRE	-	-	
Project 35. Water Sanitation and Hygiene	MOH	6,400,000.00	-	
Project 36. Regional Standard and Laboratory Halal Testing for Water Testing Analysis and Microbiological Analysis (including Machinery and Equipments).	MOST	15,910,425.40	-	
Project 37. Farmers Support Program	MAFAR	20,085,000.00	1,773,200.00	
Project 38. Aquaculture Production Services	MAFAR	29,843,000.00	-	
Project 39. Coastal Resource Management and BASIL (Baliksigidlasalog at Lawa) Establishment of Marine Protected Area and Coral Nurseries, BRUSH park	MAFAR	5,050,000.00	-	
Project 40. Vegetable Production, Gulayansa Barangay/Indigenous vegetables	MAFAR	925,000.00	384,400.00	
Project 41. Livestock & Poultry Production: Animal Dispersal	MAFAR	1,000,000.00	1,000,000.00	
Project 42. Production of alternative food	MAFAR	-	2,287,500.00	
Project 43. Techno demo on Black Palay Seeds and Corn Production and Palayamanan demo	MAFAR	-	1,196,400.00	
Project 44. Job Facilitation	MOLE	25,377,000.00	-	
Project 45. Bangsamoro Rural Employment through Entrepreneurial Development Program	MOLE	3,750,000.00	1,696,900.00	
Project 46. Technology Transfer and Commercialized Program	MOST	-	2,300,000.00	
Project 47. Livelihood Support to Families with Wasted Adolescents and OSY to Ensure Food Security	MOLE	15,000,000.00	-	
Project 48. Operational Research on the Nutrition Sensitive Projects	MOH	TBD	TBD	TBD
Program 11: Enabling Program		-	314,967,200.00	314,967,200.00
Project 49. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	MOH, BEDC	-	800,000.00	

PROGRAM/ PROJECT	Agency/ies Responsible	Budget Estimates		TOTAL
		Funded	Unfunded	
Project 50. Policy Development for Food and Nutrition	MILG, PGO,LNC	-	3,150,000.00.	
Project 51. Mobilization of RICs and other community-based organizations	R/LNC	-	150,000.00	
Project 52. Management strengthening support to RPAN effectiveness	R/LNC PGO	-	85,975,200.00	
Project 53. Public Advocacy for improving nutrition in the Region		-	150,200,000.00	
Grand Total		2,176,820,149.70	2,528,809,166.00	4,705,629,315.70

RESOURCE MOBILIZATION STRATEGY FOR THE RPAN

Annex 3 shows the funding shortfalls by program. The total program shortfall for the two-year period 2020-2022 amounts to PhP 2.5 B. The funding gap can be addressed in three ways namely (1) proposing the project, program with shortfall in Tier 2 for 2020 to 2022; (2) allocating funds from the LGU budget for the same period and lastly (3) securing partnership and financial support from development partners. It appears therefore that the funding gap is far from being huge and the chances of closing the funding gap is reasonable. Private sector funding may also be available but a strategy for such needs to be developed by the leadership within the RNC.

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

The economic benefits of BARMM'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, BARMM’s investment will translate to increased access to economic benefits and opportunities, reduced inequality in human development and a productive workforce, among other benefits.

Section 5. Risks Analysis and Mitigation Measures

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

Table 6. Risks Analysis and Mitigation Measures

Risk Category	Assumption on Risks	Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design Please specify
POLITICAL	<ol style="list-style-type: none"> 1. COVID-19 Pandemic 2. Federalism and the implementation of the BBL- transition towards a new “entity” 3. Election or extension 2022 4. Turn-over in local leadership, including program implementers, “changing local administration” – as a product of political patronage. 5. Non-implementation and discontinuity of 	<p>It affected the whole region in terms of functionality and operation</p> <p>Full implementation of these changes and laws will impact on program management and administration due to the abolition of the BARMM as a regional entity</p> <p>Continuation or expected changes in program implementation due to change in administration.</p> <p>Turn-over of personnel and community volunteers will require training of new volunteers and workers</p> <p>Disruption in the delivery of services</p> <p>Increase in the prevalence of malnutrition, widespread displacement</p>	<ol style="list-style-type: none"> 1. Bangsamoro Recovery and Rehabilitation Plan on COVID-19 2020-2022 2. BARMM (Regional Development Plan) RDP to be handed over to the Bangsamoro Transition Authority (BTA), to be integrated in the Bangsamoro Development Plan (BDP) 3. Passage of Bill on Health and Nutrition 4. MILG to come up with a Memo Circular with specific sanction for non-compliance in the integration of nutrition specific and nutrition sensitive intervention (FSN) 	<p>Bangsamoro Recovery Rehabilitation Plan on COVID-19</p> <p>Maximize BARMM Government CONVERGENCE Strategy, through BARMM AMBAG, TABANG, KAPYANAN and Marawi Rehabilitation Project</p>

Risk Category	Assumption on Risks	Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design Please specify
	existing programs and plan 6. Volatility of peace and order situation in BARMM areas, (various factions, and warlord groupings, and other lawless armed groups		in their comprehensive development plan 5. Regional Monitoring and Evaluation for strict compliance (monitoring by the regional structure of all local government units	
ECONOMIC	1.Existence of a “feudal” or patronage landholdings, (Datuism) 2.Limited economic and livelihood opportunities, brought about by volatile peace and order situation, 3.Low confidence by investors (weak governance and conflict) 4.Disparity and gap in the value chain of products and	Programs and services are delivered according to the “priorities” of leaders and not based on actual needs of citizens Worsens poverty and contributes to increase in the prevalence of malnutrition Limits opportunities for small farmers and small businesses Limits development and expansion of small businesses and livelihood programs for marginalized sectors	1. Implementation and completion of a legitimate “asset reform”, such as agrarian reform programs 2. Promote the region as a strategic regional growth hub, through balance agro-industrial development 3. Promote stability by ensuring peace and order through a strong political will	Ensure convergence of livelihood support programs and support for small and medium enterprise

Risk Category	Assumption on Risks	Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design Please specify
	<p>limitations in regional economic activities (e.g., island provinces, viz, mainland).</p> <p>5. Marginalized farmers are not part of the value chain, (inability to compete in local market); resulting to “uneven” development between and among local government units in BARMM;</p> <p>6. Unfinished asset reform in the region, (incomplete land redistribution) and lack of support services to farmers</p> <p>7. High underemployment due to limited job opportunities and resulting to “brain drain”, (high number of OFWs)</p> <p>8. Lack of access to credit, and absence or few credit institutions,</p>	<p>Lack of access to land and capital contributes to poverty situation</p> <p>Limited income for marginalized sectors and poor families.</p> <p>Professionals are driven to seek opportunities abroad, leading to brain drain in the region.</p>	<p>4. Provision of credit support and preferential treatment for marginalized for farmers and fishers</p> <p>5. Establish stronger links of agrarian reform and rural development programs and support to farmer beneficiaries</p>	
	1. Low literacy rates in BARMM	Contributes to limited access to employment opportunities	1. Strengthening of TECHVOC and ALS implementation in the whole region	Implement measures to have a unified “beneficiaries”

Risk Category	Assumption on Risks	Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design Please specify
SOCIAL	<p>2.Low score in Human Development Index (literacy, human development skills)</p> <p>3.High fertility rate specially among poor and vulnerable sectors</p>		<p>2.Sustain the promotion of family planning programs and interventions through engagement of religious leaders and council of elders (issuance of fat'wa)</p>	<p>identification for all nutrition programs</p>
TECHNOLOGICAL	<p>1. Lack of access to technology for livelihood opportunities (e.g., farmer's access to value chain utilizing access to technology)</p>	<p>This contributes to low productivity among farmers and fishers</p>	<p>1. Promotion of technology for better access to livelihood opportunities by marginal sectors,</p> <p>2. Promote better access to nutritious food</p> <p>3. Promotion of Micro, small, medium enterprises (MSMEs)</p> <p>4. Promotion and implementation of "indigenous" technology innovation (for improved food consumption and household level food security)</p>	<p>Intensify implementation of nutrition sensitive interventions with specific focus on developing and enhancement of livelihood programs and promotion of micro, small, medium enterprise.</p>

Risk Category	Assumption on Risks	Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design Please specify
LEGAL	<ol style="list-style-type: none"> 1. Implementation of the Bangsamoro Development Plan (BDP) 2. Regional Government transition 	<p>In consideration with the political time frame.</p> <p>Disruption of program and services delivery “lay-off and uncertainty in the movement of personnel.</p>	<ol style="list-style-type: none"> 1. The Bangsamoro Transition Authority (BTA) to consistently support thru legislation for implementers to comply. 2. Passage of bill on Health and Nutrition 3. MILG to come up with a Memo Circular with specific sanction for non-compliance in the integration of nutrition specific and nutrition sensitive intervention (FSN) in their comprehensive development plan 4. Regional Monitoring and Evaluation for strict compliance (monitoring by the regional structure of all local government units 	<p>Passage of bill by the Bangsamoro Transition Authority (BTA) for the continuity and implementation of various health and nutrition programs</p> <p>Review and re-adjustments of the programs and services per mandate by the new entity</p>

Risk Category	Assumption on Risks	Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design Please specify
ENVIRON MENTAL	1. Depletion of natural resources (inland waters, mangrove, watershed areas, water supply) 2. Adverse effects of climate change (flooding, frequent natural disasters)	Disruption in the delivery of programs and services Worsening of nutrition situation	1. Promote the reduction of food wastage 2. Promotion of sustainable agriculture and fishery 3. Intensify protection and conservation of forested and watershed areas 4. Institutionalize and strengthen nutrition clusters and implementation of nutrition in emergencies	Implement stronger linkages of nutrition sensitive interventions in environmental protection Integration of Nutrition Cluster Preparedness and Response Plan in the over-all Regional Disaster Risk Reduction and Management Plan. Active participation of the Nutrition Cluster in the Regional DRRMC

Risk Category	Assumption on Risks	Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design Please specify
CULTURAL AND RELIGIOUS	1.Cultural “effects” of violence in BARMM communities 2.Family planning is not accepted in the general population 3.Datuism, as exemplified by “wealth and power concentration”, clannish politics, preventing effective implementation of basic services including nutrition	Difficulty in implementing programs and services due to volatility of the peace and order situation Difficulty in reconciling cultural sensitivity and ensuring delivery of program outcomes	1. Sustain the promotion of family planning programs and interventions 2. Through engagement of religious leaders and council of elders (issuance of fat’wa) 3. Intensify nutrition promotion for behavior change (e.g., superstitious belief on food consumption)	Intensify nutrition promotion programs for behavior change in schools, communities

Section 6. 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. For programs that require convergence and/or complementation of resources from different agencies through focus targeting strategies, their outputs and outcomes shall be the responsibility of all partner agencies and/or organizations involved.

Headed by the BARMM Chief Minister, the Regional Nutrition Committee¹¹, as the counterpart body of the NNC Governing Board at the regional level, shall primarily serve as the policy-making body and mechanism to oversee the progressive implementation of the RPAN, including the monitoring and evaluation of the different programs and projects within RPAN. This function covers integrating and harmonizing actions for improved and quality nutrition services – both nutrition-specific and nutrition-sensitive interventions – at the regional level. It will be composed of the same agencies as the NNC Governing Board with additional member agencies as may be needed and appropriate for the region.

The BARMM Nutrition Committee will direct, coordinate and oversee nutrition action at the provincial, city, and municipal levels covered by the region.

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

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

¹¹ARMM RNC was organized under Resolution No. ____ series of ____.

Section 7. Monitoring, Reporting and Evaluation Mechanism for the RPAN

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

As a management tool, the region will use for RPAN monitoring, the quarterly reporting and management meetings of the Regional Nutrition Committee of BARMM. The Results Matrix will be broken down by NNC-BARMM every year into quarterly plans and reported accordingly. A harmonized and comprehensive RPAN Monitoring Tool shall be developed to monitor program implementation. MILG will develop a policy and issue a memorandum that will guide and support the use of the RPAN M and E tool.

While the report is important, it is the discussion at the RNC that is more vital in terms of ensuring that corrections are undertaken by individual agencies and the RNC as a whole in response to the emerging issues and problems in implementation. The management decision in the quarterly meetings will guide the NNC-BARMM in following up RPAN implementation.

At the end of each year, the RNC will convene an annual *Program Implementation Review* (PIR) which is conducted every first quarter (February) of the following 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.

NNC-BARMM Secretariat shall work hand in hand with the Nutrition Surveillance Division (NSD) and the Nutrition Policy and Planning Division (NPPD) 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 successor National Plan 2023-2028. In case the decision is for every region to have its own RPAN evaluation, then the RNPC will endeavor to prepare early for such exercise. A plan to undertake the evaluation of the RPAN needs to be produced as early as 2019.

Moreover, NNC-BARMM Secretariat shall be the focal for the Monitoring and Evaluation, with support from MOST and FNRI. A dedicated M and E team within NNC-BARMM shall be organized to ensure proper monitoring.

Section 8. BARMM RPAN Implementation Plan and Results Framework

The BARMM 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. In the results framework matrix (Table 5), the implementation plan with respect to the outputs of the projects has also been defined for years 2020-2022. The BARMM RPAN results framework therefore also serves as the implementation plan of the RPAN.

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

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

Table 7. BARMM RPAN Results Framework Matrix

BARMM RPAN Outcome Targets



Program 1: Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)						
Project Title, Outputs and Major Activities	Target					Agency/ies /ies Responsible
	2018	2019	2020	2021	2022	
1. Mobilization of LGUs on the First 1000 days						BEDC, MOH, NNC, MILG, RSDC, LGUs
1-O.1. All provinces and at least 59 municipalities and cities mobilized for F1K and nutrition				30	29 (59)	
1-O.2. By the end of 2022 all 5 provinces, 2 cities and 118 municipalities are mobilized for F1K and Nutrition Program with provincial/municipal/city resolutions.				Municipalities	Municipalities	
1-A.1. BARMM Chief Minister, with BEDC, declare a political statement on addressing malnutrition, and endorsement of F1K and approval of BARMM RPAN 2020-2022						
1-A.2. BARMM Chief Minister, with all provincial governors to endorse approved RPAN to the REDPB						
1-A.3. MILG to issue memo circular for the Adoption and Implementation of the PPAN 2017-2022, and BARMM RPAN 2020-2022						
1-A.4. Provincial Governors convene key officials and other stakeholders to a forum on F1K and RPAN 2020-2022 and issuance of respective resolutions.						
1-A.5. Preparation of P/M/CNAPs of all provinces, municipalities and cities including First 1000 days						
1-A.6. In the next two years, all RHUs in the region undertake/completed analysis of first 1000 days and plan of action						

Program 1: Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)						
Project Title, Outputs and Major Activities	Target					Agency/ies /ies Responsible
	2018	2019	2020	2021	2022	
1-A.7. MOH/NNC launch an incentive package for the best LGUs implementing the first 1000 days						
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.				For implementation	Adoption of the harmonized system	MOH, NNC
2-A.1. Review of the system						
2-A.2. Finalization of information system and for endorsement						
2-A.3. Implementation of the approved harmonized information system and re-design						
3. Strengthening of health delivery system for F1K including review of LGUs and other multi-sectoral agencies for F1K compliance including delivery system (nutrition specific and sensitive interventions)						
3-O.1. Annual Performance and Implementation Review of LGUs and other multi-sectoral agencies on F1K compliance				30 Municipalities	29 (59) Municipalities	MOH, NNC, MILG
3-O.2. Integration of F1K compliance in successive plans of LGUs and other multi-sectoral agencies completed				30 Municipalities AOP's	29 (59) Municipalities AOP's	MOH, NNC, MILG
3-O.3. Continuous compliance monitoring						MOH, MILG
3-A.1. Planning of review						MOH, MILG
3-A.2. Execution of review						MOH, NNC, MILG
3-A.3. Reporting of results						MOH, NNC, MILG
3-A.4. Integration of results into new LGU plans						MILG, LGU
MICRONUTRIENT SUPPLEMENTATION						
4. Iron supplementation to pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months						
DOH, NNC, LGUs						

Program 1: Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)						
Project Title, Outputs and Major Activities	Target					Agency/ies /ies Responsible
	2018	2019	2020	2021	2022	
4-0.1 All 119 RHUs and 683 BHS providing 180 tablets of IFA (60 mg Elemental Iron + 400 ug FA) supplements to pregnant and lactating women, iron supplements to low birth weight infants and MNPs to children 6 to 23 months				116 RHUs, 3 CHOs and 683 BHS	119 RHUs, 3 CHOs and 683 BHS	MOH, LGU
4-O.1. Developed and test the DOS (Directly Observed Supplementation) strategy and tracking system on the consumption of IFA supplements, MNPs, Vitamin A, and other supplements the 9 municipalities in Sulu and all municipalities in 2020 up to 2022				118 RHUs and 683 BHS	118 RHUs and 683 BHS	MOH, LGU
4-A.1. Improve planning and forecasting for logistics and distribution of all micronutrient supplements						MOH
4-A.2. Workshop on developing the DOS (Directly Observed Supplementation) strategy						MOH, LGU
4-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						MOH, LGU
4-A.4. Communication support through the rural health system via SMS blast, social media, and local media (Suara Kalusugan, Suara sa Nutrisyon)				Monthly	Monthly	MOH, LGU
4-A.5. Provision of MNP to children 6 to 23 mos						MOH, LGU
4-A.6. Conduct training on micronutrient supplementation program among all health personnel						MOH, LGU
4-A.7. Monitoring, reporting, and adjustments of the tracking system, supply and distribution of MNPs						MOH, NNC, LGU
5. Vitamin A Supplementation for postpartum women and children 6-23 months s old DOH, NNC, LGUs						
5-O.1. Institutionalized provision of Vitamin A capsules to post-partum women				For implementation	For implementation	MOH

Program 1: Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)							
Project Title, Outputs and Major Activities		Target					Agency/ies /ies Responsible
		2018	2019	2020	2021	2022	
5-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				All post-partum women and 6 to 23 months old children	All post-partum women and 6 to 23 months old children	MOH, LGU
5-O.3.	All RHUs providing 1 Vitamin A capsule to high risk children (diarrhoea and measles)				All 116 RHUs and 3 CHOs	All 116 RHUs and 3 CHOs	MOH, LGU
5-O.4.	A system of tracking vitamin A supplementation operationalized						MOH
5-A.1.	Improve planning and forecasting for logistics and distribution						MOH
5-A.2.	Operationalize the system for tracking vitamin A supplementation						MOH
5-A.3.	Communication support through the rural health system via SMS blast, social media, and local media						MOH
5-A.4.	Monitoring, reporting and adjustments						MOH. LGU
DIETARY SUPPLEMENTATION PROGRAM							
6.	Mobilization of LGU resources for dietary supplementation						MOH, NNC, LGUs
6-O.1.	LCEs in 12 municipalities and 2 cities issued policy with budget allocation to implement dietary supplementation program for nutritionally at-risk pregnant and lactating women, and children 6-23 months belonging to the food insecure families				6 municipalities	6 (12) municipalities	
6-A.1.	Planning for the supplementation program for LGUs including definition of the supplementary food package						
6-A.2.	Conduct orientation and coordination meetings on national dietary supplementation to develop the mechanics, methodologies, and monitoring & evaluation tools for the dietary supplementation						

Program 1: Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)						
Project Title, Outputs and Major Activities	Target					Agency/ies /ies Responsible
	2018	2019	2020	2021	2022	
6-A.3. Implementation in pilot municipalities and cities						
6-A.4. Monitoring, reporting, and adjustments in preparation for scaling-up						
MATERNAL NEONATAL INFANT AND YOUNG CHILD FEEDING (IYCF)						Coverage: All 5 prov and 116 mun and 3 cities in BARMM
7. Strengthening of Complementary Feeding Program as part of the IYCF						MOH, NNC, LGUs, MOST
7-O.1. Developed a Comprehensive Regional Complementary Feeding Plan strengthening use of locally available food, household food production (through home gardens), and use of processing plants where necessary				1 Comprehensive complementary feeding plan		
7-O.2. Implementation and monitoring of the Comprehensive Regional Complementary Feeding Plan (with Food Production)				For implementation		
7-A.1. Formulation of Regional Complementary Feeding Plan						
7-A.2. Securing organizational resources for implementation						
7-A.3. Implementation of the Regional Complementary Feeding Plan						
7-A.4. Issuance of memorandum order to all LGUs from the Office of the Governor to patronize local complementary food products (e.g. Al Rise Mo from Magagayon Cooperative Plant in Maguindanao)						
7-A.5. Monitoring, reporting and adjustments				Annually		
8. Mobilization of barangay officials to organize MNIYCF support groups						MOH, NNC Resource Center for Promotion and Behavior Change, LGUs

Program 1: Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)							
Project Title, Outputs and Major Activities		Target					Agency/ies /ies Responsible
		2018	2019	2020	2021	2022	
8-O.1.	Development of the MNIYCF Support Groups for the BARMM Region based on the national/regional evidence-based experiences				20 barangays with existing BHS	20 (40) barangays with existing BHS	MOH, NNC
8-A.1.	Formulation of BARMM specific design for MNIYCF Support Groups						
8-A.2.	Conduct training course on MNIYCF nutrition in the 70 selected barangays				35 barangays	35 barangays	
8-A.3.	Advocacy and policy support for establishment of MNIYCF support groups						
8-A.4.	Develop support materials for MNIYCF support groups				1	1	
8-A.5.	Implement the organization and training of the MNIYCF support groups in the region				1	1	
8-A.6.	Monitoring, reporting, and adjustments				Annually	Annually	
9. Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces), and RA 10410 (Early Years Act) DOH, NNC, LGUs							
9-O.1.	Organizations and entities exercising their commitment to enforcement and compliance monitoring on EO 51, RA 10028 and RA 10410						RNC, MOH, LGUs and other stakeholders
9-A.1.	Organize a regional and provincial Milk Code Task Forces and other related statutes						
9-A.2.	Reconstitute regional/provincial nutrition committees to include Milk Code Task Forces						
9-A.3.	Establish protocol and re-enforce penalties on accountable entities and persons when there are violations						

Program 1: Infant and Young child Feeding (IYCF) and First 1000 Days (F1K)							
Project Title, Outputs and Major Activities		Target					Agency/ies /ies Responsible
		2018	2019	2020	2021	2022	
9-A.4.	Review of progress of enforcement and compliance monitoring and adjustments						
PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)							
PIMAM (See outputs and activities under Program 6: PIMAM)							
NUTRITION PROMOTION FOR BEHAVIOUR CHANGE							
10. Communication Support for F1K							MOH, NNC Resource Center for Promotion and Behavior Change, LGUs
10-O.1.	A regional sub-strategy in line with the national strategy for the communication support on F1K fully developed and implemented				1 regional complan developed	1 regional complan implemented	
10-A.1.	Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days				Conducted semi-annually	Conducted semi-annually	
10-A.2.	Development of improved key messages and communication materials and collaterals				As needed	As needed	
10-A.3.	Pre-testing of developed materials				As needed	As needed	
10-A.4.	Implementation						

Program 2:National Dietary Supplementation Program							
Project Title, Outputs and Major Activities		Target					Agency/ies Responsible
		2018	2019	2020	2021	2022	
11. Supplementary Feeding for Children Enrolled in Child Development Centers and Supervised Neighborhood Plays							
11-O.1.	2,400 child development centers and SNPs operating with supplementary feeding program				126,324 children	138,956 children	MSSD
11-A.1.	Social preparation (Deworming)				Qualified school children	Qualified school children	MBHTE
11-A.2.	Procurement of Food (rice, viand)						MSSD
11-A.3.	OPT (24-59 mos.)				315,644	315,644	MOH
11-A.4.	Orientation of service providers (MSWDOs) for Supplemental Feeding				94 MSWDOs	118 MSWDOs	MSSD
11-A.5.	Orientation of service providers (MSWDOs, CDWs) for CGS Training				94 MSWDOs	118 MSWDOs	MSSD
11-A.6.	Program Implementation Review and Team Building						MSSD
11-A.7.	Monitoring and Evaluation and technical assistance						MSSD
11-A.8.	Reproduction of ECCD cards				315,644	315,644	MSSD
12. School-Based Feeding Program							MBHTE
12-O.1.	All public elementary schools in the region operating the school-based feeding program				20%	22%	
12-A.1.	Social Preparations of schools for projects						
12-A.2.	Nutritional Assessment				Annually	Annually	
12-A.3.	Downloading of financial resources						
12-A.4.	Schools’ implementation of program						
12-A.5.	Monitoring, evaluation and awards				Annually	Annually	
13. School-Based Health Services (deworming, micronutrient supplementation, WASH)							

Program 2:National Dietary Supplementation Program							
Project Title, Outputs and Major Activities		Target					Agency/ies Responsible
		2018	2019	2020	2021	2022	
13-O.1.	95 % of all schools providing full package of complementary health services at satisfactory level				95	95	MBHTE
13-A.1.	Downloading of financial resources and commodities						
13-A.2.	Schools’ implementation of program				Annually	Annually	
13-A.3.	Monitoring, evaluation and awards				Annually	Annually	
14.	Provision of Food Pack to wasted adolescents for at least 120 days including OSY						MBHTE, MSSD
14-O.1.	Wasted adolescents provided with Food Packs				As identified	As identified	
14-A.1.	Screening / Assessment of Nutritional Status using BMI				As needed	As needed	
14-A.2.	Enrolment of beneficiaries and distribution of food packs				As needed	As needed	
14-A.3.	Monitoring and follow-up of beneficiaries				As needed	As needed	

Program 3: Micronutrient Supplementation Program							
Project Title, Outputs and Major Activities		Target					Agency/ies Responsible
		2018	2019	2020	2021	2022	
15. Vitamin A Supplementation							MOH
15-O.1.	96% of children given Vit. A (24-59 mos)				95%	95%	
15-A.1.	Master listing of children				315,644	315,644	
15-A.2.	Provision of Vit.A to sick children				121,909	124,347	
15-A.3.	Bi-annual Vitamin A supplementation to well nourish children				348,313	355,279	
16. Anemia Reduction among WRA							
16-O.1.	Coverage of WRA who receive intervention for anemia reduction						
16-A.1.	Screening / Assessment of anemia						LGU and RHUs
16-A.2.	Provision of Iron -folic acid to WRA						MOH, MBHTE
16-A.3.	Promotion of Healthy Diet (food rich in iron)						MAFAR, MOH
16-A.4.	Production and promotion of healthy snacks (Fortified with iron+folic)						MOST
16-A.5.	Full implementation of DO 13 s. 2107 (Policy and guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices)						MBHTE
16-A.6.	Monitoring and follow-up of anemia among WRA						MBHTE, MSSD

Program 4: Mandatory Food Fortification Program						
Project Title, Outputs and Major Activities		Target				Agency/ies Responsible
		2018	2019	2020	2021	2022
17. Advocacy for and Monitoring of Compliance						
17-O.1.	A system for both monitoring of compliance and plan for advocacy completed and implemented					
17-O.2.	Improvements in the compliance level for MFF evidenced in the region					
17-A.1.	Review of status					
17-A.2.	Formulation strategies and work plan					
17-A.3.	Implementation and review					
18. Public Information Support						
18-O.1.	A public information project designed and implemented for MFF with evidence of audience patronage					
18-A.1.	Review of status					
18-A.2.	Formulation strategies and workplan					
18-A.3.	Implementation and review					

Program 5: Nutrition in Emergencies						
Project Title, Outputs and Major Activities	Target					Agency/ies Responsible
	2018	2019	2020	2021	2022	
19. Building Preparedness for Emergency						NNC/MILG
19-O.1. Final & approved resolution on NIE				Resolution approved		
19-O.2. All targeted LGUs with finalized NIE Plan & integrated in DRRM Plan, Trained health workers and LGU on NIE, supplies and equipment allocated at all level, and harmonized NIE Reporting Tools				Region and 5 Provinces & 2 Cities	29 MLGUs 830 brgys	
19-A.1. Creation of resolution on Nutrition in Emergencies by RNC						
19-A.2. Formulation of NiE Plan and integrated to the DRRM plan						
19-A.3. Capacity building NIE & WASH in Emergencies integrating						
19-A.4. Preposition and provision of supplies such as Vitamin A, MNP, FeSO4+ Folic Acid, Zinc to all eligible population (6-59 months, PLW, sick children), emergency processed foods and anthropometric equipment						
19-A.5. Nutrition Cluster coordination and information management						
20. Strengthening Response Capacity						NNC/MILG/ P/M/BNC LGU
20-O.1. All affected municipalities and barangays providing the minimum service package (RNA Reports, Breastfeeding Support Group & Mother-Baby Friendly Spaces, Milk bank for Muslim mothers, Health facilities capable of managing acute malnutrition, Children and PLW provided with MS, and Supplementary Feeding Program during disaster)				All affected municipalities and barangays	All affected municipalities and barangays	
20-A.1. Rapid Nutrition Assessment						

Program 5: Nutrition in Emergencies							
Project Title, Outputs and Major Activities		Target					Agency/ies Responsible
		2018	2019	2020	2021	2022	
20-A.2.	Promotion of Infant & Young Child Feeding during Disaster						
20-A.3.	Management of Acute Malnutrition						
20-A.4.	Micronutrient Supplementation during disaster						
20-A.5.	Supplementary Feeding Program during disaster						
21. Strengthening Recovery and Rehabilitation Capacity							
21-O.1.	All affected municipalities and barangays provided with recovery and rehabilitation support (including RDANA report, Facility rehabilitation, vulnerable groups included in social protection, livelihood & MHPSS support, logistics and supplies, and After Action Review)				All affected municipalities and barangays	All affected municipalities and barangays	OCD DRRMO P/MNC
21-A.1.	Post emergency damage and needs assessment						
21-A.2.	Transitioning from NIE Response to regular program						
21-A.3.	Inter-cluster coordination to address nutrition sensitive program						
21-A.4.	Management of resources program						
21-A.5.	After Action Review/ Post Incident Evaluation or Post Emergency Review						

Program 6:Philippine Integrated Management of Acute Malnutrition (PIMAM)						
Project Title, Outputs and Major Activities	Target					Agency/ies Responsible
	2018	2019	2020	2021	2022	
22. Enhancement of PIMAM Facilities and Provision of Services						MOH, NNC, LGUs
22-O.1. Delivery system for PIMAM established and fully operational across the region			PIMAM delivery system established and operational			
22-A.1. Assessment and screening of children						
22-A.2. Provision and supply management of F75, F100 RUTF and RUSF and its equivalent in RHUs						
22-A.3. Delivery of ITC/OTC and TSFP services						
22-A.4. Building of Capacity of Local Implementers						
22-A.5. Treatment and Management of SAM in the ITC and OTC and of MAM in TSFP						
22-A.6. Monitoring, reporting and adjustments						
23. Review of Existing Actions related to Nutrition Promotions for Behaviour Change						MOH, NNC BIO
23-O.1. Inventory of existing communication materials, communication processes and projects, agencies involved, financing available and available research information on effectiveness of behavioural communication and recommendations on the identified gaps			Inventory completed			
23-A.1. Inventory of existing communication materials used in nutrition education and analyse whether they are geared towards behaviour change						
23-A.2. Review and analysis of existing nutrition education and promotion efforts to identify gaps and how they can be transformed to nutrition promotion for behaviour change						
24. Formulation of Regional BARM Program for Nutrition Promotions for Behaviour Change						MOH, NNC,BIO
24-O.1. BARM Program for Nutrition Promotion for Behaviour Change formulated				1 program formulated		

Program 6:Philippine Integrated Management of Acute Malnutrition (PIMAM)						
Project Title, Outputs and Major Activities		Target				Agency/ies Responsible
		2018	2019	2020	2021	2022
24-A.1.	Convene experts meeting to develop the framework and the program for nutrition promotion for behaviour change aligned with the national framework					
24-A.2.	Forging consensus among partners and mobilizing resources for the communication program					
24-A.3.	Development of the research component of the communication program					
25. Regional BARMM Nutrition Promotion for Behaviour Change Project						
25-O.1.	Coordinated program for behaviour change implemented in the region including the organization of the BARMM Quad-Media Group					Program implemented
25-A.1.	Mobilize media partners and other relevant stakeholders					
25-A.2.	Organization of the BARMM Quad-Media Group					
25-A.3.	Training of media partners and ground face-to-face communicators					
25-A.4.	Provision of required communication and promotional materials					
25-A.5.	Real-time research to accompany the Project					
25-A.6.	Monitoring Impact assessment and Project adjustments					

Program 8: Adolescent Health							
Project Title, Outputs and Major Activities		Target					Agency/ies Responsible
		2018	2019	2020	2021	2022	
26. Establishment and Management of Adolescent Health Friendly Facilities (Teen Center/ Friendly Spaces)							Pop Com, MBHTE, LGU, MOH
26-O.1.	Number of Functional Facilities completed				25	25	
26-A.1.	Identification and Consultation of covered areas				120		Pop Com, LGU, DOH
26-A.2.	Orientation of identified areas				120		Pop Com, DOH
26-A.3.	Construction and/or renovation/refurbish				25	25	Pop Com, DOH, LGU, DepEd
27. Adolescent Health Development Program (AHDP) – DOH / Adolescent Health Youth Development (AHYD) - Prevention of teenage pregnancy, STD/STI, and HIV/AIDS							MOH, MBHTE, Pop Com.
27-O.1.	Adolescents have access to health care services (Family Planning Reproductive Health, STD/STI, and HIV/AIDS)			20%	20%	40%	
27-A.1.	USAPAN/ ADEPT (Adolescent Health Education and Practical Training) / HYO (Healthy Young Ones)			20%	20%	40%	
27-A.2.	Provision of Iron -folic acid to WRA			20%	20%	40%	
27-A.3.	U4U Teen Trail			20%	20%	40%	
27-A.4.	Deworming			95%	95%	95%	
28. Comprehensive Gender and Health Education for Youth (exclusive for Madaris)							MBHTE, MOH, Pop Com
28-O.1.	All Madaris schools covered and with access to and implemented CGHEY			20	20	25	
28-A.1.	Planning, Workshops, Consultation, Development of Module				100% (1) completed module		
28-A.2.	Orientation, Training, Workshops of Madaris in BARM			20	20	25	
28-A.3.	Monitoring and Supervision of Implementation			20	20	45	Pop Com, MOH

Program 8: Adolescent Health							
Project Title, Outputs and Major Activities		Target					Agency/ies Responsible
		2018	2019	2020	2021	2022	
29. Adolescent health (Healthy Adolescents and of Active Lifestyle, Oral Health, Water Sanitation and Hygiene)							MSSD, MBHTE, MOH, NNC, FNRI, LGUs
29-O.1.	All adolescents covered under Promotion of Healthy Diet and Active Lifestyle Project				30%	60%	
29-A.1.	Screening / Assessment of Nutritional Status using BMI and profiling of overweight and obese						
29-A.2.	Production, dissemination, and Promotion of <i>Pinggag Pinoy</i> and 10 Nutritional Guidelines for Muslim Filipinos						
29-A.3.	Promotion, dissemination, and practice of Daily Exercise (Zumba) and <i>Galaw-Galaw para di Pumanaw</i>						
29-A.4.	Promotion and establishment of Healthy Food Environment (e.g. regulation of unlimited rice, promotion of halal, bio intensive gardening, aquaponics etc.)						
29-A.5.	Establishment of parks and recreation areas						
29-A.6.	Full implementation of DO 13 s. 2107 (Policy and guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices)						
29-A.7.	Monitoring and follow-up of overweight and obese individuals (weight management)						
29-A.8.	Awareness raising on the importance of Oral Hygiene						
29-A.9.	Provision of Oral Hygiene kits for those who cannot afford						
Program 9: Overweight and Obesity Management and Prevention							
Project Title, Outputs and Major Activities		Target					Agency/ies Responsible
		2018	2019	2020	2021	2022	
30. Promotion of Healthy Diet and of Active Lifestyle							MOH, NNC, FNRI, MOST, MSSD, MAFAR
30-O.1.	All adults covered under Promotion of Healthy Diet and Active Lifestyle Project				30%	60%	

Program 8: Adolescent Health						
Project Title, Outputs and Major Activities		Target				Agency/ies Responsible
		2018	2019	2020	2021	2022
30-A.1.	Screening / Assessment of Nutritional Status using BMI and profiling of overweight and obese					
30-A.2.	Production, dissemination, and Promotion of Pinggang Pinoy and 10 Nutritional Guidelines for Muslim Filipinos					
30-A.3.	Promotion, dissemination, and practice of Daily Exercise (Zumba), Galaw-GalawbakaPumanaw and distribution of RxBOX					
30-A.4.	Promotion and establishment of Healthy Food Environment (Bio intensive gardening, Aquaponics, etc.)					
30-A.5.	Production and promotion of healthy snacks					
30-A.6.	Monitoring and follow-up of overweight and obese individuals (weight management)					

Program 10: Nutrition Sensitive							
Project Title, Outputs and Major Activities		Target					Agency/ies Responsible
		2018	2019	2020	2021	2022	
Project 31.	Job Facilitation						MOLE
Project 32.	Bangsamoro Rural Employment through Entrepreneurial Development Program						MOLE
Project 33.	Ensuring Food and Nutrition Security through Accessibility, Affordability and Availability of Rice						MAFAR
Project 34.	Farmers Support Program						MAFAR
Project 35.	Aquaculture Production Services						MAFAR
Project 36.	Coastal Resource Management and BASIL (Baliksiglasalog at Lawa) Establishment of Marine Protected Area and Coral Nurseries, BRUSH park						MAFAR
Project 37.	Vegetable Production						MAFAR
Project 38.	Zero Open Defecation Program or Phased Approach to Sustainable Sanitation						MILG
Project 39.	Livestock & Poultry Production: Animal Dispersal						MAFAR
Project 40.	Production of alternative food						MAFAR
Project 41.	Techno demo on Black Palay Seeds and Corn Production and Palayamanan demo						MAFAR
Project 42.	SALINTUBIG						MILG
Project 43.	Solid Waste Management : Proper Waste Disposal (BASURANIHAN)						MILG
Project 44.	Regional Standard and Laboratory Halal Testing for Water Testing Analysis and Microbiological Analysis						MOST
Project 45.	Livelihood Support to Families with Wasted Adolescents and OSY to Ensure Food Security						MAFAR, MBHTE
Project 46.	Water Sanitation and Hygiene						DILG
General Outputs for Nutrition-Sensitive Projects, see Annex __ for details:							
31-47-O.1.	XX projects in the region tweaking strategies for nutritional impact						
31-47-O.2.	XX families enrolled in projects tweaked for nutritional impact						

Program 10: Nutrition Sensitive						
Project Title, Outputs and Major Activities		Target				Agency/ies Responsible
		2018	2019	2020	2021	2022
31-47-O.3.	XX families involved in nutrition sensitive projects with increased income					
Major Activities for Nutrition-Sensitive Projects, see Annex __ for details:						
31-47-A.1.	Determination of tweaking strategies for the project selected					
31-47-A.2.	Decision on other features to prepare implementation in the region					
31-47-A.3.	Implementation, monitoring and reporting of the project					
31-47-A.4.	General research developed with NEDA and the academe					
48. Operational Research on the Nutrition Sensitive Projects						
48-O.1.	Research completed and feeding into redesign			1 research completed	Results feed into design	
48-A.1.	Development of TOR					
48-A.2.	Contracting					
48-A.3.	Implementation of research project					

Program 11: Enabling							
Project Title, Outputs and Major Activities		Target					Agency/ies Responsible
		2018	2019	2020	2021	2022	
49. Mobilization of Local Government Units for Delivery of Nutritional Outcomes							
49-O.1.	Increase commitment of local government units (5 Provinces, 3 cities, 116 municipalities) to RPAN with enhance understanding of the nutrition issues particularly surrounding FIK, children and women in BARMM resulting into LGU plans with budgetary commitments and effective delivery of nutritional outcomes.				5 PLGU; 2 CLGU ; 116 MLGU		
49-A.1.	Orientation of the members of the BEDC on the regional Nutrition and WASH Status and the salient features of RPAN				5 Governors, 2 City Mayors, 2 CSOs, 4 sectoral committee Chair		MOH, NNC, BPDA
49-A.2.	Adoption of the RPAN by the BEDC			Transition	1		RNC
49-A.3.	Updating of the Bangsamoro Development Plan vis a vis RPAN			Transition	1		BPDA
50. Policy Development for Food and Nutrition							
50-O.1.	Policy guidelines issued				5 PLGU 3 CLGU	116 MLGU	
50-A.1.	Crafting and issuance of Memorandum circular on allocation from the 20% budget of AIP on nutrition and WASH				MC issued		MILG
50-A.2.	Designation of nutrition and WASH action officers				5 PLGU 2 CLGU 116 MLGU		MILG/PGO
50-A.3.	Localization of Laws (Nutrition Law RA 10862 at least 1 ND per municipality)				1 Ordinance with IRR		BTA
50-A.4.	Creation of Nutrition Dietitians plantilla position (with defined roles and responsibilities)				5 Provinces		PLGU

Program 11: Enabling							
Project Title, Outputs and Major Activities		Target					Agency/ies Responsible
		2018	2019	2020	2021	2022	
50-A.5.	Formulation/Development of M & E and Unified Knowledge Management Mechanisms				2 Mechanism		RNC
50-A.6.	MC on the Localization of RPAN, M & E and Knowledge Management Mechanisms				1 MC	2 MC	MILG
50-A.7.	Localization of PD 491 and LOI 411 with IRR				(5 PLGU 2 CLGU, 2 CSOs, 4 sectoral committee Chair)	116 MLGU	BTA/SP
50-A.8.	Memo Circular reinforcing the establishment of functional Health Station and Epidemiology Surveillance Unit in every barangay						MILG
50-A.9.	Inclusion of LNAP and the designation/ creation of the NAO positions in the SGLG criteria						MILG
51. Mobilization of RICs and other community-based organizations							R/LNC
51-O.1.	Number of RIC partner organizations engaged				Regional and Provincial RIC	116 MLGU	
51-O.2.	A program for engaging mothers, parents and adolescents in ECCD and FIK developed in BARMM				For implementation		
51-A.1.	Orientation on nutrition status and local plans						
51-A.2.	Partnership with RIC members and POs in the nutrition programs (involvement in the IEC campaigns)						
51-A.3.	Involvement of RICs and other community-based organizations as Nutrition and WASH Watch Group						
52. Management Strengthening Support to RPAN Effectiveness							
52-O.1.	LCEs as Nutrition Champions				Regional, Provincial, City	40 MLGUs	R/LNC PGO
52-O.1.	Organized/Reconstituted Local Nutrition Committees and WASH Councils				For implementation		

Program 11: Enabling							
Project Title, Outputs and Major Activities		Target					Agency/ies Responsible
		2018	2019	2020	2021	2022	
52-A.1.	Organization/ reconstitution of Local Nutrition Committee and WASH Council						
52-A.2.	Capacity building/trainings on nutrition program management						
52-A.3.	Recruitment of BNS				80 MLGUs	36 MLGUs	
53. Public Advocacy for improving nutrition in BARMM							
53-0.1.	Strategy designed and completed						
53-0.2.	Strategy Implemented and evaluated						R/LNC
53-A.1.	Designing and implementing of strategy						
53-A.2.	Evaluation of effectiveness and results						

ANNEXES

Annex 1. Nutrition-Sensitive Projects

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2018	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
36. SALINTUBIG Locations selected (Province/ LGU): Coverage of families:	Targeting poorest of the poor families, disadvantaged IP communities	MILG MILG, LGU, UNICEF	Output: 43-O.1. Number of families' access to safe potable water						Improved access to safe water	
			Major activities: 43-A.1. Coordination with LGU, site validation and community identification							
			43-A.2. Construction of community water facility							
37. Zero Open Defecation Program or Phased Approach to Sustainable Sanitation Locations selected (Province/ LGU): Coverage of families:	Targeting poorest of the poor families, disadvantaged IP communities	MOH, MILG, MBHTE MOH, MILG	Outputs: 39-O.1. PHO and MHO/RHU Staffs in the 5 provinces trained on CLTS/PHASS				60% of total households in BARMM have sanitary toilets	70% of total households have sanitary toilets	HH in BARMM with own sanitary toilets increased	
			39-O.2. Provincial and Municipal WASH Plans integrated in the Development Plans				65% of total barangays in BARMM are ODF	80% of total barangays in BARMM are ODF		
			39-O.3. Five Provinces passed ordinance on ZODP/PHASS Program							
			Major activities: 39-A.1. Provincial and municipal orientations on ZODP/PHASS Program and workshop on WASH Strategic Planning							
			39-A.2. Provincial and municipal Training of Trainers on CLTS/PHASS							

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2018	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			39-A.3. Rollout of demand creation activities in the communities 39-A.4. Implementation of sanitation subsidy programs for targeted populations 39-A.5. Barangay, Municipal and Provincial ZOD certifications and Awarding							
38. Ensuring Food and Nutrition Security through Accessibility, Affordability and Availability of Rice Locations selected (Province/ LGU): Coverage of families:	Targeting poorest of the poor families, disadvantaged IP communities Targeting families with malnourished children/siblings		Output: 34-O.1. Increased alternative NFA outlet at barangay level, (region wide). Currently at 200 plus				5% per year increase	5% per year increase	Diversity of dietary intake increased	
			Major activities: 34-A.1. Establishment of NFA Retail Outlets at the barangay level				5% per year increase	5% per year increase		
			34-A.2. Information campaign in close coordination with NGOs				192 for LDS and Maguin dano 44 for BASULTA	192 for LDS and Maguin dano 44 for BASULTA		
39. Solid Waste Management : Proper Waste Disposal (BASURANIHAN) Locations selected (Province/ LGU):	Targeting poorest of the poor families, disadvantaged IP communities	MENRE	Outputs: 45-O.1. Distributed trash bin to LGUs of BARMM				150 pcs of trash bin	150 pcs of trash bin	Lessen infectious diseases came from waste materials	
			45-O.2. Increased awareness on proper waste disposal							
			Major activities: 45-A.1. Coordination with LGU							
			45-A.2. Facilitate LGU request for the provision of waste containers							
			45-A.3. Distribution of waste containers							

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2018	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Coverage of families:			45-A.4. Monitoring							
40. Water Sanitation and Hygiene Locations selected (Province/ LGU): Coverage of families:	Targeting poorest of the poor families, disadvantaged and IP communities Prioritizing 636 Barangays with poor families under the ARMM-BRIDGE project	MILG, LGU, MOH MILG, LGU	Output: 48-O.1. HH with adolescents have level 2-3 level system							
			Major activities: 48-A.1. Mapping of HH for the levels of existing water system							
			48-A.2. Identification of HH capacity and resources for the construction of level 2-3 water system							
			48-A.3. Referral and provision of construction materials to HH with low capacity							
			48-A.4. Examination/ Monitoring/ treatment of water potability							
41. Regional Standard and Laboratory Halal Testing for Water Testing Analysis and Microbiological Analysis Locations selected (Province/ LGU): Coverage of families:	Targeting poorest of the poor families, disadvantaged and IP communities	MOST	Output: 46-O.1. Number of LGUs with water analysis results							
			Major activity: 46-A.1. Conduct Water testing and chemical analysis of food							

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2018	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
37. Farmers Support Program Locations selected (Province/ LGU): Coverage of families:	Targeting families with malnourished children/ siblings	MAFAR COB – Corporate Operating budget	Output: 35-O.1. Increased Palay Procurement							
			Major activities: 35-A.1. Mobile Procurement for Individual farmers to far flung areas				7,000 bags@50kg	7,500 bags@50kg		
			35-A.2. Set up of buying stations				2 provinces	2 provinces		
			35-A.3. Ugnayan with farmers and NGOs				1200	1200		
38. Aquaculture Production Services Locations selected (Province/ LGU): Coverage of families:	Targeting families with mal nourished children/ siblings	MAFAR	Output: 36-O.1. Provision of seaweeds Farm inputs and fish cages to vulnerable groups (IPs, Bajao and fishers below income				1,350 families 15- cages- (Fresh) 15 cages- (Marine)		Increased income of IPs and poor fisher folk families	
			Major activities: 36-A.1. Validation of Target Beneficiaries				2,700 (x2) families 15- cages- (Fresh) groups 15 cages- (Marine) groups			
			36-A.2. Skills training on seaweeds farm management				5 trainings (region wide)	5 trainings (region wide)		
			36-A.3. Distribution of seaweed seedlings							
			36-A.4. Monitoring and evaluation							
39. Coastal Resource	Targeting families with mal	MENRE IFAD and GAA	Output:				23 mun with 13 sites of identified			

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2018	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Management and BASIL (Baliksiglasalog at Lawa) Establishment of Marine Protected Area and Coral Nurseries, BRUSH park Locations selected (Province/ LGU): Coverage of families:	nourished children/ siblings		37-O.1. Established Marine Protected Area and Coral Nurseries, BRUSH park				lakes and rivers			
			Major activities:							
			37-A.1. Coordination of target LGUs and site validation							
			37-A.2. Assist in the Formulation of Municipal Fishery Ordinance							
			37-A.3. Conduct training and assist in organizing bantay dagat and bantay Lawa, fish processing and value adding and food safety.				To be identified per WFP of BFAR	To be identified per WFP of BFAR		
			37-A.4. Training on fish processing and value adding and food safety.				5 trainings per province per year	5 trainings per province per year		
			37-A.5. Project Implementation							
40. Vegetable Production Locations selected (Province/ LGU): Coverage of families:	Targeting families with mal nourished children/ siblings	MAFAR	Output:							
			38-O.1. Established vegetable production in 5 provinces							
			Major activities:							
			38-A.1. Identification of qualified beneficiaries and site validation				10% increase per year	10% increase per year		
			38-A.2. Conduct Training on Good Agricultural practices on vegetable production				10% increase per year	10% increase per year		
			38-A.3. Provision of hybrid seeds and other inputs				10% increase per year	10% increase per year		
			38-A.4. Monitoring and technical supervision							

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2018	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
41. Livestock & Poultry Production: Animal Dispersal Locations selected (Province/ LGU): Marawi LDS Coverage of families:	Targeting families with mal nourished children/ siblings	MAFAR, BAI, LGU and ATI	Output: 40-O.1. Established 2 additional sites of multiplier farm (Sulu and LDS)				1 site for Marawi	1 site for Lanao Sur	Increased HH milk consumption	
			Major activities: 40-A.1. Identification of qualified beneficiaries and site validation						Increased HH food protein source consumption	
			40-A.2. Training on Livestock Management and the Nutrients sources of meat				1 cooperative with 35 members	1 cooperative with 35 members		
			40-A.3. Monitoring and technical supervision							
42. Production of alternative food Locations selected (Province/ LGU): Coverage of families:	Targeting families with mal nourished children/ siblings	MAFAR DA National and LGU	Output: 41-O.1. Established 5 nurseries banana plantlets production & sweet potato planting materials				2 nurseries in Mag and LDS	3 nurseries in island provinces		
			Major activities: 41-A.1. Site assessment & validation							
			41-A.2. Skills training on banana/sweet potato nursery establishment and management				5 provinces	5 provinces		
			41-A.3. Distribution of good quality planting materials as source of mother plant					Regionwide distribution		
			41-A.4. Monitoring and evaluation, technical supervision							
43. Techno demo on Black Palay Seeds and Corn Production and Palayamanan demo	Targeting families with mal nourished children/ siblings	MAFAR DA- National and LGU, PhilRice, PhilMaize, BPI	Outputs: 42-O.1. Established 7 techno demo sites for Rice production in Maguindanao, Basilan and LDS				2 ha	2 ha	Increased calorie and micro-nutrient (Iron/fiber) intake	

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2018	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Locations selected (Province/ LGU): Coverage of families:			42-O.2. Established 8 sites techno demo of corn production in LDS and Maguindanao				2 ha	2 ha		
			Major activities:							
			42-A.1. Identification of qualified ben/farmers							
			42-A.2. Site Validation							
			42-A.3. Training of beneficiaries on black rice							
			42-A.4. Distribution of certified black palay seeds and corn white seeds							
			42-A.5. Monitoring, technical supervision							
44. Job Facilitation Locations selected (Province/ LGU): Coverage of families:	Targeting families with mal nourished children/ siblings	MOLE, LGU, Private sector, MBHTE and other line agencies	Output: 32-O.1. Increased job opportunities to vulnerable areas in BARMM,						Increased number of employed nutritionally at-risk families	
			Major activities: 32-A.1. Mobile jobs fair in identified vulnerable areas			-	1,500	-do-		
			32-A.2. Provide Special Program for Employment of Students (SPES)- poor but deserving students, and has malnourished siblings.				*Special Recruitment Activity(SRA) 3000 students	-do-		
			32-A.3. Provide Government Internship – fresh graduate indigent students				400 fresh graduate	-do-		
45. Bangsamoro Rural Employment through Entrepreneurial	Targeting families with mal nourished children/	MOLE GAA, LGU, private sector, DepEd and	Output: 33-O.1. Established BF station/area in all offices and business establishment.						Number of working lactating mothers practicing	

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2018	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Development Program Locations selected (Province/ LGU): Coverage of families:	siblings	other line agencies	Major activities: 33-A.1. Conduct of Occupational Safety and Health Standards integrating F1K.			-10 OSHS inspection	-	-	exclusive breastfeeding increased	
			33-A.2. Conduct Labor Relation- Human Relation and Productivity integrating Nutritional Guidelines for Muslim- Filipinos			11 LHP session -	-	-		
46. Technology Transfer Program and Techno Negosyo Locations selected (Province/ LGU): Coverage of families:	Targeting poorest of the poor families, disadvantaged IP communities	MOST, MAFAR BAA	Outputs: 44-O.1. Trained MSME (Micro Small and Medium Enterprise)				1 MSME	1 MSME	Accredited MSME and access to domestic and export market	
			44-O.2. Upgraded MSME							
			Major activities: 44-A.1. Conduct Food safety training							
			44-A.2. Assist in Nutrition Fact Analysis							
			44-A.3. Provide Packaging and labelling							
			44-A.4. Assist Microbiological Test							
			44-A.5. Assist in Halal and FDA Certification							
47. Livelihood Support to Families with Wasted Adolescents and OSY to Ensure Food Security	Targeting poorest of the poor families, disadvantaged and IP communities	MOLE	Output: 47-O.1. Households of target wasted adolescents provided with livelihood assistance							
			Major activities: 47-A.1. Referral of households with wasted adolescents							
			47-A.2. Enrolment of the households							

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2018	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Locations selected (Province/ LGU):			47-A.3. Profiling of households with wasted adolescents							
			47-A.4. Establishment of multi-agency monitoring system							
Coverage of families:										

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

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Program 1: IYCF and First 1000 Days (F1K)							
ENABLING PROGRAM FOR F1K							
Project 1. Mobilization of LGUs on the First 1000 days	BEDC, MOH, NNC, MILG, RSDC, LGUs						
Outputs: 1-O.1. All provinces and at least 59 municipalities and cities mobilized for F1K and nutrition 1-O.2. By the end of 2022 all 5 provinces, 2 cities and 118 municipalities are mobilized for F1K and Nutrition Program with provincial/municipal/city resolutions.					30 Municipalities	29 (59) Municipalities	
Major activities: 1-A.1. BARMM Chief Minister, with BEDC, declare a political statement on addressing malnutrition, and endorsement of F1K and approval of BARMM RPAN 2020-2022					1	1	
1-A.2. BARMM Chief Minister, with all provincial governors to endorse approved RPAN to the REDPB					1	1	
1-A.3. MILG to issue memo circular for the Adoption and Implementation of the PPAN 2017-2022, and BARMM RPAN 2020-2022					1	1	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
1-A.4. Provincial Governors convene key officials and other stakeholders to a forum on F1K and RPAN 2020-2022 and issuance of respective resolutions.					1	1	
1-A.5. Preparation of P/M/CNAPs of all provinces, municipalities and cities including First 1000 days					5 provinces, 116 mun, 3 cities	1	
1-A.6. In the next two years, all RHUs in the region undertake/completed analysis of first 1000 days and plan of action						70 mun	
1-A.7. MOH/NNC/MILG launch an incentive package for the best LGUs implementing the first 1000 days						70	
Project 2. Information Management in the F1K Coverage:							
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 for endorsement to Central Office	Adoption of the harmonized system	
Major activities: 2-A.1. Review of the system						System implementation reviewed	
2-A.2. Finalization of information system and for endorsement						Information system prepared for enforcement	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
2-A.3. Implementation of the approved harmonized information system and re-design						Information system harmonized re-design approved	
Project 3. Strengthening of health delivery system for F1K including review of LGUs and other multi-sectoral agencies for F1K compliance including delivery system (nutrition specific and sensitive interventions)						Health delivery system reviewed and strengthened	
Outputs:							
3-O.1. Annual Performance and Implementation Review of LGUs and other multi-sectoral agencies on F1K compliance					30 Municipalities	29 (59) Municipalities	
3-O.2. Integration of F1K compliance in successive plans of LGUs and other multi-sectoral agencies completed					30 Municipalities AOP's	29 (59) Municipalities AOP's	
3-O.3. Continuous compliance monitoring					quarterly	quarterly	
Major activities:							
3-A.1. Planning of review					quarterly	quarterly	
3-A.2. Execution of review					quarterly	quarterly	
3-A.3. Reporting of results					monthly	monthly	
3-A.4. Integration of results into new LGU plans					annually	annually	
MICRONUTRIENT SUPPLEMENTATION							
Coverage: All 5 provinces, 2 cities, and 59 municipalities in BARMM							
Project 4. Iron supplementation to pregnant and lactating women, and low birth weight infants, and	MOH, NNC, LGUs				116 RHUs, 3 CHO and 1, 500 BHS	116 RHUs, 3 CHO and 1,500 BHS	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
MNP supplementation to children 6-23 months							
Outputs: 4-O.1. All 3 CHOs, 116 RHUs and 1,500 BHS providing 180 tablets of IFA (60 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					116 RHUs, 3 CHO and 1, 500 BHS	116 RHUs, 3 CHO and 1,500 BHS	
4-O.2. Developed and test the DOS (Directly Observed Supplementation) strategy and tracking system on the consumption of IFA supplements, MNPs, Vitamin A, and other supplements the 9 municipalities in Sulu and all municipalities in 2020 up to 2022					116 RHUs, 3 CHO and 1, 500 BHS	116 RHUs, 3 CHO and 1,500 BHS	
Major activities: 4-A.1. Improve planning and forecasting for logistics and distribution of all micronutrient supplements					1	1	
4-A.2. Workshop on developing the DOS (Directly Observed Supplementation) strategy							
4-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						1	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
4-A.4. Communication support through the rural health system via SMS blast, social media, and local media (Suara Kalusugan, Suara sa Nutrisyon)						1	
4-A.5. Provision of MNP to children 6 to 23 mos	MOH				95%	95%	
4-A.6. Conduct training on micronutrient supplementation program among all health personnel	MOH					5 trainings	
4-A.7. Monitoring, reporting, and adjustments of the tracking system, supply and distribution of MNPs	MOH, NNC					4 activities	
Project 5. Vitamin A Supplementation for postpartum women and children 6-23 months s old	MOH, LGUs					95%	
Outputs:							
5-O.1. Institutionalized provision of Vitamin A capsules to post-partum women							
5-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					All post-partum women and 6 to 23 months old children	All post-partum women and 6 to 23 months old children	
5-O.3. All RHUs providing 1 Vitamin A capsule to high risk children (diarrhoea and measles)					AA	95%	
5-O.4. A system of tracking vitamin A supplementation operationalized					1	1	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Major activities:						1	
5-A.1. Improve planning and forecasting for logistics and distribution							
5-A.2. Operationalize the system for tracking vitamin A supplementation						1	
5-A.3. Communication support through the rural health system via SMS blast, social media, and local media					AA	1	
5-A.4. Monitoring, reporting and adjustments					AA	AA	
DIETARY SUPPLEMENTATION PROGRAM							
Coverage: 30 municipalities and 2 cities for the pilot program (20% annual increase)							
Project 6. Mobilization of LGU resources for dietary supplementation	MOH, NNC, LGUs						
Outputs:							
6-O.1. LCEs in 12 municipalities and 2 cities issued policy with budget allocation to implement dietary supplementation program for nutritionally at-risk pregnant and lactating women, and children 6-23 months belonging to the food insecure families					6 municipalities	6 (12) municipalities	
Major activities:							
6-A.1. Planning for the supplementation program for LGUs including definition of the supplementary food package							
6-A.2. Conduct orientation and coordination meetings on national dietary supplementation to develop the							

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
mechanics, methodologies, and monitoring & evaluation tools for the dietary supplementation							
6-A.3. Implementation in pilot municipalities and cities							
6-A.4. Monitoring, reporting, and adjustments in preparation for scaling-up							
MATERNAL NEONATAL INFANT AND YOUNG CHILD FEEDING (MNIYCF)							
Coverage: All 5 provinces and 116 municipalities and 2 cities in BARMM							
Project 7. Strengthening of Complementary Feeding Program as part of the IYCF	MOH, NNC, MILG, MOST						
Outputs: 7-O.1. Developed a Comprehensive Regional Complementary Feeding Plan strengthening use of locally available food, household food production (through home gardens), and use of processing plants where necessary						1 Comprehensive complementary feeding plan	
7-O.2. Implementation and monitoring of the Comprehensive Regional Complementary Feeding Plan (with Food Production)							
Major activities: 7-A.1. Formulation of Regional Complementary Feeding Plan						1	
7-A.2. Securing organizational resources for implementation						1	
7-A.3. Implementation of the Regional Complementary Feeding Plan						1	
7-A.4. Issuance of memorandum order to all LGUs from the Office of the Governor to patronize local						1	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
complementary food products (e.g. Al Rise Mo from Magagayon Cooperative Plant in Maguindanao)							
7-A.5. Monitoring, reporting and adjustments						1	
Project 8. Mobilization of barangay officials to organize IYCF support groups	MOH, NNC Resource Center for Promotion and Behavior Change, LGUs						
Outputs: 8-O.1. Development of the IYCF Support Groups for the BARMM Region based on the national/regional evidence-based experiences					20 barangays with existing BHS	20 (40) barangays with existing BHS	
Major activities: 8-A.1. Formulation of BARMM specific design for IYCF Support Groups					AA	1	
8-A.2. Conduct training course on IYCF nutrition in the 20 selected barangays					AA	2	
8-A.3. Advocacy and policy support for establishment of IYCF support groups					1	1	
8-A.4. Develop support materials for IYCF support groups					AA	1	
8-A.5. Implement the organization and training of the IYCF support groups in the region						1	
8-A.6. Monitoring, reporting, and adjustments						1	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Project 9. Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces), and RA 10410 (Early Years Act)	MOH, NNC, MILG						
Outputs: 9-O.1. Organizations and entities exercising their commitment to enforcement and compliance monitoring on EO 51, RA 10028 and RA 10410							
Major activities: 9-A.1. Organize a regional and provincial Milk Code Task Forces and other related statutes					1	1	
9-A.2. Reconstitute regional/provincial nutrition committees to include Milk Code Task Forces					1	1	
9-A.3. Establish protocol and re-enforce penalties on accountable entities and persons when there are violations					1	1	
9-A.4. Review of progress of enforcement and compliance monitoring and adjustments						1	
PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)							
PIMAM (See outputs and activities under Program 6: PIMAM)							
NUTRITION PROMOTION FOR BEHAVIOUR CHANGE							
Project 10. Communication Support for F1K	MOH, NNC Resource Center for Promotion and Behavior Change, LGUs						

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Outputs: 10-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K fully developed and implemented					1 regional complan		
Major activities: 10-A.1. Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days					1		
10-A.2. Development of improved key messages and communication materials and collaterals					1		
10-A.3. Pre-testing of developed materials					1		
10-A.4. Implementation						1	
Program 2: National Dietary Supplementation Program							
Project 11. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays Coverage: Targeted numbers of children fully covered with 120-day supplementary feeding	MSSD, MOH						
Outputs: 11-O.1. 2,400 child development centers and SNPs operating with supplementary feeding program					126,324 children	138,956 children	National Government, DSWD
Major activities: 11-A.1. Social preparation (Deworming)							

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
11-A.2. Procurement of Food (rice,viand)							
11-A.3. OPT (24-59 mos)	MOH				315,644	315,644	National Gov't, DOH
11-A.4. Orientation of service providers (MSWDOs) for Supplemental Feeding	MSSD				94 MSWDOs	118 MSWDOs	National Gov't, DSWD
11-A.5. Orientation of service providers (MSWDOs, CDWs) for CGS Training	MSSD				94 MSWDOs	118 MSWDOs	To be sourced out
11-A.6. Program Implementation Review and Team Building	MSSD						National Gov't, DSWD
11-A.7. Monitoring and Evaluation and technical assistance	MSSD						National Gov't, DSWD
11-A.8. Reproduction of ECCD cards	MSSD				315,644	315,644	To be sourced out
Project 12. School-Based Feeding Program Coverage: All wasted Learners from K-Grade 6 receive nutrient-dense supplementary food in schools	MBHTE						
Outputs: 12-O.1. All public elementary schools in the region operating the school-based feeding program	MBHTE				20%	22%	DepEd
Major activities: 12-A.1. Social Preparations of schools for projects							
12-A.2. Nutritional Assessment							
12-A.3. Downloading of financial resources							
12-A.4. Schools' implementation of program							

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
12-A.5. Monitoring, evaluation and awards							
Project 13. School-Based Health Services (deworming, micronutrient supplementation, WASH)							
Outputs: 13-O.1. 95 % of all schools providing full package of complementary health services at satisfactory level					95	95	
Major activities: 13-A.1. Downloading of financial resources and commodities							
13-A.2. Schools' implementation of program							
13-A.3. Monitoring, evaluation and awards							
Project 14. Provision of Food Pack to wasted adolescents for at least 120 days including OSY	MBHTE, MSSD						
Outputs: 14-O.1. Wasted adolescents provided with Food Packs							DepEd DSWD
Major activities: 14-A.1. Screening / Assessment of Nutritional Status using BMI							
14-A.2. Enrolment of beneficiaries and distribution of food packs							
14-A.3. Monitoring and follow-up of beneficiaries							
Program 3: Micronutrient Supplementation Program							
Project 15. Vitamin A Supplementation	MOH						

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Coverage: 315,644 preschool children							
Outputs: 15-O.1. 96% of children given Vit. A (24-59 mos)					95%	95%	
Major activities: 15-A.1. Master listing of children					315,644	315,644	National Gov't
15-A.2. Provision of Vit.A to sick children					121,909	124,347	National Gov't
15-A.3. Bi-annual Vitamin A supplementation to well nourish children					348,313	355,279	National Gov't
Project 16. Anemia Reduction among WRA					AA	AA	National Gov't
Outputs: 16-O.1. Coverage of WRA who receive intervention for anemia reduction							
Major activities: 16-A.1. Screening / Assessment of anemia	LGU and RHUs						
16-A.2. Provision of Iron -folic acid to WRA	MOH, MBHTE						
16-A.3. Promotion of Healthy Diet (food rich in iron)	MAFAR, MOH						
16-A.4. Production and promotion of healthy snacks (Fortified with iron+folic)	MOST						
16-A.5. Full implementation of DO 13 s. 2107 (Policy and guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices)	MBHTE						
16-A.6. Monitoring and follow-up of anemia among WRA	MBHTE, MSSD						

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Program 4: Mandatory Food Fortification Program							
Project 17. Advocacy for and Monitoring of Compliance							
Outputs:							
17-O.1. A system for both monitoring of compliance and plan for advocacy completed and implemented							
17-O.2. Improvements in the compliance level for MFF evidenced in the region							
Major activities:							
17-A.1. Review of status					1		
17-A.2. Formulation strategies and work plan						1	
17-A.3. Implementation and review						1	
Project 18. Public Information Support						1	
Outputs:							
18-O.1. A public information project designed and implemented for MFF with evidence of audience patronage							
Major activities:						1	
18-A.1. Review of status						1	
18-A.2. Formulation strategies and workplan						1	
18-A.3. Implementation and review						1	
Program 5: Nutrition in Emergencies							
Project 19. Building Preparedness for Emergency	NNC/MILG						

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Coverage: Regional, 5 Provinces, 2 cities, 116 municipalities and 2,490 barangays							
Outputs: 19-O.1. Final & approved resolution on NIE							
19-O.2. All targeted LGUs with finalized NIE Plan & integrated in DRRM Plan, Trained health workers and LGU on NIE, supplies and equipment allocated at all level, and harmonized NIE Reporting Tools	NNC, MILG				Region and 5 Provinces & 2 Cities	29 MLGUs 830 brgys	NNC, DILG
Major activities: 19-A.1. Creation of resolution on Nutrition in Emergencies by RNC					1		
19-A.2. Formulation of NIE Plan and integrated to the DRRM plan						1	
19-A.3. Capacity building NIE & WASH in Emergencies integrating						1	
19-A.4. Preposition and provision of supplies such as Vitamin A, MNP, FeSO4+ Folic Acid, Zinc to all eligible population (6-59 months, PLW, sick children), emergency processed foods and anthropometric equipment					AA	1	
19-A.5. Nutrition Cluster coordination and information management					1	1	
Project 20. Strengthening Response Capacity Coverage: Children under 5 years and PLW	NNC/MILG/ P/M/BNC LGU						

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Outputs: 20-O.1. All affected municipalities and barangays providing the minimum service package (RNA Reports, Breastfeeding Support Group & Mother-Baby Friendly Spaces, Milk bank for Muslim mothers, Health facilities capable of managing acute malnutrition, Children and PLW provided with MS, and Supplementary Feeding Program during disaster)					All affected municipalities and barangays	All affected municipalities and barangays	NNC/DILG
Major activities: 20-A.1. Rapid Nutrition Assessment					AA	AA	
20-A.2. Promotion of Infant & Young Child Feeding during Disaster					AA	AA	
20-A.3. Management of Acute Malnutrition					AA	AA	
20-A.4. Micronutrient Supplementation during disaster					AA	AA	
20-A.5. Supplementary Feeding Program during disaster							
Project 21. Strengthening Recovery and Rehabilitation Capacity Coverage: All affected municipalities and barangays							
Outputs: 21-O.1. All affected municipalities and barangays provided with recovery and rehabilitation support (including RDANA report, Facility rehabilitation,	OCD DRRMO P/MNC			All affected municipalities and barangays	All affected municipalities and barangays	All affected municipalities and barangays	OCD DRRMO P/MNC

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
vulnerable groups included in social protection, livelihood & MHPSS support, logistics and supplies, and After Action Review)							
Major activities:							
21-A.1. Post emergency damage and needs assessment							
21-A.2. Transitioning from NIE Response to regular program							
21-A.3. Inter-cluster coordination to address nutrition sensitive program							
21-A.4. Management of resources program							
21-A.5. After Action Review/ Post Incident Evaluation or Post Emergency Review							
Program 6: Philippine Integrated Management of Acute Malnutrition (PIMAM)							
Coverage: All 5 provinces, 2 cities, and 118 municipalities in BARMM							
Project 22. Enhancement of PIMAM Facilities and Provision of Services	MOH, NNC, LGUs						
Outputs:							
22-O.1. Delivery system for PIMAM established and fully operational across the region					1 PIMAM delivery system		
Major activities:							
22-A.1. Assessment and screening of children					AA	AA	
22-A.2. Provision and supply management of F75, F100 RUTF and RUSF and its equivalent in RHUs					AA	100%	
22-A.3. Delivery of ITC/OTC and TSFP services					23 government hospitals	23 government hospitals	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
22-A.4. Building of Capacity of Local Implementers							
22-A.5. Treatment and Management of SAM in the ITC and OTC and of MAM in TSFP					23 government hospitals, all RHUs	23 government hospitals, all RHUs	
22-A.6. Monitoring, reporting and adjustments					Quarterly	Quarterly	
Program 7: Nutrition Promotion for Behaviour Change							
Project 23. Review of Existing Actions related to Nutrition Promotions for Behaviour Change	MOH, NNC, BIO						
Outputs: 23-O.1. Inventory of existing communication materials, communication processes and projects, agencies involved, financing available and available research information on effectiveness of behavioural communication and recommendations on the identified gaps							
Major activities: 23-A.1. Inventory of existing communication materials used in nutrition education and analyse whether they are geared towards behaviour change					1	1	
23-A.2. Review and analysis of existing nutrition education and promotion efforts to identify gaps and how they can be transformed to nutrition promotion for behaviour change					1	1	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Project 24. Formulation of Regional BARMM Program for Nutrition Promotions for Behaviour Change	MOH, NNC, BIO						
Outputs: 24-O.1. BARMM Program for Nutrition Promotion for Behaviour Change formulated							
Major activities: 24-A.1. Convene experts meeting to develop the framework and the program for nutrition promotion for behaviour change aligned with the national framework					1	1	
24-A.2. Forging consensus among partners and mobilizing resources for the communication program					1	1	
24-A.3. Development of the research component of the communication program					1	1	
Project 25. Regional BARMM Nutrition Promotion for Behaviour Change Project							
Outputs: 25-O.1. Coordinated program for behaviour change implemented in the region including the organization of the BARMM Quad-Media Group							
Major activities: 25-A.1. Mobilize media partners and other relevant stakeholders					1	1	
25-A.2. Organization of the BARMM Quad-Media Group					1	1	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
25-A.3. Training of media partners and ground face-to-face communicators					1	1	
25-A.4. Provision of required communication and promotional materials							
25-A.5. Real-time research to accompany the Project							
25-A.6. Monitoring Impact assessment and Project adjustments							
Program 8: Adolescent Health							
Project 26. Establishment and Management of Adolescent Health Friendly Facilities (Teen Center/ Friendly Spaces)	Pop Com, MBHTE, LGU, MOH						National Government, LGU, NGOs
Outputs:							
26-O.1. Number of Functional Facilities completed					25	25	National Government, LGU, NGOs
Major activities:							
26-A.1. Identification and Consultation of covered areas	Pop Com, LGU, MOH				120		National Government, LGU, NGOs
26-A.2. Orientation of identified areas	Pop Com, MOH				120		National Government, LGU, NGOs
26-A.3. Construction and/or renovation/refurbish	Pop Com, MOH, LGU, MBHTE				25	25	National Government, LGU, NGOs
Project 27. Adolescent Health Development Program (AHDP) – DOH / Adolescent Health Youth Development (AHYD) - Prevention of teenage pregnancy, STD/STI, and HIV/AIDS	MOH, MBHTE, Pop Com.						
Outputs:					20%	40%	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
27-O.1. Adolescents have access to health care services (Family Planning Reproductive Health, STD/STI, and HIV/AIDS)							
Major activities: 27-A.1. USAPAN/ ADEPT (Adolescent Health Education and Practical Training) / HYO (Healthy Young Ones)					20%	40%	
27-A.2. Provision of Iron -folic acid to WRA					20%	40%	
27-A.3. U4U Teen Trail					20%	40%	
27-A.4. Deworming					95%	95%	
Project 28. Comprehensive Gender and Health Education for Youth (exclusive for Madaris)	MBHTE, MOH, Pop Com						
Outputs: 28-O.1. All Madaris schools covered and with access to and implemented CGHEY	MBHTE, Pop Com, MOH				25	25	
Major Activities: 28-A.1. Planning, Workshops, Consultation, Development of Module	MBHTE, Pop Com, MOH						
28-A.2. Orientation, Training, Workshops of Madaris in BARMM	MBHTE, Pop Com			25	25	25	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
28-A.3. Monitoring and Supervision of Implementation	MBHTE, Pop Com, DOH				20	45	
Project 29. Adolescent health (Healthy Adolescents and of Active Lifestyle, Oral Health, Water Sanitation and Hygiene) Coverage: All adolescents in schools and out of school in BARMM	MSSD, MBHTE, NNC, FNRI, LGUs						DSWD, DepEd, CHED, NNC, FNRI, LGUs
Outputs: 29-O.1. All adolescents covered under Promotion of Healthy Diet and Active Lifestyle Project					90%	100%	
Major activities: 29-A.1. Screening / Assessment of Nutritional Status using BMI and profiling of overweight and obese	MBHTE, MSSD, DOH						
29-A.2. Production, dissemination, and Promotion of <i>PinggagPinoy</i> and 10 Nutritional Guidelines for Muslim Filipinos	MBHTE, MSSD, NNC, LGUs						
29-A.3. Promotion, dissemination, and practice of Daily Exercise (Zumba) and <i>Galaw-Galaw para di Pumanaw</i>	MBHTE, MSSD, LGUs						
29-A.4. Promotion and establishment of Healthy Food Environment (e.g. regulation of unlimited rice,	MAFAR, MPW, MOH, LGUs						

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
promotion of halal, bio intensive gardening, aquaponics etc.)							
29-A.5. Establishment of parks and recreation areas	MPW, LGUs						
29-A.6. Full implementation of DO 13 s. 2107 (Policy and guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices)	MBHTE						
29-A.7. Monitoring and follow-up of overweight and obese individuals (weight management)	MBHTE, MSSD, MOH						
29-A.8. Awareness raising on the importance of Oral Hygiene							
29-A.9. Provision of Oral Hygiene kits for those who cannot afford							
Program 9: Overweight and Obesity Management and Prevention Coverage: All adults in BARMM							
Project 30. Promotion of Healthy Diet and of Active Lifestyle	MOH, NNC, FNRI, MOST						
Outputs: 30-O.1. All adults covered under Promotion of Healthy Diet and Active Lifestyle Project					90%	100%	
Major activities: 30-A.1. Screening / Assessment of Nutritional Status using BMI and profiling of overweight and obese	MSSD, MBHTE						
30-A.2. Production, dissemination, and Promotion of PinggangPinoy and 10 Nutritional Guidelines for Muslim Filipinos	MSSD, MBHTE, NNC						
30-A.3. Promotion, dissemination, and practice of Daily Exercise	MOST, MSSD, MBHTE						

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
(Zumba), Galaw-GalawbakaPumanaw and distribution of RxBOX							
30-A.4. Promotion and establishment of Healthy Food Environment (Bio intensive gardening, Aquaponics, etc.)	MAFAR						
30-A.5. Production and promotion of healthy snacks	MOST						
30-A.6. Monitoring and follow-up of overweight and obese individuals (weight management)	MSSD, MBHTE						
Program 10: Nutrition Sensitive							
Coverage: See Annex 1 for details on coverages of each Projects 31-47							
Project 31. SALINTUBIG	MILG			On going implementation	On going implementation	Continuing program	
Project 32. Zero Open Defecation Program or Phased Approach to Sustainable Sanitation	MOH			On going implementation	On going implementation	Continuing program	
Project 33. Ensuring Food and Nutrition Security through Accessibility, Affordability and Availability of Rice	MAFAR			On going implementation	On going implementation	Continuing program	
Project 34. Solid Waste Management : Proper Waste Disposal (BASURANIHAN)	MENRE			On going implementation	On going implementation	Continuing program	
Project 35. Water Sanitation and Hygiene	MOH			On going implementation	On going implementation	Continuing program	
Project 36. Regional Standard and Laboratory Halal Testing for Water Testing Analysis and Microbiological Analysis	MOST			On going implementation	On going implementation	Continuing program	
Project 37. Farmers Support Program	MAFAR			On going implementation	On going implementation	Continuing program	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Project 38. Aquaculture Production Services	MAFAR			On going implementation	On going implementation	Continuing program	
Project 39. Coastal Resource Management and BASIL (Baliksigtasalog at Lawa) Establishment of Marine Protected Area and Coral Nurseries, BRUSH park	MAFAR			Actual Accomplishment		Continuing program	
Project 40. Vegetable Production, Gulayansa Barangay/Indigenous vegetables	MAFAR			On going implementation	On going implementation	Continuing program	
Project 41. Livestock & Poultry Production: Animal Dispersal	MAFAR			On going implementation	On going implementation	Continuing program	
Project 42. Production of alternative food	MAFAR			On going implementation	On going implementation	Continuing program	
Project 43. Techno demo on Black Palay Seeds and Corn Production and Palayamanan demo	MAFAR			On going implementation	On going implementation	Continuing program	
Project 44. Job Facilitation	MOLE			On going implementation	On going implementation	Continuing program	
Project 45. Bangsamoro Rural Employment through Entrepreneurial Development Program	MOLE			On going implementation	On going implementation	Continuing program	
Project 46. Livelihood Support to Families with Wasted Adolescents and OSY to Ensure Food Security	MOLE				For implementation	Continuing program	
General Outputs for Nutrition-Sensitive Projects, see Annex 1 for details:							
31-47-O.1. Projects in the region tweaking strategies for nutritional impact							
31-47-O.2. Number of families enrolled in projects tweaked for nutritional impact							

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
31-47-O.3. Families involved in nutrition sensitive projects with increased income							
Major Activities for Nutrition-Sensitive Projects, see Annex __ for details: 31-47-A.5. Determination of tweaking strategies for the project selected	1. Targeting families with malnourished children/siblings (MOLE) 2. Targeting poorest of the poor families, disadvantaged IP communities (MAFAR) 3. Fish processing to compliment diet diversity, FCS, and livelihood access (food security and nutrition access) 5. Effective coordination and CONVERGENCE of programs through BARMM Flagship programs			On going implementation	On going implementation	Continuing program	
31-47-A.6. Decision on other features to prepare implementation in the region							
31-47-A.7. Implementation, monitoring and reporting of the project							
31-47-A.8. General research developed with NEDA and the academe	BPDA to initiate and do contract management for research in			For implementation	For implementation	On going program	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
	cooperation with local Academe (SUCs) and in partnership MOH with UN agencies or development partners.						
48. Operational Research on the Nutrition Sensitive Projects							
48-O.1. Research completed and feed into redesign					1 research completed	Results feed into design	
48-A.1. Development of TOR							
48-A.2. Contracting							
48-A.3. Implementation of research project							
Program 11: Enabling Coverage: Regionwide - 5 PLGU; 2 CLGU ; 116 MLGU							
Project 49. Mobilization of Local Government Units for Delivery of Nutritional Outcomes							
Outputs: 49-O.1. Increase commitment of local government units (5 Provinces, 2 cities, 116 municipalities) to RPAN with enhance understanding of the nutrition issues particularly surrounding FIK, children and women in BARMM resulting into LGU plans with budgetary commitments and effective delivery of nutritional outcomes.					Engage to plan the implementation	5 PLGU; 2 CLGU ; 116 MLGU	
Major activities: 49-A.1. Orientation of the members of the Regional Economic Development Planning Board on	MOH, BPDA				5 Governors, 2 City Mayors, 2 CSOs, 4 sectoral committee Chair		

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
the regional Nutrition and WASH Status and the salient features of RPAN							
49-A.2. Adoption of the RPAN by the BEDC	RNC						
49-A.3. Updating of the Bangsamoro Development Plan vis a vis RPAN	RNC						
Project 50. Policy Development for Food and Nutrition							
Outputs: 50-O.1. Policy guidelines issued					5 PLGU; 2 CLGU ;	116 MLGU	
Major activities: 50-A.1. Crafting and issuance of Memorandum circular on allocation from the 20% budget of AIP on nutrition and WASH	MILG				MC issued		
50-A.2. Designation of nutrition and WASH action officers	MILG/PGO				5 PLGU 2 CLGU 116 MLGU		
50-A.3. Localization of Laws (Nutrition Law RA 10862 at least 1 ND per municipality)	BTA				1 Ordinance with IRR		
50-A.4. Creation of Nutrition Dietitians plantilla position (with defined roles and responsibilities)	PLGU				5 Provinces		
50-A.5. Formulation/Development of M & E and Unified Knowledge Management Mechanisms	RNC				2 Mechanisms		

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
50-A.6. MC on the Localization of RPAN, M & E and Knowledge Management Mechanisms	MILG				1 MC	2 MCs	
50-A.7. Localization of PD 491 and LOI 411 with IRR	BTA/SP				(5 PLGU 2 CLGU, 2 CSOs, 4 sectoral committee Chair)	116 MLGU	
50-A.8. Memo Circular reinforcing the establishment of functional Health Station and Epidemiology Surveillance Unit in every barangay	MILG				For issuance	For implementation	
50-A.9. Inclusion of LNAP and the designation/ creation of the NAO positions in the SGLG criteria	MILG				For issuance	For implementation	
Project 51. Mobilization of RICs and other community-based organizations	R/LNC				Regional and Provincial RIC	116 MLGU	
Outputs: 51-O.1. No of RIC partner organizations engaged					Regional and Provincial RIC	116 MLGU	
51-O.2. A program for engaging mothers, parents and adolescents in ECCD and FIK developed in BARMM					Continuing program	Continuing program	
Major activities: 51-A.1. Orientation on nutrition status and local plans					Continuing program	Continuing program	
51-A.2. Partnership with RIC members and POs in the nutrition programs (involvement in the IEC campaigns)					Continuing program	Continuing program	

Project Title, Outputs and Major Activities	Agency Responsible	2018	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
51-A.3. Involvement of RICs and other community-based organizations as Nutrition and WASH Watch Group				On going program	Continuing program	Continuing program	
Project 52. Management Strengthening Support to RPAN Effectiveness	R/LNC PGO				70 MLGUs	46 MLGUs	National, Regional Local Funds
Outputs: 52-O.1. LCEs as Nutrition Champions 52-O.2. Organized/Reconstituted Local Nutrition Committees and WASH Councils				On going program	70 MLGUs	46 MLGUs	
Major activities: 52-A.1. Organization/ reconstitution of Local Nutrition Committee and WASH Council				On going program	Continuing program	Continuing program	
52-A.2. Capacity building/trainings on nutrition program management				On going program	Continuing program	Continuing program	
52-A.3. Recruitment of BNS				On going program	80 MLGUs	36 MLGUs	
53. Public Advocacy for improving nutrition in BARMM							
53-0.3. Strategy designed and completed							
53-0.4. Strategy Implemented and evaluated				On going implementation	On going implementation	On going implementation	
53-A.3. Designing and implementing of strategy				On going implementation	On going implementation	On going implementation	
53-A.4. Evaluation of effectiveness and results				On going implementation	On going implementation	On going implementation	

Annex3. Summary of Budgetary Requirements, BARMM RPAN 2020-2022, by Program, by Project, by year and with recommended action to fill resource gap.

PROGRAM/ PROJECT	Agency/ies Responsible	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: MNIYCF and First 1000 Days (F1K)				1,550,000	15,937,854	12,617,915	22,327,906	1,600,000	17,439,906	15,767,915	55,705,666	
ENABLING PROGRAM FOR F1K										-	-	
Project 1. Mobilization of LGUs on the First 1000 days	MILG,MOH, NNC			-	-	-	-	-	680,000	-	680,000	
Project 2. Information Management in the F1K	NNC			-	-	-	-	-	396,000	-	396,000	LGU and NGO Lobbying, AIP
Project 3. Strengthening of health delivery system for F1K including review of LGUs and other multi-sectoral agencies for F1K compliance including delivery system (nutrition specific and sensitive interventions)	MOH			-	880,000	-	950,000	-	1,050,000	-	2,880,000	LGU and NGO Lobbying, AIP
MICRONUTRIENT SUPPLEMENTATION												LGU and NGO Lobbying, AIP
Project 4. Iron supplementation to pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months	MOH			1,550,000	1,200,000	2,250,000	1,400,000	1,600,000	1,600,000	5,400,000	4,200,000	LGU and NGO Lobbying, AIP

PROGRAM/ PROJECT	Agency/ies Responsible	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 5. Vitamin A Supplementation for postpartum women and children 6-23 month old	MOH				167,854	531,000	172,906	-	178,906	531,000	519,666	
DIETARY SUPPLEMENTATION PROGRAM												LGU and NGO Lobbying, AIP
Project 6. Mobilization of LGU resources for dietary supplementation	MOH,NNC			-	10,840,000	6,000,000	10,900,000	-	10,990,000	6,000,000	32,730,000	
INFANT AND YOUNG CHILD FEEDING (IYCF)												
Project 7. Strengthening of Complementary Feeding Program as part of the IYCF	MOH			-	-	-	-	-	360,000	-	360,000	
Project 8. Mobilization of barangay officials to organize MNIYCF support groups	MOH,NNC			-	1,650,000	-	1,700,000	-	2,050,000	-	5,400,000	
Project 9. Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces), and RA 10410 (Early Years Act)	MOH			-	190,000	-	205,000	-	135,000	-	530,000	
PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)												

PROGRAM/ PROJECT	Agency/ies Responsible	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	
Enhancement of PIMAM Facilities and Provision of Services	MOH					3,836,915	7,000,000			3,836,915	7,000,000	
Project 10. Communication Support for F1K	MOH			-	1,010,000	-	-	-	-	-	1,010,000	
Program 2: National Dietary Supplementation Program				571,956,150	606,287,100	695,680,2830	623,315,810	716,901,020	641,347,390	1,984,537,450	1,870,950,300	
Project 11. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	MSSD			197,902,400	287,100	217,195,280	315,810	238,416,020	347,390	653,513,700	950,300	The unfunded budget of PhP 11,260,300 for the Orientation of Service Providers (MSWDOs and CDWs) on CGS, and budget for the augmentation (PhP1,211,300.00) on the reproduction of ECCD Card will be linked with the LGUs, National DOH, UNICEF, WFP, NNC, and CWC
Project 12. School-Based Feeding Program	MBHTE			351,540,000		468,720,000		468,720,000		1,288,980,000	-	Elevate to DEPED National for integration for their subsequent annual budgets

PROGRAM/ PROJECT	Agency/ies Responsible	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 13. School-Based Health Services (deworming, micronutrient supplementation, WASH)	MBHTE and other partners			22,513,750		9,765,000		9,765,000		42,043,750	-	To discuss with other agencies including LGUs on the inclusion on their own budgets
Project 14. Provision of Food Pack to wasted adolescents for at least 120 days including OSY	MBHTE, MSSD, LGUs				606,000,000		623,000,000		641,000,000		1,870,000,000	
Program 3: Micronutrient Supplementation Program				-	1,200,000	-	1,350,000	531,000	1,500,000	531,000	4,050,000	
Project 15. Vitamin A Supplementation	DOH				1,200,000		1,350,000	531,000	1,500,000	531,000	4,050,000	
Project 16. Anemia Reduction among WRA	MOH											Included in Program 1 under Projects 4 and 5
Program 4:Mandatory Food Fortification Program				-	10,000,000	-	10,000,000	-	10,000,000	-	30,000,000	
Project 17. Advocacy for and Monitoring of Compliance					5,000,000		5,000,000		5,000,000		15,000,000	
Project 18. Public Information Support					5,000,000		5,000,000		5,000,000		15,000,000	
Program 5: Nutrition in Emergencies Program				-	17,459,000	-	17,459,000	-	17,459,000	-	52,377,000	Linkaging with Stakeholders (5% of the LDRRM fund; GAD fund; UNs and INGOs; explore the possibility of issuing a Long
Project 19. Building Preparedness for Emergency	NNC, MILG				3,372,000		3,372,000		3,372,000	-	10,116,000	
Project 20. Strengthening Response Capacity	NNC, MOH, DRRM				13,187,000		13,187,000		13,187,000	-	39,561,000	

PROGRAM/ PROJECT	Agency/ies Responsible	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 21. Strengthening Recovery and Rehabilitation Capacity	NNC, MILG				900,000		900,000		900,000	-	2,700,000	Term Agreement (LTA) with the suppliers to avoid expiration of medicines beyond what is needed and/or partner with UN agencies that could enter into agreement with the supplier for faster procurement processes. in the said agreement, the LGU would be the one to pay the said commodities.
Program 6: Philippine Integrated Management of Acute Malnutrition (PIMAM)				-	1,500,000	3,836,915	2,000,000	-	2,500,000	3,836,915	6,000,000	
Project 22. Enhancement of PIMAM Facilities and Provision of Services	MOH				1,500,000	3,836,915	2,000,000		2,500,000	3,836,915	6,000,000	
Program 7:Nutrition Promotion for Behaviour Change				-	6,000,000	-	6,000,000	-	6,000,000	-	18,000,000	
Project 23. Review of Existing Actions related to Nutrition	MOH, NNC				2,000,000		2,000,000		2,000,000		6,000,000	

PROGRAM/ PROJECT	Agency/ies Responsible	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	
Promotions for Behaviour Change												
Project 24. Formulation of Regional BARMM Program for Nutrition Promotions for Behaviour Change	RNC				2,000,000		2,000,000		2,000,000		6,000,000	
Project 25. Project Implementation of the Regional Program	RNC				2,000,000		2,000,000		2,000,000		6,000,000	
Program 8: Adolescent Health					53,500,000	34,496,977.28	53,500,000		53,500,000	34,496,977.28	160,500,000	
Project 26. Establishment and Management of Adolescent Health Friendly Facilities (Teen Center/ Friendly Spaces)	MOH, Pop Com, MBHTE, and LGU				37,500,000	8,624,244.32	37,500,000		37,500,000	8,624,244.32	112,500,000	
Project 27. Adolescent Health Development Program (AHDP) – DOH / Adolescent Health Youth Development (AHYD) - Prevention of teenage pregnancy, STD/STI, and HIV/AIDS	MOH, MSSD, MBHTE, Pop Com, And LGU				10,000,000	8,624,244.32	10,000,000		10,000,000	8,624,244.32	30,000,000	
Project 28. Comprehensive Gender and Health Education for Youth (exclusive for Madaris)	MBHTE, Pop Com, and MOH			-	4,000,000	8,624,244.32	4,000,000	-	4,000,000	8,624,244.32	12,000,000	

PROGRAM/ PROJECT	Agency/ies Responsible	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 29. Adolescent health (Healthy Adolescents and of Active Lifestyle, Oral Health, Water Sanitation and Hygiene)	MOH, Pop Com, MBHTE, and LGU				2,000,000	8,624,244.32	2,000,000		2,000,000	8,624,244.32	6,000,000	
Program 9: Overweight and Obesity Management and Prevention (Adult)				2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	6,000,000	6,000,000	
Project 30. Promotion of Healthy Diet and of Active Lifestyle	MOH, NNC, ,and LGU			2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	6,000,000	6,000,000	
Program 10: Nutrition Sensitive				15,840,384	4,836,700	98,931,858.40	4,117,300	16,877,650	1,300,000	131,649,892.40	10,254,000	
Project 31. * SALINTUBIG	MILG									-	-	
Project 32. Zero Open Defecation Program or Phased Approach to Sustainable Sanitation	MOH, MILG, MBHTE					6,400,000				6,400,000	-	
Project 33. Ensuring Food and Nutrition Security through Accessibility, Affordability and Availability of Rice	MAFAR			626,984	-	636,333	-	646,150	-	1,909,467	-	
Project 34. Solid Waste Management : Proper Waste Disposal (BASURANIHAN)	MENRE									-	-	

PROGRAM/ PROJECT	Agency/ies Responsible	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 35. Water Sanitation and Hygiene	MOH					6,400,000				6,400,000	-	
Project 36. Regional Standard and Laboratory Halal Testing for Water Testing Analysis and Microbiological Analysis (Including Machinery and Equipment)	MOST					15,910,425.40				15,910,425.40	-	
Project 37. Farmers Support Program	MAFAR			6,217,500	-	6,695,000	-	7,172,500	-	20,085,000	-	
	MAFAR			-	886,600	-	886,600	-	-	-	1,773,200	
Project 38. Aquaculture Production Services	MAFAR					29,843,000				29,843,000	-	
Project 39. Coastal Resource Management and BASIL (Baliksigtasalog at Lawa) Establishment of Marine Protected Area and Coral Nurseries, BRUSH park	MAFAR					5,050,000				5,050,000	-	
Project 40. Vegetable Production, Gulayan sa Barangay/Indigenous vegetables	MAFAR					925,000				925,000	384,400	To be included in the succeeding WFP for 2019 onwards

PROGRAM/ PROJECT	Agency/ies Responsible	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 41. Livestock & Poultry Production: Animal Dispersal	MAFAR				1,000,000	1,000,000				1,000,000	1,000,000	
Project 42. Production of alternative food	MAFAR				915,000		1,372,500			-	2,287,500	
Project 43. Techno demo on Black Palay Seeds and Corn Production and Palayamanan demo	MAFAR				598,200		598,200			-	1,196,400	
Project 44. Job Facilitation	MOLE			8,459,000	-	8,459,000	-	8,459,000	-	25,377,000	-	
Project 45. Bangsamoro Rural Employment through Entrepreneurial Development Program	MOLE				536,900	3,750,000	560,000		600,000	3,750,000	1,696,900	
Project 46. Technology Transfer and Commercialized Program	MOST			-	900,000	-	700,000	-	700,000	-	2,300,000	
Project 47. Livelihood Support to Families with Wasted Adolescents and OSY to Ensure Food Security	MOLE			536,900		13,868,100		600,000		15,000,000	-	
Project 48. Operational Research on the Nutrition Sensitive Projects	MOH			TBD	TBD	TBD	TBD	TBD	TBD			

PROGRAM/ PROJECT	Agency/ies Responsible	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 11: Enabling Program				-	46,588,400	-	96,768,400	-	96,768,400	-	314,967,200	
Project 49. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	MOH, BEDC				500,000		150,000		150,000	-	800,000	
Project 50. Policy Development for Food and Nutrition	MILG, R/LNC, PGO				1,050,000		1,050,000		1,050,000	-	3,150,000	
Project 51. Mobilization of RICs and other community-based organizations	R/LNC									-	150,000	
Project 52. Management strengthening support to RPAN effectiveness	R/LNC PGO			-	13,838,400	-	36,068,400	-	36,068,400	-	85,975,200	
Project 53. Public Advocacy for improving nutrition in BARMM					31,200,000		59,500,000		59,500,000	-	150,200,000	
Grand Total				591,346,534	765,309,054	722,630,613.68	838,838,416	737,909,670	849,814,696	2,176,820,149.7	2,528,809,166	