

Republic of the Philippines
NATIONAL NUTRITION COUNCIL

NNC GOVERNING BOARD
Resolution No. 3, Series of 2014

**Approving and Adopting
the Guidelines on Local Nutrition Planning**

WHEREAS, malnutrition is a condition in the body due to lack, or excess, or imbalance in one or more of the nutrients;

WHEREAS, based on national nutrition surveys, the nutrition situation of the Philippines can be described to be experiencing the double burden of malnutrition;

WHEREAS, while undernutrition is largely prevalent among young children and women, overnutrition is also prevalent especially among adults;

WHEREAS, undernutrition has far-reaching consequences on child growth and development and the capacity to learn and maximize investments in education as well as the capacity to become economically productive and socially active adults;

WHEREAS, overnutrition has been established as one of the risk factors for developing non-communicable diseases;

WHEREAS, both undernutrition and overnutrition can result to preventable mortality and both can hold back development;

WHEREAS, there is a need for strategic and purposive action to address this twin nutritional problem; and with devolution, local government units play a pivotal role in reversing the trend in both under and overnutrition and in ensuring good nutrition among the population;

WHEREAS, the formulation of local nutrition action plans and their integration into the local development plan and annual investment plan will help ensure that nutrition action at the local level is strategic and purposive;

NOW THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, in consideration of the foregoing, we the NNC Governing Board do hereby approve and adopt the Guidelines on Local Nutrition Planning as a guide to local nutrition committees in formulating a nutrition action plan that would address nutritional problems in their locality and thus, contribute to a better quality of life of Filipinos;


RESOLVED FURTHER, that we commit our departments or agencies or organizations to advocate and support the use of the Guidelines on Local Nutrition Planning within the scope of our influence to the local nutrition committees in coordination with the NNC Secretariat;

RESOLVED FURTHER, for the National Nutrition Council Secretariat to ensure that the Guidelines on Local Nutrition Planning is disseminated as widely as possible to all stakeholders to help local nutrition committees in their strategic and purposive local nutrition planning;

RESOLVED FURTHER, for the National Nutrition Council Secretariat to monitor and to ensure that this resolution is fully implemented.

RESOLVED FURTHER, to renew or update this Guidelines when needed.

Approved this 24th day of February 2014.


ENRIQUE T. ONA, MD
Secretary of Health and Chairperson
National Nutrition Council Governing Board

Attested by:


Assistant Secretary of Health Maria-Bernardita T. Flores, CESO II
Council Secretary and Executive Director IV
National Nutrition Council

Republic of the Philippines
Department of Health
NATIONAL NUTRITION COUNCIL

GUIDELINES ON LOCAL NUTRITION PLANNING

Background

Malnutrition is a condition due to lack, or excess, or imbalance in one or more of the nutrients. Based on national nutrition surveys, the nutrition situation of the Philippines can be described to be experiencing the double burden of malnutrition. Thus, while undernutrition is largely prevalent among young children and women, overnutrition is also prevalent especially among adults.

Undernutrition has far-reaching consequences on child growth and development and the capacity to learn and maximize investments in education as well as the capacity to become economically productive and socially active adults. On the other hand, overnutrition has been established to be one of the risk factors for developing non-communicable diseases. Both undernutrition and overnutrition can result to preventable mortality. Both undernutrition and overnutrition can therefore hold back development.

Thus, there is a need for strategic and purposive action to address this twin nutritional problem. With devolution, local government units play a pivotal role in reversing the trend in both under and overnutrition and in ensuring good nutrition among the population.

Based on the aforementioned premises, the following guidelines for local nutrition planning are being adopted to help ensure that nutrition action at the local level is strategic and purposive. The guidelines update those adopted in the 1980s.

Guidelines objectives

1. To define processes and tools that will facilitate the formulation of a provincial, city and municipal nutrition action plan that is harmonized with national and local development planning.
2. To guide local nutrition committees in formulating a nutrition action plan that would address the existing nutritional problems in their locality

Local nutrition planning defined

Local nutrition planning is deciding in advance actions that would be taken to address prevailing nutritional problems. Its output is a three-year (coinciding with the term of local elective officials) local nutrition action plan, i.e. Provincial/City/Municipal Nutrition Action Plan (P/C/MNAP). It also outputs an annual investment plan for nutrition to help ensure that the plan is funded and implemented.

The three-year plan should contain various sections that will include an assessment of the situation; the objectives; workplan for programs, projects and activities to be implemented, monitoring and evaluation scheme, budgetary requirements and arrangements for organization and coordination. Panel A shows a sample outline for a local nutrition action plan.

Panel A. Sample outline for the local nutrition action plan

3-Year Local Nutrition Action Plan (Inclusive years)	
LGU: _____	
1.	Introduction
2.	The nutrition situation
a.	What forms of malnutrition exist?
b.	How many are malnourished?
c.	Who are malnourished?
d.	Where are the malnourished?
e.	What are the causes of malnutrition?
f.	What have been done to address malnutrition? How effective have these been?
g.	What are the resources available to address malnutrition?
h.	What constraints could affect the effective implementation of interventions?
3.	Goals and objectives
4.	Workplan to implement programs, projects and activities
5.	Monitoring and evaluation scheme
6.	Budgetary Requirements
7.	Arrangements for organization and coordination

The annual investment plan should provide information on specific activities and targets for the year as well as funding requirements for the implementation of these activities.

Importance of local nutrition planning

1. Determines integrated, synchronized, coordinated and focused actions for nutrition improvement
2. Promotes sectoral, community and private sector involvement
3. Allocates budget and other resources to achieve set objectives
4. Ensures efficient and effective utilization of resources
5. Prevents overlaps and duplication during program implementation
6. Minimize negative impact of other development programs on nutrition
7. Links nutrition with local development planning and budgeting
8. Provides the local nutrition committee (LNC) with a guide for implementing nutrition projects, assessing and evaluating efforts and generating resources

Timing of plan formulation

The LNAP is best prepared in the first semester of an election year. This will help ensure that the nutrition agenda is integrated in the Executive Legislative Agenda of the local government unit. It is to be noted that per guidelines on harmonized local development planning, the ELA for a term of local elective officials should be completed by 31 July of the election year and is the basis for the local development plan that is in turn the basis of the annual investment plan used for local budgeting.

If for some reason or another, the local government unit has been unable to formulate its LNAP before the formulation of the ELA, such can still be formulated covering the remaining period of the current administration. However, the local nutrition action officer should coordinate with the local planning and development office to ensure that the LNAP can still be considered in formulating the annual investment plan.

On the other hand, the annual investment plan for nutrition should be formulated within the first semester of the year prior to the year of implementation since heads of offices or department heads of LGUs are required to submit budget proposals by 15 July. Preparing the annual investment plan for nutrition early in the year will help facilitate the inclusion of budgetary requirements in the overall local budget proposal, either as part of sectoral (or department) budget proposals or as a distinct nutrition budget.

Once the annual budget has been approved, the annual investment plan for nutrition could be reviewed and adjusted depending on budgets approved for specific activities.

Activities for plan formulation

Local nutrition planning involves several activities (Table 1) that are undertaken by the local nutrition committee under the leadership of the local chief executive, with the nutrition action officer as overall coordinator. It is to be noted that while these activities are listed sequentially, the process is iterative with the local nutrition committee or its planning core group going back and forth to certain activities as the plan is being formulated.

Table 1. Summary of activities for nutrition planning

Activity	Description
1. Mobilization of local nutrition committee or local nutrition planning core group	Activate core group composed of NAO and representatives from planning office, agriculture, health, social welfare, DepED, DILG, NGOs and budget office
2. Assessment of nutrition situation	Answers the guide questions (below) in conducting nutrition situation assessment <ol style="list-style-type: none"> 1. What forms of malnutrition exist? 2. How many are malnourished? 3. Who are the malnourished? 4. Where are the malnourished? 5. What are the causes of malnutrition? (prepare a problem tree) 6. What have been done to address malnutrition? How effective have these been? 7. What resources are available to address malnutrition? 8. What constraints could affect the implementation of nutrition interventions?
3. Setting of goals and objectives	Determining expected reduction in malnutrition based on modified problem tree, trends and higher level goals <ol style="list-style-type: none"> 1. Define and agree on goals and objectives 2. Identify priority nutrition problem 3. Identify areas for complementation and integration of the goals and objectives contributing to higher level PPAN and other comprehensive plans

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Activity	Description
4. Identification and prioritization of nutrition interventions	Identification and prioritization of interventions 1. Identification of intervention based on nutrition problem and causes 2. Setting of prioritization criteria 3. Rating of projects 4. Ranking of projects 5. Selection of intervention or group of interventions
5. Preparation of work plan or operational plan	Prepare the details of the work and financial plan including targets, interventions, duration, resources needed
6. Designing of monitoring and evaluation	Preparing of monitoring and evaluation plan as part of the operation plan
7. Plan packaging	Packaging of LNAP for submission to different stakeholders; preparing the write-up
8. Legislation/adoption and resource allocation	Includes strategies for adoption of LNAP at local level as well as financing; submission to the planning office for integration in the CLDP and AIP

These activities can be undertaken through a series of meetings that progressively develops the plan. Table 2 shows how these meetings can be designed to achieve specific outputs. The LGU is encouraged to evolve its own strategy for local nutrition planning

Activity	Outputs
1. LNC planning meeting No.1	a. Decisions and agreements on the planning process, i.e., activities to be done and by whom, timetable of activities, resources needed and source b. Organization of planning core group c. Organization of planning secretariat
2. Situational analysis (may be done by a team organized for the purpose)	a. Draft nutrition situational analysis to describe the nature and magnitude of nutritional problems, past performance of nutrition plan implementation, assessment of available resources b. Recommendations for overall directions for the plan c. Draft plan objectives
3. LNC planning meeting No.2	a. Validation and approval of the results of the nutrition situation analysis b. Agreement on priority problems, areas and target groups, specific strategies c. Initial agreements on key programs and projects d. Draw up details of the agreed programs and projects e. Additional tasks to be done, if any

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Activity	Outputs
4. Series of meetings of LNC/LPCG to be complemented by individual assignments or consultation with key personalities/actors	Draft plan (includes targets, scheme for monitoring and evaluation, budget, local agency or NGO in charge) for each of the programs and projects initially agreed upon by the LNC
5. LNC planning meeting Nos. 3 and 4	a. Approval of draft plan b. Additional task to be done, if any
6. Integration of all comments of P/C/MNC planning meetings, usually by the P/C/M Nutrition Action Officer	Finalized LNAP (write-up with supporting tables and figures, if needed)
7. LNC planning meeting No. 5	a. Approval of the LNAP by way of LNC resolution b. Plans for presentation to the P/C/M Development Council, and Sangguniang Panlalawigan or Panlungsod or Sangguniang Bayan
8. Reproduction and distribution of approved LNAP	Copies of approved LNAP distributed to: a. all members of the LNC b. all members of the P/C/MDC c. all members of the SP or SB d. barangays targeted in the LNAP
9. Preparations for presentation to P/C/MDC and SP or SB which may include initial discussions with some members	a. Visual aids b. Handouts to be distributed
10. Presentation of LNAP to the SP or SB	Approval and allocation of budget needed for plan implementation

Mobilization

Mobilization means bringing the members of the LNC together, under the leadership of the LCE, to formulate the LNAP. If the LGU has no organized or active LNC, the nutrition planning process provides an opportunity to reactivate or organize the LNC. It is to be noted that the LNC also serves as the local nutrition cluster.

If the LNC has many members, a local planning core group (LPCG) could be organized to make the planning process manageable.

The LCPG could be composed of representatives from the following:

1. LGU agencies or departments or offices involved in delivering nutrition and related services
 - a. Agriculture
 - b. Health
 - c. Social Welfare and Development
2. P/C/M Planning and Development Office
3. Budget Office
4. National government agencies that have not been devolved
 - a. Department of Education
 - b. Department of the Interior and Local Government
5. NGOs implementing social development projects that benefit many of the nutritionally-at-risk or affected groups and communities

It could also undertake the planning activities to develop a draft plan that should be presented, deliberated on and eventually approved by the local nutrition committee.

Situational analysis

In this phase the LNC or LPCG, using data available, endeavors to answer the following questions:

1. What forms of malnutrition exist?
2. How many are malnourished?
3. Who are the malnourished?
4. Where are the malnourished?
5. What are the causes of malnutrition?
6. What have been done to address malnutrition? How effective have these been?
7. What resources are available to address malnutrition?
8. What constraints could affect the implementation of nutrition interventions?

To answer these questions, the LNC or LPCG could collect and analyze data from various sources (Table 3). It could also conduct focus group discussions with various groups especially the intended targets to also generate their inputs on problem identification as well as on measures to undertake to address identified problems.

Table 3. Guide to answering the eight questions on nutrition situation assessment

Guide Question	Data to be collected and suggested analysis	Possible Source
What forms of malnutrition exist?	<ol style="list-style-type: none"> 1. Nutritional status (weight and length/height) of preschool and school children 2. Nutritional status (weight and height) of pregnant and lactating women, adolescents and older persons) 3. Cases of deficiencies in Vitamin A, iron and iodine 4. Infants with low birth weight 5. Compare with previous years and identify the most prevalent form, Get the average, then rank 	Local Health Office, Local Nutrition Office DepEd
How many are malnourished	<ol style="list-style-type: none"> 6. Actual number 7. Prevalence (%), e.g., number of underweight 0-5 year old children/total number of 0-5 year old children 8. Prevalence of underweight among preschool and school children by age group and sex 9. Prevalence of underweight and overweight pregnant and lactating women, adolescents and elderly 10. Prevalence of deficiencies in Vitamin A, iron and iodine (if data are available) 11. Prevalence of infants with low birth weight 	Local Health Office, Local Nutrition Office, DepED
Who are the malnourished	<ol style="list-style-type: none"> 12. Is the prevalence of underweight children higher in boys? or in girls? In what age and age group is it high? 13. What is their age group/physiological classification?, i.e., infants, preschool, school children, pregnant, lactating, elderly, adolescents 14. What type of households do they belong to? 	Local Health Office, Local Nutrition Office, DepED
Where are the malnourished	<ol style="list-style-type: none"> 15. Identify the specific areas (purok/sitio, barangays, municipalities, cities) or type of ecologic zone (upland, inland, lowland, coastal, rural or urban) that 	Local Health Office, Local Nutrition Office

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Guide Question	Data to be collected and suggested analysis	Possible Source
	<p>have the most number of malnourished children, adolescents, elderly, pregnant, and lactating women</p> <p>16. Malnutrition clusters in certain areas can be determined by preparing a spot map at barangay level or mapping for municipality</p>	
What are the causes of malnutrition?	The LNC including the NAO should discuss the causes that lead to malnutrition. They should arrive at a list of causes and agree on how these factors interact with each other. These should be validated with actual data by comparing with higher level data or comparing across barangays.	Local Nutrition Committee
	<p>a. Immediate – inadequate food intake and diseases</p> <p>b. Underlying – food insecurity, poor care, inadequate health services</p> <p>c. Basic – education, economic condition</p>	Special studies
	<p>17. Morbidity cases according to illness</p> <p>18. Morbidity rate for diarrhea, measles and acute respiratory tract infections</p>	Local Health Office
	19. Decreasing pattern of food production	Local Agriculture Office
	20. Low wages	Local planning office
	21. Increasing population, family size and growth rate; Analysis to include is high or low compared to national/requirement	Local planning office
	<p>22. Qualitative data (when available)</p> <p>a. Eating patterns</p> <p>b. Variety of diet</p> <p>c. Caring practices for women and children</p>	Special studies, Observations
	<p>23. Low literacy rate</p> <p>24. Female highest educational attainment</p>	Local planning office; CBMNS

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Guide Question	Data to be collected and suggested analysis	Possible Source
What have been done to address malnutrition? How effective have these been?	<p>25. Check the nutrition programs implemented in the community and the extent to which programs have reached and improved the lives of the malnourished and nutritionally-at-risk</p> <p>26. Successes can be determined by looking into the accomplishment of targets based on reports, reaching out to the truly needy population, mobilizing community participation, among others.</p> <p>27. Depending on the results of the review, the LNC can decide whether to CONTINUE, STOP or MODIFY the nutrition programs/projects/ activities.</p>	Local Health Office, Local Nutrition Office
What resources are available to address malnutrition?	<p>28. Resources in the LNAP can be in terms of human, e.g., volunteer workers and technical experts material/equipment or physical, e.g., food commodities and health center financial, e.g., funding or local budget natural, e.g., water, fuel, and land</p> <p>29. In assessing resources, be guided by:</p> <ul style="list-style-type: none"> a. What kinds of resources are available? b. How much resources are available? c. How adequate are the resources? 	National and local government agencies, NGOs and private entities with past and present nutrition and nutrition-related Programs and projects in the LGU
What constraints could affect the implementation of nutrition interventions?	<p>30. Constraints are factors that can affect the implementation of nutrition programs/ projects/ activities (socio-economic, political, cultural, ecological/environmental) A concern that should be looked into as a constraint is the possibility of natural disasters</p> <p>31. Difficulties may also be along inadequate funds, uncooperative community and lack of coordination among LNC members.</p>	National and local government agencies, NGOs and private entities with past and present nutrition and nutrition-related programs and projects in the LGU

The situational analysis should also involve the development of a problem tree (one for each identified nutrition problem) that will show the linkage of the chain of factors that

affect the nutritional problem as well as the consequence of not addressing the nutritional problem. The problem tree is a useful tool to understand how various factors affect malnutrition.

In constructing a problem tree, the specific nutrition problem should be identified and agreed on by the local nutrition committee. This can be followed by a brainstorming session on the possible causes of the problem. These causes are then arranged and organized in to a tree.

As a rule, the topmost part of the tree contains the consequences of not attending to the chosen nutritional problem. The layer under the box of the problem being considered is the immediate cause of the problem. A series of whys can be answered to identify causes. For instance, “why are children malnourished? Because they have no food in the home. Why is there no food in the home? Because food production is low. Why is food production low? Because good seeds are inadequate”, etc.

In constructing the problem tree, the LNC may consider using the local dialect. This could allow a better understanding and appreciation of the causality of the problem.

Figures 1 and 2 show sample problem trees. However, it is a modified problem tree and all potential causes at the lower part of the tree are all listed in a box. Since this is a sample tree, the LNC should review the causes in the list, and identify which ones are applicable in the LNC’s unique situation. Those that are not applicable should be taken out of the list. Causes in addition to those in the list may also be identified.

The results of the situational analysis should be used in prioritizing nutritional problems to be addressed, areas and population groups to be targeted. It should also guide the selection and design of nutrition interventions.

Figure 1. A sample modified problem tree

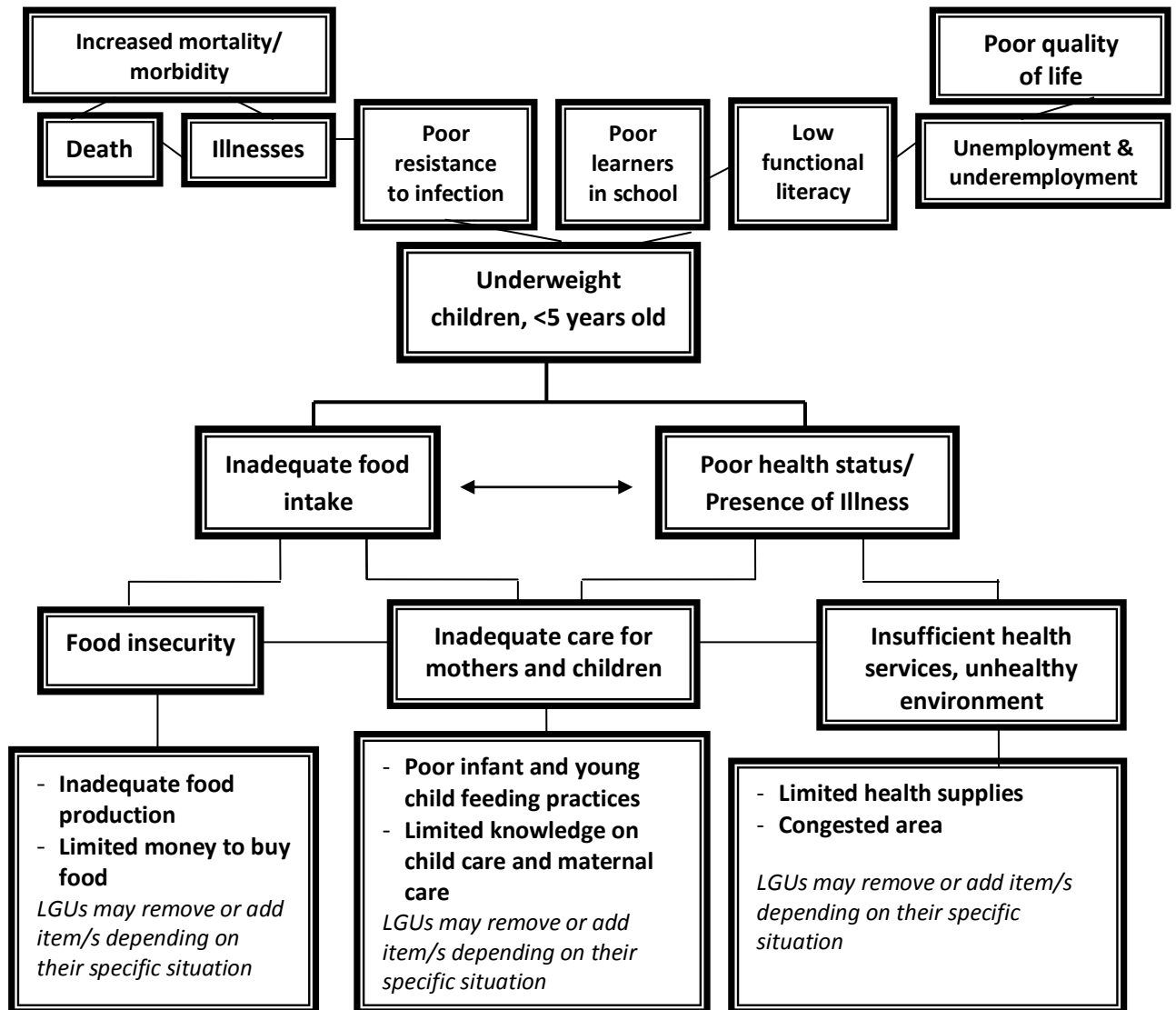
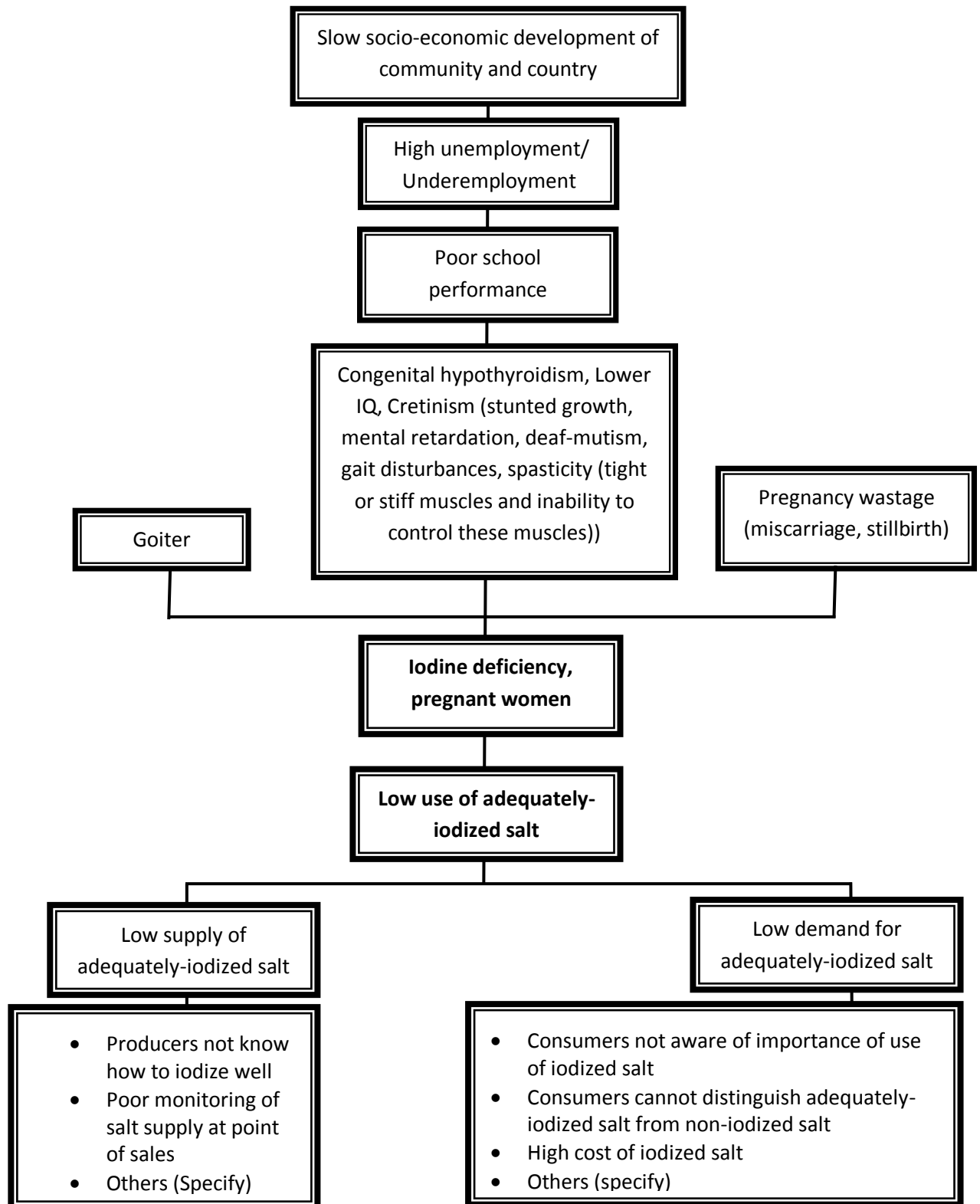


Figure 2. A sample modified problem tree for iodine deficiency among pregnant women



Set the plan's goals and outcome objectives

The next step is on setting the plan's goal and outcome objectives.

The goal is a statement of what the LNC wants to achieve when the main problem is solved and the consequences of the problem are lessened. An example of a goal is *"Improved quality of life through improved nutritional well-being"*

The outcome objective(s) is a quantified statement of the desired change in the main problem identified. In nutrition planning, improving the topmost box of the problem tree is selected as the outcome objective.

The following matrix could be used for the purpose:

Indicator	Baseline (specify year)	Targeted change		
		Year 1	Year 2	Year 3
Prevalence of underweight-for-age children less than 5 years old				
Prevalence of stunted children less than 5 years old				
Prevalence of wasted children less than 5 years old				
Prevalence of stunting among school children				
Prevalence of school children with low BMI				
Prevalence of overweight school children				

In setting targets, the LNC can look at trends (percent decrease or increase) in the indicator in the past three to five years and apply the trend in projecting the targeted prevalence. In some instances, the trend in percentage decrease could be assumed to move faster as a result of the planned interventions.

Select interventions and develop the workplan

Based on the situational analysis and the set goal and objectives, the LNC or LPCG should identify what interventions will be implemented. Attachment 1 lists a range of interventions that can be implemented to achieve certain objectives.

The LNC or LPCG could also prioritize the interventions using processes described in the nutrition program management manual.

Program/ Project/ Activity	Objective	Baseline	Target				Location	Sector/ Person In-charge	Schedule	Estimated funding needed	Source of Fund	Expected Results
			Group	Y1	Y2	Y3						
				No.	No.	No.						

After the prioritization exercise, the LNC or LPCG should then develop the workplan for the selected interventions using the matrix below.

Prepare the monitoring and evaluation plan

Monitoring is the regular follow-up of the implementation of planned activities. It also involves documentation of activities vis-a-vis the LNAP. It is also the systematic and continuous process of following and keeping track of indicators in order to ensure that the project is proceeding according to plan and provide basis for modifying the plan as necessary.

On the other hand, evaluation is the systematic assessment of effectiveness and efficiency of the project achievements based on the set objectives.

Monitoring and evaluation are important processes in the nutrition program management cycle. These processes provide information that will help make informed decisions on program design and adjustments to increase the chances of achieving set objectives.

However, in most instances, monitoring and evaluation are forgotten in the planning stage. Thus, the LNC or LPCG should ensure that the LNAP includes plans for monitoring and evaluation. The matrix below can be used for the purpose.

Province/City/Municipality: _____

Level	Data Source	How to collect data (Method)	Person in-charge	Frequency of data collection
General Objective				
Specific/ Output Objective 1				
Specific/ Output Objective 2				

The following table lists sample indicators that can be considered for the monitoring and evaluation system.

Monitoring and evaluation indicators commonly used for C/MPANs

Situation/ aspect to be monitored	Indicator	Possible data source
Achievement of objectives	Percent change in the prevalence of underweight children under 5 years old/6-10 years old	Annual conduct of OPT and school weighing results
	Percent change in the prevalence of stunted children under 5 years old/6-10 years old	Annual conduct of OPT and school weighing results
	Percent change in the prevalence of wasted children under 5 years old/6-10 years old	Annual conduct of OPT and school weighing results
Accomplishment of output	Percent of targets actually reached or served for each impact program, e.g. % of target children receiving 2 doses of vitamin A during the year	Routine accomplishment reports but based on records maintained in the process of implementation
	Percent of nutritionally needy reached by each program	Routine accomplishment reports but based on records maintained in the process of implementation
Utilization of resources	Percent of allocated funds released and utilized	Financial records

Situation/ aspect to be monitored	Indicator	Possible data source
	Percent of released funds used	Financial records
	Time difference between the availability of resources and time when needed	Special studies, using administrative records
Achievement of intermediary outcomes	Percent households with kitchen gardens or raising small animals or fish	Special studies
	Percent of infants exclusively breastfed within the first six months of life	
	Percent of infants 6-8 months old given complementary foods	
	Percent of children 6-23 months old receiving complementary foods from at least 4 food groups and at the prescribed frequency	
	Percent of households with adequate calorie and nutrient intake	

Plan packaging

At this stage the write-up of the plan is prepared following the outline on page 25. The matrices form part of the plan and are integrated in the appropriate section with the appropriate write-up that should provide more information on the contents of the matrices.

Approval of the plan

The plan should be approved by LNC through a resolution that indicates such approval as well as a commitment to translate the plan into action. All members of the LNC should sign the resolution as an indication of ownership and commitment to operationalize the plan.

The plan can then be presented to the incoming local chief executive and the *Sanggunian* for approval as well.

Translating the LNAP into an Annual Investment Plan

To ensure that the LNAP is implemented, it should get the appropriate funding from the local government. Along these lines, the Annual Investment Plan for Nutrition should be developed using the form on the next page. Its entries should be based on the LNAP.

Annual Investment Program (AIP) According to Program/Project/Activity by Performance Area

Province/City/Municipality: _____

Performance Area: _____

AIP Reference Code	Program/ Project/ Activity	Lead Agency	Period of Implementation		Expected Result	Source of Funds	Period of implementation and Project Cost			
			Starting date	Ending date			Personnel Services	MOOE	Capital Outlay	TOTAL

Submission to the Local Planning and Development Office

The LNAP and AIP should be submitted to the LPDO for inclusion in the overall local development plan, ELA, and AIP.

Setting the plan to action

The plan should then be implemented by the LGU departments or offices, national agencies or entities concerned. It may be adjusted in response to the evolving situation.

The plan should also be used as a tool for advocacy in engaging partners in its implementation.

Attachment 1

List of interventions that can be implemented to achieve nutrition objectives

Program/project/activity	Key decision points
Promotion of infant and young child feeding	<ol style="list-style-type: none"> Who will be the peer counselors? Are they ready to be peer counselors? If not, what capacity building efforts will be undertaken? Are there IYCF peer support groups? If none, what will be done to organize these groups? If there are peer support groups, what should be done to help them to be more effective What other activities will be done to promote optimum infant and young child feeding practices in the community? Health facility? Workplace? Public places? Other places?
Nutrition education	<ol style="list-style-type: none"> What strategy or mix of strategies will be used? nutrition counseling during clinic visits and home visits? nutrition classes? cooking demonstrations? special community campaigns? localized mass media campaigns? other special events? <i>Consider that Nutrition Month, as celebrated every year in July, should be used maximally for nutrition education</i> What specific messages will be promoted? <i>Consider that these messages should be along the Nutritional Guidelines for Filipinos, but adapted to the specific needs of the targets. Consider too the need to promote the consumption of iodized salt and fortified food staples specifically iron-fortified rice, iron- and vitamin A-fortified flour, vitamin A-fortified sugar and cooking oil</i>
	<p>What other complementary services will be provided, e.g. home gardening-related, micronutrient supplementation?</p>
	<ol style="list-style-type: none"> What will be complementary activities to ensure the proper use of the supplements, e.g. close monitoring and supervision, nutrition education?

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Program/project/activity	Key decision points
Home, school and community food production	<ol style="list-style-type: none"> <li data-bbox="799 311 1385 524">1. What specific food items will be promoted? <i>Consider or give priority to green, leafy and yellow vegetables and fruits; as well as small animals like chicken especially those that can lay eggs</i> <li data-bbox="799 562 1390 663">2. What technology of production will be promoted, e.g. bio-intensive gardening (BIG), magic square garden, etc. <li data-bbox="799 701 1390 801">3. Materials to be given and sources, e.g. seeds, planting materials, planting tools, small animals, etc. <hr/> <ol style="list-style-type: none"> <li data-bbox="799 846 1337 913">4. Mechanism for roll-back or expanding to other beneficiaries <li data-bbox="799 952 1382 1093">5. What will be complementary activities, e.g. training on the gardening technology, supplementary feeding, nutrition education, micronutrient supplementation, etc?
Supplementary feeding	<ol style="list-style-type: none"> <li data-bbox="799 1135 1374 1236">1. Type of food commodity used, indigenous ones or prepared food formulations like the Nutripak or the inclusion of milk <li data-bbox="799 1274 1390 1375">2. Center-based or wet feeding vs. home-based or dry ration; if center-based, location of the center <li data-bbox="799 1413 1390 1514">3. Quantity of ration, preferably taking off from a targeted percent of RENI for calories and protein for supplementation <hr/> <ol style="list-style-type: none"> <li data-bbox="799 1559 1390 1626">4. Mechanisms for community mobilization and participation, including parents <li data-bbox="799 1664 1390 1951">5. What will be complementary activities or services for targets, e.g. marketing or procurement of food, procurement of cooking pans and utensils, cups and saucers, fork and knife as well as utensils and storage/ safe keeping of food supplies, preparation of cycle menus, nutrition education, home food production, livelihood assistance, etc.

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Program/project/activity	Key decision points
Food for work	<ol style="list-style-type: none">1. What food commodities will be used? Just rice? Or something more like cooking oil?2. What volume of food will be given for each unit of work, e.g. kilos of rice/day
Livelihood assistance	<ol style="list-style-type: none">1. What types of livelihood projects will be prioritized?2. Will the assistance be in cash or in kind?3. Will the assistance be given to individuals or to organized groups?4. What will be the level of assistance per beneficiary?5. What payment scheme will be used?6. What other complementary services will be provided, e.g. skills training, nutrition education, food assistance?

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Attachment 2

Workshop Forms

Level	Expected result	Baseline (specify year)
Goal		
General or outcome objective		

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Nutrition problem/cause	Intervention

WORK PLAN OR OPERATIONAL PLAN FOR 2014-2016[illegible]

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Intervention/ Program/ Project/Activity	Output objectives	Baseline (2013)	Target		
			<i>2014</i>	<i>2015</i>	<i>2016</i>

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ANNUAL INVESTMENT PLAN

[illegible]

MONITORING AND EVALUATION PLAN

Objective/Indicator	Data Source	How to collect data (Method)	Person in-charge	Frequency of data collection
General Objective				
Specific/ Output Objective 1				

Guidelines on local nutrition planning

RE-ENTRY PLAN

Activity	In-charge	Schedule	Budgetary requirements	Remarks