

NNC GOVERNING BOARD
Resolution No. 5, Series of 2018

**ADOPTING THE POLICY STATEMENT ON
NUTRITION PROGRAMS FOR GOVERNMENT WORKERS**

WHEREAS, the NNC Governing Board in its meeting on 21 February 2017 considered government workers as targets of nutrition programs of the Philippine Plan of Action for Nutrition 2017-2022 considering the need to also improve their nutritional status to contribute to efficiency of the bureaucracy;

WHEREAS, the recommendation of the Governing Board is supported by the findings of the 7th and 8th National Nutrition Surveys of the Department of Science and Technology – Food and Nutrition Research Institute (DOST-FNRI) which showed that working adults with occupations categorized as officials, professionals, and clerks, had high prevalence of overweight and obesity, hypertension, high fasting blood glucose and high cholesterol; and with low physical activity when compared to other occupational groups;

WHEREAS, research has shown that promoting health in the workplace provides benefits both to the employees and to the organization which include increased productivity and reduced absenteeism, enhanced self-esteem and improved morale, lower healthcare cost and improved positive image of the employer organization;

WHEREAS, a nutrition program for government workers is consistent with the objectives and strategies of the Philippine Plan of Action for Nutrition 2017-2022 particularly the nutrition specific programs Nutrition Promotion for Behavior Change Program and Overweight and Obesity Prevention and Management Program; along with other existing policies and programs including the *Pilipinas Go 4 Health* program, National Occupational Health and Safety Policy Framework, Civil Service Commission (CSC) Memo Circular No. 4, Series 2003 (Promotion of Good Nutrition in the Bureaucracy), among others.

NOW THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, in consideration of the foregoing, we the NNC Governing Board do hereby adopt the policy statement on having nutrition programs for government workers, as follows:

“The National Nutrition Council recommends the provision of nutrition programs to government workers as part of healthy workplaces as a strategy of the Philippine Plan of Action for Nutrition to improve the nutritional status of state workers thereby contributing to the reduction in the prevalence of overweight and obesity and non-communicable diseases.

The nutrition program shall be integrated in existing efforts of government offices to promote healthy lifestyle and employee welfare. The NNC shall work with relevant

government agencies to see to it that enabling policy instruments and mechanisms shall be in place to implement this recommendation.”


RESOLVED FURTHER, that

1. The NNC Secretariat shall facilitate the convening of an Inter-Agency Technical Working Group (TWG) under the NNC Technical Committee composed of the Department of Health (DOH), Department of Agriculture (DA), DOST-FNRI, Civil Service Commission (CSC), Department of Labor and Employment (DOLE), the Department of the Interior and Local Government (DILG) and other relevant agencies. The TWG shall be tasked to finalize the design of the nutrition program and develop appropriate guidelines and cause the approval and integration of such within the bureaucracy.
2. The NNC together with DOH will work with the Philippine Health Insurance Corporation to study the development of benefits package on nutrition for; and
3. The DOST-FNRI will design the monitoring and evaluation scheme for the program.

RESOLVED FURTHER, that as members of the NNC Governing Board, we shall initiate efforts to implement the nutrition program within our respective agencies and include in our plans, budget for its implementation in 2019 and onwards;

RESOLVED FURTHER, for the National Nutrition Council Secretariat to coordinate and monitor the actions leading to the implementation of this resolution and reporting the same to the NNC Governing Board.

Approved this 21st day of June 2018.


FRANCISCO T. DUQUE III
Secretary of Health and Chairperson
National Nutrition Council Governing Board

Attested by:


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Council Secretary and Executive Director IV
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Republic of the Philippines
Department of Health
NATIONAL NUTRITION COUNCIL

**NUTRITION PROGRAM FOR GOVERNMENT WORKERS
(*NUTRISYON NG LINGKOD BAYAN PROGRAM*)**

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I. BACKGROUND AND RATIONALE

Workplace is one of the ideal settings for health promotion and disease prevention. Research has shown that promoting health in the workplace has wide-ranging benefits both to the employees and to the organization. These include increased productivity; reduced absenteeism; enhanced self-esteem and improved morale of employees; lower healthcare cost; and improved positive image of the employer organization. The 60th World Health Assembly in 2007 endorsed the WHO Global Plan of Action on Workers' Health 2008-2017 which includes the workplace as a healthy setting.

During its meeting on 21 February 2017, the NNC Governing Board recommended that the government pursue the provision of nutrition services to government workers. While the Philippine Plan of Action for Nutrition (PPAN) 2017-2022 provides for services to address malnutrition among vulnerable target groups, government workers are likewise vulnerable to malnutrition. Malnutrition, which can be in the form of undernutrition or overnutrition, affects performance and productivity of state workers and improving their nutrition would contribute to improved delivery of services by the government.

Efforts to promote nutrition among government workers have been limited. The Civil Service Commission (CSC) has issued Memo Circular No. 4, Series 2003 (Promotion of Good Nutrition in the Bureaucracy) which enjoins the heads of government offices to actively participate and support the goals of the nutrition movement including conduct of nutrition education programs, ensure that office canteens serve low-cost and nutritious meals; healthy foods are served during meetings including fruits, vegetables, eggs, milk and fruit juices; and provision of iron supplement and other vitamins and minerals. CSC also issued MC No. 5 Series 2015 for the dissemination and adoption of the *10 Kumainments* (Nutritional Guidelines for Filipinos). Other CSC issuances pertain to promotion of physical fitness and wellness and smoking prohibition. The Department of Health (DOH) likewise issued directives for physical fitness such as the Great Filipino Workout and Belly *Gud* for Health campaigns. The extent to which these issuances have been implemented and sustained have not determined. In addition, the DOH Pilipinas Go 4 Health campaign is one of the interventions to promote healthy lifestyle.

In other agencies, wellness programs are already in place; however, the level of implementation and the types of programs vary. The Philippine National Police has

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adopted measures to keep the waist circumference of its personnel within normal levels. In the DOH, each employee receives an allocation of Php10,000 for annual physical exam and Php50,000 for hospitalization benefits which are included in their collective negotiation agreement between the employees' association and management. On the other hand, UPLB employees have Php80,000 hospitalization benefits. The Department of Social Welfare and Development has wellness programs such as massage and spa. The Department of Agriculture conducts weight loss challenge while the Department of the Interior and Local Government previously conducted Zumba sessions three times week. Large agencies such as the Government Service Insurance System and the Social Security System have specific units that cater to employee wellness programs.

The National Occupational Health and Safety (OHS) Policy Framework issued through DOLE-DOH-CSC Joint Administrative Order 2017-001 dated 13 February 2017, provides guidance for key stakeholders in the development and implementation of Occupational Health and Safety not only for private sector but also public sector workers. Occupational Health and Safety should also include nutrition programs as it refers to the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations.

Furthermore, the CSC Memorandum Circular No. 3, s. 2012 on the Program to Institutionalize Meritocracy and Excellence in Human Resource Management (PRIME-HRM) includes a review of decisions and actions made related to employee welfare and benefits, among others.

A bureaucracy-wide nutrition program is needed considering the results of the study by the Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI) on the 7th and 8th National Nutrition Surveys (NNS) showed that adult workers categorized as "officials", "professionals", and "clerks" were reported to have the poorest nutrition and health status. Officials had the highest prevalence for overweight and obesity, hypertension, high blood glucose and hypercholesterolemia. About half of the Officials had low physical activity. The combined prevalence of overweight and obesity among officials at 49.6% is way higher than the national prevalence among adults at 31.1% (DOST-FNRI, 8th NNS). Furthermore, there are more female officials who are overweight and obese at 51% compared to male officials at 47.9%. This is consistent with the national prevalence at of 34.4% among women compared to men at 27.6%. Data specific for government workers shall be made available by the DOST-FNRI as further basis for the nutrition program.

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Table 1. Prevalence of selected health and nutrition conditions among adults, by occupation

Occupation	Chronic Energy Deficiency	Over-weight	Obesity	Anemia	Hypertension	High Fasting Blood Glucose	High Cholesterol	Low Physical Activity
All adults	10.0	24.3	6.8	11.1	22.3	5.6	18.6	45.5
Special occupations	8.1	28.4	6.4	4.5	19.6	3.7	20.0	52.6
Officials	4.3	37.0	12.6	9.7	28.5	10.3	27.4	50.1
Professionals	5.1	32.1	10.4	9.6	17.7	5.9	20.4	55.6
Technicians and Assoc. Professions	5.8	29.0	10.0	8.3	20.4	5.6	21.1	49.5
Clerks	7.0	29.6	9.3	8.7	19.1	4.0	19.0	56.8
Service workers and shop and market sales workers	8.3	27.5	7.5	8.5	18.6	3.9	18.2	42.8
Farmers, Forestry workers and Fishermen	11.4	14.9	2.4	10.6	9.6	6.0	5.0	20.1
Craft and Related Trades Workers	8.9	22.0	4.2	8.1	24.5	4.8	15.3	30.6
Plant and Machine Operators and Assemblers	5.9	31.1	8.2	5.3	25.8	6.4	19.0	38.4
Elementary occupation: Laborers and Unskilled Workers	9.5	22.0	6.5	8.3	20.6	5.8	16.0	30.9
No occupation	12.3	24.0	7.0	14.8	21.9	5.9	20.7	59.1

Source: DOST-FNRI. 2016. Analysis of the Nutritional Status and Dietary Diversity of Filipino Households: Focus on Fisherfolks.

Individuals who are overweight and obese compared to those who are in normal weight range have increased risk of morbidity from hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and endometrial, breast, prostate, and colon cancers. Having body weight above healthy weight range is associated with increased mortality. In addition, obese individuals may also suffer from social stigmatization and discrimination.

Nutrition and diet is one of the contributory risk factors in having non-communicable diseases (NCDs) such as cardiovascular diseases (heart attacks and stroke), chronic respiratory diseases (chronic obstructive pulmonary disease and asthma), cancers and diabetes (www.who.int). Low physical activity together with smoking and alcohol use are the other shared risk factors.

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Addressing the poor health and nutrition status of government workers requires the provision of services including promotion of healthy diets, improving the food environment, providing healthy settings in the workplace and changes in lifestyle.

The nutrition program shall be part of the Nutrition Promotion for Behavior Change Program and the Overweight and Obesity Prevention and Management Program under the Philippine Plan of Action for Nutrition (PPAN) 2017-2022 as well as the universal healthy lifestyle campaign Pilipinas Go for Health of the DOH.

The nutrition program will be a milestone intervention considering that no country has been able to reverse its obesity levels. Considering too that the government is the biggest employer in the country, improvement in overweight and obesity will contribute to the achievement of PPAN goals.

This concept paper will provide guidance for government agencies in implementing their respective nutrition programs.

II. OBJECTIVES

To contribute to efficiency of the bureaucracy, the nutrition program for government workers aims to contribute to the improvement of nutritional and health status of state workers by preventing increase or reducing the prevalence of obesity and clinical manifestations of NCDs, as a result of healthier diets and increased physical activity. While chronic energy deficiency also exists among adults, the program will include some interventions for workers to achieve normal nutritional status.

As part of a healthy workplace, the nutrition program for government workers specifically aims to:

- 1) Build on existing wellness and healthy lifestyle programs by integrating nutrition interventions;
- 2) Establish a mechanism for assessing and monitoring the health and nutritional status of government workers;
- 3) Design guidelines to provide opportunities for government workers to be informed about proper nutrition;
- 4) Provide a healthy food environment in the workplace to enable government workers and its clients access to healthy food and beverages;
- 5) Enable changes in the work environment to promote and sustain physical activity and reduce sedentary work while in the workplace; and
- 6) Provide basis for other nutrition services for government workers.

III. SCOPE AND COVERAGE

The nutrition program shall cover all departments, bureaus and agencies of the national and local governments including government-owned and controlled

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corporations and state universities and colleges. It shall cover permanent employees as well as casual and contractual personnel including job order and contract of service personnel. The clients of these offices shall serve as secondary beneficiaries.

IV. FRAMEWORK FOR THE NUTRITION PROGRAM

For the nutrition program to be more effective, it must be based on current evidence particularly in addressing obesity since this is the most pressing problem among government workers in terms of nutrition. Addressing overweight and obesity through adoption of healthy diets, increased physical activity and behavior modification, will also contribute to overall health particularly non-communicable disease prevention and management.

The program is anchored on the theory of change (Figure 1) in the context of food policies addressing obesity through healthy diet. For food policies to work, there are four key mechanisms needed which include 1) providing an enabling environment for healthy preference learning, 2) overcoming barriers to the expression of healthy preferences, 3) encouraging people to reassess existing unhealthy preferences, and 4) stimulating a positive food-systems response.

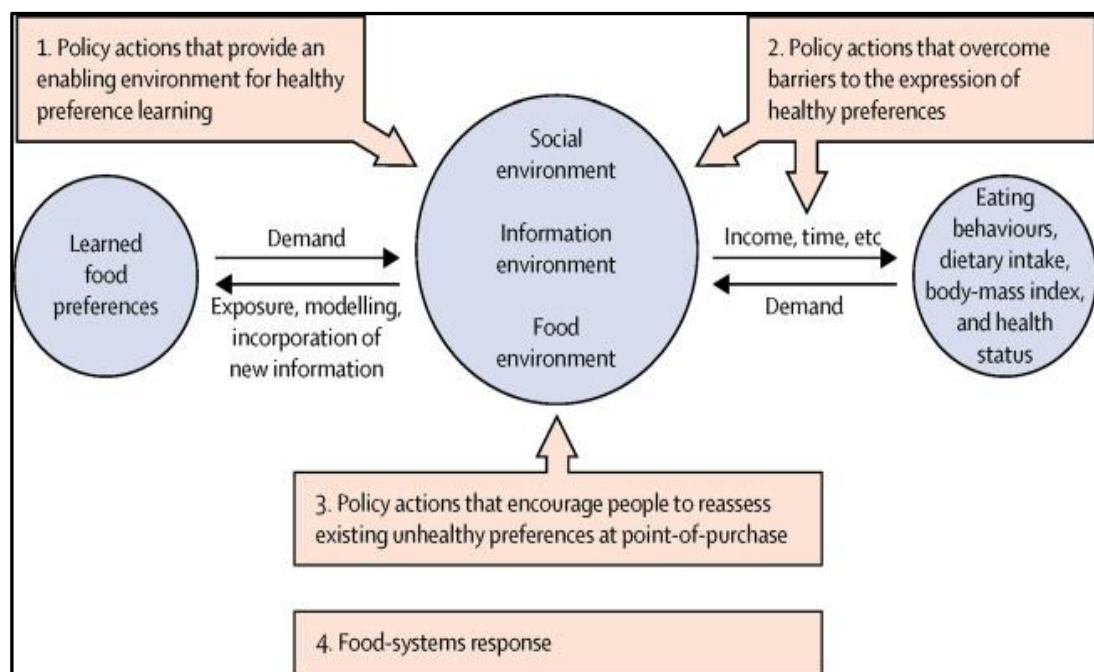


Figure 1. Framework of the theory of change and the four mechanisms through which food-policy actions could be expected to work (Source: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61745-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61745-1/fulltext) (accessed on 26 March 2018))

The program is also guided by the NOURISHING Framework developed by the World Cancer Research Fund as found in The Lancet Series on Obesity Prevention

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(published online February 2015) that is based on consensus from both research and practice (Figure 2). The program recognizes collective responsibilities to address obesity complemented with individual responsibilities.

Domain		Policy area	Examples of potential policy actions
Food environment	N	Nutrition label standards and regulations on the use of claims and implied claims on foods	eg, nutrient lists on food packages; clearly visible “interpretive” and calorie labels; menu, shelf labels; rules on nutrient and health claims
	O	Offer healthy foods and set standards in public institutions and other specific settings	eg, fruit and vegetable programmes; standards in education, work, health facilities; award schemes; choice architecture
	U	Use economic tools to address food affordability and purchase incentives	eg, targeted subsidies; price promotions at point of sale; unit pricing; health-related food taxes
	R	Restrict food advertising and other forms of commercial promotion	eg, restrict advertising to children that promotes unhealthy diets in all forms of media; sales promotions; packaging; sponsorship
	I	Improve the nutritional quality of the whole food supply	eg, reformulation to reduce salt and fats; elimination of trans fats; reduce energy density of processed foods; portion size limits
	S	Set incentives and rules to create a healthy retail and food service environment	eg, incentives for shops to locate in underserved areas; planning restrictions on food outlets; in-store promotions
Food system	H	Harness the food supply chain and actions across sectors to ensure coherence with health	eg, supply-chain incentives for production; public procurement through “short” chains; health-in-all policies; governance structures for multi-sectoral engagement
Behaviour-change communication	I	Inform people about food and nutrition through public awareness	eg, education about food-based dietary guidelines, mass media, social marketing; community and public information campaigns
	N	Nutrition advice and counselling in health-care settings	eg, nutrition advice for at-risk individuals; telephone advice and support; clinical guidelines for health professionals on effective interventions for nutrition
	G	Give nutrition education and skills	eg, nutrition, cooking/food production skills on education curricula; workplace health schemes; health literacy programmes

Figure 2. NOURISHING Framework

V. NUTRITION PROGRAM FOR GOVERNMENT WORKERS

The nutrition program will have four components:

1. **Nutrition promotion** – includes actions that provide an enabling environment for healthy preference learning
2. **Healthy food and work environment** - actions that provide a healthy food and work environment to enable healthy preferences;
3. **Behavior modification strategies** - actions to encourage healthy behaviors to be sustained.

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4. **Food system interventions** – these are complementary efforts to improve the food system as a whole

Individual agencies will be tasked to develop their nutrition programs to consider the size of the organization, the profile of employees and to prioritize activities based on available resources. The DOST-FNRI has also developed and evaluated a Model Corporate Wellness Program that could provide further guidance in the design of the nutrition program.

The program components are detailed below:

1. Nutrition promotion - will be done to provide government workers with key nutrition knowledge and skills to make healthy food choices (healthy preference learning in the information environment)
 - a. Nutrition education classes shall be conducted as regular sessions of the agency. Topics to be discussed can be solicited from employees to determine their needs, areas of interests, concerns and other issues (i.e., enhancing support system at the workplace, dealing with fat shaming, etc.). The classes can be complemented with access to smartphone applications and social media to serve as on-line support group for government workers. iFNRI of the DOST-FNRI can be utilized by government workers to avail online nutrition services such as assessment and counselling.
 - b. Nutrition counselling sessions shall be given to employees who need to reduce weight and also to underweight workers who need an upbuilding diet as intervention. Counselling sessions should consider the privacy and sensitive nature of the interventions as some employees may show reluctance in participating in such programs for fear of stigma associated with being labelled as fat. Agencies are encouraged to hire a nutritionist-dietitian as consultant to conduct nutrition counselling.
 - c. Health promotion/literacy programs of offices can include production of various health and nutrition advisories that will address different issues and concerns.
2. Healthy food and work environment (overcoming barriers and supporting healthy preferences)
 - a. Conduct of regular assessment of nutritional status (waist circumference, Body Mass Index or BMI) to monitor weight increase or reduction and risk to NCDs as basis for additional interventions.

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- b. Conduct of physical and medical examination including laboratory tests to determine existing medical conditions (diabetes, hypertension, heart disease, hyperlipidemia, hypercholesterolemia, anemia screening, etc.) in government laboratory and hospital facilities or other health facilities. Identified employees with medical conditions can be linked with the DOH for provision of medicines and participation in Diabetes and Hypertension Clubs.
- c. Serving of healthy food and beverages in canteens, during on-site and off-site meetings, seminars, events and other activities. Foods and beverages served shall limit foods that are high in fat, sugar, and salt and shall shift to increasing availability of whole foods (foods that are close to their natural form as possible) including whole grains, vegetables and fruits. There shall be gradual and eventually no presence of nutrient-poor and energy-dense foods and beverages. Food service providers should be encouraged to be environment-friendly to reduce waste by using recyclable containers. Food service providers/concessioners should be required to have licensed nutritionist-dietitian to review menus.
- d. Community-based procurement can be used as an alternative method per Republic Act 9184 in procuring healthier meals and snacks from local vendors/farmers that do not issue official receipts which will be served during meetings and all other activities.
- e. Enable employees have access to affordable and fresh farm produce such as vegetables, fruits, dairy products and other items through collaboration with a group of local farmers near the office.
- f. Make safe drinking water freely available in the workplace.
- g. Establish and maintain food gardens as source of fresh fruits and vegetables for employees.
- h. Implement RA 10028 (Expanded Breastfeeding Promotion Act of 2009) to promote and sustain breastfeeding practices among working mothers by having breastfeeding or lactation stations; allowing lactating mothers to have breastfeeding breaks; and organizing workplace support groups for parents of 0-23 months old children to improve infant and young child feeding practices.
- i. Sustain physical activity among employees by integrating short 5-minute exercises within regular working hours them to have a minimum of 30-minute daily for 5 days of moderate intensity aerobic activity to accumulate a minimum of 150 minutes of physical activity in a week. These shall be complemented by scheduled weekly 75-minute vigorous intensity physical activity. Agencies shall also be

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encouraged to establish fitness/exercise facilities to sustain exercises and/or sports programs.

- j. Reduce sedentary behavior – Employees shall be encouraged to minimize the amount of time spent sitting and be allowed to have standing or walking breaks every 2 hours of continuous sitting (e.g. having trash cans or water stations centrally located so people are forced to walk every time they need to throw trash or drink water)
 - k. Encouraging brisk walking or running within the office or going to- and from the office; can provide inexpensive gadgets that have pedometers to implement the “10,000 steps a day” initiative.
 - l. Enforcement of CSC Memorandum Circular No. 17 series of 2009 and Executive Order No. 26 series of 2017 implementing 100% Smoke-Free Policy and Smoking Prohibition in all areas of government premises, buildings, except for designated smoking areas.
 - m. Management program for obese workers should be individualized in approach to prevent stigma and “fat shaming” and should include referral to clinical psychologist and weight management clinics.
3. Behavior modification strategies (reassessment of preferences at point-of-purchase or action)
- a. Designing the office to allow for physical activity to happen (improving stairs to be preferred over elevators; requiring specific high-traffic areas such as lobbies and hallways some type of physical activity; having a gym; improved walking areas; allot a room with physical fitness equipment/materials e.g. bike, dumbbells/weights, jumping ropes, mats, etc.)
 - b. Putting-up of signages or labels indicating the energy (calorie) content of foods sold in canteens or other establishments within the premises of the government office to enable workers to reassess their food choices at the point-of-purchase
 - c. Improving the food-choice architecture (the context in which people make dietary decisions) such as serving food in smaller plates; allowing serving of half-size orders; adjusting serving size to allow consumers option for smaller portions (and reduce food wastage as well)
 - d. Restricting marketing of unhealthy food and beverages

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- e. Requiring all meetings to start with short exercises and standing breaks for each hour spent sitting
 - f. Designing take-home packs of healthy meals (*lutong bahay*-type or home-cooked meals but purchased at the workplace) by canteens to help working parents provide healthier dinner for the family and not resort to ordering from fast foods or consuming processed, canned, and convenience foods (addressing personal vulnerabilities outside the workplace) when they have no time to cook at home.
4. Food system interventions. At the macro level, interventions will be identified to improve the food system. This can include 1) giving financial incentives to businesses for advancing public health and nutrition; 2) food reformulation to reduce saturated fats, free sugars, sodium, etc.; 3) matching farmers and government offices as markets for healthy produce; 4) health care packages for obesity management and establishment of obesity clinics; and, 5) increased funding for health promotion for obesity prevention.

VI. FUNDING

Funding shall come from the regular budgets of agencies. Agencies shall include in their respective annual work and financial plans the budgetary requirements based on the agency-developed nutrition program. Possible funding resources can be through Collective Negotiation Agreement, 1% of General Administration and Support Services and/or Monitoring and Other Operating Expenses.

VII. IMPLEMENTATION ARRANGEMENT

- 1. At the bureaucracy-wide level, the NNC Governing Board shall exercise oversight function with the inclusion of the CSC.
- 2. Initially, the program can be implemented by the 10 NNC member agencies with the DOH as the lead agency in the first year of implementation in 2019. Other government agencies and local governments will implement by 2020 as the budget would have been included in budget proposals in 2019 for 2020.
- 3. The NNC Secretariat shall facilitate the convening of a Technical Working Group including DOH, DA, CSC, DOLE and DOST-FNRI and other relevant agencies to work on the refinement and finalization of the nutrition program and the development of guidelines to implement specific strategies in the nutrition program for government workers. The TWG shall also conduct consultation meetings with other government agencies concerned in setting standards and appropriate guidelines for different components of the

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program and to facilitate accomplishing legal requirements and processes for adoption and approval of the proposed nutrition program.

4. At the agency level, each agency shall formulate its own nutrition program based on its specific context, i.e. size of the organization, facilities, budget and profile of employees. Each agency may organize a Nutri-Team that will lead the planning, implementation, monitoring and evaluation of the agency's nutrition program. Employees' associations shall be actively involved. The budget may include provision of non-monetary incentives to employees who lose weight and/or actively participate in the program.
5. The Civil Service Commission shall conduct assessment on the capacity of Human Resource Management of each agency, as stated in CSC Resolution No.1200241 on Program to Institutionalize Meritocracy and Excellence in Human Resource Management (PRIME-HRM), in implementing the Health and Wellness Program. Agencies that have no or not fully complied with the implementation of Health and Wellness Program shall be referred to DOH and NNC to be given technical assistance in capacitating their Human Resource Management Officer and other personnel on developing and planning nutrition program for their respective agencies;
6. To implement the program, the following enabling policies/mechanisms are needed:
 - a. Inclusion of nutrition by the DOLE and the CSC in the development of occupational safety and health standards for the public sector.
 - b. Development of benefits package on nutrition, such as nutrition counselling, for workers by the Philippine Health Insurance Corporation
 - c. Issuance of guidelines by DOH and NNC for healthy food options in workplaces that will serve as standard for implementation in all government offices.
 - d. Issuance of circular allowing 30-minute breaks during the eight-hour work hours for supervised physical activity.

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VIII. SCHEDULE OF IMPLEMENTATION

Activity	2018	2019	2020	2021	2022
1. Development of program design	April				
2. Presentation to NNC Technical Committee	April-June				
3. Consultation meetings with government agencies concerned	June-July				
4. Presentation to NNC Governing Board and approval of GB Resolution	21 June				
5. Organization of Technical Working Group and meetings	July on-wards				
6. Development of policies, guidelines, tools and promotional materials (Physical activity guidelines in the workplace; standards for office canteens and food establishments; nutrition counselling tools; nutrition education tools)	Aug. and on-wards	X	X		
7. Conduct of orientations to government agencies	Nov – Dec	Jan-Feb			
8. Individual agency planning	X	X			
9. Conduct of baseline study		Q1			
10. Implementation		X	X	X	X
11. Technical assistance to agencies		X	X	X	X
12. Monitoring		X	X	X	X
13. Documentation of good practices			X	X	
14. Mid-term review				X	
15. Enhancement of program design				X	
16. Advocacy for the issuance of other enabling policies to improve the food system (e.g. food reformulation; front-of-pack labelling; incentives/subsidies for fruit and vegetable production)			X	X	X
17. Program evaluation					X
18. Advocacy to private sector for adoption of the nutrition program				X	X

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IX. MONITORING AND EVALUATION

The National Nutrition Council Governing Board shall also exercise monitoring functions to determine level of implementation; identifying good practices or models; identifying bottlenecks and referring to agencies concerned; and documentation.

The DOST-FNRI will develop the research design for the baseline, midline and endline data collection and conduct evaluation of the program.

A system to recognize performing agencies will also be developed. An existing awarding body can be utilized such as the Outstanding Healthy Lifestyle Advocacy Awards of the Philippine Coalition for the Prevention and Control of Non-Communicable Diseases to evaluate and recognize agencies implementing excellent nutrition programs.