



# **Updated Regional Plan of Action for Nutrition 2019-2022**

**Cordillera Administrative Region**

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Republika ng Pilipinas  
KAGAWARAN NG KALUSUGAN  
**PAMBANSANG SANGGUNIANG SA NUTRISYON**  
(NATIONAL NUTRITION COUNCIL)  
Nutrition Building, 2332 Chino Roces Avenue Extension  
Taguig City, Philippines



***Message from NNC Executive Director***



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

It is both a pleasure and a privilege to give a message for this Updated Regional Plan of Action for Nutrition (RPAN) 2018-2022 for the Cordillera Administrative Region.. Joining you in charting the region's directions through the RPAN is central to NNC's work for about four decades: coordination and policy making to address malnutrition and its roots causes.

The country's nutrition landscape, which is also reflected in the Cordillera Administrative Region (CAR), is currently marked by the triple burden of malnutrition. A multi-stakeholder approach and partnerships are needed to address this complex problem. I have seen in CAR active partnership manifested by the formulated RPAN to achieve a nutritionally improved society.

By giving clear directions, tangible commitments and timely action in addressing malnutrition, particularly stunting, we can significantly change the situation. We can prevent the emergence of new stunting cases among children and ensure a healthy future for our country's human resources, as embodied in the goals of both the PPAN and the Philippine Development Plan 2017-2022.



I noted that you have translated PPAN's directions into actions along reduction of hunger incidence and poverty in nutritionally vulnerable areas, as well as in prevention of micronutrient-deficiencies, overnutrition and diet-related non-communicable diseases.

It is evident that you have responded to the urgent call for a particular focus on the first 1,000 days of a child's life. The evidence is right here in your RPAN with various government, non-government agencies or private organizations playing different programmatic roles for improved maternal and child nutrition and for ensuring an enabling environment for the family's role in sustaining it. Engaging the local government units is also crucial and commendable to sustain efforts to improve the nutrition situation.

I believe that the Regional Plan of Action for Nutrition (RPAN) for the Cordilleras, with sustained support and commitments of the Regional Nutrition Committee and local governments until the end of the plan period will reap encouraging results.

As Executive Director of the National Nutrition Council, I enjoin the members of the Committee to continue scaling-up actions for nutrition improvement, significantly increase investments in proven effective nutrition interventions and work together toward achievement of this collective goal.

Thank you. Mabuhay!



**Republic of the Philippines  
DEPARTMENT OF HEALTH  
CORDILLERA ADMINISTRATIVE REGION**

***Message from DOH-CAR Regional Director***



One of the major challenges that the Cordillera Region faces today is the double burden of malnutrition with the co-existence of undernutrition and overnutrition among all ages, predominantly among young children. In many instances, this concept is seen as a problem of the rich and poor—the wealthy becoming overweight and the poor becoming undernourished which are exact opposites. Such is a misconception; but when analyzed thoroughly, sufferings from this double burden phenomenon are all rooted from poverty of information and of food choices.

Associated with this burden, is the present threat of non-communicable diseases brought about by the combination of genetic and environmental factors, and behavioral causes such as tobacco and alcohol use, physical inactivity, and most importantly, unhealthy diet. Cancer, in all forms, is the leading cause of mortality in CAR in 2017. Cardiovascular diseases, Hypertension, Stroke, and Myocardial Infarction are also identified as common diseases not only in the region, but in the entire country. This alarming trend points to the need of giving nutrition a special and serious attention in health discourses.

The government suffers a multiplicity of unforeseen costs to the future of this nation by neglecting the nutrition of our people. Studies show that stunting and wasting are the most prevalent manifestation of undernutrition which greatly affects the children's cognitive development and performance in school. Undernutrition during the first 1000 days of a child's life results in stunting at ages 24-59 months and the child suffer the long term and irreversible effects.

Investing in nutrition with focus on combating malnutrition side by side with communicable and non-communicable diseases prevention will strongly lead to greater economic development of the region.

The DOH-CAR, the agency tasked to formulate and implement direct nutrition programs in CAR proudly presents the Updated Regional Plan of Action for Nutrition (RPAN) of the Cordillera Administrative Region 2019-2022. The updated RPAN 2019-2022 is our response to improve the nutritional status of the Cordillerans. We need to make nutrition our utmost priority and to improve the health status of our region, we must start with a plan that will guide us on our plight of reducing the risks of nutrition-related diseases.

Together with our partners in health, let us encourage behavioral changes among our people by prescribing healthy eating rather than prescribing medicines later on. Our government, as duty bearer, is responsible for making sure that every Cordilleran, especially the youth, exercises their right to health and adequate nutrition.

**AMELITA M. PANGILINAN, MD, MPH, CESO IV**  
OIC Regional Director IV



**Republic of the Philippines**  
**DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT**  
Cordillera Administrative Region

***Message from DILG-CAR Regional Director***

It is an honor and a pleasure to be a worker for good governance. It also a challenge to anyone who believes that government should be as interdisciplinary as it focused.

One of the expected areas of focus local governance should have is nutrition. This is where a community shows genuine concern for its young. This is where the vision of a renewed better locality is founded upon. The DILG shares this vision and it is tasked to develop and scale up capacities of LGUs and to tender performance oversight and provide incentive to LGUs that excel and perform, even in nutrition. DILG supports nutrition as a core function of local governance by incorporating it in the Child Friendly Local Governance Audit (CFLGA) which is a requirement for the Seal of Good Local Governance (SGLG).



Needless to say, it is an integral part of the regional development, a basic reason why our department makes sure that there are policies, programs and projects implemented on nutrition. Our department, itself, implements community programs in support of good nutrition. DILG makes sure that LGU development programs are anchored on addressing extreme poverty, hunger and malnutrition.

The DILG, and the parents in the Cordillera appreciate the efforts poured in by the interagency partners towards promoting the nutrition awareness and consciousness of the Cordillera. For one, with the Monitoring and Evaluation of Local Level Plan Implementation (MELLPI), the members of the interagency committee headed by the National Nutrition Council (NNC) are zealous enough to literally walk the extra mile if only to emphasize the importance of good nutrition to our people even in places where it is not convenient to go.

Congratulation to our Barangay Nutrition Scholars who brave the daily challenges of dealing lack of material resources but are endowed with the boundless passion for their line of work. We have found ready allies in preparing the future of our communities by physically preparing our children. Thank you, partners for making sure that our people are not left behind in terms of coping capability in all walk of life-nutrition included.

But beyond seals, awards and reminders, DILG supports good nutrition because it is the right thing to do.

**MARLO L. IRINGAN, CESO III**  
Regional Director



Republic of the Philippines  
**DEPARTMENT OF AGRICULTURE**  
Cordillera Administrative Region

***Message from DA-CAR Regional Director***



Malnutrition can easily afflict the people in our landlocked region.

Indeed, there was such a time when many local residents were afflicted with goiter and underweight and stunting in children was prevalent. With improvements in transportation, a few of our children have become overweight – still a nutrition problem.

Food security and sustainability is a prevalent and ever-present nutrition problem in the highlands too.

This year, rice availability has become a major issue in the country and it affects us even more. However, it has been established that rice production and supply in the country are sufficient. The problems on its availability and affordability can be linked to the continuing supply problem on fuel, oil-price spikes, and rice trading.

Along these concerns, we will always be deeply grateful for the work and support that the Regional Nutrition Committee (RNC) has been doing to address nutrition-related problems and challenges affecting our people in the Cordillera, pursuant to the Regional Plan of Action for Nutrition 2017-2022.

Good nutrition has direct bearing and consequences on the productivity and well-being of the nation. RNC-CAR has shown that this also comes about with how each of us were constituted as distinct line agencies in the Cordillera and delivered well on our mandates.

As a member of the RNC directly involved in agricultural and rural development, we have accomplished so much in increasing local food production through increased production areas and investments on rice, corn, livestock and high value crops. Currently, we are encouraging more production of organic food, including heirloom rice, native pigs, coffee, and vegetables.

All the best in CY 2018, and here's our best regards to all.

A handwritten signature in black ink, consisting of a stylized, flowing line that loops around and ends with a small flourish.

**CAMERON P. ODSEY**  
OIC-Regional Executive Director

## PREFACE



The Regional Plan of Action on Nutrition (RPAN) (2017-2022) embodies the RNC's contribution to the Philippine Plan of Action on Nutrition (PPAN) targets for improved nutrition situation in the country.

CAR was the first to respond to the national call for the preparation of the Regional Plan of Action on Nutrition in 2016. The RNC adopted the 2017-2022 RPAN in the first quarter of 2017. While the other regions were preparing their RPAN in the first quarter of 2018, CAR updated its RPAN to be better aligned to the new PPAN (2017-2022) and using templates set by the national planning team.

The updating of the RPAN for 2019-2022 was made possible through the active participation of the RNC member agencies with guidance from the NNC National office from March to July 2018. The plan updating activities commenced with the planning for Luzon regions at St Giles Hotel, Makati facilitated by NNC Central Office with the National RPAN Planning Team (NRPT). This was followed by a series of planning activities to include the RNC meeting to discuss initial planning outputs and additional inputs needed last March 20, 2018; the formulation of the draft updated plan by NNC CAR, review of the draft by the RTAN members in June 2018, submission of the draft updated plan to NNC-Central office for review by the NRPT, and finalization of the plan document by NNC-CAR incorporating inputs from RTAN members and edits by the NRPT ensuring RNC member agency inputs were considered. Finally, the draft plan was presented to the RNC for review and approval last September 14, 2018.

NNC CAR would like to thank all those who contributed in any way to the completion of the updated RPAN 2019-2022. Together, let us work to achieve our targets and our vision!

More power to the RNC and RTAN of the Cordillera!

A handwritten signature in black ink, appearing to read 'Rita D. Papey'.

**RITA D. PAPEY**

Regional Nutrition Program Coordinator  
National Nutrition Council – CAR

## Acronyms

<b>4Ps</b>	Pantawid Pamilyang Pilipino Program
<b>ADSDPP</b>	Ancestral Domains Sustainable Development and Protection Plan
<b>AHMP</b>	-Accelerated Hunger Mitigation Program
<b>AHYD</b>	- Adolescent Health and Youth Development
<b>BFAR</b>	- Bureau of Fisheries and Aquatic Resources
<b>BHW</b>	- Barangay Health Worker
<b>BIG</b>	Bio Intensive Gardening
<b>BNAO</b>	Barangay Nutrition Action Officer
<b>BNAP</b>	Barangay Nutrition Action Plan
<b>BNS</b>	Barangay Nutrition Scholar
<b>BPI- BNCRD PSC</b>	Bureau of Plant Industry – Baguio National Crop and Research, and Production Support Center
<b>BSU</b>	Benguet State University
<b>CAA</b>	Conflict Affected Areas
<b>CAR</b>	Cordillera Administrative Region
<b>CAR-MENU</b>	Cordillera Media Educators on Nutrition
<b>CED</b>	Chronic Energy Deficiency
<b>CDCs</b>	Child Development Centers
<b>CIDSS</b>	Comprehensive Integrated Delivery of Social Services
<b>CGS</b>	Child Growth Standards
<b>CHED</b>	Commission on Higher Education
<b>CNPC</b>	City Nutrition Program Coordinator
<b>COPD</b>	Chronic Obstructive Pulmonary Diseases
<b>CORDNET</b>	Cordillera Network of Development NGOs and POS
<b>CPWASH</b>	Community – Managed Potable Water Supply Sanitation and Hygiene
<b>CROWN</b>	Consistent Regional Outstanding Winner on Nutrition
<b>CSO</b>	Civil Society Organization
<b>CVA</b>	Conflict Vulnerable Areas
<b>CDWs</b>	Child Development Workers
<b>DA</b>	Department of Agriculture
<b>DBM</b>	Department of Budget and Management
<b>DCNPCAP</b>	District/City Nutrition Program Coordinator Association of the Philippines
<b>DCW</b>	Day Care Worker
<b>DENR</b>	Department of Environment and Natural resources
<b>DEPED</b>	Department of Education

**DILG** Department of Interior and Local Government  
**DNPC** District Nutrition Program Coordinator  
**DOH** Department of Health  
**DOLE** Department of Labor and Employment  
**DOST** Department of Science and Technology  
**DSWD** Department of Social Welfare and Development  
**DTI** Department of Trade and Industry  
**ECCD** Early Child Care and Development  
**EO** Executive Order  
**FLEMMS** Functional Literacy, Education and Mass Media Survey  
**FHSIS** Field Health Service Information System  
**FNRI** Food and Nutrition Research Institute  
**GOP** Gross Operating Profit  
**GO** Government Organization  
**GP** Garantisadong Pambata  
**GPP** Gross Domestic Product  
**GRPP** Gross Regional Domestic Product  
**HDI** Human Development Index  
**IADAP** Integrated Area Development Assistance Program  
**ICC** Indigenous Cultural Committee  
**IDA** Iron Deficiency Anemia  
**IDD** Iodine Deficiency Disorder  
**IEC** Information Education Communication  
**IP** Indigenous Peoples  
**IPC** Integrated Food Insecurity Phase Classification  
**IRS** International Reference Standards  
**IYCF** Infant Young Child Feeding  
**LCE** Local Chief Executive  
**LGU** Local Government Unit  
**LNAP** Local Nutrition Action Plan  
**LPPED** Learning Package for Parent Education  
**MDG** Millennium Development Goal  
**MELLPI** Monitoring and Evaluation of Local Level Plan Implementation  
**MFF** Mandatory Food Fortification  
**MNAO** Municipal Nutrition Action Officer  
**MNAP** Municipal Nutrition Action Plan  
**MTTPAN** Medium Term Philippine Plan of Action on Nutrition

**NAO** Nutrition Action Officer

**NAOPA** Nutrition Action Officers Association of the Philippines

**NAT** National Achievement Test

**NCIP** National Commission on Indigenous People

**NDAP** Nutritionist Dietitians Association of the Philippines

**NDHS** National Demographic and Health Survey

**NDM** Nutritionally Depressed Municipalities

**NEDA** National Economic and Development Authority

**NGOs** Non-Government Organizations

**NHA** Nutrition Honor Award

**NNC** National Nutrition Council

**NNS** National Nutrition Survey

**NPRT** National RPAN Planning Team

**Ob** Obese

**OPT** Operation Timbang Plus

**OW** Overweight

**PEM** Protein Energy Malnutrition

**PGN** Promote Good Nutrition

**PIA** Philippine Information Agency

**PIMAM** Philippine Management of Acute Malnutrition

**PNAO** Provincial Nutrition Action Officer

**PNAP** Provincial Nutrition Action Plan

**PO** People's Organization

**POPCOM** Commission on Population

**PMC** - Pre-Marriage Counselling

**PPAN** Philippine Plan of Action for Nutrition

**PRS** Philippine Reference Standards

**PS** Pre-school

**PSA** Philippine Statistics Authority

**PSND** Philippine Society of Nutrition and Dietetics

**RA** Republic Act

**RDC** Regional Development Council

**RDP** Regional Development Plan

**RIC** Rural Improvement Club

**RNC** Regional Nutrition Council

**RNET** Regional Nutrition Evaluation Team

**RPAN** Regional Plan of Action for Nutrition



**RTAN** Regional Technical Assistants on Nutrition  
**RUSF** Ready to Use Supplementary Feeding  
**RUTF** Ready to Use Therapeutic Food  
**SC** School Children  
**SDG** Sustainable Development Goal  
**SEA-K** Self Employment Assistance-Kaunlaran  
**SLU** Saint Luis University  
**SNP** Supervised Neighborhood Plays  
**SPS** Sangkap Pinoy Seal  
**SUW** Severely Underweight  
**SW** Severely Wasted  
**TESDA** Technical Skills and Development Authority  
**UB** University of Baguio  
**UC** University of the Cordilleras  
**UNICEF** United Nations International Children's Emergency Fund  
**UW** Underweight  
**µg** Microgram  
**VADD** Vitamin A Deficiency Disorder  
**W** Wasted  
**WIFA** Weekly Folic Acid  
**WHO** World Health Organization  
**YAFS** Young Adult Fertility Survey

**RNC Resolution Adopting the Updated Regional Plan of Action for Nutrition  
2019-2022**

## **Acknowledgement**

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

The contributions of all Regional Technical Assistants on Nutrition (RTAN) and RNC members in the preparation of this updated RPAN 2019-2022 are once again recognized and acknowledged. The National RPAN Planning Team (NRPT<sup>1</sup>) organized by National Nutrition Council (NNC) assisted in the RPAN updating particularly in facilitating the initial workshop at the St Giles Hotel in March 2018 and assisted the NNC Central Office in the review and editing of the draft RPAN documents.

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<sup>1</sup> The NRPT is composed of technical staff from the members of the NNC Technical Committee (DOH, DILG, DA, NEDA, DAR, UP-BIDANI) and from development partners: Nutrition International Philippines, UNICEF Philippines, Food and Agriculture Organization, World Food Programme, and PHILCAN (represented by World Vision Development Foundation, Inc.). The planning staff and senior officers of NNC as well as the NI – PHL 03 consultants from Alcanz International LLC also formed part of the NRPT

## **The CAR Updated RPAN Formulation Process**

The NNC secretariat led, coordinated and guided the formulation of the RPAN in all the 17 regions of the country.

Prior to the nationally led formulation of the RPANs, the RNC CAR formulated the CAR RPAN 2017-2022 through a planning workshop among RTAN members in the second quarter of 2016 that led to the approval of the plan in the first quarter of 2017 through RNC Resolution no 1. S of 2017. The plan accomplishments for the first year were discussed during the program implementation review that followed immediately after the PPAN dissemination forum at the Venus Park View Hotel last November 2017.

In the first quarter of 2018, the NNC through the NRPT called for a three-day planning workshop using the RPAN Formulation Guidelines. The planning workshop served as the RPAN updating for CAR. Plan updating activities that followed consisted of the following: a) planning meeting held last 20, 2018 to review the initial workshop outputs of St Guiles updating workshop, establish additional inputs needed from the different agencies and set timelines for submission; b) submission by different line agencies of additional inputs with individual consultations done with NNC CAR staff; with some agencies, c) preparation of the initial draft of the updated RPAN 2019-2022 by NNC-CAR, d) review of the initial draft document by the RTAN members in a meeting at the Supreme Hotel last June 11, 2018 where RTAN members provided their comments and inputs on the different sections of the draft plan; e) submission of draft write up to NNC central office for review and edit by NRPT; and f) refinement of the plan write up by NNC CAR taking into account edits from the NRPT and the comments /additional inputs of the RTAN members. While following the national RPAN planning guidelines, agencies' inputs including those in the original plan were maintained and some templates were revised as applicable.

The CAR Updated Regional Plan of Action for Nutrition was approved on September 14, 2018 through RNC Resolution No. 3, series of 2018. **Approving and Adopting of the Updated Regional Nutrition Plan of Action 2019 to 2022 of CAR.**

## Executive Summary

The Regional Plan of Action for Nutrition 2019-2022 is the response of the Cordillera Administrative Region to the alarming nutritional situation in the region. Based on the Operation Timbang (OP) results for 2017<sup>2</sup> CAR has a stunting prevalence of 12.07 percent with 18,858 stunted children below 5 years old identified<sup>3</sup>. The prevalence of wasting affects 2.34 percent of children below five and 5.5 percent of elementary pupils.

The updated RPAN establishes regional outcome targets for 2019 to 2022 toward reducing stunting, wasting and obesity, as well as micronutrient deficiencies, among other indicators. Among 0-5 year-old children, the stunting levels will be reduced from 12.07 percent to 9.5 percent by end of 2022. Wasting prevalence will be reduced from 2.3 percent to 2.11 percent by the end of the RPAN period among the same group of children. Targets for underweight by age, obesity and micronutrient deficiencies were also included. The OPT was the data considered by the RNC as basis in setting RPAN targets for indicators using anthropometric measurements. Targets were also set using national data.

The RPAN indicates the contributions of the different regional line agencies in attaining the outcome targets. The programs consist of nutrition-specific programs, nutrition-sensitive programs, and enabling programs. These follow the life stages of the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. The RPAN provides the necessary focus on the First 1000 Days program, given its huge potential in addressing the major nutritional issues in CAR and in the country.

Financing for the different programs come mostly from General Appropriations based on the allocation for the different line regional line agencies.

In summary, the CAR RPAN contains key elements expected to contribute to the attainment of the PPAN 2019-2022 national goals and targets. The RPAN

- embodies the commitment and accountabilities of regional sector agencies as a contribution of the region to the malnutrition burden;
- aims to address the key manifestations of malnutrition - under nutrition, over nutrition, micronutrient deficiencies and their causes;
- sets two layers of outcome objectives by the end of 2022– (1) outcome targets or the final outcomes against which plan success will be measured; and (2) sub-outcome or intermediate outcomes that will contribute to the achievement of the final outcomes;
- identifies interventions appropriate for the region following the programs<sup>4</sup> as defined in the PPAN program framework- *nutrition-specific, nutrition-sensitive and enabling management programs*;
- provides estimated budget requirements for the identified programs and projects. However, not all agencies were able to put the corresponding budgetary requirements.

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<sup>2</sup> The RNC agreed to use the local data (operation timbang results) rather than NNS data in the situation analysis and targeting as they believe it is more reflective of the local situation and that there is annual data collected.

<sup>3</sup> The 2015 National Nutrition Survey indicates a stunting prevalence among under five children in CAR at 36.8 percent

<sup>4</sup> Nutrition-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 or that contributes indirectly to nutritional outcomes, enabling management support programs are actions developed and designed to assist the nutrition-specific programs to be achieved with greater degree of efficiency and effectiveness.



## SECTION I. THE REGIONAL NUTRITION SITUATION ANALYSIS

### A. BRIEF PROFILE OF THE REGION

The Cordillera Administrative Region (CAR), located in the north central part of Luzon, was established on July 15, 1987 through Executive Order No. 220 issued by then President Corazon C. Aquino. It is comprised of the provinces of Abra, Apayao, Benguet, Ifugao, Kalinga, Mt. Province, and the chartered city of Baguio, and has 76 municipalities and 1,176 barangays. Its rugged terrain and breath-taking topography have been home to the sturdy and industrious indigenous tribes collectively called the Igorot, while its climate has bred an equally unique culture distinct from that of the country's lowland colonized regions. It is bounded by Ilocos Norte and Cagayan in the North, Pangasinan and Nueva Ecija in the south, Cagayan Valley in the east, and the Ilocos Region in the west and is the country's only land-locked region. It has a mountainous topography and is dubbed as the "Watershed Cradle of North Luzon" as it hosts major rivers that provide continuous water for irrigation and energy for Northern Luzon.



Figure 1. Location map of CAR

### Population and Land Area

Table 1. Land area and 2015 population, CAR

Province	Total Land Area (ha.)	2015 Population
Abra	397,555	241,160
Apayao	392,790	119,184
Baguio City	575	345,366
Benguet	259,778	446,224
Ifugao	251,778	202,802
Kalinga	311,974	212,680
Mountain Province	209,733	154,590
CAR	1,829,368	1,722,006

Source: Land area from RDC Regional Development Plan and Population from PSA

The region is characterized by steep mountains and high elevation terrain. Only about 15 percent of the region's land area or 282,543 hectares are classified as alienable and disposable and 85 percent or 1,583,117 hectares are classified as forest land including those within protected areas. Such land classification, along with the steep terrain of the region, limits areas suitable for agriculture and settlements such that farms and built-up areas encroach into forest areas.

The region is home to 1,722,006 (2015 Census) of which about two thirds are indigenous peoples, making it the most diversified ethno-linguistic region in the Philippines with its major languages having sub-dialect variations even as almost every Cordillera people shares similar cultural identity with different tribes.

Among the six provinces, Benguet had the biggest population in 2015 with 446,224 and Apayao had the smallest population of 119,184. Baguio City, the only highly urbanized city had 345,366. The population of CAR accounted for about 1.7 percent of the Philippine population and grew at a rate of 1.2 percent.

The Regional Development Council (RDC) Chairman Mauricio Domogan pointed out the region's development agenda in its Regional Development Plan (RDP) 2017-2022:

"...We will align regional priorities to those of the national to synchronize actions and efforts towards nation-building and make efficient use of government resources. Notwithstanding, we will also continue to assert our role as a special region given our distinct history, culture and tradition and along with it our unique and peculiar regional issues, including our clamor for autonomy that will surely help address these issues."

The RDP continues:

"... With the diversity of indigenous tribal groups in the Cordillera, a unifying common element may yet be the agreement towards protecting the region's environment and natural resources not only for national but more so for the socioeconomic development of IPs and indigenous cultural communities."

## B. REGIONAL NUTRITION ASSESSMENT

### Definition of terms used in the nutrition assessment

<i>Malnutrition</i>	Refers to lack of proper nutrition due to the lack of nutrient intake resulting to undernutrition or surplus of nutrient intake resulting to overnutrition. Types of malnutrition are: (a) underweight, (b) wasted, (c) stunted, (d) overweight, (e) obese and (f) deficiency in one or more types of micronutrients. Micronutrient deficiencies are forms of malnutrition that are not based on weight and height measurements.
<i>Malnutrition prevalence</i>	Prevalence of malnutrition (underweight, wasted, stunted or overweight) refers to the percentage of children having that condition (underweight, wasted, stunted or overweight) against the total children weighed.
<i>Underweight</i>	Those with low weight for age or weight less than -2 standard deviation (SD) of the World Health Organization (WHO) Child Growth Standards (CGS) median. It is an indicator of both past and present nutritional status.
<i>Severely underweight</i>	Those with low weight for age or weight less than -3 standard deviation (SD) of the World Health Organization (WHO) Child Growth Standards (CGS) median. It is an indicator of both past and present nutritional status.
<i>Wasted</i>	Those with low weight for age or weight less than -2 standard deviation (SD) of the World Health Organization (WHO) Child Growth Standards (CGS) median. It is an indicator of both past and present nutritional status.
<i>Severely wasted</i>	Those with low weight for age or weight less than -3 standard deviation (SD) of the World Health Organization (WHO) Child

Growth Standards (CGS) median. It is an indicator of both past and present nutritional status.

<i>Stunted</i>	Those with low height for age weight less than -2 standard deviation (SD) of the World Health Organization (WHO) Child Growth Standards (CGS) median. It is an indicator of long standing or chronic malnutrition
<i>Severely stunted</i>	Those with length/height-for-age less than -3 Z-score of the World Health Organization (WHO) Child Growth Standards (CGS) median.
<i>Overweight</i>	Those weighing too much for one's length/ height
<i>Obese</i>	A condition of being severely overweight

Within the region's long-term development agenda, addressing malnutrition is a serious concern which calls for reducing undernutrition while addressing overnutrition among the population. The following shows the malnutrition problems in the region.

**Table 2. Regional Nutrition Profile**

<b>Estimated Population by Sex, Age/Physiological State (in millions)</b>		
<b>Total population, by sex</b>		
– Male: 879, 340 (PSA, 2015)		
– Female: 842,666 (PSA, 2015)		
<b>Total population, by age</b>		
– 0-59 months: 179,432 (PSA, 2015)		
– 60-120 months: 200,806 (PSA, 2015)		
– 121-228 months: 319,928 (PSA, 2015)		
– 20 years and above: 1,006,033 (PSA, 2015)		
– Women of reproductive age (15-49 years old):		
Pregnant women: 35,886 (estimates based on 2015, PSA)		
Lactating mothers: 35,886 (estimate based on 2015 PSA)		
<b>Nutritional Status Indicators/Population Group</b>	<b>Prevalence (%)</b>	<b>Source/Remarks</b>
A. Low birth weight infants	18.6%	NDHS, 2013
B. Children 6-23 months old meeting the minimum acceptable diet	22.2%	NNS, 2015
<b>C. Undernutrition</b>		
<b>Under five year old children</b>		
– Underweight	3.54%	OPT 2017; NNS 2015-16.8%
– Stunting	12.07%	OPT 2017; NNS 2015- 36.8%
– Wasting	2.34%	OPT 2017; NNS 2015- 4.4%
<b>School age children</b>		
– Underweight (5-10 years old)	19.3%	NNS 2015
– Stunting (5-10 years old)	29.4%	NNS, 2015
– Wasting (elementary pupils)	5.45%	DEPED CAR baseline SY 2017-2018; NNS 2015- 4.3% for 5-10yrs old
<b>Adolescents</b>		
– Stunting (10.08-19 years old)	27.3	NNS, 2015
– Wasting (high school students)	3.7%	DEPED CAR baseline SY 2017-2018; NNS 2015 10.08 to 19 yrs - 5.5%
<b>Adults (≥ 20 years)</b>		
– Chronic energy deficiency (CED)	5.8%	NNS, 2015

Pregnant women		
– Nutritionally at-risk	22.1%	NNS, 2015
D. Overnutrition		
– Children under five years old	3.55%	OPT 2017; NNS 2015- 3.2%
– School age children (elementary)	2.89%	DEPED CAR baseline SY 2017-2018; NNS 2015 data is 9.9% for 5-10 years old
– Adolescents (high school students)	2.45%	DEPED CAR SY 2017-2018; NNS 2015 children 10.08-19 years old- 11.4%
– Adults 20 years and above	35.4%	NNS, 2015
E. Micronutrient Deficiency		
– Vitamin A deficiency among children 6 months to 5 years old	12.5%	NNS, 2013
F. Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	123	NNS, 2013
- Pregnant women	68	NNS, 2013
- Lactating women	60	NNS, 2013
- Children 6-12 years old with UIE concentration <50 mcg/L	26.4	NNS, 2013
- Lactating women with UIE concentration <50 mcg/L	41.8	NNS, 2013
G. Households with diets that meet the Energy Requirements	40.8%	NNS, 2013
<i>Assessment criteria in determining magnitude and severity of underweight, stunting and wasting in children under-five years old (0 to 59 months old) as public health problem (WHO, 1995): Underweight: &lt;10% – low; 10-19% – medium; 20-29% – high; ≥30% – very high. Stunting: &lt;20% – low; 20-29% – medium; 30-39% – high; ≥40% – very high. Wasting: &lt;5% – acceptable; 5-9% – poor; 10-14% – serious; ≥15% – critical</i>		

Annex 1 contains the projected population by age group and by province

#### a. stunting

Table 3 shows the stunting prevalence among under-five children by province from 2015-2017. The provinces of Abra, Apayao and Kalinga as well as Tabuk City had the highest stunting prevalence in 2017.

**Table 3. Prevalence of stunting among under five children by province/city, 2015-2017**

Provinces/ Cities	Prevalence of stunting (%)		
	2015	2016	2017
Abra	24.07	16.75	18.56
Apayao	No data	21.88 *	18.27
Benguet	10.57	9.04	9.9
Ifugao	16.38	13.47	9.44
Kalinga	21.48	18.27	17.51
Mountain Province	18.70	20.12	16.46
Baguio City	5.17	4.69	3.31
Tabuk City	16.26	16.02	18.44
CAR	14.49	12.58	12.07

*Note: \* 2016 data for Apayao does not include 2 municipalities (Conner and Flora)*

#### b. wasting

Tables 4, 5 and 6 present the wasting prevalence in 2017 among the three age groups: 0-59 months (2.34 percent), elementary pupils (5.45 percent) and high school

students (3.78 percent). Wasting prevalence among 0-59 months is much lower than wasting prevalence among elementary and high school children.

**Table 4. Prevalence of wasted and severely wasted among under five children by province/city, 2015-2017**

Province/ Cities	Prevalence of wasting (%)		
	2015	2016	2017
Abra	7.54	5.72	4.46
Apayao *	No data	5.19	4.18
Benguet	0.80	0.73	0.99
Ifugao	1.32	1.67	1.33
Kalinga	2.60	3.65	3.91
Mountain Province	1.65	2.09	1.92
Baguio City	1.96	1.53	0.73
Tabuk City	4.35	4.39	5.94
<b>CAR</b>	2.65	2.51	2.34
*wasting data for Apayao only include Pudtol, Kabugao and Flora in 2016			

Source: OPT Plus

**Table 5. Prevalence of wasted and severely wasted public elementary pupils by province/city, SY 2012-2013 to SY 2017-2018**

Provinces/Cities	Prevalence of Wasted and Severely Wasted (%)					
	SY 2012-2013	SY 2013-2014	SY 2014-2015	SY 2015-2016	SY 2016-2017	SY 2017-2018
Abra	9.40	11.04	11.4	11.84	11.07	3.31
Apayao	5.60	10.29	9.14	9.81	7.69	8.65
Benguet	.97	1.51	1.29	1.09	0.99	1.72
Ifugao	1.18	3.29	3.42	2.75	1.59	3.35
Kalinga	3.07	6.77	6.89	6.89	6.66	7.55
Mountain Province	1.30	3.81	5.05	4.41	1.20	3.16
Baguio City	15.38	4.18	3.46	1.43	2.17	2.04
Tabuk City	(included in Kalinga)	(included in Kalinga)	5.61	5.23	3.49	10.21
<b>CAR</b>	<b>7.65</b>	<b>11.84</b>	<b>5.06</b>	<b>4.34</b>	<b>3.84</b>	<b>5.45</b>

Source: DepED-CAR Baseline Nutritional Status

**Table 6. Prevalence of wasted and severely wasted public high school students by province/city, SY 2012-2013 to SY 2017-2018**

Provinces/Cities	Prevalence of Wasted and Severely Wasted (%)					
	SY 2012-2013	SY 2013-2014	SY 2014-2015	SY 2015-2016	SY 2016-2017	SY 2017-2018
Abra	10.40	9.19	8.03	7.60	7.35	8.03
Apayao	5.60	5.28	6.34	6.33	6.10	7.20
Benguet	0.97	0.69	0.75	0.37	0.46	1.02
Ifugao	1.18	1.25	1.77	1.80	1.46	1.69
Kalinga	2.07	3.86	1.66	5.07	5.46	6.87
Mountain Province	1.30	0.93	1.29	0.99	1.05	1.57
Baguio City	15.38	15.38	4.10	3.70	4.45	3.72
Tabuk City	(included in Kalinga)	(included in Kalinga)	2.90	4.56	2.90	4.37
<b>CAR</b>	<b>6.76</b>	<b>12.11</b>	<b>3.42</b>	<b>3.27</b>	<b>3.24</b>	<b>3.78</b>

Source: DepED-CAR Baseline Nutritional Status



Prevalence of wasting (wasted and severely wasted) showed consistent decreases among both elementary and high school students from SY 2012-2013 to SY 2015-2016. The positive trend was however upturned by a sudden increase in prevalence in both levels in SY 2017-2018.

Abra followed by Apayao showed the highest wasting prevalence for the 0-59 months age group. In SY 2017-2018, prevalence of wasting among elementary pupils was highest in Apayao, followed by Kalinga while among high school students, Abra had the highest followed by Apayao and Kalinga.

### c. underweight for age

The provinces of Apayao and Abra had the highest prevalence of underweight for under-five children among all the provinces from 2015-2017. Abra had the highest prevalence in the last three years even if it registered a significant decrease from 2015 to 2016 from 12.60 to 7.85 percent. Greatest improvements were seen by Abra (37.70 percent), followed by Baguio City (37.66 percent) and Ifugao (23.21 percent). Baguio City, Ifugao and Benguet showed the lowest prevalence rates which were below 2 percent. Abra, Kalinga, Ifugao and Baguio City showed consistent decreases in underweight prevalence among under-five children in the last three years.

Based on the 2017 OPT results, the municipalities with prevalence higher than 10 percent (colored red in Annex 2) decreased from 19 municipalities in 2015 to 9 in 2017. These municipalities are all in the province of Abra.

**Table 7. Prevalence of underweight and severely underweight under five children by province/city, 2015-2017**

Provinces/ Cities	Prevalence (%)		
	2015	2016	2017
Abra	12.60	7.98	7.88
Apayao	7.73	6.09	6.34
Benguet	1.55	1.57	1.68
Ifugao	1.95	1.83	1.47
Kalinga	5.38	5.43	5.13
Mt. Province	3.90	4.25	4.31
Baguio City	1.41	1.14	0.88
Tabuk City	5.99	6.42	6.70
<b>CAR</b>	<b>4.40</b>	<b>3.57</b>	<b>3.55</b>

### d. overweight and obesity

At the regional level, the prevalence of overweight and obesity among children under five years old decreased continuously in the three years period registering a 19 percent decrease from 2015 to 2019.

Based on the table below, Abra, Ifugao and Baguio City showed the greatest decreases in the overnutrition prevalence for three years while Tabuk City had the highest increase in prevalence.

**Table 8. Prevalence of overweight and obesity among under five children by province/city, 2015- 2017**

Province/ Cities	Prevalence (%)		
	2015	2016	2017
Abra	6.08	4.08	3.99
Apayao	ND	3.57	3.21
Benguet	1.77	1.68	2.4
Ifugao	3.41	2.65	2.26
Kalinga	1.46	1.43	2.33
Mt. Province	1.95	2.34	2.14
Baguio City	1.07	1.27	1.12
Tabuk City	2.24	3.48	5.69
<b>CAR</b>	<b>2.75</b>	<b>2.32</b>	<b>2.64</b>

#### *Overnutrition among school children*

With the regional prevalence of overweight and obesity among school children/elementary pupils (weight against height) from SY 2013-2014 to SY 2017-2018 generally increasing, the RNC targets a minimal increase annually.

Benguet province, followed by Ifugao and Abra had the highest increase of overweight/obesity among elementary pupils over the past five school years.

**Table 9. Prevalence of overnutrition among public elementary school children by division, SY 2013- 2014 to SY 2017-2018**

Division	Prevalence of overnutrition (%)				
	SY 2013-2014	SY 2014-2015	SY 2015-2016	SY 2016-2017	SY 2017-2018
Abra	1.85	2.26	2.59	2.68	3.17
Apayao	1.14	1.23	1.57	1.88	2.41
Benguet	2.1	1.90	2.24	2.26	4.02
Ifugao	1.02	1.42	1.51	1.18	2.58
Kalinga	0.72	0.65	0.38	0.87	1.31
Mountain Province	1.38	2.44	2.38	2.43	2.87
Baguio City	3.2	3.26	3.25	4.25	2.64
Tabuk City	(no data)	1.71	1.29	1.58	2.14
<b>CAR</b>	<b>1.73</b>	<b>1.99</b>	<b>2.12</b>	<b>2.40</b>	<b>2.89</b>

*Source: DEPED CAR nutrition Assessment, beginning of SY data*

#### *Overnutrition among high school students*

The prevalence of overweight/obesity among high school students increased from 1.39 percent in school year 2013-2014 to 2.45 percent in SY 2017-2018. Baguio City followed by Benguet had the highest overweight and obesity prevalence rate.

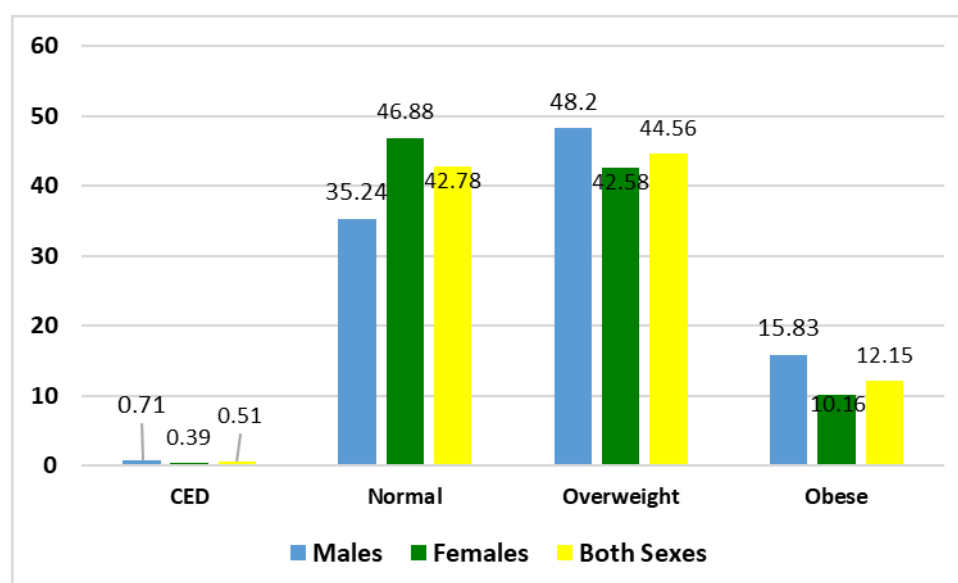
**Table 10. Prevalence of overnutrition among public high school students by division, SY 2013-2014 to SY 2017-2018**

Division	Prevalence of overnutrition (%)				
	SY 2013-2014	SY 2014-2015	SY 2015-2016	SY 2016-2017	SY 2017-2018
Abra	1.19	1.07	1.00	1.25	2.10
Apayao	0.77	0.94	1.31	1.35	1.61
Benguet	1.79	1.43	1.72	1.49	2.62
Ifugao	0.77	0.79	1.11	1.39	2.35
Kalinga	0.70	0.44	0.72	1.15	0.84
Mountain Province	1.31	1.45	1.45	2.38	2.42
Baguio City	3.72	2.36	2.58	2.45	3.74
Tabuk City	(no data)	1.00	1.19	1.30	1.65
<b>CAR</b>	<b>1.39</b>	<b>1.39</b>	<b>1.59</b>	<b>1.69</b>	<b>2.45</b>

Source: *DEPED CAR nutrition Assessment, beginning of SY data*

#### *Overnutrition among adults and non-communicable diseases*

The RNC, through the Benguet State University conducted, a nutrition assessment among selected government employees of CAR from August 2017 to February 2018. Results showed that more than half or 56.71 percent of employees in the region are either overweight or obese.



**Figure 2. Nutritional Status of government employees of the Regional Line Agencies, CAR, 2018**

Source: *Nutrition Assessment of Employees of Regional Line Agencies*

#### *Leading causes of mortality*

Among the leading causes of infant mortality in 2015 based on regional data are prematurity and still births. These can be due to poor nutrition during pregnancy or poor maternal nutrition prior to pregnancy.

For general mortality, except for pneumonia, the top leading causes of death in 2015 in the region are all directly or indirectly associated with diet and lifestyle factors as shown in table 11.

**Table 11. Leading causes of adult mortality, 2015**

No.	Diseases	Total Cases	Rate
1	Pneumonia	389	21.06
2	Cancer (all forms)	273	14.78
3	Cerebrovascular diseases	201	10.88
4	Myocardial infraction	197	10.66
5	Renal Failure	182	10.39
6	Heart Failure	53	3.3
7	Accident	49	2.87
8	Undetermined cause	49	2.65
9	Chronic Obstructive Pulmonary Diseases	39	2.11

#### e. comparison among males and females

OPT results in 2017 among 0-59 months showed a similar trend with OPT results among 0-71 months in previous years regarding males and females. The males are slightly more malnourished compared to females based on weight for age, weight for height and height for age. There are more boys measured for both weight and height in the region in 2017 as in previous years of OPT.

**Table 12: Prevalence of malnutrition among under five years old children by sex, 2017**

	2017 Malnutrition Prevalence			
	Underweight	Wasting	Stunting	Overweight and Obesity
Under five years old children	3.55	2.64	12.07	2.64
- Male	1.91	1.29	6.47	1.47
- Female	1.64	1.05	5.59	1.16

Source: OPT Plus, 2017

Among elementary school children in school year 2017-2018, females have higher prevalence of wasting with 5.5 percent compared to males at 5.39 percent. However, stunting (stunting and severe stunting) among males is much higher at 20.54 percent against 18.24 percent for females. Overweight and obesity are also significantly higher among males with a prevalence of 3.72 percent compared to females at 1.99 percent. There are more male elementary school children compared to females in all the divisions in CAR.

#### f. CAR versus other Regions based on NNS Results

Stunting prevalence among 0-59 months in CAR is higher than the national average. Among 5 to 10 years old, CAR had a lower prevalence in 2015, and among 10 to 19 years, CAR showed lower prevalence in 2013 and 2015 surveys. Table 11 shows the National Nutrition Survey (NNS) stunting prevalence for CAR and the national averages in 2013 and 2015.

**Table 13. Stunting prevalence by age group, CAR vs. Philippines**

Age group	Stunting Prevalence (%)			
	CAR		Philippines (average)	
	2013	2015	2013	2015
Less than 5 years old	32.5	36.7	30.3	33.4
5 to 10 years old	29.9	29.4	29.9	31.1
10 to 19 years old	30.0	27.2	31.6	31.9

The NNS 2013 and NNS 2015 updating results show that except for stunting among 0-59 months, CAR is better than other regions on weight for age, and weight for height malnutrition indicators for other age groups, i.e, 5-10 years old, 11-19 years, 20 years and above, pregnant and lactating mothers. The table below shows the comparative data based on the 2013 and 2015 NNS.

**Table 14. Underweight prevalence by age group, CAR vs Philippines**

Age group	Regional Prevalence (%)		2015 National Prevalence (%)	CAR rank among regions in 2013*
	2013	2015		
0-59 months	16.6	16.8	21.5	2 <sup>nd</sup> lowest
Wasting among school Children	19.7	19.3	31.2	Lowest
Chronic Energy deficiency among Adults	5.8	5.8	10.3	Lowest
At Risk Pregnant Women	18.6	22.3	24.8	Lowest

*Note: \*Rank of region is not shown in the 2015 updating but there is not much change between the two surveys*

In terms of overweight/obesity, CAR has higher prevalence in all age groups compared to the national and compared to other regions in 2013. NNS data for 2015 did not show regional comparisons but the CAR average remained much higher than the national average except for children under five years old.

**Table 15. Overnutrition prevalence by age group, CAR vs Philippines**

Age group	Regional Prevalence (%)		National Prevalence (%)	
	2013	2015	2013	2015
Under five years old	6.1	3.1	5	3.9
5-10 years Children	7.8	9.9	5.9	8.6
10-19 years old children	11.6	11.4	8.2	9.2
Adults (above 20 years)	34.5	35.4	21.1	31.1

Hypertension prevalence among adults in CAR of 26.5 percent is the second highest (next to Central Luzon). CAR also has the third highest prevalence in total cholesterol at 23.4 percent of adults with the national average of 18.6 percent. However, prevalence of diabetes is 4.4 percent in CAR, lower than the national average of 5.6 percent and 5th lowest among regions.

CAR also has the lowest percentage of smoking adults (15.3 percent vs the national average of 23.3 percent). The proportion of smoking among adolescents, 3.5 percent, makes CAR the 5th region with lowest prevalence (the national average is 5.5 percent).



The proportion of binge drinking among currently drinking adults is 65.7 percent, the third highest among regions. The national average is 55.2 percent.

Percentage of insufficiently active adults 2nd lowest in CAR at 28.3 percent with the national average at 42.5 percent.

#### **g. iodine deficiency**

The 2013 NNS showed that the average median urinary iodine concentration (mcg/L) among 6 to 12 years old is considered sufficient at 123. However, among the provinces, Abra and Mountain Province were considered below sufficient at 70 and 87. In terms of the proportion of IUE values below 50 ug/L, the CAR average is 26.4.

In terms of Iodine Deficiency Disorders, the median urinary iodine concentration among pregnant and lactating women is 68 ug/l and 60 ug/l respectively which are considered very low from the standard of 250 ug/l per day for both pregnant and lactating women based on FAO/WHO recommendation.

This calls for a more aggressive implementation of RA 7182 or the ASIN Law.

#### **h. anemia**

Based on 2013 NNS, CAR has the lowest anemia prevalence compared to other regions for the following age groups: children 6-12 years old children, children 13-19 years old, and adults 20 years but below 60 years. The prevalence of anemia among 13-19 years old is considered of low public health significance and the rest as mild. Prevalence among children 6 months to 5 years old and among those over 60 are still lower than the national average and the prevalence are considered to be of mild public health significance based on the 2001 WHO levels of hemoglobin. There is a need to sustain the gains and further decrease prevalence of anemia among critical age groups.

**Table 16: Anemia prevalence by age group, CAR vs. Philippines, 2013**

<b>Age group</b>	<b>Philippines</b>	<b>CAR</b>	<b>Rank across Regions</b>
6 mos to 5 years	13.9	10.7	6 <sup>th</sup> lowest
6-12 years	11.1	5.8	Lowest
13-19 years	7.9	3.7	Lowest
20 years and above but below 60	9.2	5.1	Lowest
60 years and above	21.0	15.5	6 <sup>th</sup>

#### **g. vitamin A**

According to the 2013 NNS, 12.5 percent or 1 in every 10 of children 6 months to 5 years old have low to deficient serum retinol. Low Vitamin A level especially among children decreases the child's immunity to infectious diseases. There is a need to continue to increase coverage of vitamin A.

## C. FACTORS AFFECTING THE NUTRITION SITUATION

### *Causes of undernutrition in CAR based on the UNICEF Framework*

Following the *UNICEF Framework on the Causality of Malnutrition*, undernutrition is caused by lack of food intake and poor health. These two direct or immediate causes of malnutrition are caused by a number of underlying causes, namely (a) food insecurity, (b) inadequate care of children and (c) insufficient health services, unhealthy environment, and poor personal hygiene. Poor quality of life, illness, and death are the possible end results of malnutrition whether overnutrition, undernutrition or special micronutrient deficiencies.

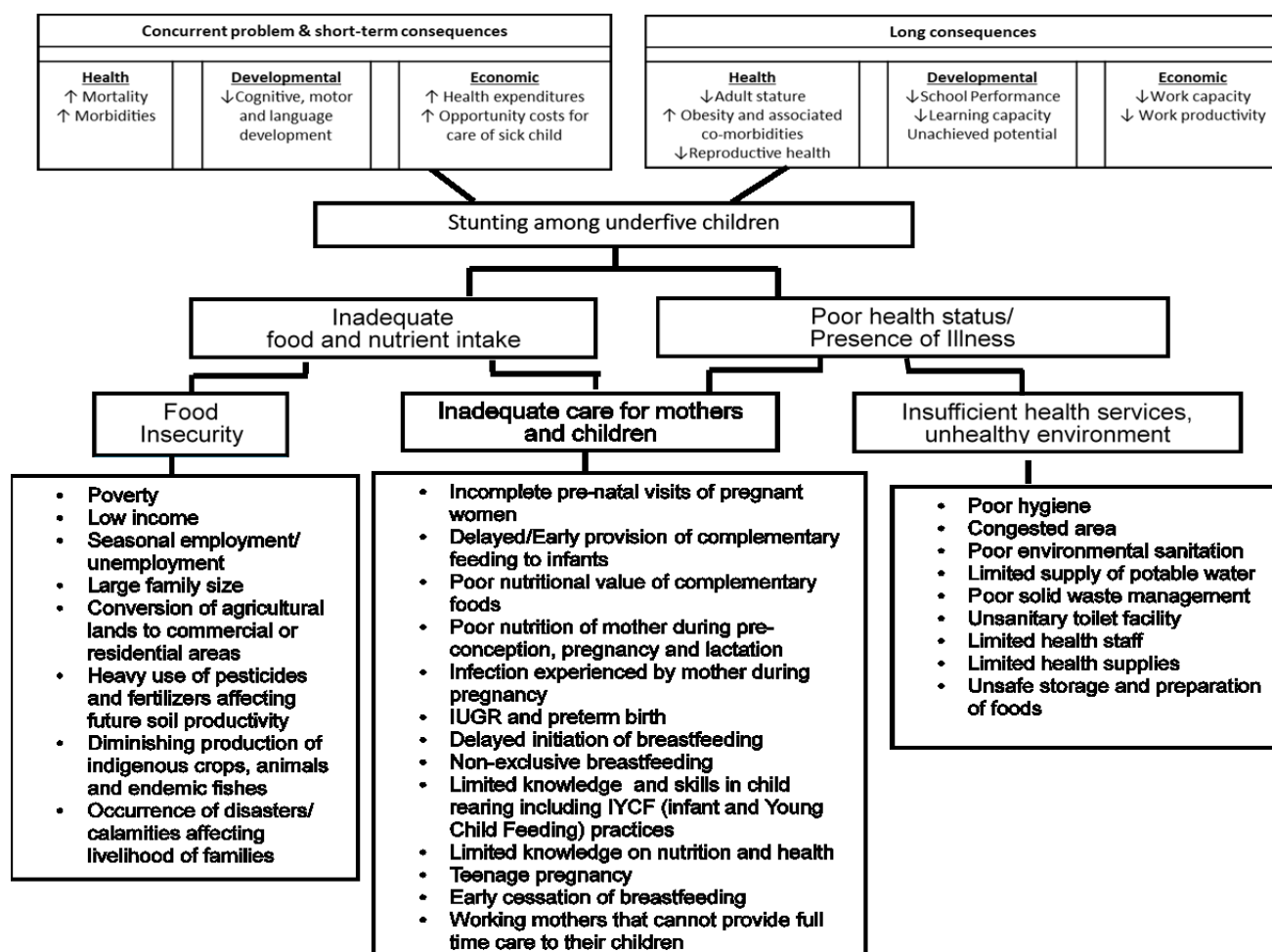


Figure 3. Causal model for stunting among underfive children

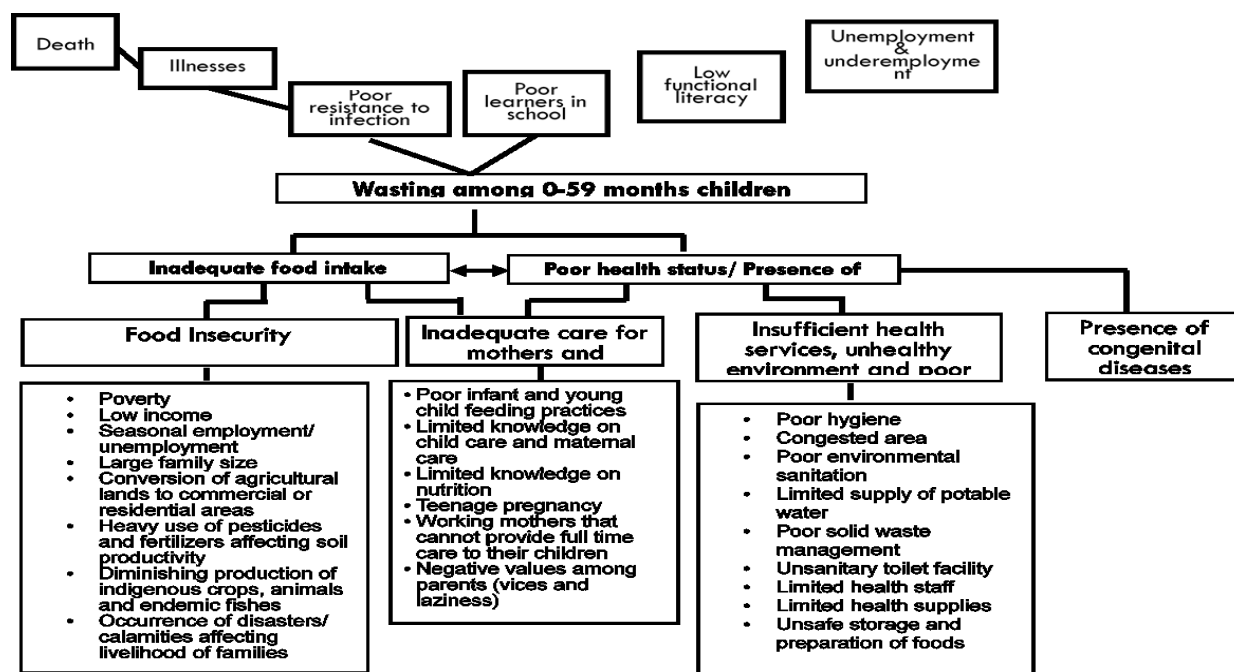


Figure 4. Causal model for wasting among underfive children

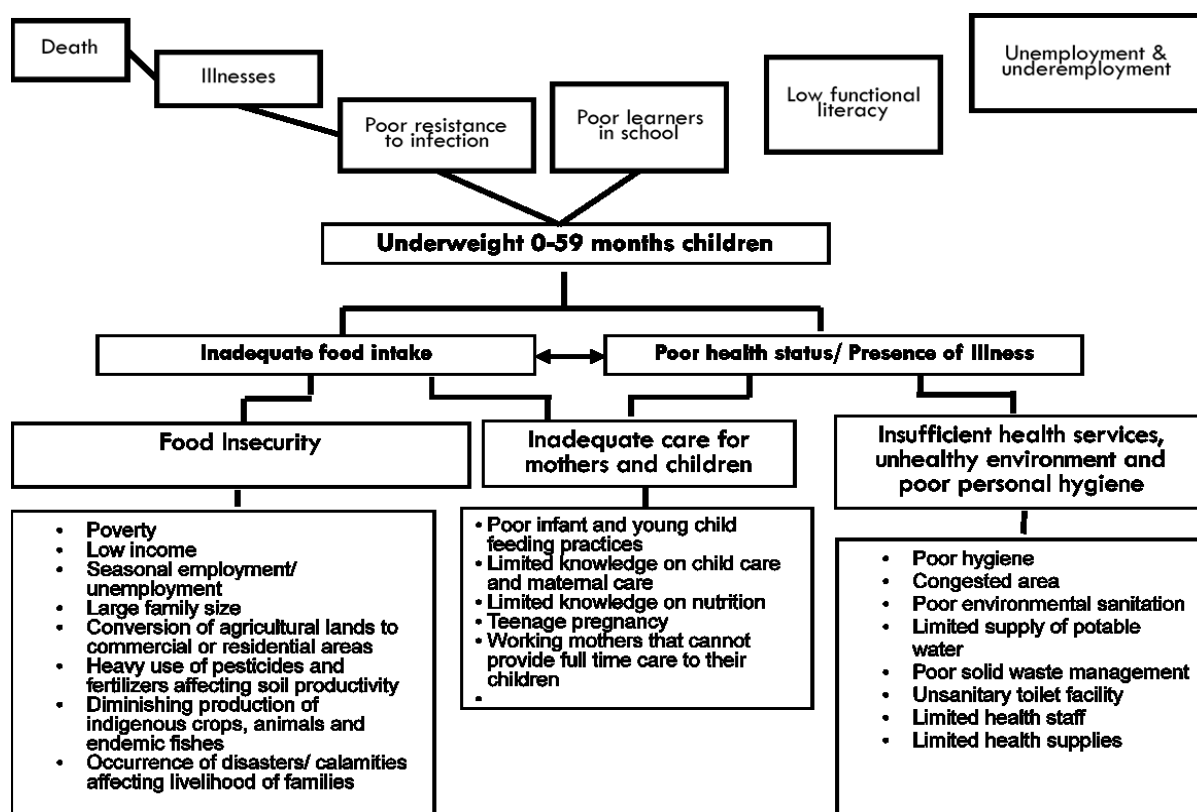


Figure 5. Causal model for underweight among underfive children

The regional planning team came up with a list of the possible related problems contributing to the three underlying causes. The following discussion also draw from relevant sections of the CAR Regional Development Plan 2017-2022.

## **a. food insecurity**

Food insecurity among households in the region persisted despite the region's significantly higher total food intake compared to the national average (2015 NNS). Mean one day per capita and proportion of households meeting required energy intake show that CAR had the highest percentage (38.7percent) of households meeting 100 percent energy intake, compared to the national average of 31 percent in the 2015 survey. CAR also had the highest average energy intake of 2005 Kcal with the national average at 1885 Kcal. In terms of food volume intake per day, CAR had the highest at 940 grams. Intake of all food groups was higher in CAR except for fish, fish products, eggs, and condiments and spices. Percentage of food secure households in CAR is 39.3 percent, the third highest among regions, and significantly higher than the national average of 33.9 percent. A significant decrease in food security was however observed in Ifugao from 2013 to 2015.

Based on the dietary diversity score, CAR and almost all regions consume 9 to 10 different food groups. Cereals, meat fish, vegetables and condiments were the most consumed food groups. Based on the survey, households in CAR had access to food mainly from purchasing/buying particularly on food groups such as milk, meats, oil, sugar and condiments while 25-50 percent also produce cereals, roots tubers, legumes, vegetables and fruits.

Nevertheless, the Integrated Phase Classification- Chronic Insecurity Phase Classification (IPC-CIPC) report of 2016 showed a high prevalence of food insecurity in the region. The provinces of Abra, Mt. Province, Kalinga and Ifugao were classified under severe food insecure province while Benguet province has moderate food insecurity. The province of Apayao was not covered in the analysis because the available data in this province did not meet the minimum criteria for the analysis.

The IPC report explains that households under severe food insecure provinces have seasonal deficits of food for more than 4 months of the year, do not consume a diet of adequate quality, livelihoods are very marginal and are not resilient and household members are likely to have severe form of undernutrition. For households that belongs to moderate food insecure provinces, they have mild deficits in food quantity and/or seasonal food quantity deficits for 2 to 4 months of the year, do not consume a diet of adequate quality, livelihoods are marginally sustainable and resilience to shocks is very limited and household members are likely to suffer from undernutrition.

Thus, it is likely that these people are not able to satisfy their food and non-food needs in a sustainable manner. Provinces highly susceptible to flooding, landslides and drought are prone to experience excessive stresses on their coping mechanisms.

The regional planning team listed some of the factors for undernutrition, among these are the following:

- Unemployment/underemployment and large family size resulting to inadequate income and inability of many families to provide the adequate food requirements;
- Conversion of agricultural lands into commercial or residential areas
- Safety issues on locally grown vegetables with the heavy use of pesticides and fertilizers
- Diminishing production and consumption of indigenous food crops, animals and endemic fishes
- High cost of fruits and vegetables

## **b. Inadequate care of mothers and children**

Even as health care for mothers and children improved in the region, serious lacks presented themselves as well. Many of the care components comprise the elements of the First One Thousand Days program, for which regional achievement rates are noteworthy, though showing room for improvement.

The 2015 NNS showed a generally positive picture of the reach of services for the vulnerable groups particularly the care of pregnant/lactating women and preschool children compared to the national level. Indicators on care for mothers show the following: pregnant women with at least four prenatal visits is 99.8 percent, iron supplementation for pregnant women is 94 percent, facility-based deliveries is 83.8 percent, births assisted by professional birth attendants is 91.5 percent and women receiving postnatal services within two days is 96.6 percent. On infant care, CAR has the highest percentage of exclusively breastfed babies at 72.1 percent and hence has the best timing in starting complementary feeding for babies. CAR is also highest in terms of continued breastfeeding after six months while providing complementary food. Proper feeding of babies 6 to 24 months is an area needing much improvement. Complementary feeding among 6-23 months showed that meal frequency is 90 percent but lower than the national average (91.7 percent); percent meeting diet diversity is only 28.1 percent and lower than the national average of 29.1 percent. Those meeting the minimum acceptable diet is only 22.2 percent, although higher than the low national average of 18.6 percent. This means that children below 2 years old are given frequent meals that are not varied. Minimum acceptable diet is composed of meal diversity and meal frequency.

CAR has the highest percentage (74.9 percent) of infants that underwent newborn screening which is almost 50 percent higher than the national average of 52.2 percent.

Only 62.1 percent of children in CAR were fully immunized in 2015, slightly higher than the national average of 61.9 percent. Mountain Province has the lowest immunization rate at 31.4 percent.

Vitamin A supplementation among 12-59 months is 74.9 percent, also slightly higher than the national average of 70.2 percent

Six to 23 months old children provided with micronutrient powder is 47.8 percent, almost the same as the national average of 47.9 percent.

About 8.6 percent of 0-59 months children in CAR experienced diarrhea. This is slightly lower than the national average of 11.9 percent. The CAR province with the highest percentage of children that experienced diarrhea in 2015 was Apayao with 15.8 percent

Deworming was highest in CAR with 77 percent program participation among 12-71 months children. This is much higher than the national average of 58.2 percent.

**Teenage Pregnancies.** Among the factors contributing to inadequate care of mothers and children listed by the planning team is the high prevalence of teenage pregnancies. The RDP reported that teenage pregnancy is a cause for concern as early pregnancy brings with it not only health problems for young mothers but also to their child. The latest Young Adult Fertility and Sexuality Study (YAFS) revealed that CAR recorded the highest teenage childbearing rate

of 18.4 percent in 2013, higher than the national average of 13.6 percent. The 2013 NDHS also showed that 28.5 percent of women age 15-24 have begun childbearing which is higher than the 25.9 percent recorded in 2008. However, the latest NDHS data in 2015 showed a decrease to 2.8% among 15-19 years old teenagers who became pregnant and had given birth. CAR recorded the lowest teenage pregnancy among the regions in the country. Though, the prevalence of teenage pregnancy reduced, it cannot be denied that teenage mothers are exposed to different risks that are likely to affect their health and subsequently their human potential.

The planning team added to its list of contributory factors to the inadequate care of mothers and children:

- Low educational attainment of some parents, hence their limited knowledge on health and nutrition
- Negative values among parents (vices and laziness)
- Incidence of teenage parents (lack of knowledge on child care)
- Low income hence inability of many families to provide the basic needs because of seasonal employment/unemployment and large family size
- Working mothers cannot provide full time care to their children; some busy parents use TV/gadgets as substitute for *yaya*
- Limited knowledge on IYCF (Infant and Young Child Feeding) among parents which lead to poor feeding practices.

### **c. insufficient health services**

In terms of health facilities, the combined bed capacity of government and private hospitals in the region was 2,420 in 2013. The total number of Barangay Health Stations was 647 in 2014. There are only two salt iodization plants in the region, one in La Trinidad, Benguet and another in Baguio City-both operated under the LGUs fin partnership with BHWs and BNSs.

The number of medical practitioners in LGUs is comprised of 88 doctors, 28 dentists, 227 nurses and 692 midwives in 2014. Many of these health workers are often designated as local nutrition action officers while they concurrently handle other regular programs, and this is one of the major challenges in the implementation of nutrition programs in the region. CAR has 2,444 Barangay Nutrition Scholars, 8 LGU District/City Nutrition Program Coordinators, 8 P/CNAOs, and 75 MNAOs as of July 2018.

The planning team noted that there is a general perception among clients that government health/nutrition services are of inferior quality compared to those in the private health sector. Heavy workload due to lack of personnel, fast turnover of personnel, and lack of skills/lack of training are among the causes identified for the perceived lower quality of services in government facilities.

For nutrition services, some of the gaps identified are:

- lack among some BNSs and other health/nutrition health workers of skills on assessment, and in understanding the OPT Plus forms. The lack of security of tenure

of the BNSs and lack of incentives and benefits were also identified as concerns that should be addressed.

- Many nutrition workers do not properly document their nutrition activities/projects.
- Reporting issues, e.g. delayed submission, technical issues on the FHSIS
- No nutritional assessment data among students in private schools
- Insufficient logistics for health and nutrition services (e.g. vitamin A and iron)
- Non-standard, uncalibrated and non-functional weighing scales used during OPT; many LGUs cannot afford weighing scales and other standard measuring equipment
- Generally low budget allocation given to nutrition as most LGSUs do not give priority to nutrition
- Absence of a legal issuance requiring mandatory allocation for nutrition so allocation mainly depends on the priority LCEs give to nutrition.

#### **d. unhealthy environment**

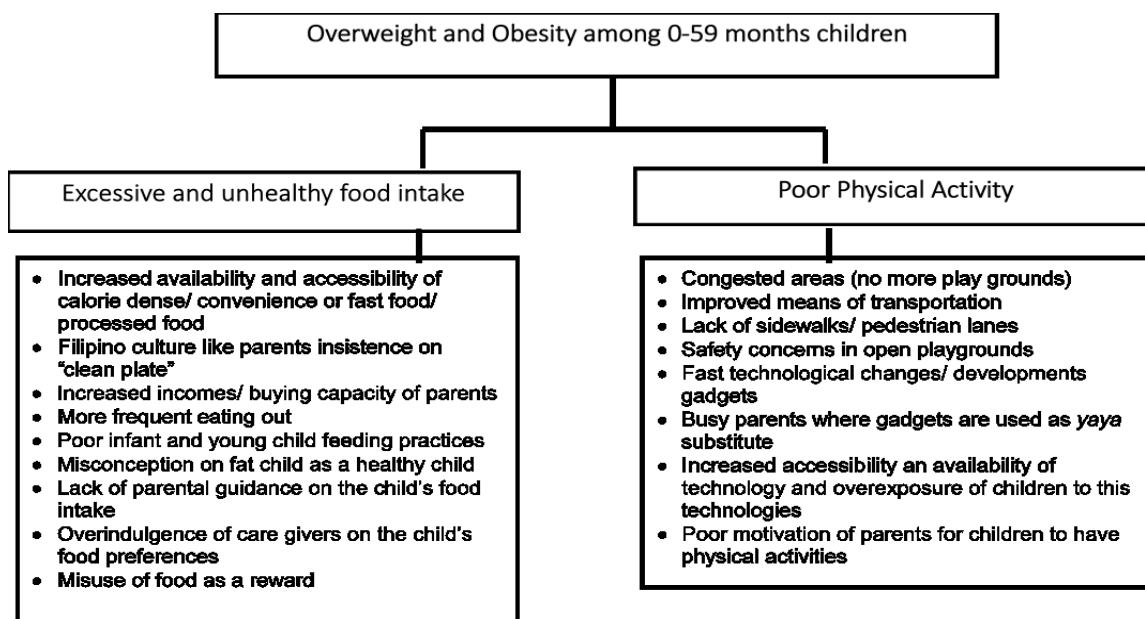
Access to safe water and sanitation remains low in the region. Only 42 percent of the population had access to safe water in 2015 while 84 percent had sanitary toilet facilities.

The planning team cited the following problems:

- Problems on proper waste disposal
- Presence of unsanitary toilet facilities
- Lack of environmental awareness among many households
- Insufficient sources of potable water sources in some areas
- Difficult or lack of access to water testing facilities so some are considered not to have safe drinking water sources due to the absence of testing

#### *causes of overnutrition*

The causes of the serious problem of overweight and obesity in the region were also discussed, and excessive food intake and sedentary lifestyle were identified as main causes. The planning team also identified some possible reasons and related problems leading to excessive eating and limited physical activity, especially among young children.



**Figure 6. Causal model for overweight and obesity among underfive children**

While the above causes were true for young children, many in the list are also applicable to older children and adults.

Smoking and alcoholism were identified as major lifestyle issues. The group noted the absence of political will of some local authorities in implementing existing policies and the contradictory government policy on tobacco production which contributes to increasing accessibility of cigarettes. They also noted the lack of a national policy against alcohol drinking.

Irregular sleeping patterns and the increasingly sedentary lifestyle with the technological advances were also identified as major and direct causes of overweight and obesity among the adult population.

## **BROADER/SOCIETAL FACTORS CONTRIBUTING TO MALNUTRITION**

Broader social, economic, and political factors can be viewed as major causes which allow malnutrition in the region to persist. Among these are the declining role of agriculture in economic development, poverty, underemployment, literacy and education, disasters and conflict, and the promotion of indigenous peoples' rights.

### **Economic development and decline in agriculture**

The economy of the region is diverse; mining, agriculture, export processing zone and tourism are among economic activities in the different provinces of the region. While the region is still abundant with mineral reserves, its timber resources have dwindled since the introduction of slash-and-burn method of farming in all parts of the Cordillera mountain range. Vegetable crop production is well developed in Benguet, rice production in Ifugao and Abra, corn production in Mountain Province, and Kalinga. Baguio and La Trinidad are considered as the industrial centers in the region. Baguio City hosts Baguio Export Processing Zone where



operations of big companies like Texas Instruments, and MOOG are located. The city also hosts offshore and outsourcing companies operating call centers.

According to the RDP, CAR's gross regional domestic product (GRDP) reached Php133.485 billion in 2015 from Php120.136 billion in 2010, or an average growth of 2.1 percent per year. Services is the fastest growing sector averaging 4.1 percent growth between 2010 and 2015 followed by industry at 1.2 percent per year. Agricultural gross output has been contracting by an average negative 0.6 per year and has been contributing the least to GRDP. In 2016, CAR contributed 1.7 percent to the country's Gross Domestic Product (GDP). The region's economy improved by 2.1 percent. Agriculture, Hunting, Forestry and Fishing sector accounted for 8.8 percent of the total output of the region. The sector registered a 4.5 percent decline in 2016.

The declining role of agriculture in development is significant in a region where almost half of the labor force is economically engaged in agricultural activities. The growth in the sector could also be strategic in poverty reduction especially when farmers posted the highest poverty incidence in 2012 among eight basic sectors in the region.

The RDP cites the continuing challenges to the agricultural sector:

Low productivity in agriculture. The region's major challenge is the limited land for agricultural production, hence the need for technologies that increase yield even in steep slopes. Added to this is the relative inadequacy of irrigation support in a framework that puts small farms as least priority in irrigation development. Amidst this, CAR has demonstrated a sustained dominance in the production of high value semi-temperate vegetables and even in cut flowers. It also has the appropriate temperature and elevation for coffee production which has a significant global market. Value added could be increased in all stages of each product's value chain. The necessary technical assistance, financing assistance and post-harvest support must be in place through a self-reliance approach and not dependence on government.

Vulnerability to disaster and climate change. In 2016, crops and livestock losses, damages to irrigation and other agricultural infrastructure caused by typhoon Lawin amounted to more than Php3.6 billion. Thus, the sector's resilience to disasters, extreme temperature and off-season typhoons need to be integrated in the design of support infrastructure like irrigation and farm to market roads as well as in the technologies being developed.

Sustaining agricultural production while protecting the environment. Farming practices that are heavy on the use of chemical fertilizers and pesticides should be redirected to organic fertilizer use and integrated pest management. Also, encroachment to forest lands should not be allowed.

Low farm income. In CAR, farmers are the poorest of the basic sectors with poverty incidence of 33 percent in 2012. Increasing farmers' productivity through better farming practices, appropriate assistance and off-farm skills building could increase farmers' income beyond the poverty threshold.

## Employment

The employment rate in CAR was 93.5 percent in 2012 and 95.8 percent by the middle of 2016. The Agriculture, Forestry and Fisheries sector employed 48 percent, Industry employed 12 percent while the Services Sector employed 40 percent in 2015.

At the start of 2016, 765,000 were employed and 34,000 were unemployed. Unemployment decreased from 6.5 percent in the first quarter of 2014 to 4.2 percent in the middle of 2016. However, underemployment increased from 14.0 to 22.2 during the same period.

The high employment rate in the region was sustained at an average 95 percent between 2010 and 2015. As such, the unemployment rate was at average 5 percent with the lowest rates recorded in 2013 (4.6 percent) and in 2015 (4.8 percent).

But the challenge of reducing the underemployment rate continues which was at an average 15.7 percent, with the highest rate recorded in 2015 at 20.8 percent. The high underemployment rate reflects the poor quality of jobs being generated as the underemployed include all employed persons who express the desire to have additional hours of work in their present job or an additional job, or to have a new job with longer working hours. Contributing to the high underemployment is that almost half of the employed are in the agriculture sector mostly located in the rural and hinterland areas in the region where work is seasonal or where wages remain low. Also, even as the number of wage and salary workers has increased over the years, the number of unpaid family workers has not significantly decreased

## Poverty Incidence

Economic growth trends as well as employment trends in turn impact on poverty incidence. The PSA poverty statistics showed that the regional poverty incidence among population for CAR in 2015 was 19.7 percent, an improvement from 22.8 percent in 2012. Benguet including Baguio City had the lowest poverty incidence in the region at 3.5 percent, an improvement from 3.7 percent in 2012. Abra had the second lowest poverty incidence of 28.9 percent, a big improvement from 37.4 in 2012. Ifugao had a third lowest poverty incidence of 32.5 percent but the coefficient of variation is more than 20 and hence not accurate. The provinces of Apayao and Kalinga had the same poverty incidence of 34.9 percent but the coefficient of variation for Kalinga is more than 20 percent and hence not accurate. Mountain Province had the highest poverty incidence of 39 percent. The provinces of Kalinga and Mountain Province increased in poverty incidence while the rest decreased from 2012 to 2015.

Among the poor families in the region, 4.8 percent are subsistence poor or food poor in 2015 compared to the 7.1 percent in 2012. Ifugao had the highest subsistence poverty in 2015 with 12.8 percent while Benguet had the least at only 0.3 percent.

About one fourth (25.7 percent) of the households in CAR are participants in the Pantawid Pamilyang Pilipino Program (4Ps). This is about the same as the national average of 26.1 percent.

## Education

The Functional Literacy, Education and Mass Media Survey (FLEMMS) conducted in 2013 covered around 36 million population aged 6 to 24 years. The survey reported that one in every ten Filipino children and youth was out-of-school in 2013. In CAR, of the 681,000 persons aged 6-24, 66.8 percent were attending school while 33.2 percent were not attending school. Of the 66.8 percent attending school, 51.9 percent were in elementary, 28.5 percent were in high school and 16.5 percent were in college.

For the region's population of 1.498 million, persons 6 years old and above, 94,000 (6.3 percent) did not complete any grade; 334,000 (22.3 percent) were elementary level; 141,000 (9.4 percent) graduated from elementary; 232,000 (15.5 percent) reached high school level; 251,000 (16.8 percent) are high school graduates; 62,000 (4.1 percent) were post-secondary; 171,000 (11.4 percent) reached college level; and 213,000 (14.2 percent) were college graduates.

The RDP pointed out that despite improved education indicators, the region showed low performance in National Achievement Tests (NAT). As of 2015, NAT rating for the elementary level was at 69.79 percent while rating for secondary level was 49.73 percent. It also indicated that simple and functional literacy rate in the region were at a high 96.7 percent and 92.8 percent in 2012.

The most common reasons given for the lack in education are lack of income, marriage, lack of personal interest, and housekeeping, among others.

## Human Development Index

The Human Development Index (HDI) measures the development of a country not based on economy alone but emphasizes the capabilities as well of the people. It is a summary measure for assessing long-term progress in three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living. The HDI scale is divided into three namely: HIGH (0.800 and up), MEDIUM (0.500 – 0.799), and LOW (.499 and below). The 2012-2013 Philippine Human Development Report shows that in 2009, Benguet had an HDI of 0.849, the highest HDI among provinces nationwide with life expectancy of 74.8 years, mean years of schooling of 10 years, and per capita income of 80,431 pesos. Mountain Province had the lowest HDI in the region at 0.432 with life expectancy of 63.7 years, mean schooling years at 7.5, and per capita income of 30,245 pesos. Kalinga, 0.54 and Apayao, 0.509, were among the medium-HDI provinces. Abra with 0.488; Ifugao with 0.465 and Mountain Province with 0.432, belonged to low-HDI provinces.

## Vulnerability to disasters

The region is frequented by natural hazards such as flooding, landslides and ground shaking. These are either triggered by typhoons or earthquakes. Owing to its mountainous terrain, the region is prone to rain-induced landslides associated with typhoons and monsoon rains. Parts of the region are also prone to hazards brought about by climatic conditions such as frost, La Nina and El Nino. In 2016, CAR was one of the regions severely hit by super typhoon Lawin which affected 526,759 persons and recorded 16 fatalities. For the social sector (housing, health and education), Lawin recorded damages amounting to Php 477,791,740 and losses

amounting to Php 26,258,058. Severe typhoons such as super typhoon Lawin exposed the inadequate disaster risk prevention and coping mechanism of the LGUs. The use of schools as evacuation centers is being discouraged because these are not typhoon-proof. Schools are not built for human habitation for long periods of time, and lack proper sanitation facilities for such applications. Using schools as evacuation centers also prolongs the disruption.

### Governance and Political Risks

The RDP recognizes that crime and domestic violence, armed conflict and political instability impose great risks to lives and communities. To enhance socio-economic conditions, improve governance, and empower communities through strengthening their capacity to address issues of conflict and peace, the government is implementing the PAYapa at MASaganang PamayaNAn (PAMANA) which is its national convergence program for peace and development in conflict-affected and conflict-vulnerable areas. The PAMANA complements the government's aim to achieve the completion of the signed Memorandum of Agreement between the Government of the Philippines (GPH) and the Cordillera Bodong Administration-Cordillera People's Liberation Army (CBA-CPLA) Towards the Final Disposition of Arms and Forces and CBA-CPLA's Transformation into a Potent Socioeconomic Unarmed Force in 2011. The PAMANA has contributed to the CPLA's economic development through livelihood projects, integration of their next of kin into the Armed Forces of the Philippines, and employment with the DENR as forest guards. Also, they were enrolled into PhilHealth insurance and college scholarships for their children or next of kin.

Moreover, the RDP maintains that economic growth cannot be sufficiently buoyant, sustained, or inclusive without durable and enduring peace. Threats from the New People's Army operating in far flung barangays in the region have stalled development efforts and discouraged investments. Communities that experience armed conflict are frequently among the poorest in the country. Families that belong to these communities always need to be prepared for evacuation at a moment's notice wherever fighting erupts. As the same time, school children in these areas are either forced to suspend or quit schooling, which leave their learning stunted and options for a brighter future limited. In response, the government has been relentless in the pursuit of peace, through intensified development and peacebuilding initiatives in conflict-affected areas (CAA) and conflict-vulnerable areas (CVA). Over the years, while much has been achieved by the government, so much remains to be done.

### Promoting and Protecting Indigenous Peoples' Rights

The RDP argues that given the predominance of the IPs and their numerous concerns, the NCIP-CAR is challenged by limited human and financial resources in fulfilling its mandate as the primary government agency for promoting and protecting the rights and well-being of the IPs and their ancestral domains. Moreover, mechanisms to promote culture-sensitive governance exists but are not fully implemented. The Regional Development Council (RDC) of the Cordillera Administrative Region created a Sectoral Committee on Indigenous Peoples Concerns in 2003 tasked to tackle issues and concerns of IPs in the region.

Another governance mechanism is the Mandatory Representation of Indigenous Peoples in Local Legislative Councils (IPMRs). As of 2016, there were 226 IPMRs in the region, but many of the LGUs still do not have a representative in their local councils and even if some LGUs have IPMRs, many are not receiving full compensation as regular members of the Local Council.

Promoting Land Tenure Security through the issuance of Certificate of Ancestral Domain/Land Title (CADTs/CALTs) is one of the major programs of the NCIP. One CADT application was approved from 2011 to 2015. The ancestral domain covers an area of 9,027.5370 hectares covering five barangays. Four CALTs in Baguio City were also approved in 2012. However, due to anomalous issuances of CALTs, a nationwide moratorium was issued by the NCIP.

Crucial to land tenure security in the ancestral domains is the approval of the Implementing Rules and Regulations of the IPRA which provides that individual members of Indigenous Cultural Communities (ICCs) or IPs shall have the option to secure title to their ancestral lands. However, Central offices of NCIP and DENR have yet to favorably act on the draft IRR.

Indigenous communities are also tasked to prepare their Ancestral Domains Sustainable Development and Protection Plan (ADSDPP). The ADSDPP refers to the consolidation of the plans of ICCs/IPs within an ancestral domain for the sustainable management and development of their land and natural resources as well as the development of human and cultural resources based on their indigenous knowledge, systems and practices. However, the ADSDPPs are not complete, formulation is very slow and very few are mainstreamed in plans and priority projects of regional line agencies (RLAs) and LGUs. Of the 111 ancestral domains in CAR, only 23 have updated ADSDPP, 21 have expired or obsolete ADSDPPs, and 67 ancestral domains are still without ADSDPP as of 2015.

#### Excellence in Local Level Nutrition Program Implementation

Ifugao Province and more recently the municipality of Alfonso Lista (2018) was able to get the Nutrition Honor Award (NHA), the highest nutrition award given by the NNC to good performing LGUs. Earlier, two municipalities were able to garner the NHA - Kapangan, Benguet in 1994 and Kiangin, Ifugao in 2004. Baguio City will be finally evaluated for NHA while the municipality of Tublay will be evaluated for first CROWN Maintenance in 2019.

#### **Conclusion**

Malnutrition remains an alarming problem in the Cordillera Administrative Region. It is intertwined with the development of the region and therefore cannot be ignored. Improving programs around the first 1000 days adjustments in the preschool and school nutrition programs and services seem promising given already existing programs to build on.

## SECTION II. RPAN REGIONAL OUTCOME TARGETS

The Regional Plan of Action for Nutrition of the Cordillera Administrative Region 2019-2022 is aligned with the over-all goal of the Philippine Plan of Action for Nutrition 2017-2022 – *improve the nutrition situation of the country as a contribution to: (1) the achievement of Ambisyon 2040<sup>5</sup>, (2) reducing inequality in human development outcomes, and (3) reducing child and maternal mortality.*

CAR has set annual outcome and sub-outcome targets within the plan period. As the region is expected to contribute to the achievement of the national outcomes, these targets were made consistent with those of the PPAN 2017-2022:

The RNC looks forward to reducing malnutrition across all age groups and contribute to attaining the PPAN 2017-2022 and SDG targets. The outcome targets specifically for nutrition indicators based on OPT Plus are as follows:

1. To reduce undernutrition prevalence among under-five and school children from 2017 to 2022 as follows:
  - a) Stunting prevalence from 12.07% to 9.58%;
  - b) Wasting prevalence among under five children from 2.34% to 2.11%;
  - c) Underweight prevalence from 3.55% to 2.37%; and
  - d) Wasting prevalence among elementary pupils from 5.45% to 4.20% and among high school students from 3.78% to 2.28%.

The breakdown of annual targets are as follows:

**Table 17. Annual targets for undernutrition**

Indicators	Baseline <sup>6</sup>	Targets			
	2017	2019	2020	2021	2022
Stunting Prevalence among 0-59 months	12.07	11.08	10.58	10.08	9.58
Wasting Prevalence					
<i>a. Wasting among 0-59 months</i>	2.34	2.26	2.21	2.16	2.11
<i>b. Wasting among elementary Pupils</i>	5.45	4.95	4.70	4.45	4.20
<i>c. Wasting Prevalence among high school students</i>	3.78	3.18	2.88	2.58	2.28
Underweight by age among 0-59 months	3.55	2.97	2.77	2.57	2.37

The RPAN will also be evaluated by 2022 based on national data, specifically data from the NNS. The 2022 targets based on national data is as follows:

	Baseline <sup>1</sup>	2022 Target
Prevalence (in percent) of stunted children under five years old	36.8	29.9
Prevalence (in percent) of wasted children		
- Under five years old	4.5	3.5
- 6 – 10 years old	4.3	3.5

<sup>1</sup>Baseline is based on 2015 NNS updating survey

<sup>5</sup> Ambisyon 2040 is the Philippines' long-term vision, i.e. "By 2040, the Philippines shall be a prosperous, predominantly middle-class society where no one is poor, our people shall live long and healthy lives, be smart and innovative, and shall live in a high-trust society. " (Executive Order 05, October 2017).

<sup>6</sup> Based on Operation Timbang Plus data and DepEd-CAR Baseline Nutritional Status

2. To reduce the rate of increase of overweight and obesity prevalence among under five children, elementary pupils, high school students, and adults.

**Table 18. Annual targets for overweight and obesity**

Indicators	Baseline <sup>7</sup>	Targets				
	2017		2019	2020	2021	2022
Overweight and obesity among 0-59 months	2.64		2.74	2.79	2.84	2.89
Overweight and obesity among elementary pupils	2.89		3.89	4.39	4.89	5.39
Overweight and obesity among high school students	2.45		3.45	3.95	4.45	4.95

Overweight and obesity outcomes will also be evaluated using the results of the national nutrition survey data with the following baseline and target:

Indicator	Baseline	2022 Target
Overweight and Obesity among under-five children <sup>1</sup>	3.2	3.24
Overweight and obesity among 6-10 years old <sup>2</sup>	9.9	10.25
Overweight and Obesity among Adolescents <sup>1</sup>	11.4	11.5
Overweight and obesity among Adults <sup>2</sup>	35.4	37.5

<sup>1</sup>Baseline based on 2015 NNS updating conducted by FNRI

<sup>2</sup>Baseline based on 2013 NNS conducted by FNRI

3. To reduce micronutrient deficiencies to levels below public health significance

**Table 19. Targets for micronutrient deficiencies based on national data**

Indicator	Baseline <sup>1</sup>	2022 Target
• Vitamin A deficiency prevalence (in percent) of children 6 months to 5 years (low to deficient serum retinol)	12.5	10.0
• Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	123	≥100
- Pregnant women	68	≥150
- Lactating women	60	≥100
• Percent with urinary iodine concentration <50 mcg/L		
- Children 6-12 years old	26.4	19.9
- Lactating women	41.8	19.9

<sup>1</sup>Baseline based on 2013 NNS conducted by the FNRI

4. Targets for other nutrition related indicators based on NNS data

**Table 20. Targets for other nutrition related indicators**

Indicator	Baseline	2022 Target
Reduce the proportion of nutritionally-at-risk pregnant women <sup>1</sup>	22.1	17.8
Reduce the prevalence of low birthweight <sup>3</sup>	18.6	14.4

<sup>7</sup> Based on Operation Timbang Plus data and DedpEd Baseline Nutritional Status

Increase the percentage of infants 5-month-old who are exclusively breastfed <sup>2</sup>	72.1	73.00
Increase the percentage of children 6-23 months old meeting the minimum acceptable diet <sup>1</sup>	22.2	25.0
Increase the percentage of households with diets that meet the energy requirements <sup>2</sup>	40.8	47.8

<sup>1</sup>Baseline based on 2015 updating National Nutrition Survey conducted by the FNRI

<sup>2</sup>Baseline based on 2013 National Nutrition Survey conducted by the FNRI

<sup>3</sup>Baseline based on 2013 National Demographic and Health Survey

### Key Strategies to Achieve 2022 Outcome Targets

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

1. **Focus on the first 1000 days of life.** The first 1000 days of life refer to the period of pregnancy up to the first two years of the child. The RPAN will ensure that key health, nutrition, early education and related services are delivered to ensure the optimum physical and mental development of the child during this period.
2. **Complementation of nutrition-specific and nutrition-sensitive programs.** The regional planners ensured that there is a good mix of nutrition-specific and nutrition-sensitive interventions in the RPAN. Nutrition-specific interventions “address the immediate determinants<sup>8</sup> of fetal and child nutrition and development”. Nutrition-sensitive interventions, on the other hand, were identified in order to address the underlying determinants of malnutrition (inadequate access to food, inadequate care for women and children, and insufficient health services and unhealthy environment).
3. **Intensified mobilization of local government units.** Mobilization of LGUs will aim to transform low-intensity nutrition programs to those that will deliver targeted nutritional outcomes. RNC Resolution no. 7 series of 2016 approving the LGU mobilization strategy emphasized the need to focus technical assistance to low performing LGUs.
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. Actual implementation of programs and projects except for those that are not devolved (e.g. DepEd) are carried out by LGUs. DOH who is the lead for health and nutrition services provide technical assistance and augmentation of manpower and logistics.

<sup>8</sup> Immediate determinants include adequate food intake and nutrient intake, care giving and parenting practices, and low burden of infectious diseases. (Executive Summary of the Lancet Maternal and Child Nutrition Series, 2013).



### SECTION III. RPAN PROGRAMS AND PROJECTS

Regional line agencies identified projects under 11 programs aligned to the PPAN 2017-2022. The 11 PPAN programs follow the life stages of the Department of Health with focus on the First 1000 days. Table 21 contains the list of programs and projects while table 22 provides the description of these programs and project. The budgetary requirements for the projects are contained in tables 23 and 23a. The results matrix in table 25 also serves as the implementation plan as it contains program/project outputs, activities, timelines and responsible agency/agencies.

**Table 21. RPAN CAR Programs and Projects**

PROGRAM	PROJECTS/ACTIVITIES
<b>PROGRAM 1: INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K)</b>	<b>Project 1.</b> Support to LGUs for increased compliance to first 1000 days through the implementation of ECCD project
	<b>Project 2.</b> Dietary Supplementation for Pregnant Mothers and 6-23 months children
	<b>Project 3.</b> Promotional Activities for Breastfeeding and the first 1000 days
	<b>Project 4.</b> Establishment of IYCF Support Groups
	<b>Project 5.</b> Accreditation of Mother Baby Friendly Facilities and Workplaces
<b>PROGRAM 2: MICRONUTRIENT SUPPLEMENTATION PROGRAM</b>	<b>Project 6.</b> Micronutrient supplementation for pregnant and lactating women, Women of Reproductive Age (WRA) and under five children
<b>PROGRAM 3: DIETARY SUPPLEMENTATION PROGRAM FOR OLDER CHILDREN</b>	<b>Project 7.</b> Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays
	<b>Project 8.</b> Strengthening CDCs for ECCD Compliance
	<b>Project 9.</b> School-based Supplementary Feeding
	<b>Project 10.</b> School-based Complementary Health Services
<b>PROGRAM 4: MANDATORY FOOD FORTIFICATION</b>	<b>Project 11.</b> Advocacy for and Compliance Monitoring of RA 8976 and 8172
<b>PROGRAM 5: NUTRITION IN EMERGENCIES PROGRAM</b>	<b>Project 12.</b> Building and strengthening capacities for emergency preparedness, response and rehabilitation
<b>PROGRAM 6: NUTRITION PROMOTION FOR BEHAVIOR CHANGE</b>	<b>Project 13.</b> Health and Nutrition Education for learners and parents/caregivers
<b>PROGRAM 7: ADOLESCENT HEALTH AND DEVELOPMENT</b>	<b>Project 14.</b> Provision of a Package of Interventions for Adolescent Health and Development
	<b>Project 15.</b> Responsible Parenthood and Reproductive Health
	<b>Project 16.</b> Weekly Iron with Folic Acid (WIFA) Supplementation to female adolescent learners ( also included under micronutrient supplementation)
<b>PROGRAM 8: OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION (ADULT)</b>	<b>Project 17.</b> Promotion of Healthy Lifestyle
	<b>Project 18.</b> Weight Management Intervention

<b>PROGRAM 9:</b> PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	<b>Project 19.</b> Enhancement of PIMAM Facilities, Capacities and Provision of Services
<b>PROGRAM 10:</b> NUTRITION SENSITIVE PROGRAM	<b>Project 20.</b> Aquaculture Production Services
	<b>Project 21.</b> Post-harvest Services
	<b>Project 22.</b> Gulayan sa Paaralan
	<b>Project 23.</b> Technology Transfer and Commercialization
<b>PROGRAM 11:</b> ENABLING PROGRAM	<b>Project 24.</b> Support to Livelihood Program
	<b>Project 25.</b> Mobilization of Local Government Units for Delivery of Nutritional Outcomes
	<b>Project 26.</b> Policy Development for Food and Nutrition
	<b>Project 27.</b> Management Strengthening Support for RPAN Effectiveness

In the last RPAN preparation process, the RNC member agencies also came up with their 5-year investment plan for nutrition, consisting of all program/projects related to nutrition that regional line agencies intend to implement within the plan period (2017-2022) and are expected to contribute to the attainment of plan targets. The investment plan has been updated and are included in the plan as Annex 5.

**Table 22. Description of RPAN Region CAR Programs, Projects and their Outputs**

<b>NUTRITION SPECIFIC PROGRAMS</b>	
<b>PROGRAM 1. INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K) PROGRAM</b>	
<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 of 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: provision of support to LGUs through the strengthening of health delivery system through the orientation of nutrition workers on nutrition services and interventions; provision of micronutrients to LGUs (vitamin A, MNP and Iron Folic Acid) promotion of breastfeeding and complementary feeding practices, promotion of the organization of IYCF support groups, and compliance monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces) and the Mother-Baby Friendly Hospital Initiative. More specifically, micronutrient supplementation under the F1K program will utilize existing delivery platforms in order to reach target program beneficiaries such as antenatal care, essential intrapartum and newborn care as well as in health facilities and outreach services.</p> <p>The program is led by the Department of Health in partnership with sectoral agencies, NGOs and development partners. LGUs will be the main implementers on the ground.</p>	
<b>Project Title</b>	<b>Project Output/s</b>
<b>Project 1.</b> Mobilization of LGUs for increased compliance to First 1000 Days standards through the ECCD Project	<b>1-O.1.</b> All provinces Focus provinces covered by ECCD
<b>Project 2.</b> Dietary Supplementation for Nutritionally At-risk Pregnant Women and undernourished 6-23 months old children	<b>2-O.1.</b> 3 Focus provinces covered with feeding of pregnant mothers by end of 2023
<b>Project 3.</b> Promotional Activities for Breastfeeding and the First 1000 Days	<b>3-O.1.</b> 3 Focus provinces covered with promotional activities
<b>Project 4.</b> Establishment of IYCF Support Groups	<b>4-O.1.</b> 30% of LGUs with established and functional IYCF support groups by 2022
<b>Project 5.</b> Accreditation of Mother Baby Friendly Facilities and Workplaces	<b>5-O.1.</b> 3 additional health and non-health facilities/establishments compliant to EO 51, RA 10028 and MBFHI or accredited as mother and baby friendly
<b>PROGRAM 2. MICRONUTRIENT SUPPLEMENTATION PROGRAM</b>	
<p>Program Description:</p> <p>Micronutrient Supplementation (MS) Program focuses on the provision of vitamins &amp; 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 program beneficiaries as per guidelines.</p>	

<p>The overall policy on MS is contained in DOH Administrative Order No. 2010-0010 entitled “Revised Policy on Micronutrient Supplementation to Support Achievement of 2015 MDG Targets 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.</p> <p>The Micronutrient Supplementation Program under the RPAN 2019-2022 is an important complement of the programs on IYCF/F1K, dietary supplementation, and nutrition in emergencies.</p>	
Project Title	Project Output/s
<b>Project 6.</b> Micronutrient supplementation for pregnant and lactating women, WRA and under five children	<b>6-O.1.</b> 90% of under-five children given Vitamin A by 2022 65% of postpartum women given Vitamin A by 2022 60% of pregnant women given IFA by 2022 80% of underweight 5-23 months children provided with full requirement of MNP annually
<b>PROGRAM 3. DIETARY SUPPLEMENTATION PROGRAM FOR OLDER CHILDREN</b>	
<p>Program Description:</p> <p>The Dietary Supplementation Program aims to safeguard the health of nutritionally-at-risk groups by providing 1) nutritious foods to supplement diets of preschoolers and school children (Kinder to Grade 6); 2) feeding of children in child development centers; and 3) strengthening of CDCs for ECCD compliance. 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 human development.</p> <p>The program will be jointly implemented by the DOH, DSWD, DepEd, LGUs in partnership with NGOs and development partners.</p>	
Project Title	Project Output/s
<b>Project 7.</b> Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	<b>7-O.1.</b> All children enrolled in CDs and SNPs are provided with supplementary feeding
<b>Project 8.</b> Strengthening CDCs for ECCD Compliance	<b>8-O.1.</b> 50% Standard CDCs and SNPs constructed and/or established
	<b>8-O.2.</b> 40% of CDCs conforming with the indicators in the ECCD Tool
	<b>8-O.3.</b> Policy on establishment of vegetable garden and program on healthy lifestyles in CDCs issued
	<b>8-O.4.</b> 40% of the 2,147 CDWs capacitated on nutrition and feeding management
<b>Project 9.</b> School-Based Supplementary Feeding	<b>19-O.1.</b> All public elementary schools implementing school-based feeding program following the guidelines
<b>Project 10.</b> School-based Complementary Health Services	<b>10-O.1.</b> 95% of public elementary schools in the region compliant to deworming
	<b>10-O.2.</b> 100% of public elementary schools conduct projects relevant to personal hygiene and good grooming standards particular to the region

	<b>10-O.3.</b> 100 % public elementary schools conducting promotional activities on handwashing and oral health care
<b>PROGRAM 4. MANDATORY FOOD FORTIFICATION PROGRAM</b>	
<p>Program Description:</p> <p>The Mandatory Food Fortification (MFF) program at the regional level consists essentially of actions to educate the public about the value of fortified foods, monitoring compliance of food fortification following RA 8976 (The Food Fortification Law) and RA 8172 (The ASIN Law). Regional efforts also focus on ensuring that coordinating mechanisms for inter-agency collaboration on food fortification are fully functional.</p> <p>The program is expected to result to increased number of establishments monitored on MFF compliance and increased level of awareness on the importance of food fortification.</p> <p>Program implementation will be led by the DOH in partnership with NNC, FDA and other agencies constituting existing inter-agency task force in the region.</p>	
Project Title	Project Output/s
<b>Project 11.</b> Advocacy for and Compliance Monitoring of RA 8976 and 8172	<b>11-O.1.</b> A mechanism for advocacy and compliance monitoring food fortification strengthened and implemented
	<b>11-O.2.</b> Improvements in the compliance level for MFF evidenced in the region
<b>PROGRAM 5. NUTRITION IN EMERGENCIES PROGRAM</b>	
<p>Program Description:</p> <p>Nutrition in Emergencies is one of the nutrition specific programs under the RPAN that seeks to build capacity of the Local Disaster Risk Reduction and Management Committees (LDRRMCs)/Nutrition Clusters (NCs) to integrate nutrition promotion and management activities in their disaster risk reduction and management plan of the 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 rehabilitation<sup>9</sup>. 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.</p>	
<b>Project 12.</b> Building and strengthening capacities for emergency preparedness, response and rehabilitation	<b>12-O.1.</b> 100% provinces/cities and municipalities with organized local nutrition clusters (6 provinces, 2 cities and 75 municipalities)
	<b>12-O.2.</b> 100% of all LGUs reached by advocacy activities and monitoring for stockpiling of nutrition related commodities such as vitamin A and iron

<sup>9</sup> Disasters are a big downward pull to the state of nutrition and in the Philippines, including REGION 6 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 PPA outcomes being achieved.

NUTRITION PROMOTION FOR BEHAVIOR CHANGE	
<p>Program Description:</p> <p>The Nutrition Promotion for Behavior Change Program aims to raise awareness of family members, development workers and policy makers on the importance of improving nutrition and ensure that the various nutrition-specific services are supported with appropriate communication activities. Ultimately, the program is designed to contribute to the program partners' (audiences) adoption of positive practices that impact on nutrition.</p> <p>The Program aims to strengthen the provision of behavior changing nutrition promotion opportunities covering 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 promotion and campaign on the Nutritional Guidelines for Filipinos, 10 Kumainments and Pinggang Pinoy shall form part of the Regional Program on Nutrition Promotion for Behavior Change.</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>	
<p><b>Project 13.</b> Health and Nutrition Education for learners and parents/caregivers</p>	<p><b>13-O.1.</b> All public schools implementing health and nutrition education activities for learners and parents/caregivers</p>
PROGRAM 7. ADOLESCENT HEALTH AND DEVELOPMENT	
<p>Program Description:</p> <p>The Adolescent Health Program was included in the RPAN because of the planner's recognition of the alarming prevalence of adolescent pregnancy. In addition, there are issues affecting adolescent's 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 main implementors for this program are the Population Commission, DOH and DepEd.</p> <p>Capacity building packages for service providers and tools for health and nutrition counselling will be developed and updated.</p>	
Project Title	Project Outputs
<p><b>Project 14.</b> Provision of a Package of Interventions for Adolescent Health and Development</p>	<p><b>14-O.1.</b> All targeted adolescents reached and informed</p>
	<p><b>14-O.2.</b> All targeted parents/teachers reached and informed</p>
	<p><b>14-O.3.</b> 75% of relevant stakeholders trained on AHYD</p>
	<p><b>14-O.4.</b> 5 functional Information and Service Delivery Network (ISDN) established and maintained</p>
	<p><b>14-O.5.</b> 5 Teen Centers established and maintained</p>
<p><b>Project 15.</b> Responsible Parenthood and Reproductive Health</p>	<p><b>15-O.1.</b> 175,000 couples provided with RPFP sessions</p>
	<p><b>15-O.2.</b> 23-O.2. 60% of expressed unmet need provided</p>
	<p><b>15-O.3.</b> 23-O.3. 25% increase in the number of men provided with RPFP information</p>

<b>Project 16.</b> Weekly Iron with Folic Acid (WIFA) Supplementation to female adolescent learners	<b>16-O.1.</b> All public secondary schools providing complete dosage of WIFA to female adolescent school children (Grade 7-10)
<b>PROGRAM 8. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION PROGRAM</b>	
<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</i> promoting the <i>Pilipinas 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 three projects: 1) Promotion of Healthy Lifestyle and NCD Prevention; 2) Weight Management Intervention. The projects emphasize the importance of physical activity and healthy eating particularly among adults.</p> <p>The lead implementing agency will be the Department of Health (DOH) as part of its health system response against the rising prevalence of NCDs. The National Nutrition Council as secretariat of the RNC will coordinate and monitor implementation of the weight management project of the RNC.</p>	
<b>Project Title</b>	<b>Project Outputs</b>
<b>Project 17.</b> Promotion of Healthy Lifestyle	<b>17-O.1.</b> 50% of LGUs implementing healthy lifestyle projects throughout the year
<b>Project 18.</b> Weight Management Intervention	<b>18-O.1.</b> At least 50% of RLAs and RNC member agencies in CAR adopt a weight management program
<b>PROGRAM 9. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)</b>	
<p>Program Description:</p> <p>The Philippine Integrated Management of Acute Malnutrition (PIMAM) Program aims to locate the acutely malnourished especially those with severe and moderate acute malnutrition, and to provide the needed medical and nutritional intervention. At least 90% of SAM children given RUTF and treated, at least 90% of MAM able to access RUSF and at least 90% of wasted treated are expected from the program.</p> <p>The interventions will be delivered through in-patient treatment centers, out-patient treatment centers and target supplementary feeding program sites. Its implementation is guided by DOH AO 2015-055 National Guidelines on the Management of Acute Malnutrition of Children under 5 Years. More specific protocols are contained in the "National Guidelines on the Management of Severe Acute Malnutrition (SAM) for Under-Five Children" and the "National Guidelines on the Management of Moderate Acute Malnutrition (MAM) for Under-Five Children".</p> <p>Enhancement of PIMAM Facilities, Capacities and Provision of Services will focus 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>	



PIMAM shall be complemented by other nutrition interventions to sustain the normal status of rehabilitated children including nutrition counseling, especially on IYCF and Nutrition in Emergencies and disasters could trigger an increase in acute malnutrition.	
The program is led by the DOH, in partnership with LGUs, NGOs, and developmental partners.	
Project Title	Project Outputs
<b>Project 19.</b> Enhancement of PIMAM Facilities, Capacities and Provision of Services	<b>19-O.1.</b> PIMAM facilities established in 6 provinces and 2 cities
	<b>19-O.2.</b> Staff of public health in 6 provinces and 2 cities trained in managing and providing PIMAM interventions
<b>PROGRAM 10. NUTRITION SENSITIVE PROGRAM</b>	
Program Description:	
<p>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.</p> <p>The Region CAR Updated RPAN 2019-2022 identified nutrition-sensitive projects ranging from agriculture, health, education, jobs generation, livelihood, gender and development, among others.</p> <p>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.</p> <p>The projects will be implemented by specific agencies with key participation from local government units.</p>	
Project Title	Project outputs
<b>Project 20.</b> Aquaculture Production Services	For the outputs for Nutrition-Sensitive Projects, see Results matrix for details (Table 25)  At least four agencies implementing nutrition sensitive programs with tweaking strategies for nutritional outcomes
<b>Project 21.</b> Post-harvest Services	
<b>Project 22.</b> Gulayan sa Paaralan	
<b>Project 23.</b> Technology Transfer and Commercialization	
<b>Project 24.</b> Support to Livelihood Program	
<b>PROGRAM 11. ENABLING PROGRAM</b>	
Program Description:	
<p>There are three inter-related projects under the enabling programs : Mobilization of Local Government Units for Nutritional Outcomes, Policy Development for Food and Nutrition, and Management Strengthening for RPAN Effectiveness.</p> <p><i>LGU Mobilization for Nutritional Outcomes</i> aims primarily to assist the PPAN priority provinces and the majority of its municipalities with low intensity nutrition programs to ones with enhanced nutrition program implementation. Undertaking LGU mobilization in nutrition involves a series of interdependent, interrelated actions or activities designed to strengthen, capacitate low performing local government</p>	



units into action to produce the desired nutritional outcomes. LGU Mobilization also includes assistance to high performing LGU to level up standard of performance and qualify for nutrition awards<sup>10</sup>

*Policy Development for Food and Nutrition* includes review of policies, formulation and dissemination of new policies to address nutrition related issues. It also includes dissemination of national policies to RLAs, LGUs and other stakeholders.

*Management Strengthening Support for RPAN Effectiveness* aims to sustain/strengthen existing mechanisms for RPAN implementation involving management and coordination, monitoring and evaluation, budgeting, and other vital processes. It will include sustaining/improving functionality and coordination of regional bodies and nutrition federations/organizations.

Project Title	Project Outputs
<b>Project 25.</b> Mobilization of Local Government Units for Delivery of Nutritional Outcomes	<b>25-O.1.</b> Increased functionality of LNCs as indicated by increased number of LGUs with MELLPI score of 80% or better
	<b>25-O.2.</b> Increased number of LGUs with national awards
<b>Project 26.</b> Policy Development for Food and Nutrition	<b>26-O.1.</b> Policies reviewed
	<b>26-O.2.</b> All LGUs informed of nutrition related policies
	<b>26-O.3.</b> Policies addressing identified issues formulated and disseminated
<b>Project 27.</b> Management Strengthening Support to RPAN Effectiveness	<b>27-O.1.</b> Regional bodies on nutrition and NNC RO strengthened for RPAN implementation and coordination

<sup>10</sup> RNC Resolution No 7. S. 2016- Adopting the LGU Mobilization Strategy for improved Nutrition Implementation includes assistance to high performance LGUs vying for national awards as a component of the LGU mobilization strategy.

## SECTION IV: ESTIMATES OF BUDGETARY REQUIREMENTS FOR CAR RPAN

Table 23 provides the budget estimates by program as well as the share of the total budget to the total RPAN budget. Table 27a provides the estimate for the 11 programs and 27 projects included in the CAR RPAN. The budget estimated for 2019-2022 for all 11 programs amount to PhP **835,747,631**. The biggest chunk of the budget is on adolescent health and Development. The General Appropriations Act will be the main source of funding. Agency budgets will require annual review and adjustments in line with the regional and national processes for the preparation of investment plans. Annex 4 provides estimates of the budgetary requirements of the CAR RPAN 2019-2022, by program, by project, by year. These estimates do not include budgetary support from LGUs, rather, these budgets are estimates of regional agency requirements to support implementation by LGUs in case of devolved programs and implementation by national agencies for undevolved programs.

In the RPAN formulation for 2017-2022, the regional line agencies prepared an investment plan for nutrition for the plan period. This was updated as part of the plan updating and will form part of the programs and projects that will be undertaken towards the attainment of better nutrition outcomes. The updated investment plan for nutrition is in Annex 5.

**Table 23. Summary of Budgetary Requirements by program and share of program budget to the total RPAN**

Programs	Total Budget (pesos)	% of total RPAN budget
Program 1: IYCF and First 1000 Days (F1K)	8,530,000	1.02%
Program 2: National Dietary Supplementation Program	100,774,431	12.06%
Program 3: Micronutrient Supplementation Program <sup>11</sup>	295,771,800	35.39%
Program 4: Mandatory Food Fortification Program <sup>12</sup>	200,000	0.02%
Program 5: Nutrition in Emergencies	1,200,000	14.00%
Program 6: Nutrition Promotion for Behavior Change	NDA	-
Program 7: Adolescent Health and Development	421,311,411	50.41%
Program 8: Overweight and Obesity Management and Prevention <sup>13</sup>	1,230,000	.09%
Program 9: Philippine Integrated Management of Acute Malnutrition (PIMAM)	730,000	0.18%
Program 10: Nutrition Sensitive	NDA	-
Program 11: Enabling Program	6,000,000	.72%
Grand Total	835,747,631	100%

<sup>11</sup> Part of budget cover is not costed since supplies are downloaded by Central Office to Regional Offices

<sup>12</sup> Budgets come from national level and estimates are not included so percentage share of programs to the RPAN budget do not show total picture

<sup>13</sup> Part of budget is integrated in the Prevention of Non-Communicable diseases Program of DOH

**Table 23a. Summary Budget Estimates for Programs and Projects**

PROGRAMS/ PROJECTS	Agency/ies Responsible	TOTAL
<b>PROGRAM 1: IYCF AND FIRST 1000 DAYS (F1K)</b>		
1. Mobilization of LGUs for increased compliance to first 100 days through the implementation of ECCD	DOH, RNC, NNC, LGUs	3,600,000
2. Dietary Supplementation for Nutritionally At-risk Pregnant Women and undernourished 6-23 months old children Dietary Supplementation for Pregnant Mothers and 6-23 months	DOH	4,000,000
3. Promotional Activities for Breastfeeding and the first 1000 days	DOH	60,000
4. Establishment of IYCF Support Groups	DOH	700,00
5. Accreditation of Mother Baby Friendly Facilities and Workplaces	DOH	170,000
<i>Sub Total</i>		<i>8,530,000</i>
<b>PROGRAM 2. MICRONUTRIENT SUPPLEMENTATION PROGRAM</b>		
6. Micronutrient supplementation for pregnant and lactating women, WRA and under five children	DOH, LGUs	
7. Iron for pregnant and 6-23 months; Iron for WRA	DOH, LGUs	87,384,107 10,159,260
8. Vitamin A for post-partum and 6-23 months; Vitamin A 24-59 months	DOH, LGUs	438,110 2,792,954
<i>Sub Total</i>		<i>8,530,000</i>
<b>PROGRAM 3. DIETARY SUPPLEMENTATION PROGRAM FOR OLDER CHILDREN</b>		
9. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	DSWD	293,195,000
10. Complementary Milk Feeding in CDCs and SNPs	DSWD	2,576,800
11. Strengthening of CDCs for ECCD Compliance		
12. School-Based Supplementary Feeding		
13. School-based Complementary Health Services		
<i>Sub Total</i>		<i>295,771,800</i>
<b>PROGRAM 4. MANDATORY FOOD FORTIFICATION</b>		
14. Advocacy for and Compliance Monitoring of RA 8976 and 8172		200,000
<b>PROGRAM 5. NUTRITION IN EMERGENCES</b>		
15. Building and strengthening capacities for emergency preparedness, response and rehabilitation	DOH, NNC	1,200,000
<b>PROGRAM 6. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE</b>		
16. Health and Nutrition Education for learners and parents/caregivers		

PROGRAM 7. ADOLESCENT HEALTH AND DEVELOPMENT		
17. Provision of a Package of Interventions for Adolescent Health and Development		
18. Responsible Parenthood and Reproductive Health	POPCOM	3,855,400
19. Weekly Iron with Folic Acid (WIFA) Supplementation to female adolescent learners (also included under micronutrient supplementation)	DEPED	417,456,000
PROGRAM 8. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION		
20. Promotion of Healthy Lifestyle	DOH	630,000
21. Weight Management Intervention	NNC, RNC	600,000
<i>Sub Total</i>		<i>1,230,000</i>
PROGRAM 9. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)		
22. Enhancement of PIMAM Facilities, Capacities and Provision of Services	RNC	730,000
PROGRAM 10. NUTRITION SENSITIVE PROGRAMS		
23. Aquaculture Production Services		
24. Post-harvest Services		
25. Farm-to-Market Road and other infrastructure Projects		
26. Gulayan sa Paaralan		
27. Technology Transfer and Commercialization		
28. Support to Livelihood Program		
PROGRAM 11. ENABLING PROGRAMS		
29. Mobilization of Local Government Units for Delivery of Nutritional Outcomes		
30. Policy Development for Food and Nutrition		
31. Management Strengthening Support to RPAN Effectiveness		
<b>Grand Total</b>		<b>835,747,631</b>

## **Resource Mobilization Strategy for the RPAN**

Annex 4 shows the financial requirements of programs projects. Annual budget allocation is approved annually following budget procedure. Ensuring that these programs and projects are included in annual budget proposals is key to ensuring required budgets for program implementation. The role of the national leadership in ensuring that the nutrition related programs and the commitments of their agency to PPAN implementation get funded and downloaded to regions is very important. Generally, regional line agency aligns to their central office priorities. If agency central offices push for the implementation programs, regional agencies would automatically align. They will include in their budget proposals for approval and implementation.

Inter-agency bodies that include the RNC, RICT, RIT, RBATF, RDC are venues where issues and concerns are discussed. Participation in these interagency discussions provide a venue for agencies to advocate for some concerns which could be picked up and integrated by appropriate agencies in their programs/projects.

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

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

## **SECTION V: RISKS ANALYSIS AND MITIGATION MEASURES**

The RPAN includes an analysis of the risks and corresponding proposed mitigation measures. 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 CAR. (See *Table 24*).

**Table 24. CAR RPAN Risks Analysis and Mitigation Measures**

Risk Category	Assumption on Risks/Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
<b>Political</b>	<ol style="list-style-type: none"> <li>1. Election 2019 – new mandates will mean turn-over in local leadership, including program implementers, “changing local administration” – as a product of political patronage. These imply Interference/disruption in program implementation; turn-over of personnel and community volunteers which will require training of new volunteers and workers; disturbance in delivery of services;</li> <li>2. Insurgency situation in some areas in the Provinces may lead to temporary displacement, and increase in prevalence of malnutrition</li> <li>3. Corruption issues can contribute to low nutrition program implementation which can result to increasing malnutrition prevalence</li> </ol>	<p>Ensure continuity of program as MOA covers partnership with the LGU and not with the LCE.</p> <p>Recommend continuity of trained workers from the interim to the incoming politicians.</p> <p>Coordinate with PNP and AFP during monitoring.</p> <p>Create Policy on the non-implementation of Nutrition Programs.</p>	<p>Conduct of orientation/advocacy to newly elected officials; reiterate DILG memo regarding retention of barangay nutrition scholars</p> <p>Continuing capacity building of BNS, BHWs and Child Development Workers as frontline workers</p> <p>Continuing implementation of LGU mobilization strategy activities.</p>
<b>Economic</b>	<ol style="list-style-type: none"> <li>1. Low assurance by investors due to weak governance and political conflict limits development of small businesses and livelihood programs for marginalized sectors</li> </ol>	<p>Support the region as a growing core through agro-industrial development.</p>	<p>The nutrition sensitive program and projects in the RPAN including the promotion of product development to improve market value of local products should be continuously pursued to complement the nutrition specific programs.</p>

	<p>2. Inequality and gap in the value chain of products and limitations in regional economic activities (e.g., rural vs urban) persist.</p> <p>3. Marginalized farmers are not part of the value chain, (inability to compete in local market); resulting to “uneven” development between farmers and among local government units</p> <p>4. Insufficient support (budget) services to farmers (farm to market road) and Absence of FMR within the area due to geographical location cause delays which impact on farmers income and food security of their families.</p> <p>5. High underemployment due to limited job opportunities and resulting to “brain drain”, (high number of OFWs) as professionals are driven to work abroad.</p>	<p>Undertake Capability Building Activities for Marginalized Farmers and Inclusion in Sustainable Livelihood programs.</p> <p>Recommend including in the budget planning the construction of FMR.</p> <p>Make recommendations on the sustainable livelihood programs.</p>	<p>Convergence of projects and interventions in food insecure sectors, households and families with malnourished pregnant and lactating women and children is necessary.</p>
<b>Social</b>	<p>High incidence of teenage pregnancy resulting to early marriage and big family size that may aggravate poverty situation and increase malnutrition</p> <p>Increasing demand for convenient food (fast food) resulting to increased fast food</p>	<p>Enhance advocacies and program for the youth.</p> <p>Sustain information, education and communication drives on the risks and consequences of teenage pregnancy. Implement a program for the youth on RPRH and conduct regular advocacy including promotion of good nutrition in all life stages</p> <p>Strengthen education on family planning among students and out of school youths</p> <p>Strengthened advocacy in schools and communities; issuance and</p>	<p>The Nutrition Promotion for Behavior Change should strongly support the Adolescent Health and Development Program in the RPN and both should be scaled up during the four-year plan implementation. The RNC with the leadership of DOH and POPCOM should strengthen partnership with the media and other agencies involved in reproductive health advocacy.</p>



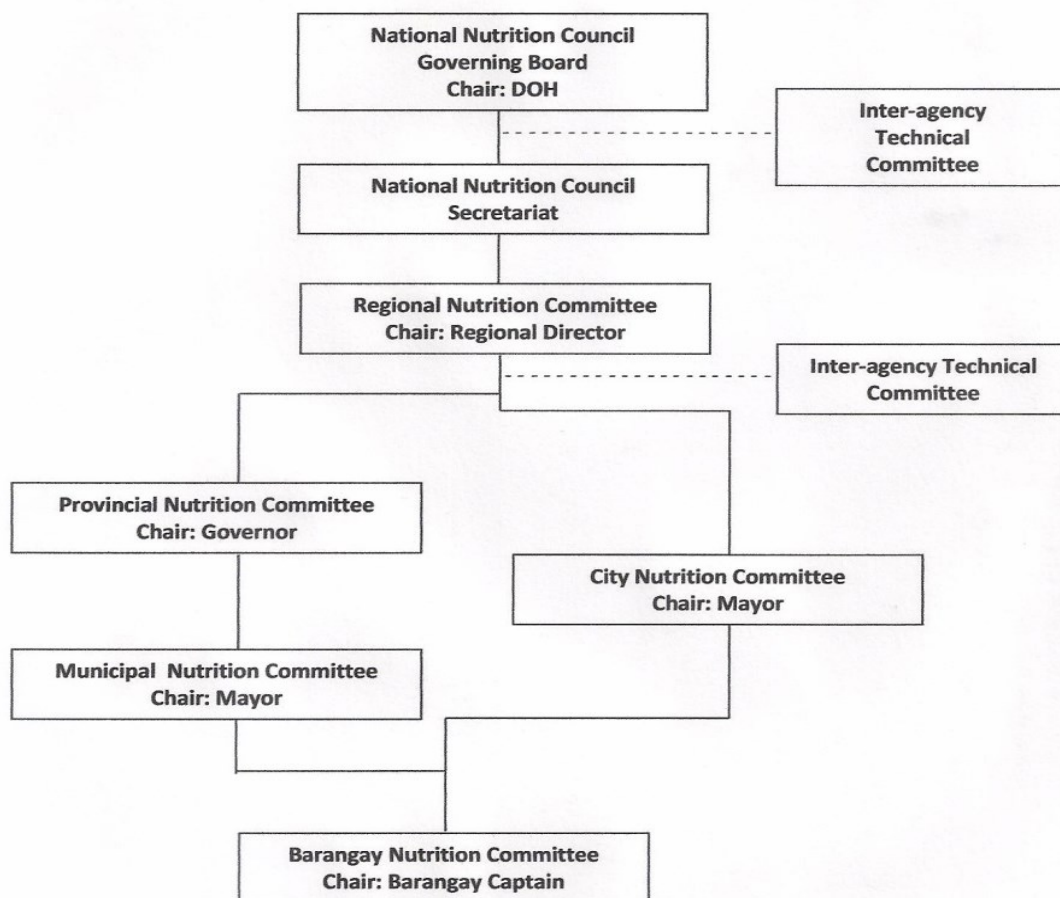
	chains contributing to the rise of overweight and obesity prevalence and increased risk for non-communicable diseases	implementation of resolutions/ordinances on healthy eating options;	
Technological	<p>Technological limitations include</p> <ol style="list-style-type: none"> <li>1. Lack of opportunities for technology for livelihood opportunities (e.g., farmer's access to value chain utilizing access to technology)</li> <li>2. High cost of technology and technology transfer.</li> <li>3. Sustainability of transferred technology.</li> <li>4. Lack of physical activity due to use of technology may contribute to obesogenic environment</li> </ol>	<p>Promote technology for better access to livelihood opportunities by marginal sectors.</p> <p>Promote better access to nutritious food.</p> <p>Promote Micro, small, medium enterprises (MSMEs)</p> <p>Promote and implement "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> <p>Inclusion of physical activities within the workplace during office hours</p>
Legal	1.Implementation of the DBM, CSC and COA Circular No. 1 s. 2017 (No Job Orders) contribute to disruption of program and services delivery with lay-off and uncertainty in the movement of personnel	Regularize employees for permanent programs and contract employees for special programs.	Vigorously implement the RPAN LGU Mobilization strategy with a very strong component on advocacy with the LCEs and LNCs to enhance/strengthen nutrition human resource.

<b>Environmental</b>	<p>1. Depletion of natural resources (watershed areas, water supply)</p> <p>2. Adverse effects of climate change (landslide, frequent natural disasters)</p> <p>3. Geographic Terrain delays delivery and implementation of services</p> <p>4. Above risks disrupt the delivery of programs and services. It limits accessibility of services/resources, thereby worsening nutrition situation</p>	<p>Promote the reduction of food wastage</p> <p>Promote safe food and sustain year-round food production</p> <p>Strengthen protection and conservation of forested and watershed areas</p> <p>Increase manpower to saturate areas.</p>	<p>Implement stronger linkages of nutrition sensitive interventions in environmental protection</p> <p>Incorporate Nutrition Cluster Preparedness and Response Plan in the over-all Regional Disaster Risk Reduction and Management Plan.</p> <p>Involve CSOs/POs in the program implementation especially in the GIDA areas.</p>
<b>Cultural and Religious</b>	<p>Unsanitary environment due to increasing number of betel nut chewers, non-enclosure of domesticated animals, and other practices may aggravate malnutrition due to sanitation issues.</p>	<p>Strictly implement policies on the control of sanitation issues.</p>	<p>Implement stronger linkages of nutrition sensitive interventions in environmental protection</p> <p>The Nutrition Promotion for Behavior Change should be able to improve practices on sanitation to mitigate the effects of unsanitary environment on the nutritional status of the Cordillerans.</p>

## SECTION VI: THE RPAN INSTITUTIONAL ARRANGEMENTS

The RPAN Results Matrix and the Investment Plan define the individual institutional accountability for each of the projects (output/s) that are expected to contribute to the outcome targets. The delivery of outcomes and outputs which shall entail institutional resources and processes are ultimately the responsibility of the accountable regional agencies.

Coordination structures and processes have been instituted in the past and will continue to be harnessed for the delivery of the RPAN. Figure 6 presents the coordination structure for nutrition policy and program coordination from the national down to barangay level. The NNC secretariat stirs the coordination structure at the national and regional level and provide assistance at the local levels.



**Figure 7. Coordinating structure of the National Nutrition Council**

At the regional level, the Regional Nutrition Committee, chaired by the Director of the DOH-CAR with members are analogous to the composition of the Governing Board with the inclusion of other member agencies/offices serves as the structure that oversee the progressive implementation of the RPAN. The function covers integrating and harmonizing actions for nutrition improvement at the regional level. At present, RNC-CAR is composed of 19 agencies, 4 academic institutions and 3 NGOs. The roles and functions of the RNC are as follows:

1. Formulate regional nutrition policies and programs
2. Coordinate the planning, monitoring & evaluation of the regional nutrition program

3. Tap agencies concerned for resource allocation as maybe needed.
4. Provide technical assistance to LGUs along with nutrition program management
5. Create technical working groups/core groups as needed to address particular issues and strengthen inter-agency coordination
6. Serve as the nutrition cluster during disaster and emergencies

The technical arm of the RNC is the Regional Technical Assistants on Nutrition (RTAN) which consist of the designated technical staff of the RNC Member agencies. The roles and function of the RTAN members are as follows:

1. Attend RTAN meetings and provide input in the discussion
2. Participate in planned nutrition activities at the national or local level
3. Participate in the Monitoring and Evaluation of Local Level Plan Implementation and Search for the Outstanding Barangay Nutrition Scholar
4. Provide input in the Regional Plan of Action for Nutrition based on their agency's concern in contributing to address malnutrition in the region
5. Provide technical assistance to the Local Nutrition Committees
6. Takes the lead in the agency's celebration of Nutrition Month
7. Relay/ cascade nutrition information to the agency head and staff

### **Roles of RNC Member agencies**

All government agencies have a role in the implementation of nutrition program. The common involvements of the regional line agencies especially members of the Regional Nutrition Committee in the nutrition program include the following: a) celebration of nutrition month every July; b) integration/inclusion of nutrition in their operation plans; c) development and implementation of nutrition programs in the workplace and inclusion of these in their operational plans, d) sharing of logistics and other resources for nutrition and other related activities, e) designation of a focal person on nutrition and alternate as RTAN member, and f) submission of reports to the RNC .

#### *Department of Health (DOH)- CAR*



The DOH shall be the primary agency responsible in developing and implementing direct nutrition and related programs. It shall use standard interventions to promote desirable nutrition practices and healthy lifestyles, rehabilitate the malnourished and prevent, control and eliminate micronutrient deficiencies particularly Vitamin A deficiency, iron deficiency anemia and iodine deficiency disorders. It shall ensure accessibility to health and nutrition services in order to improve the quality of life of Filipinos, especially the poor.

It shall continue to ensure food quality and safety. Specifically, the DOH shall:

1. Formulate policies, guidelines and standards related to health and nutrition from which local government units, non-government organizations, other private organizations and individual members of civil society will develop their health and nutrition programs and strategies;
2. Sustain Garantisadong Pambata activities as means to reduce childhood illnesses and eliminate micronutrient malnutrition;

3. Spearhead, implement and monitor conduct of nutrition specific programs such as food fortification program, micronutrient supplementation, PIMAM, and dietary supplementation for 0-23 and pregnant mothers among others;
4. Monitor compliance with RA 8172 (ASIN Law) and report on the status of its implementation to the Salt Iodization Advocacy Board (SIAB);
5. Enforce strict compliance to food safety laws, regulations and standards and monitor compliance of the same in partnership with other concerned entities; and
6. Enforce strict compliance of EO 51 or the “Breastfeeding Code” and RA 10082 to protect the general public from the effects of unethical promotion of breastmilk substitutes and infant feeding formula.

*Department of Interior and Local Government (DILG) – CAR<sup>14</sup>*

The DILG-CAR shall spearhead the organization of functional nutrition committees in every province, city, municipality and barangay which will be responsible for the planning, implementation and management of the Philippine Plan of Action for Nutrition (PPAN) at various levels. It shall also assist LGUs in formulating their respective annual nutrition action plans and in integrating this plan into the local development and annual investment plans with corresponding budgetary support. Specifically, the DILG shall:



1. Act as vice-chairperson of the NNC Governing Board in recognition of the significant role of local governments as the major actors in nutrition program planning, implementation and coordination;
2. Integrate nutrition in its national program on local government and community development through the Local Government Academy;
3. Provide continuing trainings and seminars to local chief executives for effective and efficient nutrition program management; and
4. Orient governors, mayors, barangay captains as chairperson of the local nutrition committees and the local government officials on their roles and responsibilities in operationalizing the PPAN;
5. Ensure that priority PPAN programs are included in the Provincial Development Physical Framework Plans (PDPFPs)/Comprehensive Development Plans (CDPs and Local Investment Programs (LDIPs/Annual Investment Plan;
6. Ensure, facilitate and monitor LGUs submission of semestral reports; and
7. DILG province shall forward consolidated report to the DILG regional office that shall in turn consolidate said reports into a Consolidated Regional report. Copies of the report shall be submitted to the Office of the Undersecretary for Local Governance thru the BLGD copy furnished the respective NNC Regional Office every 5<sup>th</sup> day of February and August of the ensuring year

<sup>14</sup> Role number 5, 6 and 7 were lifted from the DILG Memo Circular no 2018-42 dated March 26, 2018

## **Department of Agriculture (DA)-CAR**



The DA shall be responsible for ensuring community and household food security through its policies, programs and projects under the Agriculture and Fisheries Modernization Plan (AFMP). Specifically, the DA shall:

1. Integrate nutrition considerations in its policies, plans and programs aimed at increasing the productivity and real incomes of farmers and fisherfolk;
2. Implement the Basic Needs Program as a safety net provision of RA 8435, “Agriculture and Fisheries Modernization Act” under the Rural Non-Farm Employment component;
3. Assist LGUs in implementing the home and community food production program by training and providing other support to extension workers and technicians on the Bio-intensive Gardening (BIG) technology and other regenerative agricultural technologies; food utilization, processing and packaging; income generating projects, and basic nutrition; and
4. Provide seeds, planting materials, fingerlings and animal stocks to farming and fisherfolk families who are interested in food production, working closely with extension workers and volunteers of existing provincial, municipal and barangay nurseries and fishponds.

## **Bureau of Fisheries and Aquatic Resources (BFAR)-CAR**

1. Assist in policy advocacy efforts promoting good nutrition;
2. Integrate nutrition consideration in its policies, plans and programs aimed at increasing the productivities of fisherfolks;
3. Assist LGUs in implementing the fish/aquatic production by training and providing other support to extension, workers and technician on fishery technologies; and
4. Provide fingerlings to farming and fisherfolk families who are interested in fish production working closely with the extension workers and volunteers of existing local nurseries.



## **Bureau of Plant Industry-Baguiog National Crop Research, Development and Production Support Center (BNCRD PSC)**



1. Assist in policy advocacy effort promoting good nutrition;
2. Integrate nutrition consideration in its policies, plans and programs aimed at increasing the productivity of fruits and vegetable farmers;
3. Assist LGUs and schools in implementing the Home and Community Food Production Program as one of the priority actions of the Philippine Plan of Action for Nutrition by training and providing other support to extension workers and technicians on gardening technology and other regenerative agricultural technologies; food

utilization processing and packing; income generating projects and basic nutrition; and

4. Provide seed and planting materials to farming families who are interested in food production working closely with the extension workers and volunteers of existing local nurseries.

#### **Commission on Higher Education (CHED)-CAR**



1. Ensure the integration of basic health and nutrition concepts and messages in the school curriculum of para-medical courses;
2. Shall ensure the integration of nutrition considerations in the curricula of tertiary education and in the research and extension programs of the academe and monitor implementation of the same;
3. Work out for policies, guidelines and standards related to health and nutrition from which schools, colleges and universities will develop their health and nutrition programs and strategies;
4. Assist in policy advocacy efforts promoting good nutrition;
5. Participate in planning, implementation, monitoring and evaluation of the regional and local nutrition program; and
6. Study the possibility of integrating nutrition in all curricula offerings in the tertiary level making it one of the basic subjects to facilitate development of desirable family community nutrition values.

#### **Department of Agrarian Reform (DAR)-CAR**



1. Ensure that nutrition and nutrition related services are components of the services for their clientele especially in Agrarian Reform Communities (ARCs).
2. Assist in policy advocacy efforts promoting good nutrition;
3. Guarantee that the agrarian reform program beneficiaries, who are among the nutritionally at-risk groups, will be provided with nutrition-oriented support programs;
4. In coordination with DTI & DA, implement livelihood projects credit assistance programs in ARCs targeting malnourished families; and
5. Inclusion of nutrition objectives and monitoring and evaluation indicators to measure success of programs/projects.

#### **Department of Budget and Management (DBM)-CAR**

The Department of Budget and Management is responsible for the formulation and implementation of the National Budget with the goal of attaining national socio-economic plans and objectives and efficient and sound utilization of government funds and revenues to effectively achieve the country's development objectives. In consistence with this, the DBM shall:





1. Ensure that budget is appropriated for nutrition programs and projects of NNC member agencies, its other partner agencies, and local government units;
2. Ensure the timely release of funds and other resources for the Philippine Plan of Action for Nutrition (PPAN); and
3. Take active part in monitoring and evaluating the implementation of the PPAN, specifically, along efficient and effective financial management.

#### **Department of Environment and Natural Resources (DENR)-CAR**

1. Through the Integrated Social Forestry Program, ensure that nutrition and nutrition related services are components of the services for their clientele;
2. Assist in policy advocacy effort promoting good nutrition especially in project sites;
3. Integrate nutrition in programs and projects by:
  - identification of at-risk families in project sites
  - utilization of nutrition as a criteria in the selection of target beneficiaries
  - inclusion of nutrition objectives and monitoring indicators to evaluate impact programs/projects
  - inclusion of module on nutrition in training programs; and
4. Shall help ensure environmental protection that is a critical input in the attainment of sustainable food and nutrition security; that subsistence farmers and fisherfolks are not disadvantaged in environmental policies and programs.



#### **Department of Education (DepED)-CAR**



The DepED shall ensure the integration of basic health and nutrition concepts and messages in the school curricula at all levels. It shall be implemented in both government and private schools as well as in teacher training institutes and in non-formal education. Specifically, the DepED shall:

1. Conduct nutritional assessment of elementary school children at the start of every school year and monitor changes in their nutritional status;
2. Undertake school feeding activities to rehabilitate wasted and severely wasted school children and promote the utilization of indigenous food commodities;
3. Supervise the management of school canteens and cafeterias to ensure promotion of nutritious foods, proper eating and health practices;
4. Upgrade the competencies of school health and nutrition personnel and other implementers on an integrated school health and nutrition program;
5. Develop and disseminate appropriate IEC materials to promote health and nutrition;
6. Promote the establishment of health and nutrition - oriented school nurseries, seeds and seedlings centers, gardens and animal raising and fishpond production as major inputs to school and community efforts; and
7. Integrate health and nutrition concepts, messages and services in non-formal education and functional literacy and continuing education programs for adults and out-of-school-youths to contribute to the development of desirable family and community values.



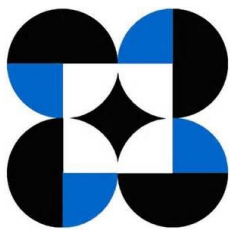
### **Department of Labor and Employment (DOLE)-CAR**

To provide assistance in the implementation of the Philippine Plan of Action for Nutrition, through the following:

1. Support generation of employment opportunities especially for the poor;
2. Promote safe and healthful work for the environment for the workers to achieve sound nutritional well-being to increase labor productivity;
3. Encourage inclusion of nutrition-related programs as non-wage benefits in collective bargaining agreements; and
4. Implement labor laws and policies and develop or implement programs/projects, which protect the nutritional welfare of workers, in general, and women and children in particular.



### **Department of Science and Technology (DOST)-CAR**



The DOST shall pursue efforts not only along upgrading research and development capabilities and mobilizing these for problem-solving scientific studies but also in disseminating results therefrom to provide adequate and accurate data and information as well as responsive technology (e.g. product and process) requirements of the Philippine Plan of Action for Nutrition (PPAN). Through the FNRI and other appropriate agencies (e.g.

R & D Institute and Councils), the DOST shall:

1. Develop technologies and quality standards thereof for the global and domestic markets;
2. Generate food and nutrition technologies and information toward the improvement of nutritional situation of the population;
3. Promote the transfer of technologies and scientific information to end-users; and
4. Participate in the planning, implementation, monitoring and evaluation of the regional and local nutrition programs.

### **Department of Social Welfare and Development (DSWD)-CAR**

The DSWD shall be the lead agency to plan and develop operational guidelines for the Early Child Care and Development (ECCD) Program for an integrated and convergent approach to provide health, nutrition and early education interventions for the survival, protection, development and participation of children. Specifically, the DSWD shall:



1. Integrate nutrition objectives in its policies, plans and programs which address the total welfare and development of the individual, family and community such as in the Comprehensive Integrated Delivery of Social Services (CIDSS);
2. Augment LGU allocation for supplemental feeding giving priority to non-medical severely and moderately underweight 3-5 years old preschoolers;
3. Augment LGU capability for emergency response through the provision of ready-to-eat foods and assistance in setting up community kitchens to provide the food requirements of distressed or displaced persons during disaster or emergency situations to prevent the onset of malnutrition; and

4. Integrate nutrition education and information in the design of non-formal training programs for parent with preschoolers and underweight children and for groups of disadvantaged women, out-of-school-youths, persons with disabilities and older persons.

#### **Department of Trade and Industry (DTI)-CAR**



The DTI, as lead government agency which champions consumers and business, shall integrate nutrition considerations in their policies and programs. Specifically, the DTI shall:

1. Address programs on dispersal of industries and development of small and medium scale industries to benefit the poor and nutritionally at-risk areas;
2. Strengthen enforcement of RA 7394 “The Consumer Act of the Philippines” and ensure protection of consumers in the exercise of consumer rights and responsibilities; and
3. Support the NNC nutrition education program through the dissemination of nutrition and food fortification information and publications.

#### **National Economic and Development Authority (NEDA)-CAR**

NEDA shall primarily be responsible for formulating, continuing, coordinated and fully integrated social and economic policies, plans and programs. Specifically, the NEDA shall:



1. Ensure the integration of nutrition concerns in the Medium-Term Philippine Development Plan (MTPDP) and its companion document, the Medium-Term Public Investment Plan (MTPIP), and the Regional Development Plans (RDPs)
2. Facilitate the review and discussion of nutrition concerns in the NEDA-Board Social Development Committee;
3. Conduct nutrition advocacy activities; and
4. Provide technical assistance in the formulation, monitoring and evaluation of nutrition policies, programs and projects at the national and regional levels.

#### **Philippine Information Agency (PIA)-CAR**



1. Mobilize tri-media for sustained nutrition information;
2. Provide technical assistance in the formulation/development of priority nutrition messages;
3. Serve as member of Local Nutrition Committees;
4. Support and assist in the preparation of IEC plan in the region;
5. Assist in policy advocacy efforts promoting good nutrition; and
6. Promote inter-linkages in nutrition in establishing procedures and guidelines promoting good nutrition among GOs and NGOs and other stakeholders.

## **Commission on Population (Pop Com)-CAR**



1. Ensure that nutrition and nutrition related services are components of their services to their clientele through their Population Development program/projects;
2. Assist in policy advocacy efforts promoting good nutrition;
3. Participate in planning implementation, monitoring and evaluation of the regional and local nutrition programs; and
4. Inclusion of nutrition objectives and monitoring and evaluation indicators to measure success of programs/projects.

## **Technical Education and Skill Development Authority (TESDA)-CAR**

1. Ensure that nutrition and nutrition related services are components of their services to their clientele and through their skills development programs;
2. Assist in policy advocacy efforts promoting good nutrition; and
3. Inclusion of nutrition-sensitive activities, monitoring and evaluation to measure success of programs/projects.



### **B.2. Academic Institutions**

Currently, there are four universities included as members in the RNC-CAR. These are Benguet State University (BSU), University of the Cordilleras (UC), Saint Louis University (SLU), and University of Baguio (UB). Their roles are as follows:

Advocate policies and efforts promoting healthy lifestyle including good nutrition;

1. Plan and implement IEC activities;
2. Conduct programs/projects/activities and nutrition-related researches.
2. Provide technical assistance during nutrition trainings including logistical support as may be available;
3. Establish linkages with other stakeholders in establishing procedures and guidelines in promoting good nutrition within the university; and
4. Integrate health and nutrition concepts, messages and services in their curricula, research and extension programs.



### B.3. Non- Government Organizations



At present, there are three NGO members of the RNC namely the Nutritionist Dietitians' Association of the Philippines-Baguio-Benguet Chapter; Cordillera Network of Development NGOs and POS; Philippine Academy of Family Physicians Baguio-Benguet Chapter).



#### The non-government organizations shall:

1. Assist in policy advocacy efforts promoting good nutrition;
2. Align their plans with the RNC strategic plans, participate in policy formulation activities and implement nutrition and related programs, projects and researches;
3. Participate through its field offices in planning, implementation, monitoring and evaluation of local nutrition programs; and
4. Participate in the monitoring and evaluation of local level plan implementation and other activities of the RNC.



### Vision, Mission and Core Values of the RNC

#### VISION:

Strong and effective Regional Nutrition Committee (RNC) towards nutritionally-secured Cordillerans.

#### MISSION:

Convergence of all efforts, programs and projects on nutrition, prioritizing the nutritionally at-risk areas and population groups in collaboration with Local Governments Units (LGUS), Non-Government Organizations (NGOs), Private Organizations (POs), academe and other stakeholders.

#### CORE VALUES:

To carry out the RNC's mission and achieve its vision and goal for the Cordillerans, important and enduring ideals are shared by the RNC to shape and guide their activities.

**Assertiveness.** The effective and efficient implementation of nutrition programs at all levels, with active partnership and respect for the rights and perspectives of the clients is confidently and strongly advocated.

**Cultural Sensitivity.** The cultural diversity of the Cordillerans which is significant in identifying nutrition programs and approaches acceptable to their beliefs and practices is recognized and respected.

**Transparency.** There is a commitment to work with openness, honesty and accountability with all the GOs, NGOs/CSOs, POs and other nutrition stakeholders while abiding with all rules and regulations to achieve open communication and to foster collaboration in the entire organization. Further, nutrition information shall be made available and accessible to all stakeholders.

**Integrity.** Firm principles are upheld, and high level of honesty, truth, accuracy and reliability are demonstrated in pursuit towards improved nutrition.

**Vigilance.** Attentiveness and alertness on updated and accurate nutrition information and current issues affecting the nutritional well-being of clients enable the stakeholders to prepare for nutrition problems.

**Excellence.** Passion is exhibited in all efforts to provide high quality and timely nutrition services through persistent learning, pursuit of competent performance and striving to work beyond the expectations of clients and partners.

## **SECTION VII: MONITORING, REPORTING AND EVALUATION MECHANISM FOR THE RPAN**

The RNC will be responsible in the overall monitoring and evaluation of the RPAN. Annually, the RNC will convene an annual *Program Implementation Review* (PIR). This will allow RNC member agencies and local government units to integrate revisions to the program/s for the coming budget year. The PIR, will benefit from the accomplishment reports from the member agencies. RNC CAR will also participate in nationally organized plan reviews as well as reviews conducted by LGUs. In particular, the RNC will continue to support the annual Monitoring and Evaluation of Local level Plan implementation (MELLPI) and Search for Regional Outstanding BNS through the participation of the Regional Nutrition Evaluation Team (RNET). Among the outputs of the MELLPI is the identification of best performing LGUs in the implementation of nutrition programs for award and recognition.

The RNC will also continue to conduct the annual regional nutrition awarding ceremony where best performing LGU implementers and outstanding BNSs receive recognition and awards for their exemplary performance.

In addition to the regular awards which include the Green Banner, the Consistent Regional Outstanding Winner on Nutrition (CROWN) and the Nutrition Honor Award (NHA), the RNC will also identify and give recognition to LGUs and nutrition workers with commendable performance. Awards and recognition of good performance encourage better performance in the local level implementation of the nutrition program.

RNC member agencies responsible for the implementation of nutrition, nutrition related, and nutrition sensitive projects will also conduct their own monitoring and evaluation to assess their progress in the implementation of their programs/projects.

The RNC shall also support the OPT conducted by LGUs that provide data on the nutritional status of children by addressing program/policy issues affecting accuracy of information. It shall also promote the use of OPT results for advocacy, program/policy formulation and identifying high performing LGUs for awards. The OPT data will be the main source of information in assessing attainment of target outcomes especially for those involving anthropometric measurements.

## **SECTION VIII. RPAN CAR IMPLEMENTATION PLAN AND RESULTS FRAMEWORK**

The CAR RPAN results framework contains all the major information related to the Plan. It contains the regional outcome targets, programs and projects, their outputs and corresponding activities, as well as responsible agencies and estimated resource requirements (Table 25). In the results framework matrix, the implementation plan with respect to the outputs of the projects has also been defined for years 2019-2022. The CAR RPAN results framework therefore also serves as the implementation plan of the RPAN.

The results matrix was developed through a series of consultations with involved agencies as part of the RPAN formulation process. Project outputs were identified/discussed and the activities to ensure coherence of with set target outputs. Adjustments/edits were made as needed. Budgetary requirements were also identified with the planned coverage and outputs. The PESTLE+C analysis was factored throughout the review of the results framework.

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

**Table 25. CAR RPAN Results Framework Matrix**

**CAR RPAN Outcome Targets**



<b>PROGRAM 1: INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K)</b>					
<b>Project Title, Outputs and Major Activities</b>	<b>Target</b>				<b>Agency/ies responsible</b>
	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	
<b>1. Mobilization of LGUs for increased compliance to first 1000 days through the implementation of ECCD project</b>					<b>NNC, DOH, RNC, DSWD</b>
1.O.1 Provinces covered by the ECCD project		3	3	3	
1-A.1. PPAN Focus provinces covered ECCD		3	3	3	
<b>Major activities:</b>	1				
1-A.1. Conduct of orientation on ECCD program among LCEs and other key personalities					
1-A.2. Preparation of legal MOA and other legal documents		/	/	/	
1-A.3. Planning, Implementation and monitoring of ECCD in the PPAN focus areas					
1-A.4. Capacity building of health workers including BNSs, BHWs and NDPs on ECCD					
<b>2. Dietary Supplementation for Pregnant Mothers and 6-23 months children</b>					<b>DOH, LGUs,</b>
2-O.1. 3 Focus Provinces covered with the feeding of pregnant women by end of 2022 (Mountain Province, Ifugao and Benguet)	1	1	1	1	DOH, LGUs
2-O.2. Five hundred children covered annually for the feeding of 6-23 months in provinces covered	MP	Ifugao	Benguet	Baguio	DOH, LGUs



<b>Major activities:</b>					DOH, NNC
<b>2-A.1.</b> Orientation and consultation with LGUs on the implementation of the feeding program for pregnant and 6-23 months					
<b>2-A.2.</b> Provision of eggs and foods packs for pregnant women LGUs					DOH
<b>2-A.3.</b> Provision of food packs for 6-23 months to LGUs					DOH
<b>2-A.4.</b> Monitoring, and reporting of the supplementary program by UCHIs and other partners					<b>DOH, NNC, RNC</b>
<b>3. Promotional Activities for Breastfeeding and the first 1000 days</b>					
<b>Outputs:</b>					
<b>3-O.1.</b> Provinces covered with promotional activities	3	3	3	3	DOH, LGUs, NNC, DSWD, LGUs
<b>Major activities:</b>					
<b>3-A.1.</b> Conduct of breastfeeding Forum/s					
<b>3-A.1.</b> Reproduction and distribution of IEC materials					
<b>4. Establishment of IYCF Support Groups</b>					DOH
<b>Output:</b>					
<b>4-O.1.</b> Number of MLGUs covered by IYCF trainings by 2022	15	15	15	15	DOH, LGUs
<b>Major activities:</b>					
<b>4-A.1.</b> Establish of database on the status of IYCF Support Groups in the region	/				
<b>4-A.2.</b> Training on infant and young child feeding					
<b>4-A.3.</b> Monitoring of trained LGUs/participants on IYCF training and the conduct of pabasa sa Nutrisyon/Idol ko si Nanay					
<b>4-A.5.</b> Awarding system for performing IYCF Support Groups					
<b>5. Accreditation of Mother Baby Friendly Facilities and Workplaces</b>					
<b>5-O.1.</b> Increased number of health and non-health facilities/establishment compliant to EO 51, RA10028 and the MBFHI or accredited as mother and baby friendly	/	/	/	/	DOH, NNC, DOLE, LGUs

<b>Major activities:</b>					
<b>5-A.1.</b> Capacity building and provision of technical assistance for program implementors on EO 51, RA 10028 and MBFHI (including lactation management)					
<b>5-A.2.</b> Conduct of assessment and monitoring visits to health and non-health facilities and establishments					
<b>PROGRAM 2: MICRONUTRIENT SUPPLEMENTATION PROGRAM</b>					
<b>6. Micronutrient supplementation for pregnant and lactating women, WRA and under five children</b>					
<b>6-O.1.</b> 95% of under-five children given Vitamin a by 2022					
<b>6-O.2.</b> 65% of postpartum women given Vitamin A by 2022					
<b>6-O.3.</b> 60% of pregnant women given IFA by 2022					
<b>6-O.4.</b> 100% of walk-in WRA provided with iron supplementation; 100% of grade 9 and 10 female students, and ALS female students public schools with parental consent provided with iron Folic Acid					
<b>6-O.5.</b> 10% of 6-23 months children provided with full requirement of MNP annually (with priority to stunted children)					
<b>Major activities:</b>					
<b>6-A.1.</b> Orientation of newly hired nutrition workers on nutrition services and interventions in region					
<b>6-A.2.</b> Provision of micronutrient to LGUs (Vitamin A, MNP, Iron folic acid)					DOH
<b>6-A.3.</b> Monitoring and reporting of the program					DOH
<b>6-A.4.</b> Conduct of program implementation review					DOH
<b>6-A.5.</b> Implementation of WIFA in public national high schools					DepEd

PROGRAM 3. DIETARY SUPPLEMENTATION PROGRAM FOR OLDER CHILDREN					
Project Title, Outputs and Major Activities	Target				Agency/ies responsible
	2019	2020	2021	2022	
<b>7. Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays</b>					<b>DSWD, LGUs</b>
<b>Output:</b>					
<b>7-O.1.</b> 100% percent children enrolled in CDCs and SNPs are provided with feeding	100%	100%	100%	100%	
<b>Major activities:</b>					
<b>7-A.1.</b> SFP Fund Transfer and procurement of supplies.					
<b>7-A.2.</b> Technical assistance and capacity building to LGUs					
<b>7-A.3.</b> Supplementary feeding for 120 days					
<b>7-A.4.</b> Conduct of Program Implementation Review and plans for the following years					
<b>8. Strengthening of CDCs for ECCD Compliance</b>					
<b>Output:</b>					
<b>8-0.1</b> 50% Standard CDCs and SNPs constructed and/or established	50%	50%	50%	50%	DSWD, LGUs
<b>8-0.2</b> 40% of CDCs conforming with the indicators in the ECCD Tool	10%	20%	30%	40%	
<b>8-0.3</b> Policy on establishment of vegetable garden and program on healthy lifestyles in CDCs issued	/	/	/	/	
<b>8-0.4</b> 40% of the 2,147 CDWs capacitated on nutrition and feeding management	10%	20%	30%	40%	
<b>Major activities:</b>					
<b>8-A.1.</b> Consultation dialogue with LGUs and relevant stakeholders including NGOs, agriculture, private agencies to advocate for the construction of					

	CDCs in accordance with standards, hiring of nutrition workers, and on the planning and implementation of nutrition and related programs					
<b>8-A.2.</b>	Construction of CDCs Advocacy and provision on technical assistance on policy support for the establishment of vegetable garden and healthy lifestyle program					
<b>8-A.3.</b>	Capability building of CDWs on nutrition, PES and feeding management including food sanitation and safety					
<b>8-A.4.</b>	Provision of technical assistance to CDWs on compliance with the accreditation standards					
<b>8-A.5.</b>	Creation of a Technical Working Group for monitoring spot checking					
<b>8-A.6.</b>	Monitoring, evaluation and adjustments					
<b>9. School-Based Supplementary Feeding</b>						
<b>Output:</b>						
<b>9-O.1.</b>	All public elementary schools implementing school-based feeding program following the guidelines	609	609	609	609	DepEd
<b>Major Activities:</b>						
<b>9-A.1.</b>	Nutritional Assessment by schools	100%	100%	100%	100%	
<b>9-A.2.</b>	Downloading of funds	100%	100%	100%	100%	
<b>9-A.3.</b>	Procurement of goods					
<b>9-A.4.</b>	120 days feeding					
<b>9-A.5.</b>	Implementation of food safety standards	/	/	/	/	
<b>9-A.6.</b>	Monitoring and evaluation	/	/	/	/	
<b>10. School-based Complementary Health Services</b>						
<b>Outputs:</b>						
<b>10-O.1.</b>	95% of public elementary schools in the region compliant to deworming	95%	95%	95%	95%	DepEd, DOH
<b>10-O.2.</b>	100% of public elementary schools conduct projects relevant to personal hygiene and good grooming standards particular to region	100%	100%	100%	100%	
<b>10-O.3.</b>	100 % public elementary schools conducting promotional activities on handwashing and oral health care	100%	100%	100%	100%	
<b>Major Activities:</b>						
<b>10-A. 1</b>	Downloading of financial resources and commodities					

<b>10-A.2</b> Schools' implementation of the package of health services (deworming, micronutrient supplementation, IEC on personal hygiene and good grooming, handwashing and oral care)	100%	100%	100%	100%	
<b>10-A.3</b> Monitoring, evaluation and awards					

<b>PROGRAM 4. MANDATORY FOOD FORTIFICATION</b>					
Project Title, Outputs and Major Activities	Target				Agency/ies responsible
	2019	2020	2021	2022	
<b>11. Advocacy for and Compliance Monitoring of RA 8976 and 8172</b>					
<b>Outputs:</b>					
<b>11-O.1.</b> A mechanism for advocacy and compliance monitoring food fortification strengthened and implemented.	/	/	/	/	DOH, RBATF, LGUs
<b>11-O.2.</b> Regional Monitoring Report by the RBATF					
<b>11-O.3.</b> 100% of pregnant mothers and under-five children participating in health caravans provided with iodized salt;					
<b>Major activities:</b>					
<b>11-A.1.</b> Procurement of logistics (Iodine checker machine, solutions)					
<b>11-A.2.</b> Establishment of a system for the monitoring of salt in the region (e.g. establishment of Asin checkpoints)					
<b>11-A.3.</b> Conduct of monitoring by RBATF					
<b>11-A.4.</b> Distribution of iodized salt to families of pregnant and under five children during health caravans and counselling on the importance of iodized salt					
<b>11-A.5.</b> Monitoring, reporting and adjustments					

PROGRAM 5. NUTRITION IN EMERGENCES					
Project Title, Outputs and Major Activities	Target				Agency/ies responsible
	2019	2020	2021	2022	
<b>12. Building and strengthening capacities for emergency preparedness, response and rehabilitation</b>					
<b>Outputs:</b> <b>12-0.1</b> 100% provinces/cities and municipalities with trained local nutrition clusters (6 provinces, 2 cities and 75 municipalities-cumulative target) by 2022	6 provinces & cities, 50% muns	6 provinces & cities, 70% muns	6 provinces & cities, 90% muns	6 provinces & cities, 100% muns	NNC, DOH, LGUs
<b>12-0.2</b> 100% of LGUs reached by advocacy activities and monitoring for the stock piling of nutrition related commodities such as vitamin A, and Iron	100%	100%	100%	100%	
<b>Major Activities:</b>					
<b>12-A.1</b> Advocate/reiterate for the designation of local nutrition committees as the local nutrition clusters or its organization to LGUs					
<b>12-A.1</b> Develop a database at the regional level on the list of LNC members trained, LGUs with policy on nutrition cluster organization etc.					
<b>12-A.1</b> Conduct of training on nutrition in emergencies in remaining areas not trained on NIE (Abra and other untrained municipalities)					
<b>12-A.1</b> Securing prepositioned supplies of Vitamin A, iron, MNP, MUAC Tapes, RUTF					
<b>12-A.1</b> Conduct of Quad Cluster/nutrition cluster meeting and planning					
<b>12-A.1</b> Deployment of Regional Nutrition Cluster to support LGUs as needed					
<b>12-A.1</b> Monitoring, Reporting and evaluation					

PROGRAM 6. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE					
Project Title, Outputs and Major Activities	Target				Agency/ies responsible
	2019	2020	2021	2022	
<b>13. Health and Nutrition Education for learners and parents/caregivers</b>					
<b>Output:</b> <b>13-O.1.</b> All public schools implementing health and nutrition education activities for learners and parents/caregivers	100%	100%	100%	100%	DepEd, DOH
<b>13-A.1.</b> Launching of “OK (Oplan Kalusugan) sa DepEd”					
<b>13-A.2.</b> Implementation of Nutrition Month every July					
<b>13-A.3.</b> Participation in the Global Handwashing Day in October					
<b>13-A.4.</b> Integration of health and nutrition integration in the curriculum guide					

PROGRAM 7. ADOLESCENT HEALTH AND DEVELOPMENT					
Project Title, Outputs and Major Activities	Target				Agency/ies responsible
	2019	2020	2021	2022	
<b>14. Provision of a Package of Interventions for Adolescent Health and Development</b>					
<b>Output:</b> <b>14-O.1.</b> All targeted adolescents reached and informed	4000	5000	6000	7000	PopCom, LGUs
<b>14-O.2.</b> All targeted parents/teachers reached and informed	100%	100%	100%	100%	
<b>14-O.3.</b> 75% of relevant stakeholders trained on AHYD	75%	75%	75%	75%	
<b>14-O.4.</b> 5 functional ISDN established and maintained	1	2	1	1	
<b>14-O.5.</b> 100% of LGUs request for assistance in the establishment of adolescent friendly centers acted upon	100%	100%	100%	100%	
<b>Major activities:</b>					
<b>14-A.1.</b> Conduct of film showing					
<b>14-A.2.</b> Conduct of LPPED					

14-A.3. Implementation of Youth Formation Program with DepEd					
14-A.4. Establishment of ISDN					
14-A.5. Advocacy for the establishment of adolescent friendly Centers					
14-A.6. Monitoring and reporting					
<b>15. Responsible Parenthood and Reproductive Health</b>					
<b>Outputs:</b>					
15-O.1. 175,000 couples provided with RPFP sessions	175,000	175,000	175,000	175,000	PopCom, LGUs
15-O.1. 60% of expressed unmet need provided	60%	60%	60%	60%	
15-O.1. 25% increase in the number of men provided with RPFP information	25%	25%	25%	25%	
<b>Major Activities (to be implemented in 6 provinces and 2 cities)</b>					
15-A.1. Conduct of RPFP classes	A	a			
15-A.2. Referrals of modern family planning					
15-A.3. Conduct of <i>Usapan</i> Series					
15-A.4. Conduct of PMC Counselling					
15-A.5. Monitoring, evaluation and adjustments					
<b>16. Weekly Iron with Folic Acid (WIFA) Supplementation to female adolescent learners (also included under micronutrient supplementation)</b>					
<b>Output:</b>					
16-O.1. All public secondary schools providing complete dosage of WIFA to female adolescent school children (Grade 9-10 and ALS)	100%	100%	100%	100%	DepEd, DOH
<b>Major Activities:</b>					
16-A.1. Promotion of the benefits of iron folic acid supplementation					
16-A.2. Downloading of resources					
16-A.3. Provision and consumption of supplements					
16-A.4. Monitoring, reporting and adjustments					



PROGRAM 8. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION					
Project Title, Outputs and Major Activities	Target				Agency/ies responsible
	2019	2020	2021	2022	
<b>17. Promotion of Healthy Lifestyle</b>					
<b>Outputs:</b> <b>17-0.1</b> 50% of LGUs implementing healthy lifestyle projects throughout the year	20%	30%	40%	50%	DOH, NNC, LGUs
<b>Major Activities:</b>					
<b>17-A.1.</b> Conduct of media campaign promoting healthy lifestyle and healthy food options					
<b>17-A.2.</b> Promotion of policies encouraging LGUs to implement healthy lifestyle programs					
<b>17-A.3.</b> Monitoring and reporting of LGU healthy lifestyle activities					
<b>18. Weight Management Intervention</b>					
<b>Outputs:</b> <b>18-A.1</b> At least 50% of RLAs and RNC member agencies in CAR adopted a weight management program	20%	30%	40%	50%	DOH, NNC, Regional line agencies
<b>Major Activities:</b>					
<b>18-A.1.</b> Advocacy on the adoption of healthy life style programs by government agencies and LGUs					
<b>18-A.2.</b> Implementation of a healthy lifestyle program by agencies/LGUs					
<b>18-A.3.</b> Conduct of a search for awardees re implementation of a healthy lifestyle program per RNC Resolution and conduct of awards					
<b>18-A.4.</b> Monitoring, evaluation, adjustments					

PROGRAM 9. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)					
Project Title, Outputs and Major Activities	Target				Agency/ies responsible
	2019	2020	2021	2022	
<b>19. Enhancement of PIMAM Facilities, Capacities and Provision of Services</b>					
<b>Outputs:</b>					
<b>19-O.1.</b> PIMAM facilities established in 6 provinces and 2 cities	/	/	/	/	DOH, LGUs
<b>19-O.2.</b> 100% of Provinces and cities covered with the PIMAM program by 2022	3 (MP, Kalinga and Benguet)	2 (Ifugao and Baguio)			
<b>Major Activities:</b>					
<b>19-A.1.</b> Training of provincial and municipal health and nutrition workers in the identification and management of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) cases					
<b>19-A.2.</b> Provision and supply management of F75, F100 RUTF and RUSF and its equivalent in RHUs					
<b>19-A.3.</b> Delivery of ITC/OTC and TSFP services for treatment and management of MAM					
<b>19-A.4.</b> Post training evaluation of trained participants on SAM and MAM trainings/Monitoring, reporting					
<b>19-A.5.</b> Monitoring, reporting, and adjustments					

PROGRAM 10. NUTRITION SENSITIVE PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies responsible
	2019	2020	2021	2022	
<b>20.</b> Aquaculture Production Services	4	4	4	4	BFAR
<b>21.</b> Post-harvest Services	2	2	2	2	BFAR, DOST, DTI
<b>22.</b> Gulayan sa Paaralan	100%	100%	100%	100%	DepEd
<b>23.</b> Technology Transfer and Commercialization					

24. Support to Livelihood Program	1	1	1	1	BFAR, LGUs
General Outputs for Nutrition-Sensitive Projects (see Annex 3 for details):	At least 4	At least 4	At least 4	At least 4	
24-O.1. At least four agencies implementing nutrition sensitive programs with tweaking strategies for nutritional outcomes					
Major Activities for Nutrition-Sensitive Projects (see Annex 3 for details):					
24-A.1. Determination of tweaking strategies for the project selected					
24-A.2. Implementation of tweaking strategies					
24-A.3. Monitoring and reporting of the project					
PROGRAM 11. ENABLING PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies Responsible
	2019	2020	2021	2022	
25. Mobilization of Local Government Units for Delivery of Nutritional Outcomes					
25-O.1. Increased functionality of LNCs as indicated by increased number of LGUs with MELLPI score of 80% or better	/	/	/	/	
25-O.2. Increased number of LGUs with national awards	/	/	/	/	
25-A.1. Capacity building and provision of technical assistance to LNCs on nutrition program management					
25-A.2. Supervision/coaching and mentoring for low performing MLGUs outside of regular MELLPI					
25-A.3. Continuing conduct of MELLPI with assistance to PPAN focus provinces	1	1	1	1	
25-A.4. RNC recognition and provision of incentives to high performing LGUs	1	1	1	1	
25-A.5. Training of LNC members on nutrition program management	1	1	1	1	
25-A.6. Assistance to LGUs on local nutrition planning	/	/	/	/	

PROGRAM 11. ENABLING PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies Responsible
	2019	2020	2021	2022	
26. Policy Development for Food and Nutrition					
26-O.1. Policies Reviewed	1	1	1	1	RNC, NNC
26.O.2. All provinces and MLGUs informed of new national nutrition related policies	100%	100%	100%	100%	RNC, NNC
26.O.3. Policies addressing identified issues formulated and disseminated	At least 1	At least 1	At least 1	At least 1	NNC, RNC
26-A.1. Conduct of policy reviews	1	1	1	1	NNC, RTAN/RNC
26.A.2. Preparation of RNC resolutions to address issues/concerns of the RNC	At least 1	At least 1	At least 1	At least 1	NNC, RNC, RSDC
26.A.3. Dissemination and monitoring of national nutrition related policies	/	/	/	/	NNC. RNC
26.A.4. Dissemination, implementation and monitoring of RNC policies	/	/	/	/	NNC
27: Management Strengthening Support for RPAN Effectiveness					
27.A.1 Maintenance of regional bodies (Regional Nutrition Committee/Nutrition Cluster, Regional Bantay Asin Task Force, Regional Bantay Asin Task Force, Regional Nutrition Evaluation Team, Media Group)	/	/	/	/	NNC
27.A.2. Provision of technical support to regional chapters of NAOPA, D/CNPCAP and BNS federation as NNC nutrition network for policy implementation (assistance to include holding of conferences, summits, benchmarking activities, etc)					
27.A.3. Conduct of RNC and other regional bodies joint activities (MELLPI, RNAC, strategic planning, etc)	/	/	/	/	NNC, RNC
27-A.4. Monitoring and reporting	/	/	/	/	NNC

## Annex 1. Projected Population by Age Group, by Province/City

Province/City	Projected 0-59 mos using 2015 PSA proportions					
	2017	2018	2019	2020	2021	2022
Abra	25,351	25,632	25,917	26,206	26,507	26,807
Apayao	13,677	13,941	14,207	14,475	14,747	15,019
Benguet	46,468	47,289	48,115	48,947	49,751	54,806
Ifugao	24,703	25,203	25,710	26,224	26,743	27,261
Kalinga	25,487	25,968	26,454	26,944	27,441	27,937
MP	17,911	18,263	18,620	18,983	19,350	19,717
BC	38,934	39,621	40,314	41,011	41,684	42,357
<b>Total</b>	<b>192,531</b>	<b>950,916</b>	<b>199,338</b>	<b>202,791</b>	<b>206,222</b>	<b>213,906</b>

Province/City	Projected number of 6-23 months children					
	2017	2018	2019	2020	2021	2022
Abra	6,983	7,060	7,139	7,219	7,301	7,384
Apayao	3,772	3,845	3,918	3,992	4,067	4,142
Benguet	13,565	13,805	14,046	14,289	14,523	15,999
Ifugao	6,927	7,067	7,209	7,353	7,499	7,644
Kalinga	7,175	7,310	7,447	7,585	7,725	7,865
MP	4,928	5,025	5,124	5,223	5,324	5,425
BC	12,195	12,411	12,628	12,846	13,057	13,268
<b>Total</b>	<b>192,531</b>	<b>950,916</b>	<b>199,338</b>	<b>202,791</b>	<b>206,222</b>	<b>213,906</b>

Province/City	Projected number of pregnant mothers based on 2015 PSA proportions					
	2017	2018	2019	2020	2021	2022
Abra	4,655	4,707	4,759	4,812	4,868	4,923
Apayao	2,514	2,563	2,612	2,661	2,711	2,761
Benguet	9,043	9,203	9,364	9,526	9,682	10,666
Ifugao	4,618	4,711	4,806	4,902	4,999	5,096
Kalinga	4,783	4,874	4,965	5,057	5,150	5,243
MP	3,286	3,350	3,416	3,482	3,550	3,617
BC	8,130	8,274	8,418	8,564	8,704	8,845
<b>Total</b>	<b>37,030</b>	<b>37,682</b>	<b>38,340</b>	<b>39,004</b>	<b>39,664</b>	<b>41,151</b>

Note: The above population projections for selected target groups were derived using the population proportions based on the PSA 2015 census and multiplied to the DOH projected population per memo no 2017- 0073 dated February 8, 2018. The 2022 population was projected using growth rate from 2021 to 2022. The number of pregnant women was derived based on the DOH assumption that the number of one year old children is equal to the number of pregnant mothers ( 2.7% 0-12 mos and pregnant mothers)

## Annex 2. Prevalence of Malnutrition among 0-59 months old Children by municipality/city based on OPT Results 2015, 2016, 2017

Cordillera Administrative Region												
	Prevalence for 2015				Prevalence for 2016				Prevalence for 2017			
ABRA	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity
Bangued	16.93	13.10	29.65	12.16	7.62	6.84	15.75	5.01	6.48	4.61	15.48	3.65
Boliney	5.23	0.86	10.19	3.44	5.62	5.19	2.01	7.90	4.28	2.43	3.94	4.13
Bucay	12.47	9.23	30.53	12.28	7.87	7.00	21.65	7.58	14.85	8.24	27.43	7.94
Bucloc	13.19	7.77	15.68	6.74	8.87	2.97	15.42	5.45	9.74	3.08	18.97	2.05
Daguio	21.58	2.25	19.44	1.12	3.61	5.56	14.46	0.62	5.11	0.00	5.86	0.00
Danglas	7.61	13.49	47.78	0.00	9.67	8.28	18.22	4.14	6.32	2.77	25.88	3.27
Dolores	3.12	3.43	2.31	0.62	2.44	2.47	2.23	1.20	3.90	3.24	3.02	1.50
La Paz	13.92	1.70	1.48	0.55	11.04	0.91	0.71	0.91	4.89	1.29	3.19	0.54
Lacub	21.96	3.44	45.12	6.88	10.93	8.80	41.44	4.80	7.12	8.36	37.15	8.05
Lagangilang	7.82	5.28	38.54	0.69	4.47	4.56	4.56	0.96	3.36	5.79	4.93	2.15
Lagayan	21.95	11.49	14.64	2.69	16.31	8.29	43.24	5.08	13.62	9.97	34.69	4.67
Langiden	15.59	7.21	31.97	5.07	16.60	5.53	35.17	1.28	10.04	4.25	37.07	6.56
Licuan-Baay	16.28	11.70	35.32	6.79	6.08	5.03	30.95	2.91	12.59	8.82	19.40	1.76
Luba	6.51	4.50	18.91	2.33	9.34	5.74	17.41	0.64	9.33	2.29	20.19	2.29
Malibcong	20.68	14.46	28.81	0.36	6.93	15.28	6.37	4.83	27.07	5.88	31.34	4.20
Manabo	14.35	8.05	36.08	16.29	2.28	6.45	7.63	3.38	0.11	0.43	2.68	0.00
Peñarrubia	4.38	3.13	21.44	2.04	2.64	6.79	14.51	3.02	10.80	7.82	35.09	8.28
Pidigan	11.45	4.79	35.40	6.12	12.13	7.64	31.16	7.45	9.96	5.13	27.21	6.37
Pilar	8.40	2.93	22.77	3.21	8.76	2.40	18.97	3.37	8.15	2.09	21.92	2.86
Sallapadan	5.55	3.59	16.26	0.31	10.30	5.08	26.74	2.88	8.19	2.67	21.77	1.43
San Isidro	15.23	8.26	28.26	2.14	13.51	7.27	28.31	8.31	12.20	4.07	30.62	6.46
San Juan	2.87	3.81	4.84	1.19	2.94	3.19	3.36	1.85	7.24	5.98	17.28	6.85
San Quintin	16.58	6.82	21.43	3.15	6.75	6.75	6.75	0.79	5.10	2.78	7.51	3.71
Tayum	15.67	6.10	29.00	9.19	11.62	5.85	36.05	5.77	10.12	5.90	35.74	8.22
Tineg	20.21	14.99	47.89	8.21	23.08	10.95	45.91	4.23	22.09	5.52	44.48	3.37
Tubo	5.77	1.81	24.41	2.22	3.90	2.60	18.18	1.08	4.17	1.47	15.44	1.72
Villaviciosa	20.91	18.13	38.02	10.83	18.23	8.29	31.54	8.82	9.74	3.59	33.59	4.10
Province	12.60	7.54	24.07	6.08	7.98	5.72	16.75	4.02	7.88	4.46	18.32	3.99

2/30/2018

	Prevalence for 2015				Prevalence for 2016				Prevalence for 2017			
APAYAO	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity
Calanasan	7.00	ND	ND	ND	5.98	ND	20.36	ND	5.55	3.11	20.23	2.53
Conner	6.03	ND	ND	ND	ND	ND	ND	ND	3.62	2.08	8.47	0.17
Flora	7.47	ND	ND	ND	2.74	3.27	ND	1.87	7.34	2.98	18.70	2.26
Kabugao	9.21	ND	ND	ND	6.86	2.74	23.87	0.70	8.97	4.78	25.00	2.75
Luna	7.00	ND	ND	ND	5.94	ND	14.91	ND	9.38	4.84	24.40	5.71
Pudtol	9.08	ND	ND	ND	7.31	10.26	26.20	7.96	4.74	7.67	23.78	7.73
Sta. Marcela	9.30	ND	26.17	ND	9.31	ND	22.59	ND	6.05	2.58	11.90	2.98
Province	7.73				6.09	5.19	21.88	3.37	6.34	4.18	18.27	3.21
	Prevalence for 2015				Prevalence for 2016				Prevalence for 2017			
BENGUET	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity
Atok	2.47	0.25	19.49	1.98	1.63	0.56	22.06	2.32	1.71	1.31	16.22	2.89
Bakun	3.03	2.38	21.37	3.68	2.11	0.77	14.65	1.06	2.07	0.61	14.41	1.30
Bokod	1.09	0.18	9.32	0.52	0.35	0.00	7.97	0.26	0.43	0.00	4.94	0.43
Buguias	1.08	0.58	5.82	0.33	0.82	0.29	3.58	0.53	0.50	0.25	3.05	0.22
Itogon	0.73	0.66	7.05	1.30	0.52	0.68	1.16	0.66	0.76	0.22	3.03	0.38
Kabayan	1.60	0.80	23.20	2.84	1.92	0.43	20.45	1.78	1.55	1.04	16.49	1.92
Kapangan	1.75	0.45	22.16	2.74	2.98	0.68	20.99	1.44	2.53	0.36	22.82	1.88
Kibungan	3.27	0.31	21.93	0.62	4.06	0.67	20.03	0.53	3.63	0.66	17.67	1.12
La Trinidad	2.18	1.09	10.37	3.00	2.21	1.12	11.54	3.90	2.81	1.85	15.88	5.77
Mankayan	1.18	0.08	5.26	0.31	0.69	0.21	2.82	0.43	0.99	0.00	0.96	0.14
Sablan	1.34	0.11	4.68	0.45	2.70	0.24	5.05	0.35	2.12	1.12	4.36	3.12
Tuba	1.09	1.65	10.35	2.32	1.82	1.33	7.01	1.28	1.87	2.51	10.40	3.15
Tublay	0.52	0.22	4.48	0.34	0.42	0.25	8.08	0.58	0.36	0.04	4.86	0.81
Province	1.55	0.80	10.57	1.77	1.57	0.73	9.04	1.68	1.68	0.99	9.9	2.4

2/30/2018

	Prevalence for 2015				Prevalence for 2016				Prevalence for 2017			
IFUGAO	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity
Aguinaldo	1.83	3.57	36.69	11.17	1.91	4.29	16.72	4.39	1.84	1.89	12.86	4.34
Alfonso Lista	1.45	0.35	4.84	0.35	1.01	0.24	1.80	0.35	1.07	0.21	1.40	0.15
Asipulo	1.87	2.31	22.19	5.61	2.00	2.52	17.37	3.43	1.37	2.21	15.10	3.65
Banaue	2.41	2.31	24.60	7.83	2.11	2.68	28.63	8.18	1.81	2.55	13.03	5.96
Hingyon	2.46	1.28	17.27	3.21	2.65	1.21	16.54	1.76	1.73	0.92	11.97	1.27
Hungduan	1.46	0.00	12.30	0.60	1.29	0.43	10.59	0.26	0.98	0.20	10.52	0.39
Kiangan	1.98	1.05	18.92	2.97	1.54	1.23	13.88	2.40	1.04	1.09	12.10	3.74
Lagawe	2.52	0.54	10.75	1.13	1.99	1.63	10.97	2.56	2.07	1.22	9.37	2.34
Lamut	1.64	1.04	7.32	1.00	2.04	1.32	12.81	1.52	1.24	1.09	10.94	2.05
Mayoyao	1.98	0.81	13.10	1.26	2.26	0.71	13.60	3.14	1.88	4.56	13.59	0.20
Tinoc	2.58	0.58	19.59	0.71	2.36	1.96	15.32	1.77	1.45	0.23	2.73	0.12
Province	1.95	1.32	16.38	3.41	1.83	1.67	13.47	2.65	1.47	1.33	9.44	2.26
	Prevalence for 2015				Prevalence for 2016				Prevalence for 2017			
KALINGA	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity
Balbalan	4.30	1.56	23.03	0.83	4.73	0.39	16.67	0.48	3.65	3.01	19.92	2.24
Lubuagan	2.84	5.28	34.74	4.33	3.82	2.99	27.35	2.27	3.97	5.79	24.03	4.61
Pasil	6.03	1.81	20.00	1.28	5.48	1.43	14.61	0.95	4.34	4.82	28.27	4.55
Pinukpuk	6.07	3.87	16.00	1.31	5.48	3.69	15.36	1.16	5.37	5.40	13.84	2.13
Rizal	4.07	0.68	15.40	2.04	5.16	8.60	13.28	0.73	5.94	1.60	12.54	1.34
Tanudan	5.21	2.67	18.29	0.56	6.71	2.50	11.19	2.26	5.62	2.06	12.60	0.82
Tinglayan	8.11	1.62	35.70	0.08	6.66	1.40	36.02	3.21	6.16	2.85	24.77	2.26
Province	5.38	2.60	21.48	1.46	5.43	3.65	18.27	1.43	5.13	3.91	17.51	2.33
												2/30/2018
	Prevalence for 2015				Prevalence for 2016				Prevalence for 2017			
MT. PROVINCE	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity
Barlig	2.31	1.15	22.19	4.32	1.93	0.00	21.86	0.00	3.74	0.34	24.15	6.46
Bauko	2.21	0.91	19.20	1.54	3.07	0.81	17.55	1.25	1.79	0.83	13.23	0.57
Besao	6.78	1.10	27.92	2.21	7.40	2.04	23.19	0.85	4.84	1.34	21.37	1.50
Bontoc	2.17	0.90	9.07	1.32	3.32	2.15	14.26	1.80	6.00	3.16	9.42	7.00
Natonin	3.06	1.37	20.29	0.00	3.73	4.12	28.73	2.19	3.64	2.39	23.66	1.14
Paracelis	8.71	3.35	26.38	3.06	7.98	4.45	24.05	5.78	9.23	3.47	23.28	2.35
Sabangan	3.73	0.99	18.44	2.86	3.02	1.28	21.84	4.18	2.06	1.15	17.64	4.35
Sadanga	2.11	1.40	24.23	6.46	3.63	0.65	30.25	0.00	3.41	3.25	26.46	0.00
Sagada	2.14	0.53	10.77	0.71	2.71	1.44	15.24	0.99	1.26	0.97	5.15	0.29
Tadian	1.85	2.24	12.73	0.34	1.72	1.14	16.71	0.92	0.93	0.23	12.70	0.00
Province	3.90	1.65	18.70	1.95	4.25	2.09	20.12	2.34	4.31	1.92	16.46	2.14



	Prevalence for 2015				Prevalence for 2016				Prevalence for 2017			
CITIES	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity
Baguio City	1.41	1.96	5.17	1.07	1.14	1.53	4.69	1.27	0.88	0.73	3.31	1.12
Tabuk City	5.99	4.35	16.26	2.24	6.42	4.39	16.02	3.48	6.70	5.94	18.44	5.69
Region	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity	Under-weight	Wasting	Stunting	Overweight and Obesity
CAR	4.40	2.65	14.49	2.75	3.57	2.51	12.58	2.32	3.55	2.34	12.07	2.64
Data Source: OPT Plus submissions from Provinces/Cities												30/01/2018
Prepared by: NNC-CAR												

Legend (OPT Plus 2015)

COLOR CODE	Underweight	Wasting	Stunting	Overweight
	10% or higher	10% or higher	15% or higher	3% or higher
	Higher than regional average but below 10%	Higher than the regional average but below 10%	Higher than the regional average but below 15%	Higher than the regional average but below 3%
	Equal to or lower than the regional average	Equal to or lower than the regional average	Equal to or lower than the regional average	Equal to or lower than the regional average

Legend (OPT Plus 2016)

COLOR CODE	Underweight	Wasting	Stunting	Overweight
	10% or higher	10% or higher	30% or higher	5% or higher
	Higher than regional average but below 10%	Higher than the regional average but below 10%	Higher than the regional average but below 30%	Higher than the regional average but below 5%
	Equal to or lower than the regional average	Equal to or lower than the regional average	Below 20%	Equal to or lower than the regional average

Legend (OPT Plus 2017) based on the Regional Nutrition Committee (RNC) Resolution No. 3, s. 2017

COLOR CODE	Underweight	Wasting	Stunting	Overweight
	10% or higher	7% or higher	20% or higher	4% or higher
	Higher than regional target but below 10%	Higher than the regional target but below 7%	Higher than the regional target but below 20%	Higher than the regional target but below 4%
	equal to or lower than the regional target (3.37%)	Equal to or lower than the regional target (2.46%)	Equal to or lower than the regional target (12.08%)	Equal to or lower than the regional target (2.38%)

Note: OPT Plus Coverage of Apayao for weight-for-height is 30.66% while OPT coverage for height-for-age is 38.68% based on DOH projected population

### Annex 3. Nutrition Sensitive Projects

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
<b>28. Aquaculture Production Services</b>  <b>Locations selected (Province/LGU):</b>  <b>Coverage of families:</b>	Targeting food poor families with malnourished children and PLW	BFAR	<b>Outputs:</b>  <b>28-O.1.</b> Number of fisherfolk families with malnourished children provided with of techno-demonstration projects	4	4	4	4	Increased family income	Improved nutritional status of target beneficiaries
			<b>Major Activities:</b>  <b>28-A.1.</b> Coordination with LGU for identification and validation of beneficiaries					Improved access to food	
			<b>28-A.2.</b> Site assessment and validation of area						
			<b>28-A.3.</b> Conduct of Training on Good Aquaculture Practices						
			<b>28-A.4.</b> Establishment of Techno-demo projects						
			<b>28-A.5.</b> Continuous monitoring of the project to identify if children attained normal nutritional status						
<b>29. Post-harvest Services</b>  <b>Locations selected (Province/LGU):</b>  <b>Coverage of families</b>	Targeting food poor families with malnourished children and PLW	BFAR, DOST, DTI	<b>Outputs:</b>  <b>29-O.1.</b> Number of fisherfolks trained and provided with post-harvest equipment	2	2	2	2	Increased family income	Improved nutritional status of target beneficiaries
			<b>Major Activities:</b>  <b>29-A.1.</b> Coordination with LGUs for identification and validation of beneficiaries					Improved access to food	
			<b>29-A.2.</b> Close coordination with LGUs, BNS and BHW to ensure nutrition						

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			education and identification of nutritionally-vulnerable families						
			<b>29-A.3.</b> Conduct of Training on Fish handling to include topics on nutrition, HACCP, GMP and SSOP						
			<b>29-A.4.</b> Conduct of Post-harvest technology training on fish value-adding						
			<b>29-A.5.</b> Provision of Post-harvest equipment/facility						
			<b>29-A.6.</b> Periodic monitoring/evaluation of the project to identify if children attained normal nutritional status						
<b>30. Gulayan sa Paaralan</b>	Use of Gulayan sa Paaralan to benefit child nutrition	DepEd, DA	<b>Output:</b>						
<b>Locations selected (Province/LGU):</b>			<b>30-O.1.</b> All public elementary schools implementing Gulayan sa Paaralan Program	100 %	100%	100%	100 %		
<b>Coverage of families:</b>			<b>Major Activities:</b>						
			<b>30-A.1.</b> Number of teachers and students provided with Gulayan sa Paaralan training with nutrition concepts						
			<b>30-A.2.</b> Implementation of the project						
			<b>30-A.3.</b> Utilization of garden harvests for school feeding	All SBFP schools	All SBFP schools	All SBFP schools	All SBFP schools		
			<b>30-A.4.</b> Monitoring and Reporting of Gulayan sa Paaralan						
<b>31. Technology Transfer and Commercialization</b>	Targeting nutritionally depressed	DOST	<b>Output:</b>						
			<b>31-O.1.</b> # of LGUs covered with the with Livelihood/Technology Transfer and Commercialization program					Increased family income	Improved nutritional status of target

Projects	Tweaking Strategy	Agency/ies Responsible & Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
<b>Locations selected (Province/LGU):</b>  <b>Coverage of families:</b>	communities and families		Major Activities:  31-A.1. implementation of the Small Enterprise Upgrading program (food sector) 31-A.2. Community Based Projects (food sector) 31-A.3. Food Innovation Center <b>31-A.4.</b> Continuing assistance to the Complementary Food Production center in Luna Apayao					Improved access to food	beneficiaries
<b>33. Support to Livelihood Programs</b>  <b>Locations selected (Province/LGU):</b>  <b>Coverage of families:</b>	Targeting families of poor farmers as priority project beneficiaries	DA	<b>Output:</b>  <b>33-O.1.</b> No. of poor farmer beneficiaries with increased capacities on mushroom production and meat processing and increased knowledge and practices on good nutrition  <b>Major Activities:</b> <b>33-A.1.</b> Forum on the promotion of food and nutrition technologies <b>33-A.2.</b> Training on good manufacturing practices, food safety, packaging and labeling, food processing technologies including mushroom production and processing <b>33-A.3.</b> Provision of standards and Testing laboratory services					Increased family income  Improved access to food  Improved knowledge and skills on proper nutrition	Improved nutritional status of target beneficiaries

#### Annex 4. Summary of Budgetary Requirements, Region CAR RPAN 2019-2022, by Program, by Project, by year

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirement					Remarks
		2019	2020	2021	2022	Total	
<b>Program 1: IYCF and First 1000 Days (F1K)</b>							
Mobilization of LGUs for increased compliance to first 100 days through the implementation of ECCD	DOH, NNC, LGUs	100,000	500,000	1,000,000	2,000,000	3,600,000	
Dietary Supplementation for Nutritionally At-risk Pregnant Women and undernourished 6-23 months old children Dietary Supplementation for Pregnant Mothers and 6-23 months	DOH	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	
Promotional Activities for Breastfeeding and the first 1000 days	DOH	15,000	15,000	15,000	15,000	60,000	
Establishment of IYCF Support Groups	DOH	100,000	150,000	200,000	250,000	700,000	
Accreditation of Mother Baby Friendly Facilities and Workplaces	DOH	30,000	40,000	50,000	50,000	170,000	
<b>Subtotal</b>						<b>8,530,000</b>	
<b>PROGRAM 2. MICRONUTRIENT SUPPLEMENTATION PROGRAM</b>							
Micronutrient supplementation for pregnant and lactating women, WRA and under five children	DOH						
- Iron for pregnant and 6-23 months;	DOH	18,828,724	20,711,596	22,782,756	25061,031	87,384,107	
- Iron for WRA		2,860,000	3,146,000	346,600	3806,660	10,159,260	

- Vitamin A for post-partum and 6-23 months	DOH	94,400	103,840	114,224	125,646	438,110	
- Vitamin A 24-59 months		601,800	661,980	728,178	800,996	2,792,954	
<b>Subtotal</b>						<b>100,774,431</b>	
<b>PROGRAM 3. DIETARY SUPPLEMENTATION PROGRAM FOR OLDER CHILDREN</b>							
Supplementary Feeding to Children Enrolled in Child Development Centers and Supervised Neighborhood Plays	DSWD	68,195,000	72,000,000	75,000,000	78,000,000	293,195,000	
Strengthening of CDCs for ECCD Compliance	DSWD	576,800	600,000	650,000	750,000	2,576,800	
School-Based Supplementary Feeding	DEPED						
School-based Complementary Health Services	DEPED						
<b>Subtotal</b>						<b>295,771,800</b>	
<b>PROGRAM 4. MANDATORY FOOD FORTIFICATION</b>							
Advocacy for and Compliance Monitoring of RA 8976 and 8172	DOH, NNC, PIA, RBATF	50,000	50,000	50,000	50,000	200,000	
<b>PROGRAM 5. NUTRITION IN EMERGENCES</b>							
Building and strengthening capacities for emergency preparedness, response and rehabilitation	DOH, NNC	300,000	300,000	300,000	300,000	1,200,000	
<b>PROGRAM 6. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE</b>							
Health and Nutrition Education for learners and parents/caregivers	DEPED						
<b>PROGRAM 7. ADOLESCENT HEALTH AND DEVELOPMENT</b>							

Provision of a Package of Interventions for Adolescent Health and Development	POPCOM						
Responsible Parenthood and Reproductive Health	POPCOM	1,694,000	1,778,700	186,700	196,000	3,855,400	
Weekly Iron with Folic Acid (WIFA) Supplementation to female adolescent learners (also included under micronutrient supplementation)	DEPED	22,967,000 9,810 (Female learners)		417,456,000		417,456,000	
<b>Sub-total</b>						<b>421,311,400</b>	
<b>PROGRAM 8. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION</b>							
Promotion of Healthy Lifestyle	DOH	100,000	150,000	180,000	200,000	630,000	
Weight Management Intervention	NNC, RNC	150,000	150,000	1500,000	150,000	600,000	
<b>Sub-total</b>						<b>1,230,000</b>	
<b>PROGRAM 9. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)</b>							
Enhancement of PIMAM Facilities, Capacities and Provision of Services	RNC	280,000	150,000	150,000	150,000	730,000	
<b>PROGRAM 10. NUTRITION SENSITIVE PROGRAMS</b>							
Aquaculture Production Services	BFAR						
Post-harvest Services	BFAR, DOST, DTI						
Gulayan sa Paaralan	DEPED						
Technology Transfer and Commercialization							
Support to Livelihood Program	BFAR, LGUs						

<b>PROGRAM 11. ENABLING PROGRAMS</b>							
Mobilization of Local Government Units for Delivery of Nutritional Outcomes	NNC	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	
Policy Development for Food and Nutrition	NNC	200,000	200,000	200,000	200,000	800,000	
Management Strengthening Support for RPAN Effectiveness	NNC	300,000	300,000	300,000	300,000	1,200,000	
<b>Sub-total</b>						<b>6,000,000</b>	
<b>Grand Total</b>						<b>835,747,631</b>	



## Annex 5. RNC Investment Plan on Nutrition CY 2017-2022

### INVESTMENT PLAN ON NUTRITION CY 2017-2022

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
A. Nutrition Education Information Communication and advocacy (NIECA)													
1. Production and Airing of Nutrition Messages through TV and Radio	NNC with CARMENu							500	500	500	500	500	500
2. Nutrition-on-the-Air	BSU							168	208	232	256	280	304
3. Publication of Nutrition messages and articles	NNC with CARMENu							200	200	200	200	200	200
4. Management of NNC Regional Website and Fan Page	NNC												
5. Development and reproduction of local IEC materials	NNC							150	150	150	150	150	150
6. Distribution of nationally developed IEC materials	NNC												
7. Development, reproduction and distribution of IEC materials on various crops for farmers, students, agric'l technicians, Associations, researchers	BPI	120	120	120	120	120	120	3	3	3	3	3	3
8. Participation in exhibits showcasing accomplishments/activities	BPI	1	1	1	1	1	1	10	10	10	10	10	10

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
and technologies of the center													
9. Health and Nutrition Education for learners and parents/caregivers	DEPED, DOH, DSWD												
10. Nutrition Month activities	NNC, all RNC member agencies												
11. Conduct of NGO Forum to update NGOs on nutrition and related information	NNC							Meals and snacks	50	50		2 <sup>nd</sup> Qtr	2 <sup>nd</sup> Qtr
12. Conduct of Conventions/ Summit/Conferences	NNC in coordination with other groups												
13. Integrate discussions on nutrition in the FDS classes, Responsible parenthood Movement (RPM) organizations, Mentako, Pre-Marriage Counselling (PMC) and Learning Package for parent Education (LPPED) on AHYD and other similar activities.	POPCOM	500 classes						270					
14. Men's involvement in Reproductive Health	DOH		7	7									
15. DOH Caravan	DOH		2	2	2	2	2						
16. Conduct Health Awareness Campaign	DAR CAR	1	1	1	1	1	1	48					

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
17. Strengthening of family welfare committees with nutrition dimension in the different entities	DOLE												
18. Radio Programs	PIA												
19. Production of Nutrition related articles	PIA												
20. Utilization of new digital media (includes social media sites like Facebook, E-Publications, etc)	PIA												
<b>B. Policy Formulation, Coordination, Monitoring and Evaluation</b>													
1. Preparation of Regional policy issuances	RNC, RSDC, RICT, RDC, NNC												
2. Dissemination and advocacy among local partners for the implementation of policies	NNC, RNC, RTAN												
3. Conduct of Policy Review	NNC, RTAN, RNC												
4. Dissemination of national nutrition related policies	DILG, NNC	ANA	ANA	ANA	ANA	ANA	ANA	5	5	5	5	5	5
5. Monitoring LGU compliance on: • organization of LNCs • Directives/policies	DILG	/	/	/	/	/	/		5	5	5	5	5
	DEPED												
<b>C. Adolescent Health Program</b>													

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
1. Responsible Parenthood and Reproductive Health	POPCOM												
2. Weekly Iron with Folic Acid (WIFA) Supplementation to female adolescent learners (also included under micronutrient supplementation)	DEPED, DOH												
3. Provision of a Package of Interventions for Adolescent Health and Development	DOH												
<b>D. Technical Assistance to LNCs and Nutrition organizations</b>													
1. Mobilization of LGU Mobilization • Assistance on local planning for low performing LGUs	RTAN Members, NNC							Board and Lodging LGU	150 TBD	200 TBD	NNC LGU	As scheduled by LGUs	As scheduled by LGUs
• Coaching and Mentoring for LGUs vying for National Awards	NNC, RTAN Members	ANA	ANA	ANA	ANA	ANA	ANA	15	15	15	15	15	15
2. Support to of BNS Federation, DNPC Association and Nutrition Action Officers Association	NNC	2 meetings	2 meetings	2 meetings	2 meetings	2 meetings	2 meetings	202	202	202	202	202	202

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
3. Assistance on local planning and other concerns	NNC/ TWG	10 LGUs	10 LGUs	10 LGUs	10 LGUs	10 LGUs	10 LGUs	400	400	400	400	400	400
<b>E. Implementation of the ECCD in PPAN Focus provinces</b>										500	1000	1000	1000
• Orientation of LGUs on the ECCD project				/	/	/	/						
• Capacity Building of key staff on the implementation of the ECCD Project					/	/	/						
• Monitoring, reporting on the ECCD project					/	/	/						
<b>F. Training/Capacity Building</b>													
1. Training on Nutrition in on Emergencies	NNC	90 pax	90 pax	30	30	30		819	819	280	280	280	280
2. Training on NPM	NNC	30	30	30	30	30		273	273	273	273	273	273
3. Training on BNS	NNC	30	30	30	30	30		273	273	273	273	273	273
4. Training on BNS TOT	NNC	30		30		30		273		273			273
5. Training/lectures on food production for Associations, GOs, NGOs, farmers, OJTs from different SCUs	BPI												
<ul style="list-style-type: none"> <li>Lecture on food production/post production/Urban Gardening</li> <li>Conduct trainings on various plant</li> </ul>								15	15	15	15	15	15

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
production/post- production technologies													
6. Support to regional Federation meetings/activities (NAOs Federation, DNPC federation, BNS federation activities)	NNC, RNC, RTAN	2	2	2	2	2	2	210	210	210	210	210	210
7. Orientation on the First 1000 Days for all health workers nationwide	DOH							703.8					
8. PIMAM training	DOH	2	2	2	2								
<b>G. Logistics Support for LGUs</b>													
1. Height boards 2. Weighing scales 3. Micronutrients (vitamin A, Iron 4. Complementary foods and MNP 5. Iodine test kits 6. Solution A and B for iodine checker machines 7. Calibration among LGUs	DOH	ANA	ANA	ANA	ANA	ANA	ANA						
<b>H. Implementation of RNC Project on Weight Management</b>													
1. Promotion and Monitoring of the Weight Management Project			/	/	/	/	/		10	10	10	10	10
2. Implementation of Awards for Weight Management Project				/	/	/	/			150	150	150	150
3. Evaluation and Adjustments				/	/	/	/						
<b>I. Monitoring, Evaluation and Awarding</b>													

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
1. Orientation on MELLPI and search for ROBNS for RNET/PNETs as needed	NNC	1	1	1	1	1	1	15	15	15	15	15	15
2. Actual Conduct of MELLPI and Search for outstanding BNS in all cities and provinces	RNET (NNC and other RNC member agencies)	/	/	/	/	/	/	150	150	150	150	150	150
3. MELLPI Results deliberations and identification of awardees	RNET (NNC and other RNC member agencies)	1	1	1	1	1	1	10	10	10	10	10	10
4. Regional Awarding Ceremony	RNC, RTAN, RNET	1	1	1	1	1	1	250	250	250	250	250	250
5. Attendance to National Awarding	RNC, NNC, RNET/PNC/C NC	1	1	1	1	1	1	15	15	15	15	15	15
6. Conduct of Regional Program implementation Review	RTAN	1	1	1	1	1	1	15	15	15	15	15	15
7. Monitoring of OPT measuring tools (height board, weighing scales)	NNC	2	2	2	2	2	2	5	5	5	5	5	5
8. Pesticides monitoring/analysis on agricultural crops, soil and water (including PS) • Survey and interview farms/farmers • Analysis of vegetable samples	BPI												
	BPI	250	250	250	250	250	250	2.9M	2.9M	2.9M	2.9M	2.9M	2.9M
	BPI	525	525	525	525	525	525	2.9M	2.9M	2.9M	2.9M	2.9M	2.9M
9. Plant nursery monitoring and evaluation	BPI												

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
10. Evaluation of plant nurseries	BPI	2	2	2	2	2	2						
11. Monitoring of accredited plant nurseries	BPI	2	2	2	2	2	2						
12. Nutrition Assessment of school children for K to 12 after enrolment and end of school year	DEPED	2	2	2	2	2	2						
13. Consolidation and dissemination of OPT plus results and conduct of validation as needed	NNC	/	/	/	/	/	/		20	20	20	20	20
<b>J. Research and Development and technology Demonstration</b>													
1. Establishment of technology demonstrations for farmers and barangays	BPI	2	2	2	2	2	2	9100	9100	9100	9100	9100	9100
<ul style="list-style-type: none"> <li>Indigenous vegetables (IVs)</li> <li>Use of Trichoderma fungus against clubroot disease on cabbage</li> </ul>	BPI												
2. Conduct of crop research and development activities <ul style="list-style-type: none"> <li>Regular studies</li> <li>Special projects/studies</li> </ul>	BPI	5 10	5 2	5	5	5	5	228 276	228 856	228	228	228	228
3. Support to FB Pagbabago (motorized banca, non-motorized banca, marine engine)	BFAR	94	24	44	45	47	47	5868	808	2618	2730	3048	3302
4. Distribution of fishing gear paraphernalia (Gillnet,	BFAR	1707	1800	2300	2110	2110	2240	2995	3653	5940	6204	6843	7786



PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
hook and lines, fish trap, cast net)													
5. Establishment of Technology demonstrations/livelihood projects (Polyculture, Rice Fish culture, Fish cage culture, integrated fish culture, tilapia culture, catfish culture)	BFAR	204	338	253	265	265	280	11,00 0	12,56 9	16,93 8	19,69 5	21,58 0	25,19 0
6. Establishment/Operation of Regional Fisheries Training and Fisherfolk Center (Regulatory training, aquaculture training, Postharvest technology training)	BFAR	39	55	57	67	72	69	1,500	2,245	2,280	2,948	3,456	3,609
7. Participation to Agri-Aqua Fair Exhibits	BFAR	5	6	8	8	8	8	500	430	705	776	856	944
8. Establishment of Fishmart/Barangay Fish Terminal	BFAR	39	24	21	24	24	24	1,500	600	630	792	864	960
9. Distribution of Postharvest equipment (fish stalls, processing utensils)	BFAR	262	168	118	99	99	99	1,452	108	1,605	1,665	1,826	2,000
10. Conduct of MSMEs Fisheries Industry Forum	BFAR	1	1	1	1	1	1	100	250	250	300	300	300
11. Fingerlings/seed stocks procured (tilapia, carp, other species)	BFAR	3.09M	2.98M	3.13M	3.42M	3.66M	3.47M	1,508	1,366	1,096	1,197	1,282	1,215
12. Monitoring/inspection of fishery facilities and aquaculture farms	BFAR	41	33	33	40	40	40	468	470	930	1,240	1,360	1,480

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
13. Conduct of nutrition, health and related researches	BSU	2	2	2	2	2	2	500	500	500	500	500	500
14. Other nutrition-related researches	UB	At least one nutrition related research initiated						TBD	TBD	TBD	TBD	TBD	TBD
K. Water and Sanitation													
1. Community Managed Potable Water Sanitation and Hygiene (CPWASH) for Agrarian Reform Beneficiary Organizations	DAR	6 prov	6 prov	6 prov	6 prov	6 prov	6 prov	480	480	480	480	480	480
L. Food Production and Livelihood Activities													
1. Production/ distribution of seeds/ seedlings/ planting materials (sales and free) a. Tuber/root crops • Potato- Generation 0 (pcs) • Potato cuttings (pcs) b. Vegetables • Snap beans(kg) • Garden pea (kg) c. Fruit bearing trees/crop (pcs) • Banana • Citrus • Other fruits (longan, nectarine, peach, guava) d. Beverages • Coffee/tea	BPI							21.8	21.8	21.8	21.8	21.8	21.8
		20000	20000	20000	20000	20000	20000						
		5000	5000	5000	5000	5000	5000	21.61	21.61	21.61	21.61	21.61	21.61
		20	20	20	20	20	20						
		10	10	10	10	10	10						
								610.6	610.6	610.6	610.6	610.6	610.6
		5000	5000	5000	5000	5000	5000						
		6000	6000	6000	6000	6000	6000						
		2100	2100	2100	2100	2100	2100						
								133.8	133.8	133.8	133.8	133.8	133.8
		5000	5000	5000	5000	5000	5000						
2. Livelihood Program/Technology Transfer and Commercialization	DOST	20	22	24	26	28	30	10,000	11,500	12,000	13,000	14,000	15,000

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
a. Small Enterprises Technology Upgrading Program (Food Sector) b. Community Based Projects (Food Sector) c. Food Innovation Center d. Continuing Technical Assistance to the Complementary Food Production Project at ASC, Luna, Apayao													
3. Support to Livelihood Program a. Trainings on good manufacturing practices, food safety, packaging and labeling, food processing technologies b. Forum on the promotion of food and nutrition technologies c. Regional Standards and Testing Laboratory Services c.1 Chemical & Microbiological Testing of water, food and beverage c.2 Calibration services for determining the accuracy of various types of weighing instruments, test weights,	DOST	20	22	24	26	28	30	952	1,002	1,052	1,102	1.152	1,366

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
calibrating buckets, dispensing pumps, and temperature instruments.													
4. Provision of financial/Material assistance for livelihood and income generating projects	DOLE												
5. Gulayan sa Paaralan Program	DepEd	All school s region wide	All school s region wide	All school s region wide	All school s region wide	All school s region wide	All school s region wide	Finan cial Assist ance to 288 Schoo ls: 2,880 M	Finan cial Assist ance to 384 Schoo ls: 3,840 M				
<b>M. Supplementary Feeding/Dietary Supplementation</b>													
1. Supplementary feeding in Child Development Centers and supervised neighborhood Plays													
• Supplementary Feeding rehabilitate underweight and sustain nutritional status of normal children	DSWD	48,30 9	48,79 2	49,28 0	49,77 3	50,27 1	50,77 4	86,95 6	87,82 5.6	88,70 4	89,59 1.4.	89,59 1.4	89,59 1.4
• Program Orientation on the SFP Omnibus Guideline	DSWD	250	280	290	300	310	320	1,205. 6	1,300	1,300,	1,400	1,400	1,500
• Program Review and Evaluation	DSWD	160	160	170	180	190	200	1,205. 6	1,300	1,300	1,400	1,400	1,500
• Monitoring of Implementation of the feeding program	DSWD	100% of LGUs and	100% of LGUs and	100% of LGUs and	100% of LGUs and	100% of LGUs and	100% of LGUs and	838	838	838	900	900	900

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
		80% of CDCs s	80% of CDCs s	80% of CDCs s	85% of CDCs s	90% of CDCs s	90% of CDCs s						
2. School-Based Feeding program for wasted and severely wasted school children	DepEd	SW and Wasted Pupils	SW and Wasted Pupils 6,736 PPAN 10,261 (Kinder)	SW and Wasted Pupils	SW and Wasted Pupils	SW and Wasted Pupils	SW and Wasted Pupils	24,807.6	<b>SBFP</b> - 4,549,760 <b>PPAN</b> Areas- 22,163,760				
3. Complementary Milk Feeding in Public and Private CDCs	DSWD												
4. Strengthening CDCs for ECCD Compliance													
5. School-Based Supplementary Feeding													
6. Dietary Supplementation program for Pregnant Women and children 6-23 months	DOH												
7. Implementation of the PIMAM Program	DOH												
<b>N. Overweight, Obesity and Healthy Lifestyle</b>													
1. Healthy Lifestyle Program among DAR Employees													
• Aero-Cardiophysical activities / sports Tournament	DAR	1						204					

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIBLE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
<ul style="list-style-type: none"> <li>Gender and Development (GAD)</li> <li>Stress Management</li> <li>Symposia/Orientation</li> <li>Establishment of women's desk</li> </ul>	DAR							135					
<ul style="list-style-type: none"> <li>Planning Workshop of GAD Advocacy (mainstreamed in regular programs)</li> </ul>	DAR							45					
<ul style="list-style-type: none"> <li>Annual – Check-up of employees</li> </ul>	DAR							303.8					
<ul style="list-style-type: none"> <li>Gender Sensitivity Forums</li> <li>Symposia orientation</li> </ul>	DAR	1						135					
<ul style="list-style-type: none"> <li>Advocacy monitoring and evaluation</li> </ul>	DAR	6						84					
<ul style="list-style-type: none"> <li>Conduct Women's Month Celebration</li> </ul>	DAR							31					
<ul style="list-style-type: none"> <li>Adoption of GAD activities to mitigate gender issues and gain positive change in workplace (Support services to rural women)</li> </ul>	DAR							1,437					
<ul style="list-style-type: none"> <li>Other GAD Project-development of food product</li> </ul>	DAR	6						312					
2. Healthy Lifestyle Program for DOH Employees													
<ul style="list-style-type: none"> <li>Sports Fest-Inter-agency</li> </ul>	DOH	1	1	1	1	1	1						
<ul style="list-style-type: none"> <li>Semi-Annual Risk Assessment for DOH CAR employees</li> </ul>	DOH	2	2	2	2	2	2						
<ul style="list-style-type: none"> <li>Zumba Sessions</li> </ul>	DOH	144	144	144	144	144	144						

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIBLE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
• Functional Fitness room	DOH			1									
• Regular Support to fun run activities		/	/	/	/	/	/						
• Nutri-Wheels	DOH		1										
3. Healthy Lifestyle promotion among school learners	DEPED	3		3			3						
4. Implementation of RNC Project on Weight Management	RNC, NNC, RLAs												
• Promotion and Monitoring of the Weight Management Project			/	/	/	/	/		10	10	10	10	
• Implementation of Awards for Weight Management Project				/	/	/	/			150	150	150	
• Evaluation and Adjustments				/	/	/	/						
<b>O. Nutrition in Emergencies</b>													
1. <u>Pre-disaster</u>													
• Conduct of training/orientation on Nutrition in Emergencies	NNC, DOH	/											
• Advocate for the designation of local nutrition committees as nutrition clusters	NNC, DILG	/	/	/	/	/							
• Advocate for stock piling of nutrition related commodities	NNC/ DOH/Regional Nut'n Cluster	/	/	/	/	/							

PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
<ul style="list-style-type: none"> <li>Conduct of planning meetings for the BIG one</li> </ul>													
<ul style="list-style-type: none"> <li>Disseminate RNC resolutions related to disasters and emergencies</li> </ul>	Regional Nut'n Cluster	/	/	/	/	/							
<b>2. Disaster Phase</b>													
<ul style="list-style-type: none"> <li>Assist LGUs in the conduct of nutrition assessment as needed</li> </ul>	Regional Nut'n Cluster	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA
<ul style="list-style-type: none"> <li>Coordination with affected LGUs for information and for any assistance needed by LGUs</li> </ul>	Regional Nut'n Cluster	/	/	/	/	/	/						
<ul style="list-style-type: none"> <li>Monitor evacuation centers as needed</li> </ul>	Regional Nut'n Cluster	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA
<ul style="list-style-type: none"> <li>Share information to other stakeholders as needed</li> </ul>	NNC	ANA	ANA	ANA	ANA	ANA	ANA						
<ul style="list-style-type: none"> <li>Assist LGUs of affected areas in the conduct of the following as needed (for prolonged evacuations); Assist affected areas as per assignment in the BIG One response <ul style="list-style-type: none"> <li>Nutrition Assessment</li> <li>Supplementary feeding</li> </ul> </li> </ul>	Regional Nut'n Cluster	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA



PROGRAMS/PROJECTS/ ACTIVITIES	RESPONSIB LE/ LEAD OFFICE	TARGETS						BUDGETARY REQUIREMENTS (in thousand Pesos)					
		2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
<ul style="list-style-type: none"> <li>- Management of Acute Malnutrition</li> <li>- Micronutrient supplementation</li> <li>- IYCF</li> <li>- Other food and non-food commodities</li> <li>• Assist LGU Coordinate provision of external logistics support as needed</li> <li>• Continue collection and sharing of information</li> </ul>	Regional Nut cluster	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA
	Regional Nut cluster	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA
3. <u>Post Disaster/ Recovery</u> <ul style="list-style-type: none"> <li>• Assist LGUs in their recovery activities as needed</li> </ul>	Regional Nut cluster	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA	ANA
<b>P. Coordination Meetings</b>													
1. RNC Meetings/Regional Nutrition Cluster	NNC/DOH/RNC	3	3	3	3	3	3	45	45	45	45	45	45
2. RTAN Meetings	NNC/RLAs	3	3	3	3	3	3	45	45	45	45	45	45
3. RNET Meetings	NNC/RLAs	1	1	1	1	1	1	45	45	45	45	45	45
4. CAR MENU Meetings	NNC/Media Organizations	2	2	2	2	2	2	45	45	45	45	45	45
5. RBATF Meetings	DOH/NNC/RLAs	3	3	3	3	3	3	45	45	45	45	45	45
6. Healthy Lifestyle Coalition	DOH												

## References

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*Integrated Food Security Phase Classification Report*  
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*OPT Results of LGUs (2015, 2015, 2016, and 2017)*  
*Nutritional Assessment of the Government Employees of CAR Regional Line Agencies, 2018*  
*RPAN Formulation Guidelines*

## Regional Nutrition Committee (RNC) and Regional Technical Assistants on Nutrition (RTAN)

AGENCY	MEMBERS
<b>Department of Health</b> 	Regional Nutrition Committee Chairperson <b>Director Amelita M. Pangilinan</b> RTAN Member: <b>Ms. Candice C. Salingbay</b>
<b>Department of Interior and Local Government</b> 	Regional Nutrition Committee Vice Chairperson <b>Director Marlo L. Iringan</b> RTAN Member: <b>Ms. Marie Cris L. Rimando</b>
<b>Department of Agriculture</b> 	Regional Nutrition Committee Vice Chairperson <b>Director Cameron P. Odsey</b> RTAN Member: <b>Ms. Karen Christine W. Ganga</b>
<b>Bureau of Fisheries and Aquatic Resources</b> 	RNC Member: <b>Director Milagros C. Morales</b> RTAN Member: <b>Ms. Prescila M. Maramba;</b> <b>Dr. Pia C. Gundan</b>
<b>Commission on Higher Education</b> 	RNC Member: <b>Director Ma. Geraldine F. Casipit</b> RTAN Member: <b>Ms. Melody C. Labawig</b>
<b>Department of Budget and Management</b> 	RNC Member: <b>Director Irene B. Gahid</b> RTAN Member: <b>Ms. Emily A. Lumpio</b>
<b>Department of Education</b> 	RNC Member: <b>Director May B. Eclar</b> RTAN Member: <b>Ms. Michelle B. Andaya</b>

AGENCY	MEMBERS
<p>Department of Science and Technology</p> 	<p>RNC Member: <b>Director Nancy Bantog</b>  RTAN Member: <b>Ms. Pepita S. Picpican</b></p>
<p>Department of Trade and Industry</p> 	<p>RNC Member: <b>Director Myrna P. Pablo</b>  RTAN Member: <b>Ms. Gloria Cadut</b></p>
<p>National Economic and Development Authority</p> 	<p>RNC Member: <b>Director Milagros A. Rimando</b>  RTAN Member: <b>Mr. Gregorio P. Ariz, III</b></p>
<p>Commission on Population</p> 	<p>RNC Member: <b>Director Rosa R. Fortaleza</b>  RTAN Member: <b>Ms. Conchita M. De Guzman</b></p>
<p>Bureau of Plant and Industry</p> 	<p>RNC Member: <b>Director Jesus A. Aspuria</b>  RTAN Member: <b>Dr. Divina C. Jose</b></p>
<p>Department of Agrarian Reform</p> 	<p>RNC Member: <b>Director Virgilio L. Acuña</b>  RTAN Member: <b>Ms. Lydia O. Abian</b></p>
<p>Department of Environment and Natural Resources</p> 	<p>RNC Member: <b>Director Ralph C. Pablo</b>  RTAN Member: <b>Ms. Rose Marie B. Astadan</b></p>
<p>Department of Labor and Employment</p> 	<p>RNC Member: <b>Director Exequiel Ronie A. Guzman</b></p>
<p>Department of Social Welfare Development</p> 	<p>RNC Member: <b>Director Janet P. Armas</b>  RTAN Member: <b>Ms. Eleonor B. Ayan</b></p>

## AGENCY

## MEMBERS

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