

Regional **P**lan of **A**ction for **N**utrition **2019-2022**

**National
Capital
Region**



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National Capital Region

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Regional Plan of Action for Nutrition

National Capital Region

2019-2022



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ACRONYMS

4Ps – Pantawid Pamilyang Pilipino Program
AO – Administrative Order
ASEAN – Association of Southeast Asian Nations
ASIN – An Act for Salt Iodization Nationwide
BNS – Barangay Nutrition Scholar
CCT – Conditional Cash Transfer
CDC – Child Development Center
CED – Chronic Energy Deficiency
C/M/LNAP – City/Municipal/Local Nutrition Action Plan
DA – Department of Agriculture
DepEd – Department of Education
DILG – Department of the Interior and Local Government
DOH – NCRO – Department of Health-National Capital Regional Office
DOLE – Department of Labor and Employment
DOST – Department of Science and Technology
DSWD – Department of Social Welfare and Development
ECCD – Early Childhood Care and Development
EO – Executive Order
FDA – Food and Drug Administration
F1K – First 1000 Days
FHSIS – Field Health Service Information System
FNRI – Food and Nutrition Research Institute
IDA – Iron Deficiency Anemia
IFA – Iron-Folic Acid
ITC – In-Patient Therapeutic Care
IU – International Unit
IWCPI – Inner Wheel Clubs of the Philippines, Inc.
IYCF – Infant and Young Child Feeding
KATROPA – Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya
LBW – Low Birth Weight
LCE – Local Chief Executive
LGU – Local Government Unit
LNC – Local Nutrition Committee
MAD – Minimum Acceptable Diet
MAM – Moderate Acute Malnutrition
MBFHI – Mother-Baby Friendly Hospital Initiative
MC – Memorandum Circular
mcg – microgram
MFF – Mandatory Food Fortification
MMIAC – Metro Manila Inter-Agency Committee on Informal Settlers
MMDA – Metropolitan Manila Development Authority
MMR – Maternal Mortality Rate
MNP – Micronutrient Powder
NCR – National Capital Region
NDHS – National Demographic Health Survey
NEDA – National Economic and Development Authority
NHA – Nutrition Honor Award
NiEm – Nutrition in Emergencies
NINA – Nutrition Initial Needs Assessment

NNC – National Nutrition Council
NPPD – Nutrition Policy and Planning Division
NNS – National Nutrition Survey
NRPT – National RPAN Planning Team
NSD – Nutrition Surveillance Division
OTC – Out-Patient Therapeutic Care
PES – Parent Effectiveness Session
PESTLE + C Analysis – Political, Economic, Social, Technological, Legal, Environmental + Cultural/Religious Analysis
PIA – Philippine Information Agency
PIR – Program Implementation Review
PIMAM – Philippine Integrated Management on Acute Malnutrition
P/C/MNAO – Provincial/City/Municipal Nutrition Action Officer
POPCOM – Commission on Population
PSA – Philippine Statistics Authority
RA – Republic Act
R/LBATF – Regional/Local Bantay Asin Task Force
RD – Regional Development Plan
RNC – Regional Nutrition Committee
RPAN – Regional Plan of Action for Nutrition
RPFP - Responsible Parenting and Family Planning
RUSF – Ready-to-Use Supplementary Food
RUTF – Ready-to-Use Therapeutic Food
SAM – Severe Acute Malnutrition
SNP – Supervised Neighborhood Play
TESDA – Technical Education and Skills Development Authority
TRAIN – Tax Reformation for Acceleration and Inclusion Law
TSFP – Targeted Supplementary Feeding Programme
UIE – Urinary Iodine Excretion
UNICEF – United Nations Children’s Fund
WinS– Water, Sanitation and Hygiene in Schools
WIFA – Weekly Iron-Folic Acid
WRA – Women of Reproductive Age
WHO – World Health Organization


MESSAGE FROM THE RNC NCR CHAIRPERSON

As the National Nutrition Council-National Capital Region (NNC-NCR) and Local Government Units (LGUs) endlessly plan and enact programs related to nutrition, we become a step closer in achieving our nutrition-related Sustainable Development Goals (SDG) - to end hunger, achieve food security, improve nutrition situation, and promote sustainable agriculture in NCR. In line with this, the Department of Health-National Capital Regional Office (DOH-NCRO) looks forward to bringing the proposed Regional Plans of Action for Nutrition for 2019-2022 into reality. Also, the agency guarantees its assistance and support in the process of uplifting the nutrition status of our region to the greatest extent possible as we, DOH-NCRO, NNC-NCR, and LGUs are one in this purpose.



Being the main government unit responsible for ensuring that health services become accessible to the public, the DOH-NCRO pledges its full participation in the future programs that intend to address the nutritional needs of the citizens of NCR to reach the SDG targets for year 2022.

As a part of Ambisyon 2040 which primarily aims for a healthy and prosperous life for all Filipinos, it is our common goal to eliminate hunger and stop all kinds of malnutrition in the region. May the vision of having a transformed and developed country continue to unite us in achieving our aims - zero occurrence of hunger and a hundred percent (100%) well-nourished NCR residents, as these are the keys to a productive and progressed Metro Manila.


CORAZON I. FLORES, MD, MPH, CEO IV
OIC - Director IV, DOH-NCRO

RNC RESOLUTION APPROVING THE RPAN 2019-2022



Republika ng Pilipinas
KAGAWARAN NG KALUSUGAN
PAMBANSANG SANGGUNIAN SA NUTRISYON
(NATIONAL NUTRITION COUNCIL)
NATIONAL CAPITAL REGION



Excerpts from the Minutes of the Regional Nutrition Committee Meeting
held on July 5, 2018 at the Berjaya Hotel in Makati City

RNC-NCR RESOLUTION NO. 01 Series of 2018

RESOLUTION APPROVING THE REGIONAL PLAN OF ACTION FOR NUTRITION (RPAN) 2019-2022

WHEREAS, the Philippine Plan of Action for Nutrition (PPAN) 2017-2022 is consistent with the Duterte Administration 10-point Economic Agenda, the Health for All Agenda of the Department of Health (DOH), the development pillars of *malasakit* (protective concern), *pagbabago* (change or transformation), and *kaunlaran* (development), and the vision of *Ambisyon 2040*;

WHEREAS, the PPAN aims to address these nutrition problems: high levels of stunting and wasting among children under-five years of age; deficiencies in vitamin A, iron, and iodine; hunger and food insecurity; overweight and obesity among various population groups; poor maternal nutrition; and poor infant and young child feeding practices in the first two years of life coupled with bouts of infection;

WHEREAS, the PPAN outcome targets are to: reduce levels of child stunting and wasting; reduce micronutrient deficiencies to levels below public health significance; reduce overweight among adolescents and adults; and no increase in overweight among children;

WHEREAS, one of the principal instruments in achieving the PPAN outcome targets is the preparation of the Regional Plan of Action for Nutrition (RPAN)

WHEREAS, the RPAN covers the initiatives of regional offices of member agencies of the Regional Nutrition Committee along the PPAN programs for 2019 – 2022;

WHEREAS, the RPAN will be implemented by RNC member agencies from 2019-2022 to contribute to the achievement of the desired nutrition outcomes in the region;

NOW, THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, by the Regional Nutrition Committee of the National Capital Region in a meeting duly assembled to approve the Regional Plan of Action for Nutrition 2019-2022;

RESOLVED FURTHER, that the NNC-NCR Regional Office being the Secretariat of the RNC to furnish the NNC Central Office, all regional members of the RNC and all local government units in the region a copy of this resolution.




Republika ng Pilipinas
KAGAWARAN NG KALUSUGAN
PAMBANSANG SANGGUNIAN SA NUTRISYON
(NATIONAL NUTRITION COUNCIL)
NATIONAL CAPITAL REGION




APPROVED UNANIMOUSLY AND ADOPTED, this 5th day of July during the first regular meeting for the year of the Regional Nutrition Committee of NCR held at the Berjaya Hotel in Makati City.

Certified Correct:


MS. MILAGROS ELISA V. FEDERIZO, RND, MPH
*Regional Nutrition Program Coordinator, NNC-NCR
and Secretary, RNC*

Attested by:


CORAZON FLORES, MD, MPH
*Chair, Regional Nutrition Committee
Regional Director, Department of Health - NCRO*

ACKNOWLEDGEMENT

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

In pursuit of the spirit of PPAN 2017-2022, the National Nutrition Council (NNC) through the leadership of Assistant Secretary of Health and NNC Executive Director IV Maria-Bernardita T. Flores, CESO II directed all the NNC Regional Offices to initiate and coordinate the preparation of the RPAN and complete the preparation of such plans for budget years 2019-2022. The formulation of the RPANs was made possible with the support of Nutrition International through its Technical Assistance for Nutrition - PHL 03¹ cooperation with UNICEF Philippines.

The efforts of the National RPAN Planning Team (NRPT) organized by NNC to assist in the RPAN formulation is also recognized. 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 International Institute of Rural Reconstruction (IIRR) was invited as resource person.

The member agencies of the Regional Nutrition Committee of the National Capital Region that provided their inputs and commitment to the NCR RPAN 2019-2022 are also hereby acknowledged: Department of Health – NCRO, Commission on Population – NCR, Department of Education – NCR, Department of the Interior and Local Government – NCR, Department of Social Welfare and Development – NCR, Metropolitan Manila Development Authority, Philippine Information Agency – NCR, Nutrition Foundation of the Philippines, Save the Children, GMA Kapuso Foundation, Inc., Grace Family Helper Project, Inc., and Philippine Statistics Authority – NCR. The support of other agencies in the formulation of the RPAN is also recognized: Nutrition Center of the Philippines, Department of Agriculture – IV-A, ABS-CBN Lingkod Kapamilya Foundation, Inc., and Federation of Barangay Nutrition Scholar of NCR, Inc. Lastly, the National Nutrition Council – NCR, as the RPAN secretariat, is recognized for its diligent collaboration and coordination with the RNC member agencies in order to successfully formulate the NCR Regional Plan of Action for Nutrition 2019-2022.

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

Agency Commitments



Department of Health - NCRO

The Department of Health - National Capital Regional Office (DOH-NCRO) expresses its support and commitment to the improvement of Metro Manila's nutrition situation by pledging to uphold the Regional Plan of Action for Nutrition (RPAN). In this regard, the health agency is set to implement underlying health and nutrition programs detailed by the RPAN. Alongside local forces and partner agencies, the region believes that "together, WE CAN!" establish a healthy and well-nourished NCR.

With the enormous size and the extensive scope of the nutrition problem (both underweight and overweight) at global, national and regional levels, there is a dire need to further invest in nutrition programs. Guided by a strong leadership that is receptive to the needs of every target clientele, the DOH-NCRO as a leader in health, is committed to implement both the nutrition-sensitive and nutrition-specific programs of the RPAN. To the extent of our capabilities, the agency shall continue to dedicate time, effort and resources to the betterment of programs concerned with (1) Infant and Young Child Feeding, (2) Integrated Management of Acute Malnutrition, (3) National Dietary Supplementation, (4) National Nutrition Promotion Program for Behaviour Change, (5) Micronutrient Supplementation, (6) Mandatory Food Fortification, (7) Nutrition in Emergencies, and (8) Overweight and Obesity Management and Prevention. DOH-NCRO shall therefore focus on the challenge of scaling up the aforementioned advocacies for undernutrition, overnutrition and for micronutrient malnutrition, while also addressing issues of overweight and diet-related non-communicable diseases (NCDs).

The agency shall likewise continue to implement existing laws and policies on nutrition improvement within the region. For instance, health and nutrition in the first 1,000 days is based on protecting, promoting and supporting breastfeeding while ensuring the best nutrition for infants, young children and mothers as well. The DOH-NCRO adopted and used the 'Ten Steps to Successful Breastfeeding' as a guiding principle in fulfillment of the said advocacy.

We can always do more and achieve better. Acceleration of progress in nutrition will require effective, large-scale nutrition-sensitive programs that address key underlying determinants of nutrition and enhance the coverage and effectiveness of nutrition-specific interventions. Together with the National Nutrition Council, local government units and all agencies involved, we pledge to become one of the spoons that shall feed the residents of NCR the proper nutrition that they rightly deserve. As one of the stakeholders of RPAN, DOH-NCRO will go the extra mile in turning the visions and goals of the regional nutrition plan into plausible outputs.



Commission on Population - NCR

The Commission on Population – National Capital Region (POPCOM-NCR) shall continue to support and integrate in its program the promotion of breastfeeding and proper nutrition among vulnerable and at-risk population. It shall ensure integration of health and nutrition concerns in the implementation of demand generation activities on responsible parenthood and family planning (RPFP) programs. It shall also undertake efforts to incorporate key

messages on nutrition in the enhancement of modules related to adolescent health and RPFP to include pre-marriage counselling, parent education, male involvement, among others.



Department of Education - NCR

The DepEd-NCR will continue to strengthen the integration of nutrition in the K to 12 curriculum covering both public and private schools. It shall also adopt policies and programs that will ensure the nutritional well-being and good health of learners, teachers, and non-teaching

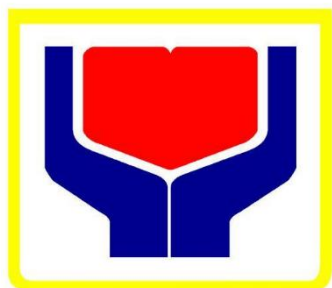
personnel. Among others, these policies and programs shall include regular nutritional status assessment of learners, teachers, and non-teaching personnel; supplementary feeding of wasted and severely wasted learners; wellness activities to prevent overweight and obesity; iron with folic acid supplementation of adolescent female learners to prevent iron deficiency anemia; deworming and immunization of learners to prevent communicable diseases and intestinal parasitism; establishment and maintenance of school vegetable gardens utilizing vegetable produce for the school feeding program and promoting consumption of vegetables among learners; regulating types of food available in school canteens and ensuring food safety, creating a school environment conducive to the development of healthy eating habits and availability of safe foods. The regional office shall likewise ensure availability of potable drinking water, sanitary toilet and hand washing facilities in schools to prevent food and water-borne diseases.



Department of the Interior and Local Government - NCR

As a member of the Regional Nutrition Committee, we pledge to embrace our role on the PPAN implementation that is clearly defined in the Memorandum Circular to be issued by the Department. This MC will serve as the legal basis of DILG-NCR in the monitoring of LGUs to ensure that PPAN programs are part of the LGU's Annual Investment Plan and other local development plans. The DILG-NCR was given the authority to review the Gender and Development

Plan and Budget (GPB) of each LGU. We see the need to include nutrition programs, projects and activities in the GPB and so we highly encourage LGUs to do the same. We will also continue to disseminate PPAN policies and IEC materials to all LGUs and support NNC-NCR in all their nutrition activities.



Department of Social Welfare and Development - NCR

The Department of Social Welfare and Development-National Capital Region will ensure that its Supplementary Feeding Program will address the problem of malnutrition among day care children in all day care centers in the National Capital Region with the continuous provision of nutritious hot meals.

DSWD-NCR will promote healthy lifestyle among its staff and clients through the conduct of lectures and attendance to seminar, trainings and conventions. In addition, the conduct of Family Development Sessions (FDS) for Pantawid Pamilya beneficiaries will capacitate them to prepare healthy meals for their families and live a healthy lifestyle.

Iodized salt utilization will be promoted by DSWD-NCR through the procurement of iodized salt for its centers and residential care facilities (RCFs). Likewise, DSWD-NCR will continue the promotion of the utilization of iodized salt among its Pantawid Pamilya beneficiaries.

DSWD-NCR will continue to provide budget for Conditional Cash Transfer (CCT) beneficiaries to enable them to buy food and respond to their financial needs.



Metropolitan Manila Development Authority

The Metropolitan Manila Development Authority shall support the Regional Plan of Action for Nutrition (RPAN) 2019-2022 by delivering basic metro – wide services that have direct and indirect impact on good health and nutrition, in partnership with the 17 local government units in the National Capital Region. Its basic metro-wide services include the implementation of no smoking programs through voluntary counselling that cater and assist jeepney and bus drivers and MMDA employees on how to quit from smoking; conduct of school orientations in secondary schools in Metro Manila; and assess restriction of tobacco products by surveying stores near school's vicinities. These programs will enhance the awareness of everyone on the danger and health hazards from smoking tobacco products.

In addition, the agency organizes community health and nutrition education by giving lecture, orientation and IEC dissemination in the communities near pumping stations in Metro Manila.

The Agency will support the Regional Nutrition Committee (RNC) by elevating its resolutions pertaining to good nutrition to the Metro Manila Council (MMC).

It shall also implement programs, projects, and activities that will promote and ensure good nutrition among its employees and the communities within Metro Manila. These programs will include the conduct of various fora / seminars on the importance of good nutrition, as well as printing and displaying streamers, posters, and brochures within MMDA premises, website and social media accounts (facebook/twitter), bulletin boards, newsletter, etc.



Philippine Information Agency - NCR

As the regional information arm of the government, PIA - NCR shall craft, produce and disseminate nutrition information materials that will educate and guide the public especially the local executives, mothers, caregivers and other stakeholders toward a well - nourished, healthier and empowered citizenry.

Moreover, PIA-NCR shall also extend technical assistance to NNC-NCR in ensuring the functionality of the local nutrition committees (LNCs).



Nutrition Foundation of the Philippines

The Nutrition Foundation of the Philippines, Inc. shall support the PPAN 2017-2022 by implementing programs that will ensure good nutrition among its beneficiaries in partnership with the local government and other civil society organizations in the National Capital Region. The programs will include the conduct of nutrition education for pre-school children, conduct of nutrition seminars for nutrition professionals, conduct of training to future nutritionist-dietitians in program planning and nutrition program management, nutrition counselling for patients with non-communicable diseases, development of nutrition education activities in elementary schools, promotion of Gulayan sa Paaralan and development of healthy recipes for the community, and nutrition networking.



Save the Children

Save the Children Philippines shall support the RPAN 2019-2022 by implementing programs and projects by increasing the coverage of maternal and child nutrition-specific interventions in the first 1,000 days of life through strengthened local government unit (LGU) support and policies, mobilized communities and improved systems. Save the Children envisions of improving the health and nutrition behaviors of families thereby improving their health and nutrition status. Save the Children will be integrating the First 1,000 Days approach as the window of opportunity to ensure optimal growth and development and mitigate the irreversible damage of wasting as well as stunting (chronic malnutrition). Nutrition-specific interventions to promote and support maternal, infant and young child nutrition through micronutrient supplementation, optimal infant and young child feeding (IYCF), dietary supplementation for mothers and MAM children, and the treatment of SAM children will be implemented.

Save the Children also aims to contribute to improving and sustaining the health and nutritional status of Kinder to Grade 6 learners by increasing the access to and availability of health and nutrition services; improving the quality of Water, Sanitation and Hygiene (WASH) in school facilities; improving the knowledge and skills of teachers to integrate health, hygiene, nutrition and safety key messages in the curriculum and in extra-curricular activities; improving the knowledge and practices of parents and caregivers on health, hygiene, nutrition and safety, and strengthening capacity of School-Based Management on the implementation of school health and nutrition programs.



GMA Kapuso Foundation, Inc.

The GMA Kapuso Foundation, Inc. will continue to support the RPAN 2019-2022 by supporting its respective programs and ensuring that the foundation's Supplementary Feeding Program will address the problem of malnutrition among wasted and severely wasted children ages 4-8 years old school children by providing nutritious meals in partnership with the Department of Education.

The Kapuso Foundation will also provide food packs to the affected families during emergencies, serving hot meals through our Soup Kitchen outside Metro Manila during calamities in partnership with City/Municipal Social Welfare Development offices.

Grace Family Helper Project Inc.

Grace Family Helper Project, Inc. shall support the PPAN by implementing programs that will ensure promotion of good nutrition through the provision of monthly food packs with iodized salt, dietary supplementation, and provision of emergency food packs to the families affected during emergencies. Other programs shall include continuous promotion on the prevention of non-communicable diseases, overweight and obesity management and preventive programs through the Pedia-olympics activities, and livelihood programs. Grace Family Helper Project will continue its close partnership with the National Nutrition Council-National Capital Region in monitoring and shepherding activities and be actively involved in their activities.

Federation of BNS in NCR, Inc.



The Regional BNS Federation, composed of representatives from the seventeen LGUs in NCR, embodies all the concerns of all BNSs in NCR; they are to support and help uplift the BNSs in their work in their respective barangays and local government units. The Federation also conducts income-generating projects to support and finance their activities, as well as provide outreach to the less fortunate people in the region.

The Federation of BNS in NCR, Inc will continue to support the BNSs of the National Capital Region through activities that will enhance their knowledge and skills, build-up their capabilities, and create camaraderie and unity among them.



National Nutrition Council – NCR

The National Nutrition Council at the National Capital Region shall execute policies, directives, and guidelines set by the NNC Governing Board at the regional level; coordinate the planning, implementation, monitoring and evaluation of the PPAN in the region; provide technical assistance to program implementers at the regional and local levels; establish and maintain linkages with agencies involved in the nutrition program; conduct nutrition trainings, promotion and advocacy as well as resource mobilization activities; generate nutrition and related data and serve as monitoring and database center for the regional PPAN; facilitate the provision of materials from various sources for the intended recipients of the nutrition program; and serve as the secretariat of the Regional Nutrition Committee and other technical committees.

The NCR RPAN Formulation Process

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

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

1. RPAN Planning Workshop, 14-16 March 2018, St. Giles Hotel, Makati City
2. Post-Workshop Meeting on the Formulation of RPAN 2019-2022, 05 April 2018, National Nutrition Council, Taguig City
3. Review of the RPAN 2019-2022, 30 May 2018, National Nutrition Council, Taguig City
4. RNC Meeting for RPAN approval, 05 July 2018, Berjaya Makati Hotel, Makati City

The National Capital Region Plan of Action for Nutrition was approved on July 5, 2018 following the issuance of RNC Resolution No. 1, series of 2018, "Approving the Regional Plan of Action for Nutrition 2019 to 2022". The NCR RPAN 2019-2022 was launched on 27 July 2018 during the 2018 Regional Awarding Ceremony at the Heritage Hotel in Pasay City.

Executive Summary

The Regional Plan of Action for Nutrition (RPAN) 2019-2022 is the response of the Regional Nutrition Committee (RNC) of the National Capital Region (NCR) to the alarming nutritional problems in the region. Levels of under nutrition in the region have been continuously high throughout the years, and according to the Updating of the Nutritional Status of Filipino Children and Other Population Groups conducted by the Food and Nutrition Research Institute of the Department of Science and Technology (FNRI-DOST) in 2015, NCR prevalence of underweight is at 15.1 %, stunting at 24.9%, and wasting 6.4%. Overweight and obesity on the other hand, is at 6.0% which is higher than the national prevalence rate of 3.9%. Thus, the region is beset with the double burden of malnutrition.²

These nutritional problems are caused by immediate and underlying causes ranging from inadequate food intake, poor health status, poor participation in health programs/services, food insecurity, poor maternal and child care, and at the root of these problems is urban poverty.

Regional outcome targets were established for 2022 for stunting, wasting and obesity as well as micronutrient deficiencies and other indicators. Among 0-5year old children, the stunting levels will be reduced from 24.9% to 15.9% by end 2022. Wasting prevalence among under 5 children will be reduced from 6.4% to 4.9% by the end of the RPAN. Targets for obesity, micronutrient deficiencies have also been estimated during the RPAN formulation process.

As a response to the problems identified during the planning process, the RPAN consists of eleven (11) programs and twenty-eight (28) projects. The programs consist of one (1) nutrition-sensitive and nine (9) nutrition-specific programs, and one (1) enabling program. The 11 programs follow the life stages of the Department of Health and the programs of the Philippine Plan of Action for Nutrition (PPAN) 2017-2022. All 11 nutrition-specific, nutrition-sensitive, and enabling programs constitute the RPAN with an additional program to reflect the huge challenge of adolescent health. The RPAN provides the necessary focus on the First 1000 days and dietary supplementation, given its huge potential in addressing the major nutritional issues in NCR and in the country.

The budget estimated for 2019-2022 for the 11 programs amounts to Php2.81B with an annual average of about Php703.15M. The funded portion is Php2.31B representing 75.0% of total, while the unfunded portion amounts to Php506.67M. Financing come mostly from funds of the member agencies of the Regional Nutrition Committee (RNC). The funding shortfalls will be discussed during the upcoming follow-up meetings of the RNC.

The RPAN outcomes and outputs are essentially a regional accountability. The RPAN's results matrix is explicit with respect to the accountabilities of each of the agencies in the

² The double burden of malnutrition is characterized by the coexistence of undernutrition along with overweight and obesity, or diet-related non- communicable diseases, within individuals, households and populations, and across the life course – World Health Organization.

region. An implementation plan, the organizational mechanism for overall coordination and management of the RPAN, as well as the monitoring and reporting and evaluation are integral parts of the Plan.

In summary, the NCR RPAN for 2019-2022 contains key elements expected to contribute to the attainment of the PPAN 2017-2022 national goals and targets:

- embodies the commitment and accountabilities of regional sector agencies as a contribution of the region to the proportionate share of the malnutrition burden
- aims to address the key manifestations of malnutrition - under nutrition, over nutrition, micronutrient deficiencies and their causes following the ASEAN Conceptual Frameworks of Malnutrition
- sets two layers of outcome objectives by the end of 2022 – (1) outcome targets that refer to final outcomes against which plan success will be measured; and (2) sub-outcome or intermediate outcomes referring to outcomes that will contribute to the achievement of the final outcomes
- identifies a good mix of interventions appropriate for the region consisting of three (3) distinct but complementing types of program³ - nutrition-specific, nutrition-sensitive, and enabling management programs as defined in the PPAN program framework
- provides estimated budget requirements for each of the identified programs and projects cognizant of the actual GOP budget process
- anticipates risks and threats by factoring mitigating strategies and program adjustments
- defines the institutional accountabilities to deliver outputs and outcomes to include accountability for coordination which rests on the RNC
- formulates a Results Framework Matrix that defines a vertical and horizontal logic of expected results, indicators, targets and accountability
- lays out the monitoring, reporting and evaluation mechanism necessary to determine progress of implementation and extent of outcome targets achievement

³ 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, 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.

The Regional Nutrition Profile

Estimated Population by Age/Physiological Group Based on the Projected Population, 2016 (in millions)		
Total population		12,918,977
- Male		
- Female		
0-59 months		1,744,062
60-120 months		1,744,062
121-228 months		2,648,391
20 years and above		2,648,391
Women of reproductive age (15-49 years old)		3,178,069
Pregnant women		348,813
Lactating mothers		348,813
Nutritional Status Indicators/Population Group	Prevalence (%)	Equivalent Number in 2017 (millions)
LOW BIRTH WEIGHT INFANTS	21.4	54,105
INFANTS 5 MOS OLD WHO ARE EXCLUSIVELY BREASTFED	31.8	9,244
CHILDREN 6-23 MONTHS OLD MEETING THE MINIMUM ACCEPTABLE DIET	20.2	99,819
UNDERNUTRITION (NNS, 2015)		
Under five year old children		
- Underweight	15.1	
- Stunting	24.9	439,504
- Wasting	6.4	111,620
School age children (5-10 years old)		
- Underweight	20.9	
- Stunting	20.5	
- Wasting	7.5	130,805
Adolescents (ages 10.08-19 years old)		
- Stunting	24.3	
- Wasting	13.5	
Adults (≥ 20 years)		
Chronic energy deficiency (CED)	9.3	
Pregnant women		
- Nutritionally-at-risk	20.8	348,813
Lactating mothers		
- Wasted and CED	15.8	
OVERNUTRITION (NNS, 2015)		
Overweight/obese		
- Children under five years old	6.0	104,644
- School age children	17.9	312,187
- Adolescents	16.1	426,391
- Adults 20 years and above	37.7	998,443

MICRONUTRIENT DEFICIENCY		
Vitamin A deficiency among children 6 months to 5 years old	27.3	515,806
Anemia among women of reproductive age		
Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	220	
- Pregnant women	157	
- Lactating women	98	
- Children 6-12 years old with UIE concentration <50 mcg/L	8.9	
- Lactating women with UIE concentration <50 mcg/L		
HOUSEHOLDS WITH DIETS THAT MEET THE ENERGY REQUIREMENTS	30.8	866,815
LBW data from National Demographic Health Survey Assessment criteria in determining magnitude and severity of underweight, stunting and wasting in children under-five years old (0 to 59 months old) as public health problem (WHO, 1995): Underweight: <10% – low; 10-19% - medium; 20-29% – high; ≥30% – very high. Stunting: <20% – low; 20-29% - medium; 30-39% - high; ≥40% – very high. Wasting: <5% – acceptable; 5-9% – poor; 10-14% - serious; ≥15% – critical		

Section I. The Regional Nutrition Situation Analysis

The National Capital Region (NCR) is the seat of government and one of the three defined metropolitan areas of the Philippines. It is commonly known as **Metro Manila**. NCR is made up of 16 cities namely: the City of Manila (the Philippine capital), Quezon City (the country's most populous city and former capital), Caloocan, Las Piñas, Makati, Malabon, Mandaluyong, Marikina, Muntinlupa, Navotas, Parañaque, Pasay, Pasig, San Juan, Taguig, and Valenzuela, as well as the lone municipality in the region, Pateros.



Figure 1. Location Map of NCR

The region is the center of culture, economy, education, and government of the Philippines. Designated as a global power city, NCR exerts a significant impact on commerce, finance, education, technology, media, art, fashion, research, and entertainment, both locally and internationally. Its economic power makes the region the country's premier center for finance and commerce. NCR accounts for 37.2 percent of the gross domestic product of the Philippines.

The region was established in 1975 through Presidential Decree No. 824 in response to the need to sustain the growing population and for the creation for the center of political power and the seat of the Government of the Philippines

NCR encompasses an area of 619.57 km² (239.22 sq mi). It is the most populous and the most densely populated region of the Philippines. It is also the 9th most populous metropolitan area in Asia and the 5th most populous urban area in the world. The

population of the National Capital Region (NCR) was 12,877,253 based on the 2015 Census of Population (POPCEN 2015). This is higher by 1.02 million compared with its population of 11.86 million in 2010. NCR registers a 1.58 percent increase in population annually. Among the 16 highly urbanized cities (HUCs) comprising the region, Quezon City had the biggest population in 2015 with 2.94 million. It was followed by the City of Manila with 1.78 million and Caloocan City with 1.58 million. The City of San Juan had the smallest population among the HUCs with 122 thousand.

Table 1. Population by Highly Urbanized City/Municipality: National Capital Region
(Based on the 2000, 2010, and 2015 Censuses)

Highly Urbanized City/Municipality	Population (in thousands)		
	2000	2010	2015
City of Manila	1,581	1,652	1,780
City of Mandaluyong	278	329	386
City of Marikina	391	424	451
City of Pasig	505	670	755
Quezon City	2,174	2,762	2,936
City of San Juan	118	121	122
City of Caloocan	1,178	1,489	1,584
City of Malabon	339	353	366
City of Navotas	230	249	249
City of Valenzuela	485	575	620
City of Las Piñas	473	553	589
City of Makati	471	529	583
City of Muntinlupa	379	460	505
City of Parañaque	450	588	666
City of Pasay	355	393	417
Municipality of Pateros	57	64	64
City of Taguig	467	644	805

Source: PSA, 2016

Despite its highly urbanized state, NCR suffers the effects of malnutrition. In fact, the region has a double burden of malnutrition⁴ in the form of undernutrition and overnutrition (overweight and obesity) affecting both children and adults.

⁴ The double burden of malnutrition is characterized by the coexistence of undernutrition along with overweight and obesity, or diet-related non-communicable diseases, within individuals, households and populations, and across the life course – World Health Organization.

Nutrition Challenges / Manifestations of Malnutrition

A. Double Burden of Malnutrition

Stunting and wasting among under - five children are significant public health problems while overweight and obesity rates among children and adults are higher than the national levels. Recent years show little improvement in the nutrition situation.

Based on the 2015 Updating of the Nutritional Status of Filipino Children conducted by the Food and Nutrition Institute of the Department of Science and Technology (FNRI-DOST), more than 1 out of 10 or 15.1 percent of children less than 5 years old in NCR are underweight. This is lower by 6.4 percentage points than the national rate of 21.5 percent. Meanwhile, one in every four children 0-5 years old or 24.9 percent are stunted. This is lower by 8.5 percentage points than the national prevalence of 33.4 percent.

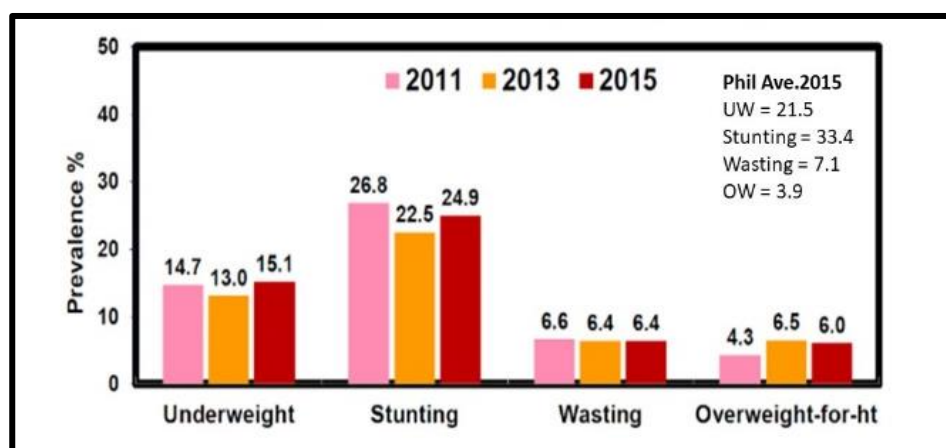


Figure 2. Prevalence of malnutrition among children less than 5 years old: NCR, 2011-2015
(Source: NNS, DOST-FNRI 2015)

About six out of 100 or 6.4 percent children 0-5 years old are wasted or thin. Although this rate is lower than the national prevalence rate of 7.1 percent, it is considered to be a public health problem according to the WHO cut off. Moreover, the lower-than-national prevalence rates may be misleading, unless the magnitude of the different forms of malnutrition are specified, given the huge population in the region.

On the other hand, six (6) out of 100 under-five children or 6.0 percent are overweight for their height. This rate is higher by 2.1 percentage points than the national prevalence of 3.9 percent. Figure 2 shows a worsening of underweight and stunting between 2013 and 2015, no improvement in wasting, and a slight decrease in overweight.

Based on the same survey, children living in rural areas and those from the poorest quintile are more at-risk of underweight and stunting, while those in urban areas such as Metro Manila and from the richest quintile are more at-risk of being overweight.

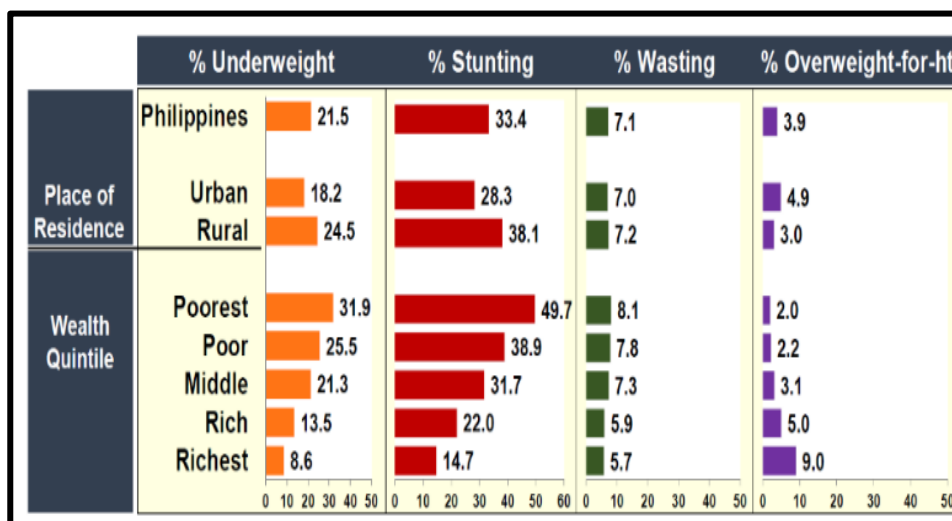


Figure 3. Prevalence of malnutrition among children less than 5 years old by place of residence and wealth quintile: Philippines, 2015
(Source: NNS, DOST-FNRI 2015)

For children 5-10 years old, incidence of underweight children is one in every five children (20.9 percent) which is lower by 10.3 percentage points than the national rate of 31.2 percent. About one out of five or 20.5 percent children are stunted, lower than the national prevalence of 31.1 percent.

Also in 2015, seven out of 100 or 7.5 percent children 5-10 years old were found to be wasted or thin. Though the prevalence rate of wasting has continuously decreased from 2011 to 2015, the prevalence of 7.5 percent is still a public health problem. However, the percentage of overweight/obese children 5-10 years old has been increasing from 2011-2015. About one of 10 or 17.9 percent are overweight for their height. This is higher by 9.3 percentage points than the national prevalence of 8.6 percent.

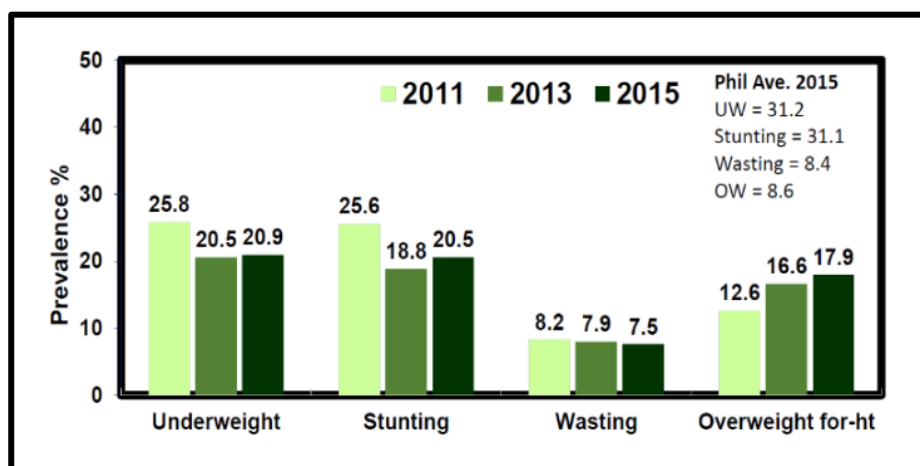


Figure 4. Prevalence of malnutrition among children, 5-10 years old: NCR, 2011, 2013, 2015
(Source: NNS, DOST-FNRI 2015)

Figure 5 shows that two out of 10 adolescents ages 10-19 are stunted or a prevalence of 24.3 percent (NNS, 2015). This is lower than the national prevalence of 31.9 percent. One out of 10 or 13.5 percent of adolescents are wasted and thin. This is

higher than the national prevalence of 12.5 percent. Meanwhile, one out of 10 or 16.1 percent are overweight and obese. This is higher by 6.9 percentage points than the national prevalence of 9.2 percent. Stunting, wasting, and overweight among adolescents all increased between 2013 and 2015.

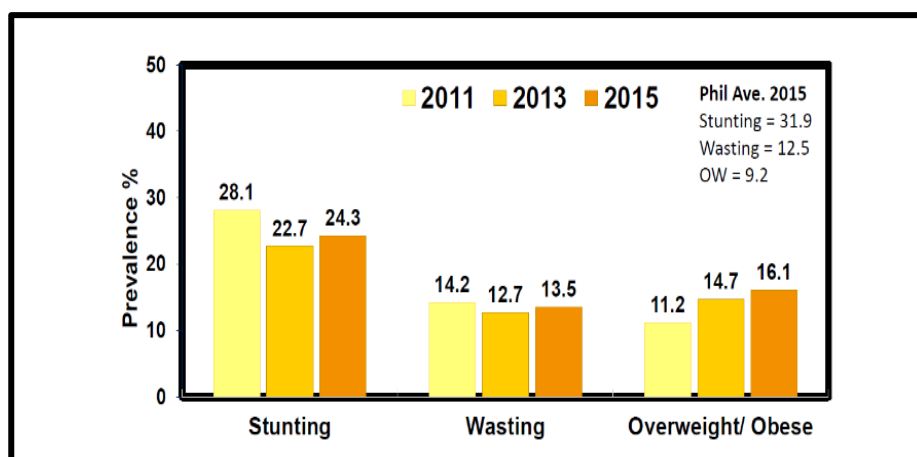


Figure 5. Prevalence of malnutrition among children, 10-19 years old: NCR, 2011-2015
(Source: NNS, DOST-FNRI 2015)

Adults 20 years old and over in the National Capital Region are at risk of acquiring diet-related non-communicable diseases (NCDs) as evidenced by high prevalence of overweight and obesity. The prevalence of 37.7 percent is significantly higher than the national average of 31.1 percent. Manila registered the highest overweight / obesity prevalence at 39.4 (with a slight increase from the 2013 prevalence). On the other hand, there is a 9.3 percent prevalence of chronic energy deficiency with a significant increase from the 2013 prevalence of 7.8 percent. The prevalence rates of underweight and overweight among adults fluctuated between 2011 and 2015.

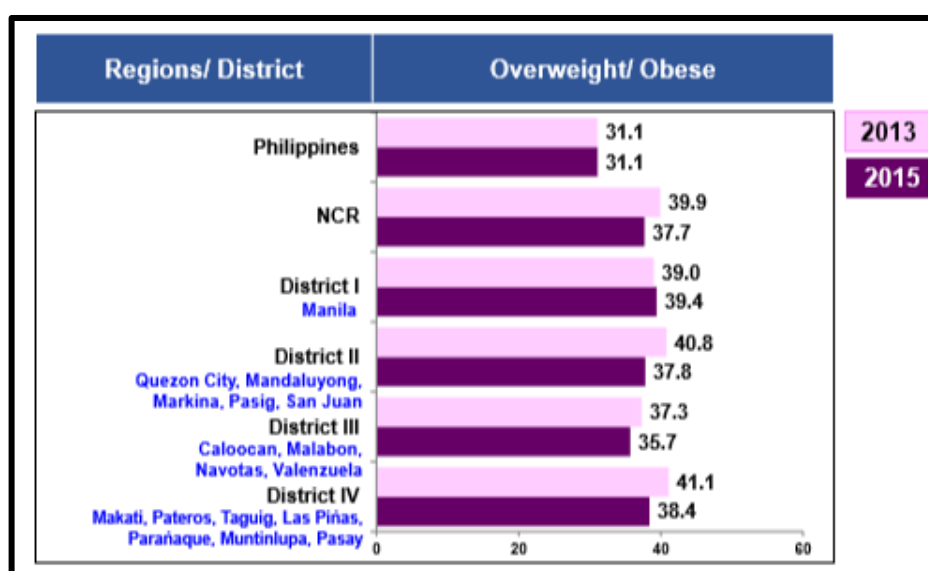


Figure 6. Prevalence of overweight and obesity among adults, >20 years old by district: Philippines and NCR, 2013 vs 2015 (Source: NNS, DOST-FNRI 2015)

B. Micronutrient Deficiencies

Iron Deficiency Anemia. In 2013, the prevalence of anemia among children 6 months to less than 5 years old was 10.0 percent, lower than the national prevalence of 13.8 percent. Among 6 to 12 year-olds and adolescents 13 to 19 years old in Metro Manila prevalence rates were 7.1 percent and 6.3 percent, respectively. Both prevalence rates are lower by 4.0 and 1.4 percentage points, respectively, than the national prevalence. The prevalence of iron deficiency anemia (IDA) in all age groups is considered to be “mild” public health significance.

Table 2. Iron Deficiency Anemia, by age groups, Philippines and NCR, 2013

Age groups	Philippines (%)	NCR (%)
6 months to < 5 year old	13.8	10.0
6-12 years old	11.1	7.1
13-19 years old	7.7	6.3
20-59 years old	9.3	8.8
≤ 60 years old	20.8	13.6

Source: 2013 National Nutrition Survey, FNRI-DOST

Meanwhile, the prevalence rates of anemia among pregnant and lactating women continued to decrease from 2003 to 2013. Significant decreases in the prevalence rates of anemia among pregnant and lactating women were noted from 42.5 percent (2008) to 24.6 percent (2013) and 43.9 percent (2008) to 16.7 percent (2013), respectively. In 2013, teenage pregnant mothers were more anemic than older mothers, while pregnant women from the rich quintile and from urban communities were more at-risk of anemia.

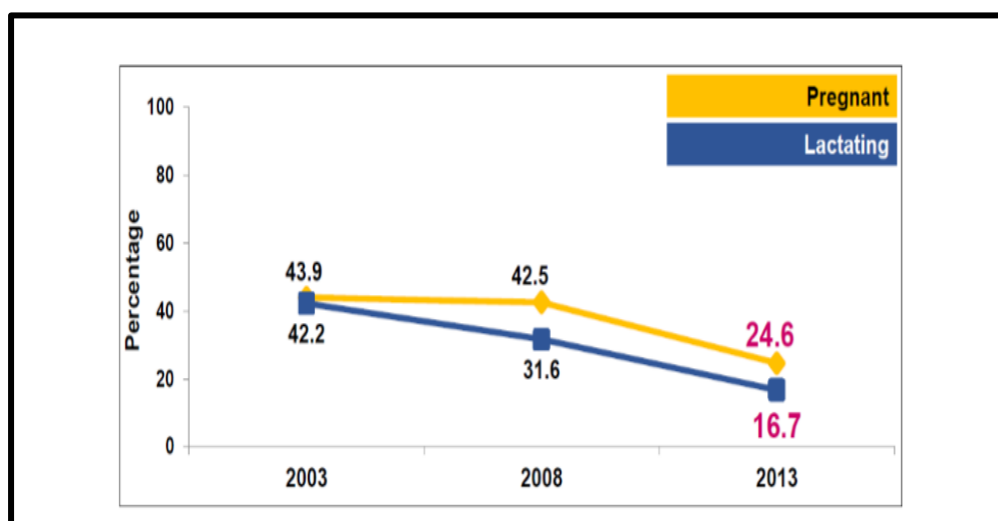


Figure 7. Trends in the prevalence of anemia among pregnant women and lactating mothers with children 0-36 months: Philippines, 2003 – 2013 (Source: NNS, DOST-FNRI 2015)

Vitamin A Deficiency. The prevalence of vitamin A deficiency (VAD) among children 5 months to less than 5 years old is 27.3 percent is considered a “severe” public health problem in NCR. The prevalence of 13.9 percent among 6-12 years old indicates a “moderate” public health problem.

Table 3. Vitamin A Deficiency by age groups, Philippines and NCR, 2013

Age groups	Philippines (%)	NCR (%)	Public health significance
5 months to < 5year old	20.4	27.3	Severe
6-12 years old	10.7	13.9	Moderate
13-19 years old	4.0	9.2	Mild
20-59 years old	2.1	2.4	Mild
≤ 60 years old	3.0	1.9	No deficiency

Source: 2013 National Nutrition Survey, FNRI-DOST

Iodine Deficiency Disorder. In 2013, the prevalence of UIE <50 ug/L among all age groups were considered severe to moderate and corresponds to insufficient iodine intake.

Table 4. Iodine Deficiency Disorder by age groups, Philippines and NCR, 2013

Age groups	Philippines (%)	NCR (%)
6-12 years old	16.4	8.9
13-19 years old	19.8	15.4
20-59 years old	22.4	20.2
≤ 60 years old	33.7	36.9
Lactating	34.3	27.4
Pregnant	27.0	15.4

Source: 2013 National Nutrition Survey, FNRI-DOST

C. Maternal Malnutrition

The poor nutritional status of pregnant women makes them at risk of delivering low birth weight babies and having other negative pregnancy outcomes like stillbirths and miscarriages. The prevalence of low birth weight decreased from 15.4 percent in 2011 to 9.8 percent in 2015, lower than the national prevalence.

Based on the 2015 FNRI-DOST survey, NCR has a 20.8 percent prevalence of nutritionally-at-risk pregnant women (Figure 8). The prevalence of overweight/obesity among lactating women in NCR is very alarming with a 30.7 percent - the highest among the 17 regions and significantly higher than the national prevalence of 22.4 percent (Figure 9). On the other hand, 15.8 percent of lactating women were chronic energy deficient (CED). A higher proportion of nutritionally-at-risk and chronic energy deficient pregnant women was associated with mothers

from the poor and poorest wealth quintiles, who are not working and have more children.

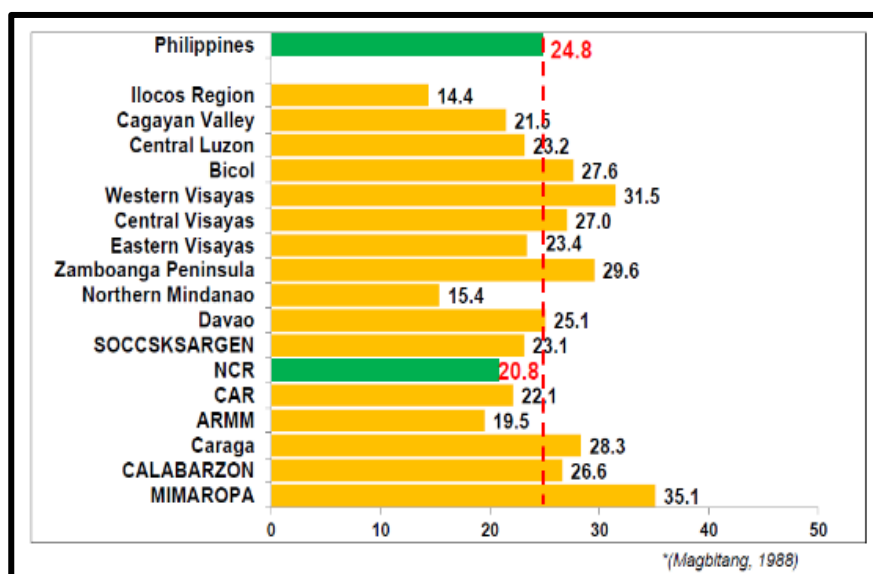


Figure 8. Prevalence of nutritionally-at-risk pregnant women by region: Philippines, 2015 (Source: NNS, DOST-FNRI 2015)

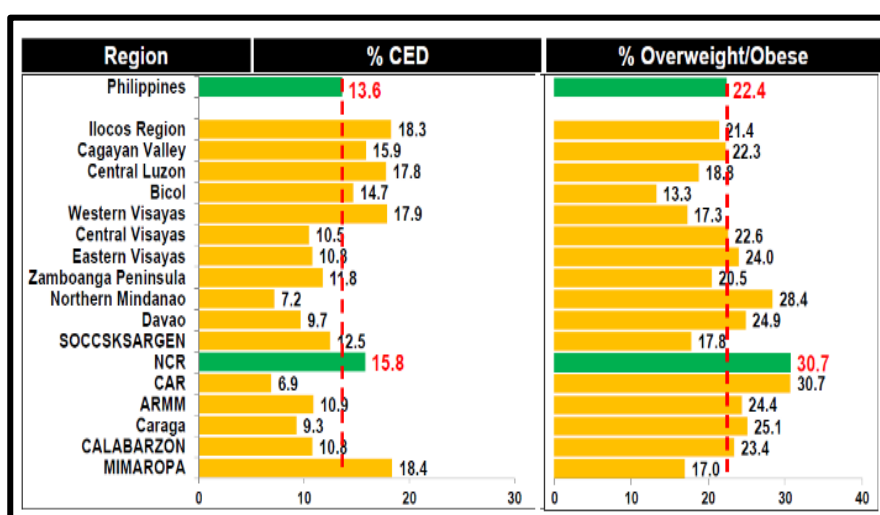


Figure 9. Prevalence of chronic energy deficiency and overweight/obesity among lactating mothers by region: Philippines, 2015 (Source: NNS, DOST-FNRI 2015)

Teenage pregnant mothers (39.6 percent) in the country were more nutritionally-at-risk than older mothers. Based on the NDHS 2017, children born to very young mothers are at risk of undernutrition and low birth weight, and at increased risk of sickness and death. In Metro Manila, 4.6 percent of women age 15-19 have had a livebirth and 5.6 percent of teenagers have begun childbearing. These teenagers as reported by the health and nutrition workers usually do not seek pre-natal care because the pregnancy is kept secret.

Teenage fertility (aged 15-19 years) in the region almost tripled in the past decade. NCR ranks third across all regions in teenage fertility (17.7 percent), next to Cordillera Autonomous Region and Region II Cagayan Valley Region.

Maternal Mortality Rate (MMR) in 2016 was 45 per 100,000 livebirths. Maternal deaths were mainly due to medical conditions complicated by pregnancy, particularly hypertension and hemorrhage. (FHSIS 2016).

Causes of Malnutrition

Analyzing the causes of malnutrition looks into the immediate causes – inadequate dietary intake, disease, and physical inactivity; the underlying causes – food insecurity (insufficient access to healthy foods), inadequate care and feeding practices, and poor environmental health and poor access to health services; and the basic causes at societal level such as poverty, employment, social conditions, access to resources.

This section discusses a number of the likely causes of malnutrition (including under and overweight/obesity, micronutrient malnutrition) in an urban environment like the NCR. The discussion draws primarily from the ***NCR Regional Development Plan*** and the paper of Nutrition Works on ***Urban malnutrition: a review of food security and nutrition among the urban poor*** from the website of FAO Food and Agriculture Organization.

A. Immediate Causes

Two immediate causes of undernutrition in the region are inadequate food intake and the presence of disease.

Inadequate food intake

Despite the increase, the percentage of NCR households who meet the 100 percent recommended energy intake remained low at 28.0 percent in 2013 and 30.8 percent in 2015. From 2013 to 2015, the mean one - day per capita nutrient intake increased from 1,782 kilocalories to 1,989 kilocalories. In the recent survey, intakes of fats and oils, fish, meat and poultry, milk and milk products, and miscellaneous food items such as condiments, spices and sweetened beverages were high in the NCR as compared to the national estimates. However, intake of cereal and cereal products and vegetables was low in the region.

Poor health status / presence of diseases

Disease is another immediate cause of malnutrition. The 2015 NNS data showed that 16.1 percent children under five years had diarrhea in the past 2 weeks, higher than the national estimate of 11.5 percent. Unless diarrhea is properly managed, it almost always leads to malnutrition. The DOH-NCRO FHSIS reports that from 2011 to 2016, the top three causes of morbidity among children under five were upper respiratory infection, pneumonia, and bronchitis, infectious diseases which can debilitate very

young children and lead to malnutrition. Pneumonia was the leading cause of mortality.

B. Underlying Causes

Among the underlying causes of malnutrition in NCR are food insecurity, poor care and feeding practices, inadequate health services, and poor environmental health.

Food Insecurity

Alarming levels of household food insecurity persist in NCR. The percentage of food secure households decreased from 51.3 percent in 2013 to 36.1 percent in 2015. The severely food insecure households significantly increased from 9.5 percent in 2013 to 29.2 percent in 2015. This means that almost 30 percent of households ran out of food, went to bed hungry, or went a whole day and night without eating, at least once in the last 30 days.

Hunger incidence remains in the double digits in Metro Manila. The latest Social Weather Stations Survey on Hunger showed that more families experienced involuntary hunger. In the 2017 fourth quarter survey, an estimated 457,000 families in Metro Manila said that they had nothing to eat at least once in the past three months. This was three points above the 11.7 percent or around 364,000 families surveyed in September 2017.

The rising cost of necessities, particularly food, and the continuous weakening of the purchasing power of the peso greatly affect the availability of food at the family table and the per capita food intake. Household food security is greatly compromised by the increasing food prices. According to Social Weather Station's Self-Rated Food Poverty Threshold survey, the minimum monthly food budget for families in the NCR is P7, 500. This is the amount that the household should allot to meet its monthly nutritional requirements. However, as much as 32 percent of families surveyed consider themselves as food poor, i.e., they cannot afford to buy enough of the food that they need. Aside from high food costs, they have to pay for other costs associated with urban living such as rent, transportation costs, household expenditures, fuel and water.

Thus, the low purchasing power is one of the main sources of food insecurity. For the urban poor, increases in local food prices result in reducing food consumption and quality. Food is usually the largest expense category in the budget of the urban poor who lacks a fixed income and savings. Urban food production and supply systems for fresh food rely on imported food or the food produced in rural areas. This has affected food consumption patterns, with an increasing tendency for urban households to consume foods with a greater energy density, but potentially fewer micronutrients. This then leads to the 'double burden' of malnutrition whereby overweight and obesity co-exist with undernutrition.

It may be that livelihood activities can help families increase income to buy their food. However, out of the 96 poorest households interviewed during the 8th NNS, only 2.8 percent availed of loans, or the livelihood and employment program and 3.5 percent availed of the Sustainable Livelihood Program of DSWD.

Table 5. Proportion of poorest households who availed loans, livelihood and employment, NNS, 2015

	No.	Proportion of poorest HH who availed of loans, livelihood and employment program	Proportion of poorest HH who availed of Sustainable Livelihood Program (SLP)
PH	8268	2.0	2.6
NCR	96	2.8	3.5

Participation in government food production programs and establishment of backyard vegetable gardens can help increase household food security. However, the establishment of urban gardens has been difficult to promote and to sustain. The lack of adequate land for gardening, lack of resources (seeds, seedlings, garden tools, etc.) as well as the lack of skills and technical capabilities for vegetable home gardening are the usual reasons cited by the nutrition workers for the low coverage of food production activities in the region. In the 2011 FNRI survey, only 2 percent of households participated in vegetable gardening programs in NCR, lower than the national average of 12.9 percent. The cities of Taguig, Las Piñas, Muntinlupa, Parañaque, and Pasay had the highest household participation in vegetable gardening. However, in the 2015 NNS, out of the 40 households interviewed during the survey, none participated in the food production program in the region.

Inadequate Care and Feeding Practices

Inappropriate feeding practices are often a greater determinant of inadequate dietary intake among children than the availability of foods in the households. For example, the early initiation of breastfeeding and the duration of exclusive breastfeeding are critical for infant and young child feeding.

The percentage of women in NCR who initiated breastfeeding within an hour after delivery has increased from 61.8 percent in 2011 to 83.0 percent in 2013. These results are higher than the national prevalence of 51.9 percent and 77.1 percent in 2011 and 2015 respectively.

However, the percentage of infants 0 to 5 months old who are exclusively breastfed has significantly decreased from 44.5 percent in 2011 to 31.8 percent in 2015 (2015 NNS). This is lower than 17 points than the national percentage of 48.8 percent, far lower than the IYCF program target of 70 percent. The mean duration of breastfeeding in the region is 7 months.

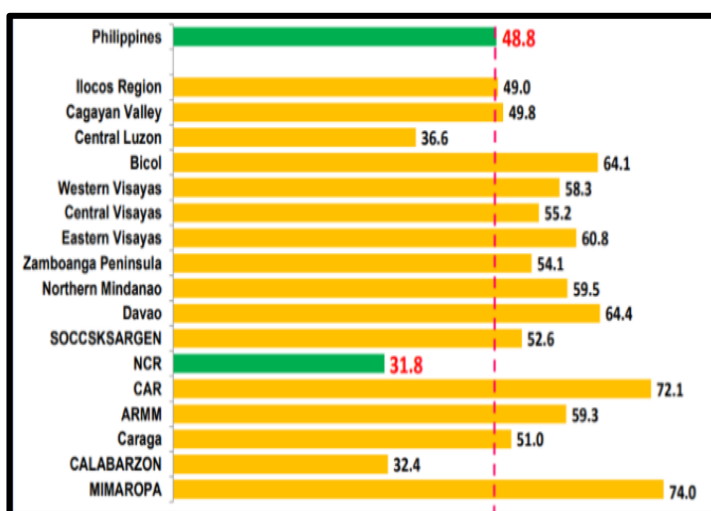


Figure 10. Percentage distribution of exclusively breastfed children 0-5 months by region: Philippines, 2015
(Source: NNS, DOST-FNRI 2015)

By the sixth month, the child should receive proper complementary foods in addition to breastmilk, but only 20.2 percent of infants 6-23 months old received the minimum acceptable diet (MAD).

The quality of care affects health and nutritional status of young children. In an urban area like NCR, majority of men and women are employed, with the labor participation rate of 63 percent, with men at 61.3 percent and women at 43.5 percent of those working. Shorter periods for exclusive breastfeeding and early introduction of complementary feeding are associated with mothers who have to work outside of the home. Their long hours spent on commuting and working may lead to a poor diet for their children and themselves, because there will be less time for food preparation and cooking. Working mothers frequently leave their children in the care of alternative caregivers who may not have the needed knowledge and abilities to properly feed and care for their children.

Poor participation in health programs/ services

Another underlying cause for malnutrition is poor participation in health programs/ services. The Department of Health provides logistics to ensure that the public has access to health services. It provides local government units logistics support for Early Child Care and Development (ECCD) such as growth monitoring cards, immunization for children, iron supplements for low birth weight and/or anemic infants, vitamin A capsules, deworming medicines, micronutrient powder, and appropriate treatment for diarrhea specifically, ORS/ORT with zinc. Other health services provided are growth monitoring and provision of oral health services. However, health services coverage are still far from universal, and those unreached remain at risk of poor health and malnutrition.

Among low birth weight infants 2-5 months old, 83.90 percent were given a full dose of iron. Moreover, 83.27 percent of 6-11 months old and 84.67 percent of 12-59 months old children who are anemic received iron supplementation. On the other

hand, 77.84 percent of 6-11 months old children and 77.63 percent of 12-59 months old children were given Vitamin A supplementation (2016 FHSIS).

According to the 2016 FHSIS, 77.02 percent of 12-59 months old children were given deworming tablets/ syrup. Among children 6-11 months and 12-23 months, 9.59 percent and 3.72 percent received micronutrient powder, respectively. Oral Rehydration Solution and zinc supplement were given to 51.41 percent of children aged 0-59 months with diarrhea.

The 2013 NNS revealed that there is an increase in the participation of 0-71-month-old children in the growth monitoring program from 37.7 percent in 2008 to 66.8 percent in 2013. It is slightly lower than the national proportion of 67.1 percent in 2013. There was increased participation in the Orally Fit Child Program among 36-71-month-old children from 19.3 percent in 2008 to 33.8 percent in 2013.

Based on the 2013 NNS, 97.8 percent of children have an ECCD or growth monitoring card. However, there was a reversal in the child immunization services. Fully immunized children in NCR decreased from 81.76 percent in 2016 to 78 percent in 2017, a 12 percent difference from the national target of 90 percent (2017 FHSIS). Immunization coverage can affect incidence rates of illnesses and infections which contribute to malnutrition.

Although there is a higher availability of health services in urban areas such as NCR compared to rural ones, mothers and caregivers do not avail of the services. As a result, most of these mothers generally suffer from delayed prenatal care and are less likely to receive supplements. They are also more likely to have little knowledge about proper infant and young child feeding.

Public health and sanitation

Environmental issues (e.g., over-crowding, poor water and sanitation, pollution, open sewerage, contamination, garbage) are acute in NCR and have a significant impact on child and household health. Households without adequate clean water supply and sanitation are at high risk of water borne diseases. Mosquito infestations and rodents increase the incidence of vector borne diseases (dengue or malaria), acute respiratory infections (ARIs) and skin infections. Poor health is compounded by overcrowding and air pollution, and acute respiratory infections contribute to child mortality especially among children under five. Frequent rains and floods in NCR pose a threat to health as waste and sewers can overflow and spread disease.

Access to clean water and sanitation are limited for the very poor in informal settlements. Many households purchase water from kiosks and vendors who may source water from illegal connections to the city water system using unclean plastic pipes. Informal settlements sometimes lack proper toilet facilities and sanitation infrastructure services.

Awareness in preventive practices (washing hands, maintaining sanitary environments in the home, etc.) in slum households is needed to ensure that children do not contract multiple diseases which weaken immunity and increase the risk of malnutrition. Among children 6-12 years old, 53.6 percent, 56.8 percent, and 67.8 percent reported that they always practice hand washing before meals, after meals, and after toilet use, respectively. Others reported that they only practice hand washing sometimes or not at all. Households with sanitary toilet facilities, with potable water, and those that practice proper hand washing have minimum risk to infections.

Limited physical activity / sedentary lifestyle

Studies have shown that children nowadays have unhealthy lifestyles marked by little physical activity, high levels of television viewing or computer or gadget use, exacerbated by excessive intake of unhealthy food which are calorie-empty and nutrient-poor.

In a highly urbanized area like NCR, the limited space and opportunities for physical activity has been compounded by the attraction of children to the evolving information and communication technology. Less active and more sedentary lifestyles among adults carry over to their children.

Persistent obesity during childhood increases mortality and morbidity than when obesity develops in adulthood. Overweight children have at least one additional risk factor for cardiovascular diseases such as raised blood pressure, hyperlipidemia, or hyperinsulinemia. Overweight in children tends to persist in adolescence and once established, becomes more difficult to correct later in life.

Television and other mass media contribute to obesity through commercials urging people to buy food of low nutritional value and by encouraging sedentary behavior. Many people tend to snack while watching television. This lack of physical activity is contributing to the increase in obesity and to other health-related conditions.

Poor eating habits among children

The parenting style may also cause overnutrition in children since some parents use food as a response to distress and they give food as a reward to their children. In the region, many families eat out more often than at home. Some see snacks and fast food as convenience food for themselves and their children.

Fast-food restaurants encourage customers to "super-size" and purchase "value" meals. Many children are enticed to eat empty-calorie foods due to advertisements featuring well-known movie stars and cartoon characters.

Due to the proliferation of street foods and fast food restaurants, food preference and habits of children have become unhealthy. Children prefer to consume calorie-empty foods such as corn chips, candies, soft drinks and other snack food items that tend to be energy dense, containing high levels of fat, refined sugars and salt, but low in micronutrients.

Based on the 2015 Food Consumption Survey, intakes of fats and oils, fish, meat and poultry, milk and milk products, and miscellaneous food items (which include condiments, spices and sweetened beverages) were high in the NCR as compared with the national estimates. However, intake of cereal and cereal products and vegetables is low.

C. Basic Causes of Malnutrition

Urban Poverty

Poverty remains a persistent cause of the malnutrition problem nationwide. Metro Manila continues to be the favored migration destination, a role which brings heavier demands on the economic employment picture, and on urban infrastructure and services, such as housing.

NCR posted a higher food threshold of P17,462. The annual per capita poverty threshold was set at P25,007, higher than the country which is set at P21,753. Subsistence incidence or the proportion of those whose incomes fall below the food threshold, was estimated at 8.1 percent in 2015, lower than the 10.4 percent in 2012. Poverty incidence among population in 2015 was posted at 3.9 percent, similar to 2012 figure. In terms of magnitude, data showed an estimate of 80,246 poor families or about 494,640 poor population in the region.

Unemployment and underemployment

Of the NCR's 9,142,000 population 15 years and over (2018 Annual Labor Force Survey, PSA), 60.6 percent belong to the labor force. Of those belonging to the labor force, only 92.2 percent are employed, an employment rate that is considered one of the lowest across regions. Unemployment was 7.8 percent, the highest among regions in the country. Underemployment was 7.2 percent. Thus, actual dependency ratio would be much higher since not everyone in the working age population are actually engaged in productive labor.

Both unemployment and underemployment are typically higher for the urban poor than for other urban residents, as they tend to work in low-paying, low-skilled jobs or in the informal sector. Youth unemployment is a problem in many cities, and increasingly linked to growing social problems and urban unrest and to security issues like crime and violence.

Proliferation of Urban Informal Settlements

According to the report of the Metro Manila Inter-Agency Committee on Informal Settlers (MMIAC) one out of every five residents in Metro Manila is an informal settler. The *Inquirer* quoted the 2017 report of the MMIAC saying that there are more than 544,609 households of informal settlers in Metro Manila, representing 21 percent of the total 2.6 million households. The lack of affordable housing options,

especially for low-income families, has resulted in the growth of heavily populated informal settlements. Informal settlers are generally those who occupy lands without the consent of the property owner. In recent years, however, the term has been applied to those in danger areas (e.g., along riverbanks, railways, under the bridge) and areas earmarked for government infrastructure projects or for other uses excluding human habitation (e.g., protected areas, except for indigenous peoples). Not all informal settlers are income poor. Those who are earning relatively higher income than the rest in their community live in informal settlements because affordable alternatives near their places of work are few. Many thus opt to endure poor living conditions—overcrowded neighborhoods, substandard housing, inadequate access to safe water and basic sanitation, and high exposure to natural and human induced hazards—because the cost of land and housing in cities is simply prohibitive. NEDA estimates that in 2011, Metro Manila had 584,425 Informal Settler Households, representing a 39 percent share of the national total.

These informal settlements are generally characterized by poor public health conditions and by conflict with the local authorities over access to basic services and their continued stay in the area. Their precarious housing conditions result in poor health and nutrition environments.

Despite specific provisions for housing the urban poor under the Urban Development and Housing Act, many informal settler families in Metro Manila continue living in precarious housing and unhealthy communities.

D. Enabling factors

Malnutrition can be addressed by nutrition-specific and sensitive programs. But enabling factors play a great role in the management of nutrition programs.

All LGUs in NCR have Nutrition Action Officers (NAOs) who coordinate the implementation of local level plans and activities. There are city/municipal nutrition program coordinators who supervise the barangay nutrition scholars (BNSs) in the implementation of nutrition programs in the barangays. As of December 2017, there are only 675 BNSs out of 1,706 barangays in the region who assist in the delivery of nutrition services.

There are LGUs that have substantially functional and partially functional local nutrition committees (LNCs) based on the LNC functionality checklist. As of December 2017, Caloocan, Navotas, Quezon City, Marikina, Pasay, Las Piñas, Parañaque and Valenzuela are partially functional while Malabon, Pateros, Manila, Makati, Mandaluyong, Pasig, Taguig, San Juan and Muntinlupa are substantially functional. There are four LGUs in the region that have been awarded the Nutrition Honor Award (NHA) namely Makati, Pateros, Las Piñas and Mandaluyong. However, only Mandaluyong sustained its good performance.

For three consecutive years of MELLPI (Monitoring of Local Level Plan Implementation) visits in the 17 LGUs in the region, the number of LGUs with Very Satisfactory performance in nutrition program management increased. In 2016, the cities of Mandaluyong, Pasig, San Juan, Manila, Muntinlupa, Taguig, Makati and Malabon had very satisfactory performance in nutrition program management.

In terms of funding, all LGUs in the region support nutrition programs with fund allocations. Highest budget percentages were observed in San Juan, Malabon and Pasay City.

Conclusion

The double burden of malnutrition remains an alarming problem in the National Capital Region. It is intertwined with the rapid urbanization and development of the region and with its burgeoning population. Improving programs around the first 1000 days seems promising given already existing programs to build on. Adjustments in the preschool and school nutrition program are also feasible as they require relatively incremental investments. The strengthening of the enabling environment will require closer support and resources from the regional NNC office and the RNC especially in local government mobilization. The introduction of nutrition sensitive programs in existing economic and livelihood as well as infrastructure to short-cut the trickle-down approach is also promising.

While the short term and medium term landscape of all forms of malnutrition in the region can be addressed by nutrition specific programs, majority of which are resident in the health sector, and nutrition supportive programs, the long term prospect of transforming the region's poor performance in nutrition can be achieved by addressing both the (1) enabling factors that play a huge role in the planning, resourcing and management of nutrition programs and (2) basic causes of malnutrition.

The Regional Nutrition Action Plan 2019-2022 of NCR was formulated in full recognition of these nutritional problems and their dimensions. The RPAN defines targeted outcomes and sub-outcomes in terms of key nutrition indicators. It identified programs and projects that will be pursued to achieve these targets.

Section II. NCR 2022 Outcome Targets

The Regional Plan of Action for Nutrition of the National Capital Region (NCR) 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 2040⁵, (2) reducing inequality in human development outcomes, and (3) reducing child and maternal mortality.

NCR has set the outcome and sub-outcome targets for the region by the end of 2022. 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:

Table 6. RPAN 2022 Outcome Targets

To reduce levels of child stunting and wasting

Indicator ¹	Baseline	2022 Target
- Prevalence (in percent) of stunted children under five years old	24.9	15.9
- Prevalence (in percent) of wasted children		
- Under five years old	6.4	4.9
- 6 – 10 years old	7.5	4.9

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

To reduce micronutrient deficiencies to levels below public health significance

Indicator ¹	Baseline	2022 Target
<u>Vitamin A deficiency</u>		
Prevalence (in percent) of children 6 months to 5 years old with vitamin A deficiency (low to deficient serum retinol)	27.3	14.9
<u>Anemia</u>		
• Prevalence (in percent) of anemia among women of reproductive age	No data from NNS	
<u>Iodine deficiency disorders</u>		
• Median urinary iodine concentration, mcg/L		
- Children 6-12 years old	220	≥100
- Pregnant women	157	≥150
- Lactating women	98	≥100

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

Indicator ¹	Baseline	2022 Target
• Percent with urinary iodine concentration <50 mcg/L		
- Children 6-12 years old	8.9	8.8
- Lactating women	27.4	19.9

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

To reduce overweight among children

Indicator	Baseline	2022 Target
- Prevalence (in percent) of overweight		
- Under five years old ¹	6.0	5.0
- 6 – 10 years old ²	17.9	8.5

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

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

To reduce overweight among adolescents and adults

Indicator	Baseline ¹	2022 Target
Adolescents ¹	16.1	4.9
Adults ²	37.7	28.0

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

Sub-outcome or intermediate outcome targets: It shall contribute to the attainment of the final outcomes.

Indicator	Baseline	2022 Target
Reduce the proportion of nutritionally-at-risk pregnant women ¹	20.8	16.8
Reduce the prevalence of low birthweight ³	21.4	16.6
Increase the percentage of infants 5 month old who are exclusively breastfed ¹	31.8	40.3
Increase the percentage of children 6-23 months old meeting the minimum acceptable diet ¹	20.2	24.4
Increase the percentage of households with diets that meet the energy requirements ²	30.8	36.0

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

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

³Baseline based on 2013 National Demographic and Health Survey

Key Strategies to Achieve Outcome Targets

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

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

Section III. RPAN Programs and Projects

The NCR RPAN consists of 11 programs and 28 projects. The 11 programs follow the life stages of the Department of Health and the major programs of the Philippine Plan of Action for Nutrition 2017-2022. All the 9 nutrition-specific, nutrition-sensitive, and enabling programs constitute the RPAN with an additional program to reflect the huge challenge of adolescent health and adolescent pregnancy in particular. The RPAN provides the necessary focus on the First 1000 days given its huge potential in addressing the major nutritional issues in NCR and in the country. The complete list of programs and projects is shown below:

Table 7a. RPAN NCR Programs and Projects

PROGRAM	Projects
PROGRAM 1: IYCF AND FIRST 1000 DAYS (F1K) Enabling Program For F1K	Project 1. Mobilization of LGUs on the First 1000 days
	Project 2. Strengthening of health delivery system for F1K (including review of LGUs and other multi-sectoral agencies for F1K compliance including delivery system)
	Project 3. Information Management in the F1K
Micronutrient Supplementation	Project 4. Iron supplementation for pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months old
	Project 5. Vitamin A Supplementation for lactating and postpartum women and children 6-23 months
Dietary Supplementation Program	Project 6. Mobilization of local implementers on dietary supplementation for nutritionally-at-risk pregnant and lactating women
Infant and Young Child Feeding (IYCF)	Project 7. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces) and the MBFHI
Nutrition Promotion for Behavior Change	Project 8. Communication Support for F1K
Philippine Integrated Management of Acute Malnutrition (PIMAM)	See Project 18
PROGRAM 2: NATIONAL DIETARY SUPPLEMENTATION⁶	Project 9. Supplementary Feeding in Child Development Centers and Supervised Neighborhood Plays
	Project 10. School-Based Supplementary Feeding
	Project 11. School-Based complementary Health Services

⁶ Dietary and micronutrient supplementation programs outside the first 1000 days

PROGRAM	Projects
PROGRAM 3: MICRONUTRIENT SUPPLEMENTATION	Project 12. Vitamin A supplementation for children 24-59 months
	Project 13. Anemia Reduction among Female Adolescents
	<p>The projects below belong to the micronutrient supplementation, national dietary supplementation program and IYCF. They are listed here without numbers as they have been previously listed in the programs mentioned.</p> <ul style="list-style-type: none"> • Iron supplementation to pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months • Vitamin A Supplementation for postpartum women and children 6-23 months old • Iron Supplementation for Anemic Children in Child Development Centers • Iron Supplementation for School Children • Weekly Iron Folic Acid supplementation
PROGRAM 4: ADOLESCENT HEALTH AND DEVELOPMENT	Project 14. Prevention of Adolescent Pregnancy
PROGRAM 5: OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION	Project 15. Promotion of Healthy Lifestyle and Healthy Food Environment
PROGRAM 6: MANDATORY FOOD FORTIFICATION	Project 16. Advocacy for and Monitoring of Compliance of RA 8976 and RA 8172
PROGRAM 7: NUTRITION IN EMERGENCIES	Project 17. Capacity Building for Nutrition in Emergencies (preparedness, response, recovery)
PROGRAM 8: PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	Project 18. Enhancement of PIMAM Facilities, Capacities and Provision of Services
PROGRAM 9: NUTRITION PROMOTION FOR BEHAVIOR CHANGE	Project 19. Regional Program on Nutrition Promotion for Behavior Change (focused on F1K, complementary feeding, micronutrient supplementation, overweight and obesity management and prevention)
PROGRAM 10: NUTRITION SENSITIVE PROGRAM	Project 20. Water, Sanitation Hygiene in Schools (WinS) in ES and Secondary Schools
	Project 21. Gulayan sa Paaralan

PROGRAM	Projects
	Project 22. Responsible Parenthood and Family Planning Program
	Project 23. KATROPA (<i>Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya</i>)
	Project 24. Livelihood Projects
	Project 25. Operational Research on the Nutrition-Sensitive Projects
PROGRAM 11: ENABLING PROGRAM	Project 26. Mobilization of Local Government Units for Delivery of Nutritional Outcomes
	Project 27. Policy Development for Food and Nutrition
	Project 28. Management and Strengthening Support to PPAN Effectiveness

Table 7b. Description of RPAN NCR Programs, Projects and Their Outputs

NUTRITION SPECIFIC PROGRAMS	
PROGRAM 1. INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K) PROGRAM	
<p>The IYCF and the First 1000 Days Program aims to improve the delivery of services to all pregnant women to ensure healthy newborns and to lactating women to inculcate the practice of exclusive breastfeeding and complementary feeding with continued breastfeeding to infants 0 to 23 months by building and sustaining an enabling supportive environment in various settings. Based on global evidence, promoting IYCF and F1K is among the package of child nutrition interventions that can bring down under nutrition, particularly stunting, significantly.</p> <p>Under the RPAN, efforts will heavily focus on mobilizing LGU support and resources for F1K and IYCF related interventions including: strengthening of health delivery system through a review of LGU compliance to F1K and IYCF standards (including service delivery), micronutrient supplementation among pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months, promotion of breastfeeding and complementary feeding practices, organization of IYCF support groups, and compliance monitoring of EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces) and the Mother-Baby Friendly Hospital Initiative (MBFHI). More specifically, micronutrient supplementation under the F1K program will utilize existing delivery platforms such as antenatal care, essential intrapartum and newborn care as well as health facilities and outreach services in order to reach target program beneficiaries.</p> <p>The program is led by the Department of Health in partnership with sectoral agencies, LGUs, NGOs, and development partners.</p>	
Project Title	Project Output/s
Project 1. Mobilization of LGUs on the First 1000 days	1-O.1. All LGUs mobilized for F1K and nutrition
	1-O.2. All LGUs achieve 90% of F1K
Project 2. Strengthening of health delivery system for F1K	2-O.1. Review of existing system in LGUs completed
	2-O.2. Enhanced health delivery system on F1K compliance in all LGUs
Project 3. Information Management in the F1K	3-O.1. A harmonized system of information for the efficient and effective implementation of F1K services developed and utilized by the health system and the LGUs
Project 4. Iron supplementation for pregnant and lactating women, and low birth weight infants, and MNP	4-O.1. All LGUs providing iron supplements to pregnant and lactating women and low birth weight infants, calcium carbonate to at-risk pregnant women and micronutrient powder to children

supplementation to children 6-23 months old	6 to 23 months old based on standards
	4-O.2. A system for tracking the allocation and distribution of iron, MNP and calcium carbonate to LGUs developed and operationalized
	4-O.3. No. of LGUs reaching 90% coverage
Project 5. Vitamin A Supplementation for lactating and postpartum women and children 6-23 months	5-O.1. All LGUs providing 1 capsule of 200,000 IU Vitamin A to postpartum women; 1 capsule of 100,000 IU Vitamin A to children 6 to 11 months; and 1 capsule of 200,000 IU Vitamin A to children 12 to 23 months every 6 months
	5-O.2. A system for tracking the allocation and distribution of Vitamin A capsule to LGUs developed and operationalized
	5-O.3. No. of LGUs reaching 90% coverage
Project 6. Mobilization of local implementers on dietary supplementation for nutritionally-at-risk pregnant and lactating women	6-O.1. No. of LGUs implementing dietary supplementation for nutritionally-at-risk pregnant and lactating women based on standards
	6-O.2. Increased coverage to at least 90% of nutritionally-at-risk pregnant and lactating women provided with dietary supplementation based on standards
Project 7. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces) and the MBFHI	7-O.1. Zero Milk Code violation in all health centers and lying-in clinics by 2022
	7-O.2. Policy on Breastfeeding/lactation in the workplace issued by RNC member agencies
	7-O.3. Hospitals accredited as mother-baby friendly
	7-O.4. Workplaces certified as mother-baby workplace
Project 8. Communication Support for F1K	8-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K fully developed and implemented

PROGRAM 2. DIETARY SUPPLEMENTATION

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) information on healthy eating; and 3) referrals to health care. Beyond improvements in access to food, the program has a positive impact on nutritional status, gender equity, and educational status, each of which contributes to improving overall levels of country and human development.

The Program will be jointly implemented by the DSWD, DepEd, LGUs in partnership with NGOs and development partners.

Project Title	Project Output/s
Project 9. Supplementary Feeding in Child Development Centers and Supervised Neighborhood Plays	9-O.1. All children enrolled in CDCs and SNPs are provided with supplementary feeding
Project 10. School-Based Supplementary Feeding	10-O.1. All public elementary schools implementing supplementary feeding as per guidelines
Project 11. School-Based complementary Health Services	11-O.1. All schools providing package of complementary health services at satisfactory level

PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION

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

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

The Micronutrient Supplementation Program under the RPAN 2019-2022 is an important complement of the programs on IYCF/F1K, dietary supplementation, and nutrition in emergencies.

Project Title	Project Output/s
Project 12. Vitamin A supplementation for children 24-59 months	12-O.1. All LGUs providing Vitamin A capsules to children aged 24-59 months
	12-O.2. No of LGUs reaching 90% coverage

PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT

The adolescent health program was included in the RPAN because of the planner's recognition of the alarming prevalence of adolescent pregnancy and unabated increase in the region. 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.

The program adopts a gender-sensitive approach. The primary responsibility for implementation of the AHDP, and its mainstreaming into the health system, falls to regional and provincial/city sectors.

Capacity building packages for service providers and tools for health and nutrition counselling will be developed and updated. Adolescent Health Package for financing will be prioritized to ensure resources.

Project Title	Project Output/s
Project 13. Anemia Reduction among Female adolescents	13-O.1. All schools providing complete dosage of iron folic-acid supplementation among female adolescents grade 7-10
Project 14. Prevention of Adolescent Pregnancy	14-O.1. An effective information and service delivery network (ISDN) established and operational

PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION

The Overweight and Obesity Management and Prevention Program recognizes that life course approach on the promotion of healthy food environment, promotion of healthy lifestyle (physical activity and healthy eating) and weight management intervention (for existing overweight and obese individuals) is important. The program adopts the key messages from the Nutritional Guidelines for Filipinos (NGF) and DOH's *National Healthy Lifestyle Program or the Go 4 Health Go sustansiya, Go sigla, Go smoke-free, and Go slow sa tagay* messages. The program aims to reduce the prevalence of overweight and obesity among adults.

Under the RPAN, this program is translated to Promotion of Healthy Lifestyle and Healthy Food Environment. This project emphasizes the importance of physical activity and healthy eating particularly among children and adults.

Project Title	Project Output/s
Project 15. Promotion of Healthy Lifestyle and Healthy Food Environment	15-O.1. All RNC member agencies compliant to RNC Resolution No. 3, s 2017 "Enjoining all RNC member agencies and LGUs to serve healthy foods, meals and

	snacks during meetings, conferences, trainings and related activities.”
	15-O.2. All public elementary and secondary schools compliant to Department Order No. 13 s 2017 “Policy and Guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices”
	15-O.3. All LGUs with local ordinances / executive orders / resolutions on establishing healthy food environment in support of overweight and obesity, prevention, management and control

PROGRAM 6. MANDATORY FOOD FORTIFICATION PROGRAM

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

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

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

Project Title	Project Output/s
Project 16. Advocacy for and Monitoring of Compliance of RA 8976 and RA 8172	16-O.1. All LGUs with organized and functional Local Bantay Asin Task Forces (LBATF)
	16-O.2. All LGUs implementing food fortification activities as part of their LNAPs

PROGRAM 7. NUTRITION IN EMERGENCIES PROGRAM

Nutrition in Emergencies is one of the nutrition specific programs under the RPAN that seeks to build capacity of the Local Disaster Risk Reduction and Management Committees (LDRRMCs)/Nutrition Clusters (NCs) to integrate nutrition promotion and management activities in their disaster risk reduction and management plan in their LGUs. It seeks to enable LGUs to deliver timely, appropriate and adequate nutrition

<p>services during emergencies. The program would cover actions to improve levels of preparedness, response and recovery and rehabilitation⁷. The capacity building of the LDRMC/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 undernutrition and worsening of nutritional status particularly in prolonged disasters and emergencies.</p>	
Project Title	Project Outputs
Project 17. Capacity Building for Nutrition in Emergencies	17-O.1. Regional and local nutrition clusters organized and fully capacitated
	17-O.2. Regional and local Nutrition in Emergencies Plan formulated/updated and integrated in LNAPs and HEPRR Plans
	17-O.3. Updated capacity mapping of cluster members' activities, technical capacities, human resources and supplies
	17-O.4. Prepositioned supplies and IEC materials at regional and local levels
PROGRAM 8. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)	
<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>	

⁷ Disasters are a big downward pull to the state of nutrition and in the Philippines, including NCR where man-made and natural disasters are expected to affect substantive number of areas, the effective management of LDRMC/NCs activities with respect to nutrition would avert increasing number of undernourished children precluding PPAN outcomes being achieved.

The RPAN shall implement the PIMAM Program through a project named Enhancement of PIMAM Facilities, Capacities and Provision of Services focused on building the capacity of local implementers on SAM and MAM active case finding, provision and supply management of F75, F100 RUTF and RUSF (and its equivalent in RHUs), treatment and management of SAM in the ITC and OTC and of MAM in TSFP, among others.

The RPAN recognizes that PIMAM shall be complemented by other nutrition interventions to sustain the normal status of rehabilitated children including nutrition counseling, especially on IYCF. It also interphases with the Nutrition in Emergencies Program as emergencies and disasters could trigger an increase in acute malnutrition.

The program is led by the DOH, in partnership with LGUs and NGOs.

Project Title	Project Outputs
Project 18. Enhancement of PIMAM Facilities, Capacities and Provision of Services	18-O.1. Delivery system for PIMAM established and fully operational across the region

PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOR CHANGE

The Nutrition Promotion for Behavior Change Program aims to raise awareness of family members, development workers and policy makers on the importance of improving nutrition and ensure that the various nutrition-specific services are supported with appropriate communication activities. Ultimately, the program is designed to contribute to the program partners' (audiences) adoption of positive practices that impact on nutrition.

The 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.

The promotion and campaign on the Nutritional Guidelines for Filipinos, 10 *Kumainments* and *Pinggag Pinoy* shall form part of the Regional Program on Nutrition Promotion for Behavior Change.

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

Project Title	Project Outputs
Project 19. Regional Program on Nutrition Promotion for Behavior Change	19-O.1. Regional Media Campaign Plan developed and implemented
	19-O.2. IEC materials produced and disseminated

NUTRITION SENSITIVE PROGRAM

PROGRAM 10. NUTRITION SENSITIVE PROGRAM

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

The NCR RPAN 2019-2022 identified nutrition-sensitive projects ranging from agriculture, health, education, livelihood, gender and development, among others.

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

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

Project Title	Project outputs
Project 20. Water, Sanitation Hygiene in Schools (WinS) in PES and Secondary Schools	General Outputs for Nutrition-Sensitive Projects, see Annex 1 for details: 20-24-O.1. 5 projects in the region with tweaking strategies for nutritional impact 20-24-O.2. XX families enrolled in projects tweaked for nutritional impact 20-24-O.3. XX families involved in nutrition sensitive projects with increased income
Project 21. Gulayan sa Paaralan	
Project 22. Responsible Parenthood and Family Planning Program	
Project 23. KATROPA (Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya)	
Project 24. Livelihood Projects	
Project 25. Operational Research on the Nutrition-Sensitive Projects	25-O.1. Research completed and feed into redesign

ENABLING PROGRAM

PROGRAM 11. ENABLING PROGRAM

There are three (3) inter-related projects under the enabling programs of NCR RPAN 2019-2022. They include: Mobilization of Local Government Units for Nutritional Outcomes, Policy Development for Food and Nutrition, and Management Strengthening for PPAN Effectiveness.

The principal objective of *Mobilization of LGUs for Nutritional Outcomes* is to transform the PPAN priority provinces and the majority of its municipalities and cities from LGUs with low intensity nutrition programs to ones that deliver nutritional outcomes. Undertaking LGU mobilization in nutrition involves a series of interdependent, interrelated actions or activities designed to move local government units into action to produce the desired nutritional outcomes. The strategy for LGU mobilization calls for various set of actions that will reinforce each other to transform the targeted provinces, cities and municipalities, and to have well performing LGUs.

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

Management Strengthening Support for RPAN Effectiveness aims to produce changes in the current system of RPAN implementation involving management and coordination, monitoring and evaluation, budgeting, and other vital processes, as well as staffing requirements for the efficient and effective RPAN 2019-2022 implementation. The National Capital Region pioneered the LGU Shepherding Strategy which it intends to scale up within the RPAN timelines.

The Regional Nutrition Committee (RNC) and the NNC Regional Office (as the RNC Secretariat) shall be pioneering the implementation and monitoring of the three inter-related projects.

Project Title	Project Outputs
Project 26. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	26-O.1. 100% of LGUs mobilized for delivery of nutritional outcomes
	26-O.2. LGU Shepherding strategy expanded and scaled up

	26-O.3. LCE Nutrition Champions and Model LGUs organized and mobilized
Project 27. Policy Development for Food and Nutrition	27-O.1. Policy guidelines issued at regional and local levels
	27-O.2. Regional research and policy agenda developed and implemented
Project 28. Management Strengthening Support to RPN Effectiveness	28-O.1. RNC and NNC NCR strengthened for Effective Implementation of the RPN

Section IV. Estimates of Budgetary Requirements for RPAN NCR

Table 8a provides the budget estimates by program as well as the share of the total budget to the total RPAN budget. The share of the NCR Dietary Supplementation Program (53.71%) dwarfs all the share of the other 11 programs. Table 8b provides the estimate for the 11 programs and 28 projects included in the RPAN. The table indicates both funded and unfunded components of the budgetary requirements. The budget estimated for 2019-2022 for all 11 programs amounts to PhP 2.81B, with an annual average of about PhP703.15M. The funded portion is PhP 2.31B representing 82.0% of total, while the unfunded portion amounts to PhP506.67M representing 22.0 %. Financing come mostly from General Appropriations, from funds of the member agencies of the Regional Nutrition Committee (RNC). The funding shortfalls will be discussed during the upcoming follow-up meetings of the RNC. These budgets will require annual review and adjustments in line with the regional and national processes for the preparation of investment plans. Annex 3 provides more details of the budgetary requirements of the NCR RPAN 2019-2022, by Program, by Project, by year and with recommended action to fill resource gap.

Table 8a. Budgetary Requirements by Program

Programs	Total budget (pesos)	% of total RPAN budget
Program 1: Infant and Young Child Feeding	614,255,621	21.84
Program 2: Dietary Supplementation Program	1,510,686,040	53.71
Program 3: Micronutrient Supplementation Program	110,905,977	3.94
Program 4: Adolescent Health and Development	4,850,000	0.17
Program 5: Overweight and Obesity Management and Prevention	375,000	0.01
Program 6: Mandatory Food Fortification	200,000	0.01
Program 7: Nutrition in Emergencies	490,702,000	17.45
Program 8: Philippine Integrated Management of Acute Malnutrition (PIMAM)	295,300	0.01
Program 9: Nutrition Promotion for Behaviour Change	4,000,000	0.14
Program 10: Nutrition Sensitive	73,867,558	2.63
Program 11: Enabling Program	2,448,000	0.09
Grand Total	2,812,585,496	100.0

Table 8b. Summary Budget Estimates for Programs and Projects

PROGRAM/ PROJECT	Agency/ies Responsible	Budget Estimates	
		Funded	Unfunded
Program 1: IYCF and F1K		605,608,681	8,646,760
Project 1. Mobilization of LGUs on the First 1000 days	NNC, DOH	-	1,572,600
Project 2. Strengthening of health delivery system for F1K	NNC, DOH	-	3,721,800
Project 3. Information Management in the F1K	NNC, DOH	-	225,800
Project 4. Iron supplementation for pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months old	DOH, LGUs	602,870,671	-
Project 5. Vitamin A Supplementation for lactating and postpartum women & children 6-23 months	DOH, LGUs	2,738,190	-
Project 6. Mobilization of local implementers on dietary supplementation for pregnant and lactating women	NNC, DOH, LGUs	-	512,000
Project 7. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces)	DOH	-	2,214,560
Project 8. Communication Support for F1K	NNC, PIA	-	400,000
Program 2: Dietary Supplementation Program		1,510,686,040	-
Project 9. Supplementary Feeding in Child Development Centers and Supervised Neighborhood Plays	DSWD	12,415,000	-
Project 10. School-based Supplementary Feeding	DepEd	1,498,271,040	-
Project 11. School-Based complementary Health Services	DepEd, DOH	-	-
Program 3: Micronutrient Supplementation		110,905,977	-

PROGRAM/ PROJECT	Agency/ies Responsible	Budget Estimates	
		Funded	Unfunded
Project 12. Vitamin A supplementation for children 24-59 months	DOH, LGUs	19,441,149	
Project 13. Anemia Reduction among Women of Reproductive Age	DOH, LGUs	91,464,828	-
Program 4: Adolescent Health and Development		4,850,000	
Project 14. Prevention of Adolescent Pregnancy	POPCOM	4,850,000	
Program 5: Overweight and Obesity Management and Prevention		-	375,000
Project 15. Promotion of Healthy Lifestyle and Healthy Food Environment	DOH, NNC	-	375,000
Program 6: Mandatory Food Fortification		-	200,000
Project 16. Advocacy for and Monitoring of Compliance of RA 8976 and RA 8172	DOH, RBATF, LGUs	-	200,000
Program 7: Nutrition in Emergencies		-	490,702,000
Project 17. Capacity Building for Nutrition in Emergencies	DOH	-	490,702,000
Program 8: Philippine Integrated Management of Acute Malnutrition (PIMAM)		-	295,300
Project 18. Enhancement of PIMAM Facilities, Capacities and Provision of Services	NNC, RNC, DOH	-	295,300
Program 9: Nutrition Promotion for Behaviour Change		-	4,000,000
Project 19. Regional Program on Nutrition Promotion for Behavior Change	NNC, PIA	-	4,000,000
Program 10: Nutrition Sensitive		73,867,558	
Project 20. Water, Sanitation Hygiene in Schools (WinS) in PES and Secondary Schools	DepEd	TBD	
Project 21. Gulayan sa Paaralan	DepEd	7,820,000	-
Project 22. Responsible Parenthood and Family Planning Program	POPCOM, LGUs	7,500,000	-
Project 23. KATROPA (<i>Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya</i>)	POPCOM, LGUs	1,600,000	-
Project 24. Livelihood Projects	DSWD	56,947,558	

PROGRAM/ PROJECT	Agency/ies Responsible	Budget Estimates	
		Funded	Unfunded
Project 25. Operational Research on the Nutrition-Sensitive Projects	NNC, RNC	TBD	
Program 11: Enabling Program		-	2,448,000
Project 27. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	RNC, NNC	-	1,600,000
Project 28. Policy Development for Food and Nutrition	RNC, NNC	-	400,000
Project 29. Management and Strengthening Support to PPAN Effectiveness	RNC, NNC	-	448,000
Grand Total		2,305,918,436	506,667,060

RESOURCE MOBILIZATION STRATEGY FOR THE RPAN

Annex 3 shows the funding shortfalls by program. The total program shortfall for the four-year period 2019-2022 amounts to PhP506.67M. The funding gap can be addressed in three ways namely (1) proposing the project, program with shortfall for 2019 to 2022; (2) allocating funds from the LGU budget for the same period and lastly (3) securing partnership and financial support from development partners. It appears therefore that the funding gap is far from being huge and the chances of closing the funding gap is reasonable. Private sector funding may also be available but a strategy for such needs to be developed by the leadership within the RNC.

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

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

Section V. Risks Analysis and Mitigation Measures

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

Table 9. NCR RPAN Risks Analysis and Mitigation Measures

Risk Category	Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
Political	<ol style="list-style-type: none"> Changes in local leadership and administration may result in: <ul style="list-style-type: none"> Nutrition not a priority program of new LCEs Lower budget for nutrition Disruption in program implementation Turn-over/termination of barangay nutrition scholars and health workers; need to train new workers Political alliances/opposition, e.g., when barangay captains not from 	<p>Mitigation measures to take:</p> <p>Advocate with LCEs to support nutrition program</p> <p>Ensure functionality of local nutrition committees for proper implementation of nutrition programs</p> <p>DILG-NCR to issue Memorandum Circular to ensure that PPAN programs are part of the annual investment plans and other development plans of local government units</p>	<p>RPAN should maximize the Metro Manila Council as the policy making body in the region.</p> <p>The RPAN should promote LGU Mobilization as the enabling mechanism for the delivery of nutrition outcomes. LGU mobilization needs to be a set of necessary and sufficient interventions and not isolated and sporadic efforts. It should be adequately funded.</p> <p>Policy support from the national level would be necessary.</p>

Risk Category	Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	<p>same party as the mayor may cause disruptions or bottlenecks in nutrition program implementation</p> <p>3. Results of possible Charter Change and shift to Federalism, once in effect, may disrupt program governance and priorities, service delivery, social infrastructure.</p>	<p>Advocate with new barangay captains to support nutrition program and retain BNSs and other health workers. Cite DILG Memorandum Circular MC 2010-147 “Termination/Retention of Barangay Health Workers (BHWs), BNS, and Barangay Day Care Workers (BDCWs) and PD 1569 (BNS Program)</p>	
Economic	<p>1. Rising food costs due to high inflation rates will unfavorably affect poor households, given that the minimum level of income or expenditure required for a family to meet the basic food and non-food requirements in NCR (poverty threshold) is high – (P25,007/month in 2018)</p> <p>2. Persistence of high unemployment and underemployment rates may</p>	<p>Measures to take:</p> <ul style="list-style-type: none"> • Promote urban vegetable gardening in the community and household • Offer vocational courses to enhance skills for possible employment • Set up livelihood projects 	<p>RPAN should intensify implementation of nutrition sensitive interventions focused on developing and enhancing livelihood programs and promotion of micro, small, and medium enterprises. Agencies responsible for the nutrition sensitive program component of the RPAN should be continuously mobilized for project tweaking aimed at improving the capacity of poor families to cope with rising cost of living and improve nutritional status as well.</p>

Risk Category	Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	<p>render more households chronically food insecure.</p> <p>3. Reduced purchasing power may lead to increase in prevalence of malnutrition.</p>		
Socio-Cultural	<p>1. Worsening environmental conditions such as congestion, poor housing, poor sanitation, pollution, may lead to higher disease rates (e.g. fast transmission of communicable diseases, upper respiratory tract infections) that contribute to worsening malnutrition.</p> <p>2. Increasing influence of media and advertisement on lifestyle, diet and food preferences may aggravate tendencies to maintain unhealthy diets, lead sedentary lifestyles, rely on fast food, dine</p>	<p>Promote healthy lifestyle in the workplace.</p> <p>Provide IEC materials on healthy diet: 10 Kumainments, Pinggang Pinoy and physical activity</p> <p>Conduct nutrition education for mothers/caregivers of preschoolers and school children</p> <p>Advocate for and promote health center services – through media and social media</p> <p>Promote Adolescent Health</p>	<p>In the RPAN, the Nutrition Promotion for Behavior Change Program should be able to use non-traditional methods of disseminating appropriate nutrition information and in educating both specific target audiences and the general public on proper nutrition. The media networks organized and managed by all NNC regional offices must be fully capacitated and mobilized for the purpose. The RPAN should be able to harness the potential of social media as a channel for changing behavior towards healthy lifestyle, healthy food environment and healthy food choices.</p>

Risk Category	Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	<p>out often – leading to undernutrition as well as obesity.</p> <p>3. Poor health seeking behavior especially among less educated may hamper reach of health and nutrition services.</p> <p>4. Increasing situation of having both parents working may leave infants and young children without adequate nutritious food (e.g., fed with instant and processed foods)</p> <p>5. Low participation in health and nutrition activities due to recent “Dengvaxia scare” may carry over in future program implementation.</p>		
Technological	1. Easier access to information because of quad media (TV, radio, print, internet) may lead to wider	Promote good nutrition through media (web and social media)	Adjustment in program design covered under socio-cultural risks

Risk Category	Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	<p>dissemination of wrong nutrition information.</p> <p>2. Increasingly sedentary lifestyle due to modern conveniences (gadgets, remote controls, automatic appliances, online shopping) may lead to increased overweight and obesity.</p>	<p>Intensify physical education classes in schools, conduct regular sports festival.</p> <p>Intensify nutritional/risk assessment and physical activity in the workplace e.g. Zumba sessions, Fun Run, sports festival</p>	
Legal	TRAIN Law Implementation may increase food prices and decrease household purchasing power.	<p>Offer vocational courses to enhance skills for possible employment</p> <p>Set up livelihood projects</p>	Same recommendations as economic category
Environmental	1. Unhealthy environmental conditions such as poor air quality, poor waste management, and poor water quality will continue to cause communicable diseases, infection, and diarrhea leading to malnutrition.	<p>Promote reduction of food wastage</p> <p>Promote proper waste segregation</p> <p>Ensure availability of clean water supply</p> <p>Strengthen nutrition clusters and implementation of nutrition in emergencies</p>	<p>Adjustments in the RPAN program design can include the following:</p> <ul style="list-style-type: none"> • Implement stronger linkages with nutrition sensitive interventions in environmental protection • Integrate Regional Nutrition in Emergencies Plan in the Regional

Risk Category	Risks and Analysis	Mitigation Strategy	Recommendations on Adjustments in Program Design
	<p>2. Anticipated disasters brought about by climate change, flooding, earthquake (“the Big One”), fires will lead to displacement of people and may render them vulnerable to undernutrition and abuse in evacuation centers.</p>		<p>Disaster Risk Reduction and Management Plan</p> <ul style="list-style-type: none"> • Actively participate as Regional Nutrition Cluster in the Regional DRRMC • Initiate tree planting program, urban gardening and conversion of idle lands to vegetable gardens
Cultural	Covered under socio-cultural risk category		

Section VI: The RPAN Institutional Arrangements

The RPAN Results Matrix defines the individual institutional accountability for each of the projects (output/s), programs and common accountabilities with respect to programs and outcome targets. The RPAN then consists of individual and shared accountabilities to deliver outputs and outcomes. The delivery of outcomes and outputs which entail institutional resources and processes are ultimately the responsibility of the accountable regional agencies.

Institutional accountabilities also include accountability for coordination of the RPAN. The Regional Nutrition Committee, as the counterpart body of the NNC Governing Board at the regional level, shall primarily serve as the mechanism to oversee the progressive implementation of the RPAN. This function covers integrating and harmonizing actions for nutrition improvement at the regional level. It will be composed of the Department of Health – National Capital Regional Office (DOH-NCRO), Department of Education-NCR (DepED-NCR), Department of Social Welfare and Development-NCR (DSWD-NCR), Commission on Population – NCR (POPCOM-NCR), Department of the Interior and Local Government - NCR (DILG-NCR), Philippine Information Agency – NCR (PIA-NCR), Department of Labor and Employment - NCR (DOLE-NCR), Metropolitan Manila Development and Authority (MMDA), Technical Education Skills and Development Authority (TESDA), Philippine Statistics Authority (PSA), Department of Agriculture IV-A (DA), Nutrition Foundation of the Philippines (NFP), Nutrition Center of the Philippines (NCP), Save the Children, Grace Family Helper Project, Bantay Bata ABS-CBN Foundation, GMA Kapuso Foundation, Inner Wheel Clubs of the Philippines, Inc, (IWCPI), and Hope for the Youth Foundation (HFYF).

The RNC will continue to coordinate nutrition action at the city and municipal levels covered by the region. Its functions are to formulate, coordinate, monitor, and evaluate the RPAN. It also extends technical assistance to local nutrition committees along nutrition program management. It may create technical working groups and other similar inter-agency groups to address particular issues and strengthen inter-agency coordination.

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

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

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

As a management tool, the region will use for RPAN monitoring the quarterly reporting and management meetings of the Regional Nutrition Committee of NCR. The Results Matrix will be broken down by NNC-NCR every year into quarterly plans and reported accordingly. While the report is important, it is the discussion at the RNC that is more vital in terms of ensuring that corrections are undertaken by individual agencies and the RNC as a whole in response to the emerging issues and problems in implementation. The management decision in the quarterly meetings will guide the NNC-NCR in following up RPAN implementation.

At the end of each year, the RNC will convene an annual Program Implementation Review (PIR) which is conducted every last quarter of the year. This will allow RNC member agencies and local government units to integrate revisions to the program/s for the coming budget year. The PIR, benefiting from initial annual progress reports from the agencies, undertakes a rigorous and reflective analysis of the experience in the implementation for the year to design improvements in the Plan for the following year. During the implementation, the NNC-NCR will collect important nuggets of lessons that can guide the planning for the coming year in addition to what will be brought by the agencies in the PIR.

The midterm review of the PPAN 2017-2022 is planned in 2019/2020. NNC in consultation with the 17 regions may opt to conduct regional mid-term reviews for the RPAN. Determination to undertake this in the regions will be a joint decision of the RNC and NNC.

Each of the NNC Regional Offices working hand in hand with the Nutrition Surveillance Division (NSD) and the Nutrition Policy and Planning Division (NPPD) of NNC will determine whether individual evaluation of every region will be undertaken in 2022 in time for the review of the PPAN and the formulation of the successor National Plan 2023-2028. In case the decision for every region to have its own RPAN evaluation, then the RNPC will endeavour to prepare early for such exercise. A plan to undertake the evaluation of the RPAN needs to be produced as early as 2019.

Section VIII. RPAN NCR Implementation Plan and Results Framework

The RPAN NCR results framework contains all the major information related to the Plan. It contains the regional outcome targets, programs and projects, their outputs and corresponding activities, as well as responsible agencies and estimated resource requirements. In the results framework matrix (Table 10), the implementation plan with respect to the outputs of the projects has also been defined for years 2019-2022. The RPAN results framework therefore also serves as the implementation plan of the RPAN.

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

In the RPAN results framework, the accountability of agencies vis-à-vis budgets, outputs, coverage and shared outcomes among agencies is made explicit. A table in Annex 3 is also provide to reflect agency accountability by project and outputs.

Table 10. RPAN NCR Results Framework Matrix

RPAN NCR Outcome Targets



PROGRAM 1: INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K)					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
1. Mobilization of LGUs on the First 1000 days					
Output:					
1-O.1. All LGUs mobilized for F1K	17	17	17	17	DOH-NCRO
1-O.2. All LGUs achieve 90% of F1K	8	10	14	17	DOH-NCRO
Major activities:					
1-A.1. Metro Manila Council endorsement of F1K and RPAN 2019-2022	1	-	-	-	NNC- NCR and MMDA
1-A.2. Issuance of DILG memo circular supporting RNC and Metro Manila Council endorsement	1	-	-	-	DILG-NCR
1-A.3. Conduct Forum on F1K and RPAN among Mayors, key officials and stakeholders	1	-	-	1	DOH-NCRO
1-A.4. Advocacy to LGUs on designating focal NDs for the F1K supported with policy issuance	17	17	17	17	DOH-NCRO NNC-NCR
1-A.5. Advocacy to all LGUs on formulation of LNAPs highlighting F1K and integration in local development and investment plans	17	17	17	17	NNC-NCR
1-A.6. Integrate F1K and RPAN indicators in the regional integrated monitoring tool	17	17	17	17	DOH-NCRO
1-A.7. Monitoring, assessment and adjustments for scaling up	17	17	17	17	DOH-NCRO NNC-NCR

PROGRAM 1: INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K)					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
2. Strengthening of health delivery system for F1K (including review of LGUs and other multi-sectoral agencies for F1K compliance including delivery system)					
Outputs:					
2-O.1. Review of existing system in LGUs completed	1	1	1	1	DOH-NCRO
2-O.2. Enhanced health delivery system on F1K compliance (ANC, nutrition counselling, immunization, growth monitoring) in all LGUs	17	17	17	17	DOH-NCRO
Major activities:					
2-A.1. Planning for review	17	17	17	17	DOH-NCRO
2-A.2. Execution of review and reporting of results	17	17	17	17	DOH-NCRO
2-A.3. Integration of results in local health plans and operations	17	17	17	17	DOH-NCRO
2-A.4. Mobilization and capacity building of BFGs	1	-	1	-	DOH-NCRO
2-A.5. Monitoring, evaluation and adjustments	17	17	17	17	DOH-NCRO
3. Information Management in the F1K					
Output:					
3-O.1. A harmonized system of information for the efficient and effective implementation of F1K services developed and utilized by the health system and the LGUs	1	1	1	1	DOH-NCRO NNC-NCR
Major Activities:					
3-A.1. Review of the system	1	-	-	-	DOH-NCRO NNC-NCR
3-A.2. Finalization and endorsement of the information system	-	17	17	17	DOH-NCRO
3-A.3. Implementation of the harmonized information system	-	17	17	17	DOH-NCRO
3-A.4. Monitoring, evaluation and re-design	-	17	17	17	DOH-NCRO NNC-NCR

PROGRAM 1: INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K)					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
4. Iron supplementation for pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months old					
Outputs:					
4-O.1. All LGUs providing iron supplements to pregnant and lactating women and low birth weight infants, calcium carbonate to at-risk pregnant women and micronutrient powder to children 6 to 23 months old based on standards	17	17	17	17	DOH-NCRO
4-O.2. A system for tracking the allocation and distribution of iron, MNP and calcium carbonate to LGUs developed and operationalized	1	1	1	1	DOH-NCRO
4-O.3. No. of LGUs reaching 90% coverage	7	10	14	17	DOH-NCRO
Major Activities:					
4-A.1. Development and operationalization of the system for the allocation and distribution of iron, MNP and calcium carbonate supplements	1	1	1	1	DOH-NCRO
4-A.2. Capacity building among health personnel	1	1	1	1	DOH-NCRO
4-A.3. Actual distribution of supplements to all LGUs	17	17	17	17	DOH-NCRO
4-A.4. Monitoring, reporting, and adjustments	17	17	17	17	DOH-NCRO
5. Vitamin A Supplementation for lactating and postpartum women and children 6-23 months					
Outputs:					
5-O.1. All LGUs providing 1 capsule of 200,000 IU Vitamin A to postpartum women; 1 capsule of 100,000 IU Vitamin A to children 6 to 11 months; and 1 capsule of 200,000 IU Vitamin A to children 12 to 23 months every 6 months	17	17	17	17	DOH-NCRO
5-O.2. A system for tracking the allocation and distribution of Vitamin A capsule to LGUs developed and operationalized	100%	100%	100%	100%	DOH-NCRO

PROGRAM 1: INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K)					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
5-O.3. No. of LGUs reaching 90% coverage	7	10	14	17	DOH-NCRO
Major activities:					
5-A.1. Actual distribution of supplements to LGUs	17	17	17	17	DOH-NCRO
5-A.2. Conduct training among health personnel	1	1	1	1	DOH-NCRO
5-A.3. Communication support for micronutrient supplementation	1	1	1	1	DOH-NCRO
5-A.4. Monitoring, reporting, and adjustments	17	17	17	17	DOH-NCRO
6. Mobilization of local implementers on dietary supplementation for nutritionally-at-risk pregnant and lactating women					
Outputs:					
6-O.1. No. of LGUs implementing dietary supplementation for nutritionally-at-risk pregnant and lactating women based on standards	7	10	14	17	DOH-NCRO NNC-NCR
6-O.2. Increased coverage to at least 90% of nutritionally-at-risk pregnant and lactating women provided with dietary supplementation based on standards	7	10	14	17	DOH-NCRO
Major activities:					
6-A.1. Advocacy among LCEs/LGUs on the dietary supplementation program	17	17	17	17	DOH-NCRO NNC-NCR
6-A.2. Conduct training on nutritional assessment of pregnant and lactating women	1	-	-	-	NNC-NCR
6-A.3. Conduct of coordination meetings on the implementation of dietary supplementation including mechanics, recording and reporting	1	-	-	-	NNC-NCR
6-A.4. Communication support through quad media	1	1	1	1	DOH-NCRO NNC-NCR
6-A.5. Monitoring, reporting and adjustments	1	1	1	1	NNC-NCR

PROGRAM 1: INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K)					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
7. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces) and the MBFHI					
Outputs:					
7-O.1. Zero Milk Code violation in all health centers and lying – in clinics by 2022	90%	100%	100%	100%	DOH-NCRO
7-O.2. Policy on Breastfeeding/lactation in the workplace issued by RNC member agencies	5	0	0	0	DOH-NCRO (DOH-NCRO, PSA, DSWD, DepEd-NCR)
7-O.3. Hospitals accredited as mother-baby friendly	50 % of hospitals providing maternity and child health services				DOH-NCRO
7-O.4. Workplaces certified as mother-baby workplace	50 % of workplaces (not exempted)				DOH-NCRO
Major Activities:					
7-A.1. Organization of functional Regional Inter-Agency Committee (RIAC) and Local IYCF Task Forces	18	18	18	18	DOH-NCRO
7-A.2. Orientation on the use of EO 51 reporting platform	1	-	-	-	DOH-NCRO
7-A.3. Conduct of monitoring visits, submission of monitoring results and action taking	4	4	4	4	DOH-NCRO
7-A.4. Review of progress of enforcement and compliance monitoring and adjustments/scaling up	1	1	1	1	DOH-NCRO
7-A.5. Promotion of the Milk Code, Expanded Breastfeeding Act and MBFHI using quad media	1	1	1	1	DOH-NCRO
7-A.6. Training and monitoring of hospitals for MBFHI accreditation	50% hospitals and 50% workplaces				DOH-NCRO
7-A.7. Monitoring and assessment of workplaces for MBF certification	50% hospitals and 50% workplaces				DOH-NCRO

PROGRAM 1: INFANT AND YOUNG CHILD FEEDING (IYCF) AND FIRST 1000 DAYS (F1K)					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
8. Communication Support for F1K					
8-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K developed and implemented	1	1	1	1	DOH-NCRO
Major activities:					
8-A.1. Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days	1	1	1	1	DOH-NCRO
8-A.2. Development of improved key messages and communication materials and collaterals	1	1	1	1	DOH-NCRO
8-A.3. Pre-testing of developed materials	1	1	1	1	DOH-NCRO
8-A.4. Implementation, monitoring and adjustments	1	1	1	1	DOH-NCRO

PROGRAM 2. DIETARY SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
9. Supplementary Feeding in Child Development Centers and Supervised Neighborhood Plays					
Outputs:					
9-O.1. All children enrolled in CDCs and SNPs are provided with supplementary feeding	100%	100%	100%	100%	DSWD-NCR
Major activities:					
9-A.1. Downloading of financial resources to LGUs	17	17	17	17	DSWD-NCR
9-A.2. Provision of weighing scales to CDCs	-	850 CDCs	1,060 CDCs	-	DSWD-NCR

PROGRAM 2. DIETARY SUPPLEMENTATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
9-A.3. Implementation of supplementary feeding including deworming, Vitamin A supplementation, growth monitoring, etc.	1,943 CDCs	1,943 CDCs	1,943 CDCs	1,943 CDCs	DSWD-NCR
9-A.4. Monitoring of CDC operations and addressing operational issues	1,943 CDCs	1,943 CDCs	1,943 CDCs	1,943 CDCs	DSWD-NCR
9-A.5. Regional PIR and planning for the following year	1	1	1	1	DSWD-NCR
10. School-Based Supplementary Feeding					
Outputs:					
10-O.1. All public elementary schools implementing supplementary feeding as per guidelines	522	522	522	522	DepEd-NCR
Major activities:					
10-A.1. Generation and consolidation of school weighing data from schools division offices	16	16	16	16	DepEd-NCR
10-A.2. Monitoring of downloading of funds for SBF	16	16	16	16	DepEd-NCR
10-A.3. Schools' implementation of SBF	522	522	522	522	DepEd-NCR
10-A.4. Monitoring, evaluation and awards	16	16	16	16	DepEd-NCR
11. School-Based complementary Health Services					
Output:					
11-O.1. All schools providing package of complementary health services at satisfactory level	522	522	522	522	DepEd-NCR
Major activities:					
11-A.1. Downloading of financial resources and commodities	16	16	16	16	DepEd-NCR
11-A.2. Schools' implementation of the complementary health services	522	522	522	522	DepEd-NCR
11-A.3. Monitoring, evaluation and awards	16	16	16	16	DepEd-NCR

PROGRAM 3. MICRONUTRIENT SUPPLEMENTATION					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
12. Vitamin A supplementation for children 24-59 months					
Outputs:					
12-O.1. All LGUs providing Vitamin A capsules to children aged 24-59 months	17	17	17	17	DOH-NCRO
12-O.2. No. of LGUs reaching 90% coverage	7	10	14	17	DOH-NCRO
Major activities:					
12-A.1. Downloading of Vitamin A supplements	17	17	17	17	DOH-NCRO
12-A.2. Communication support for micronutrient supplementation	1	1	1	1	DOH-NCRO
12-A.3. Monitoring, reporting and adjustments	1	1	1	1	DOH-NCRO

PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
13. Anemia Reduction among Female adolescents					
Outputs: 13-O.1. All schools providing complete dosage of iron folic-acid supplementation among female adolescents grade 7-10	100 %	100 %	100 %	100 %	DOH-NCRO
Major activities: 13-A.1. Procurement and distribution of logistics	16	16	16	16	DepEd-NCR DOH-NCRO
13-A.2. Schools’ implementation on WIFA supplementation	100% female junior high schools				DepEd-NCR
13-A.3. Communication support for WIFA supplementation and promotion of Healthy Diet (food rich in iron)	1	1	1	1	DepEd-NCR DOH-NCRO

PROGRAM 4. ADOLESCENT HEALTH AND DEVELOPMENT					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
13-A.4. Monitoring, reporting and adjustments	1	1	1	1	DepEd-NCR DOH-NCRO
14. Prevention of Adolescent Pregnancy					
Outputs:					
14-O.1. An effective information and service delivery network (ISDN) established and operational	1	1	1	1	PopCom-NCR
Major Activities:					
14-A.1. Establishment and operationalization of the ISDN and/or other inter-agency collaborative structure to ensure harmonized and well-collaborated planning, coordination, funding, implementation and monitoring of AHD-related interventions at the local level	2 LGUs	2 LGUs	2 LGUs	2 LGUs	PopCom-NCR
14-A.2. Implementation of the Comprehensive Sexual Education (CSE) in all public elementary and secondary schools	522 PES # of JHS and SHS	522 PES # of JHS and SHS	522 PES # of JHS and SHS	522 PES # of JHS and SHS	DepEd-NCR
14-A.3. Training and mobilization of youth/adolescent leaders and implementors on peer education, teen chats and other interactive platforms	2,000 adolescent s	2,000 adolescent s	2,000 adolescent s	2,000 adolescent s	PopCom-NCR
14-A.4. Establishment of school-based and community-based teen centers/adolescent-friendly spaces and provision of information and services on adolescent health and responsible sexuality	3 schools	4 schools	5 schools	6 schools	DepED-NCR
14-A.5. Conduct of training among teachers, parents (and other significant adults) in creating an enabling environment for AHD	2 trainings	1 training	2 trainings	2 trainings	PopCom-NCR
14-A.6. Monitoring, evaluation and adjustments	1	1	1	1	DepEd-NCR PopCom-NCR

PROGRAM 5. OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
15. Promotion of Healthy Lifestyle and Healthy Food Environment					
Outputs:					
15-O.1. All RNC member agencies compliant to RNC Resolution No.3, s2017 “Enjoining All RNC member agencies and LGUs to serve healthy foods, meals and snacks during meetings, conferences, trainings and related activities”	25%	50%	75%	100%	NNC-NCR
15-O.2. All public elementary and secondary schools compliant to Department Order No. 13 s 2017 “Policy Guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices”	522 ES 253 HS	522 ES 253 HS	522 ES 253 HS	522 ES 253 HS	DepED-NCR
15-O.3. All LGUs with local ordinances/executive orders/resolutions on establishing healthy food environment in support of overweight and obesity prevention and control	25%	50%	75%	100%	NNC-NCR
Major activities:					
15-A.1. Conduct of advocacy meeting with private elementary schools on overweight and obesity prevention and control initiatives in schools	1	1	1	1	NNC-NCR
15-A.2. Intensified and regular monitoring of school canteens	100% of schools				DepED-NCR
15-A.3. Communication and media support through quad media	12	12	12	12	PIA-NCR NNC-NCR
15-A.4. Monitoring, reporting and adjustments	1	1	1	1	DepEd-NCR NNC-NCR

PROGRAM 6. MANDATORY FOOD FORTIFICATION PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
16. Advocacy for and Monitoring of Compliance of RA 8976 and RA 8172					
Output:					
16-O.1. All LGUs with organized and functional Local Bantay Asin Task Forces (LBATF)	17	17	17	17	DOH-NCRO NNC-NCR
16-O.2. All LGUs implementing food fortification activities as part of their LNAPs	17	17	17	17	NNC-NCR
Major activities:					
16-A.1. Advocacy and provision of technical assistance on the reorganization/ reactivation of LBATFs	17	17	17	17	DOH-NCRO NNC-NCR
16-A.2. Conduct of regular meetings of the Regional Salt Iodization Program Technical Working Group and LBATFs	2	2	2	2	DOH-NCRO NNC-NCR
16-A.3. Review of regional protocol/guidelines on SIP monitoring	1	-	-	-	DOH-NCRO NNC-NCR
16-A.4. Conduct of monitoring visits, submission of monitoring results and action taking	2	2	2	2	DOH-NCRO
16-A.5. Program review, adjustments and scaling up	1	1	1	1	DOH-NCRO

PROGRAM 7. NUTRITION IN EMERGENCIES					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
17. Capacity Building for Nutrition in Emergencies					
Output:					
17-O.1. Regional and local nutrition clusters organized and fully capacitated	18	18	18	18	NNC-NCR
17-O.2. Regional and local Nutrition in Emergencies Plan formulated/updated and integrated in LNAPs and HEPRR Plans	18	18	18	18	NNC-NCR
17-O.3. Updated capacity mapping of cluster members' activities, technical capacities, human resources and supplies	1	1	1	1	NNC-NCR
17-O.4. Prepositioned supplies and IEC materials at regional and local levels	18	18	18	18	DOH-NCRO
Major activities:					
17-A.1. Organization of Local Nutrition Clusters supported by policy issuance (resolutions, executive orders)	17	17	17	17	NNC-NCR
17-A.2. Capacity building on Nutrition in Emergencies including Information management	1 (regional)	1 (local)	-	-	NNC-NCR
17-A.3. Conduct of capacity mapping of regional and local nutrition clusters for complete inventory of resources	18	18	18	18	NNC-NCR
17-A.4. Updating/Formulation of and policy support to Regional/Local NIEM Plans and integration in respective DRRM Plans	18	18	18	18	NNC-NCR
17-A.5. Intra and inter-cluster coordination (pre, during and post emergencies and disasters) at the regional level	1	1	1	1	NNC-NCR
17-A.6. Monitoring, Reporting and Adjustments	1	1	1	1	NNC-NCR

PROGRAM 8. PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
18. Enhancement of PIMAM Facilities, Capacities and Provision of Services					
Outputs:					
18-O.1. Delivery system for PIMAM established and fully operational across the region	1	1	1	1	DOH-NCRO
Major activities:					
18-A.1. Building of Capacity of Local Implementers	17	17	17	17	DOH-NCRO
18-A.2. Provision and supply management of F75, F100 RUTF and RUSF and its equivalent in RHUs	17	17	17	17	DOH-NCRO
18-A.3. Delivery of ITC/OTC and TSFP services for treatment and management of and MAM	1	1	1	1	DOH-NCRO
18-A.4. Monitoring, reporting, and adjustments	1	1	1	1	DOH-NCRO

PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
19. Regional Program on Nutrition Promotion for Behavior Change (focused on F1K, complementary feeding, micronutrient supplementation, overweight and obesity management and prevention)					
Outputs:					
19-O.1. Regional Media Campaign Plan developed and implemented	1	1	1	1	NNC-NCR
19-O.2. IEC materials produced and disseminated	2	2	2	2	NNC-NCR DOH-NCRO

PROGRAM 9. NUTRITION PROMOTION FOR BEHAVIOUR CHANGE					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
Major activities:					
19-A.1. Inventory of existing communication materials used in nutrition education	1	1	1	1	NNC-NCR
19-A.2. Review of existing nutrition promotion efforts	1	1	1	1	NNC-NCR
19-A.3. Mobilization and capacity building of media partners and other relevant stakeholders	1	1	1	1	NNC-NCR
19-A.4. Development, pre-testing, production/reproduction of IEC and promotional materials/collaterals	2	2	2	2	NNC-NCR DOH-NCRO PIA-NCR MMDA
19-A.5. Conduct of coordination meetings with media partners and other stakeholders	2	2	2	2	NNC-NCR
19-A.6. Monitoring, assessment and adjustments	1	1	1	1	NNC-NCR

PROGRAM 10. NUTRITION SENSITIVE PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
20. Water, Sanitation Hygiene in Schools (WinS) in PES and Secondary Schools					
Outputs: 20-O.1. Public elementary and secondary schools meeting 3-star rating for WinS program	522 ES 253 HS	522 ES 253 HS	522 ES 253 HS	522 ES 253 HS	DepED-NCR
Major activities: 20-A.1. Monitoring and evaluation of WinS implementation	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepED-NCR
20-A.2. Coordination with SDOs and schools on the WinS star rating system	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepED-NCR

PROGRAM 10. NUTRITION SENSITIVE PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
20-A.3. Organization and orientation of monitoring teams	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepED-NCR
20-A.4. Uploading of WinS Monitoring Forms	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepED-NCR
20-A.5. Provision of technical assistance to SDOs on the WinS Program	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepED-NCR
20-A.6. Recognition of Outstanding SDOs and schools implementing WinS	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepED-NCR
21. Gulayan sa Paaralan					
Output:					
21-O.1. All public elementary and secondary schools implementing gulayan sa paaralan	522 schools	522 schools	522 schools	522 schools	DepEd-NCR
21-O.2. Vegetable produce used in the school feeding program	522 schools	522 schools	522 schools	522 schools	DepEd-NCR
Major activities:					
21-A.1. Monitoring and Evaluation on the compliance of schools	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepEd-NCR
21-A.2. Recognition of outstanding schools implementing gulayan sa paaralan (every two years)	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepEd-NCR
21-A.3. Conduct of stakeholders consultation meetings and forging of agreements between agencies	TBD	TBD	TBD	TBD	DepEd-NCR
21-A.4. Conduct of trainings of GPP focal teachers integrating nutrition concepts	TBD	TBD	TBD	TBD	DepEd-NCR
21-A.5. Provision of seeds and garden tools, seedling trays and other supplies	TBD	TBD	TBD	TBD	DepEd-NCR
21-A.6. Implementation of the project	TBD	TBD	TBD	TBD	DepEd-NCR
21-A.7. Utilization of garden harvests for school feeding	TBD	TBD	TBD	TBD	DepEd-NCR

PROGRAM 10. NUTRITION SENSITIVE PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
22. Responsible Parenthood and Family Planning Program					
Outputs:	72,000 couples and WRA	72,000 couples and WRA	72,000 couples and WRA	72,000 couples and WRA	PopCom-NCR
22-O.1. Number of couples and individuals reached and assisted to achieve desired number, timing, and spacing of children					
22-O.2. Couples, individuals with unmet need provided/served with their preferred family planning methods	60% of unmet need served	60% of unmet need served	60% of unmet need served	60% of unmet need served	PopCom-NCR
Major activities:	3 special events/ caravans	3 special events/ caravans	3 special events/ caravans	3 special events/ caravans	PopCom-NCR
22-A.1. Conduct of events/RPRH Caravans to drumbeat RPFP messages					
22-A.2. Advocacy, Promotion, Development, Production of IEC Materials	2 IEC/ collaterals	2 IEC/ collaterals	3 IEC/ collaterals	2 IEC/ collaterals	PopCom-NCR
22-A.3. Strengthening of the Pre-Marriage Counseling (PMC) Program/Integration of breastfeeding in the module of training of trainers on pre-marriage counseling	PMC sessions (as scheduled) and training	PMC sessions (as scheduled) and training	PMC sessions (as scheduled) and training	PMC sessions (as scheduled) and training	PopCom-NCR
22-A.4. Monitoring and evaluation	1	1	1	1	PopCom-NCR
23. KATROPA (Kalalakinghang Tapat sa Responsibilidad at Obligasyon sa Pamilya)					
Output:					
23-O.1. Increased male involvement and participation in RPFP and maternal child health care and nutrition (MNCHN)	100 males	150 males	150 males	200 males	PopCom-NCR

PROGRAM 10. NUTRITION SENSITIVE PROGRAMS					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
Major activities:	2	2	2	2	PopCom-NCR
23-A.1. Conduct of KATROPA capacity building activities that target the men who have potentials to organize and mobilize their fellow men for roll-out sessions	trainings/ orientation	trainings/ orientation	trainings/ orientation	trainings/ orientation	
23-A.2. Strengthening of Parenting Education Service, ERPAT (Empowerment and Reaffirmation of Parental Abilities) and MOVE (Men Oppose to Violence Everywhere) both at the local and national level	TBD	TBD	TBD	TBD	DSWD -NCR
23-A.3. Development and dissemination of IEC materials, radio/tv guesting, social media postings on male involvement for RFPF/MNCHN and anti-violence against women and children	-	1 type of material	-	1 type of material	PopCom-NCR
23-A.4. Monitoring and evaluation	1	1	1	1	PopCom-NCR
24. Livelihood Projects					
24-O.1. Number of families with malnourished children provided with livelihood activities/ opportunities	2,647 HH	TBD	TBD	TBD	DSWD -NCR
Major Activities:					
24-A.1. Coordination with LNCs on selection of beneficiaries	16 LGUs	TBD	TBD	TBD	DSWD -NCR
24-A.2. Conduct of orientation and needs assessment among identified beneficiaries	2,647 HH	TBD	TBD	TBD	DSWD -NCR
24-A.3. Conduct of training and livelihood projects	2,647 HH	TBD	TBD	TBD	DSWD -NCR
24-A.4. Implementation of the livelihood projects	2,647 HH	TBD	TBD	TBD	DSWD -NCR
24. A.5. Monitoring, assessment and adjustments	2,647 HH	TBD	TBD	TBD	DSWD -NCR
25. Operational Research on the Nutrition-Sensitive Projects					
Output:					
25-O.1. Research completed and feed into redesign	-	-	-	1	RNC -NCR

PROGRAM 10. NUTRITION SENSITIVE PROGRAMS

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
Major Activities:					
25-A.1. Development of TOR	1	-	-	-	RNC -NCR
25-A.2. Contracting of research project	-	1	-	-	RNC -NCR
25-A.3. Implementation of research project and dissemination of results					RNC -NCR

PROGRAM 11: ENABLING PROGRAM

Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
26. Mobilization of Local Government Units for Delivery of Nutritional Outcomes					
Outputs:					
26-O.1. 100% of LGUs mobilized for delivery of nutritional outcomes	17	17	17	17	RNC -NCR
26-O.2. LGU Shepherding strategy expanded and scaled up	1	1	1	1	RNC -NCR
26-O.3. LCE Nutrition Champions and Model LGUs organized and mobilized	3	5	7	10	RNC -NCR
Major activities:					
26-A.1. Scaling up and expansion of the LGU Shepherding Strategy and identification priority LGUs	7	10	12	17	RNC -NCR
26-A.2. Forging of Memorandum of Understanding (MoU) between RNC-NCR and LCEs of priority LGUs for LGU mobilization and shepherding	7	7	7	7	RNC -NCR
26-A.3. Organization and mobilization of LCE Nutrition Champions and model LGUs	3	5	7	10	RNC -NCR
26-A.4. Training/Re-training of LGU mobilizers/shepherds/mentors	1	1	1	1	NNC-NCR

PROGRAM 11: ENABLING PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
26-A.5. Conduct of shepherding/mentoring visits including the organization/reactivation/strengthening of Local Nutrition Committees, formulation of Local Nutrition Action Plans (LNAP), nutrition program management, etc.	6	10	14	20	RNMG of NCR
26-A.6. Conduct of learning visits to model LGUs	1	1	1	1	NNC-NCR
26-A.7. Conduct of LGU Mobilization Fora, Round Table Discussions and similar activities showcasing LGU good practices	1	1	1	1	NNC-NCR
26-A.8. Monitoring, assessment and adjustments	1	1	1	1	NNC-NCR
27. Policy Development for Food and Nutrition					
Outputs:					
27-O.1. Policy guidelines issued at regional and local levels	1	1	1	1	RNC - NCR
27-O.2. Regional research and policy agenda developed and implemented	1	1	1	1	RNC - NCR
Major activities:					
27-A.1. Inventory and compilation of existing policies on food and nutrition	1	1	1	1	NNC-NCR
27-A.2. Conduct of policy reviews and development of a regional research and policy agenda	1	1	1	1	NNC-NCR
27-A.3. Development and dissemination of policy papers and policy briefs	1	1	1	1	NNC-NCR
27-A.4. Amendment/Passage of relevant regional and local policies (resolutions, ordinances, executive orders) and advocacy for policy support of higher regional/local bodies	1	1	1	1	NNC-NCR
27-A.5. Advocacy and lobbying on the creation of plantilla positions for full-time Nutrition Action Officers, setting up of nutrition office with corresponding budget, hiring of Nutritionist-dietitians and full deployment of BNSs	17	17	17	17	RNC - NCR

PROGRAM 11: ENABLING PROGRAM					
Project Title, Outputs and Major Activities	Target				Agency/ies involved
	2019	2020	2021	2022	
27-A.6. Monitoring, assessment and updating	1	1	1	1	NNC-NCR
28. Management and Strengthening Support to PPAN Effectiveness					
Outputs:					
28-O.1. RNC and NNC NCR strengthened for Effective Implementation of the RPAN	1	1	1	1	RNC-NCR
Major activities:					
28-A.1. Capacity building of the RNC and NNC RO on F1K, LGU mobilization, policy analysis and continuing education on technical updates	1	1	1	1	NNC-NCR
28-A.2. Expansion of RNC membership to include relevant NGOs and NGAs, conduct of regular meetings	1	1	1	1	RNC-NCR
28-A.3. Hiring of additional regional /project staff (including NDs hired by DOH)	1	1	1	1	DOH-NCRO
28-A.4. Organization and capacity building of “PPAN Movers” (local nutritionist-dietitians)	17	17	17	17	NNC-NCR
28-A.5. Conduct of regular PPAN Movers Forum	1	1	1	1	NNC-NCR
28-A.6. Mobilization of NGOs and CSOs for RPAN support	1	1	1	1	NNC-NCR
28-A.7. Conduct of NGO Forum and resource mobilization activities for RPAN financing	1	1	1	1	NNC-NCR
28-A.8. Monitoring, assessment and adjustments	1	1	1	1	NNC-NCR

ANNEXES

Annex 1: NCR RPAN Nutrition Sensitive Projects

Projects	Tweaking Strategy	Agency/ies Responsible and Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Project 20. Water, Sanitation Hygiene in Schools (WinS) in Public Elementary and Secondary Schools	Evaluation and recognition of schools implementing WinS in schools for improved health and nutrition	DepEd-NCR	Output: Public elementary and secondary schools meeting 3-star rating for WinS program Major activities: <ol style="list-style-type: none"> 1. Monitoring and evaluation of WinS implementation 2. Coordination with SDOs and schools on the WinS star rating system 3. Organization and orientation of monitoring teams 4. Uploading of WinS Monitoring Forms 	522 ES 253 HS	522 ES 253 HS	522 ES 253 HS	522 ES 253 HS	New hygiene behavior/ practices learned at school Improved school attendance and decreased dropout rates Decrease and prevention of diseases/infections caused by unsanitary school	Improved health and nutrition of school children

Projects	Tweaking Strategy	Agency/ies Responsible and Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			5. Provision of technical assistance to SDOs on the WinS Program 6. Recognition of Outstanding SDOs and schools implementing WinS						
Project 21. <i>Gulayan sa Paaralan</i>	Vegetable produce used in the feeding program	DepEd-NCR	Outputs: 1. All public elementary and secondary schools implementing <i>Gulayan sa Paaralan</i> 2. Vegetable produce used in the school feeding program Major Activities: 1. Monitoring and Evaluation on the compliance of schools 2. Recognition of outstanding schools	522 schools	522 schools	522 schools	522 schools	Increased vegetable consumption among school children	Improved nutritional status of wasted school children

Projects	Tweaking Strategy	Agency/ies Responsible and Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			implementing gulayan sa paaralan (every two years) 3. Conduct of stakeholders consultation meetings and forging of agreements between agencies 4. Conduct of trainings of GPP focal teachers integrating nutrition concepts 5. Provision of seeds and garden tools, seedling trays and other supplies 6. Implementation of the project utilization of garden harvests for school feeding						
Project 22. Responsible Parenthood	Integration of nutrition in RPRH	PopCom-NCR	Outputs: 1. Number of couples and individuals	72,000 couples	72,000 couples	72,000 couples	72,000 couples	Increased awareness on nutrition	Improved health and nutrition of

Projects	Tweaking Strategy	Agency/ies Responsible and Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
and Family Planning Program			<p>reached and assisted to achieve desired number, timing, and spacing of children</p> <p>2. Couples, individuals with unmet need provided/served with their preferred family planning methods</p> <p>Major activities:</p> <p>1. Conduct of events/RPRH Caravans to drumbeat RFPF messages</p> <p>2. Advocacy, Promotion, Development, Production of IEC Materials</p> <p>3. Strengthening of the Pre-Marriage Counseling (PMC)</p>	<p>and WRA</p> <p>60% of unmet need served</p>	<p>and WRA</p> <p>60% of unmet need served</p>	<p>and WRA</p> <p>60% of unmet need served</p>	<p>and WRA</p> <p>60% of unmet need served</p>		<p>children and adults</p> <p>Improved child caring and feeding practices</p>

Projects	Tweaking Strategy	Agency/ies Responsible and Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			Program/ Integration of breastfeeding in the module of training of trainers on pre-marriage counseling Monitoring and evaluation						
Project 23 KATROPA (<i>Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya</i>)	Integration of nutrition in KATROPA Strengthen male participation maternal, newborn and child health and nutrition	PopCom-NCR	Output: Increased male involvement and participation in RFPF and maternal, newborn and child health care and nutrition (MNCHN) Major activities: 1. Conduct of KATROPA capacity building activities that target the men who have potentials to organize and mobilize their	100 males	150 males	150 males	200 males	Increased awareness and participation of males on MCHN	Improved child caring and feeding practices

Projects	Tweaking Strategy	Agency/ies Responsible and Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
			<p> fellow men for roll-out sessions</p> <p>2. Strengthening of Parenting Education Service, ERPAT (Empowerment and Reaffirmation of Parental Abilities) and MOVE (Men Oppose to Violence Everywhere) both at the local and national level.</p> <p>3. Development and dissemination of IEC materials, radio/tv guesting, social media postings on male involvement for RFPF/MNCHN and anti-violence against women and children</p> <p>4. Monitoring and evaluation</p>						

Projects	Tweaking Strategy	Agency/ies Responsible and Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Project 23 Livelihood Projects	Targeting poor families as project beneficiaries	DSWD-NCR	Output: Number of families with malnourished children provided with livelihood activities / opportunities Major Activities: <ol style="list-style-type: none"> 1. Coordination with LNCs on selection of beneficiaries 2. Conduct of orientation and needs assessment among identified beneficiaries 3. Conduct of training and livelihood projects 4. Implementation of the livelihood projects 5. Monitoring, assessment and adjustments 	2,647 HH	TBD	TBD	TBD	Increased money to buy food	Improved nutritional status of children

Projects	Tweaking Strategy	Agency/ies Responsible and Funding Source	Outputs and Major Activities	2019	2020	2021	2022	Expected Intermediate Results	Expected Nutritional Impact
Project 24 Operational Research on the Nutrition-Sensitive Projects		RNC - NCR	Output: Research completed and feed into redesign Major Activities: 1. Development of TOR 2. Contracting of research project 3. Implementation of research project and dissemination of results	-	-	-	1		

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

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
PROGRAM 1: INFANT AND YOUNG CHILD FEEDING						
Coverage: pregnant and lactating mothers, 0-23 months children						
<i>Project 1. Mobilization of LGUs on the First 1000 days</i>						
Output:						
1-O.1. All LGUs mobilized for F1K	DOH-NCRO	17	17	17	17	DOH-NCRO
1-O.2. All LGUs achieve 90% of F1K	DOH-NCRO	8	10	14	17	DOH-NCRO
Major activities:						
1-A.1. Metro Manila Council endorsement of F1K and RPAN 2019-2022	NNC- NCR and MMDA	1	-	-	-	NNC- NCR and MMDA
1-A.2. Issuance of DILG memo circular supporting RNC and Metro Manila Council endorsement	DILG-NCR	1	-	-	-	DILG-NCR
1-A.3. Conduct Forum on F1K and RPAN among Mayors, key officials and stakeholders	DOH-NCRO	1	-	-	1	DOH-NCRO
1-A.4. Advocacy to LGUs on designating focal NDs for the F1K supported with policy issuance	DOH-NCRO NNC-NCR	17	17	17	17	DOH-NCRO NNC-NCR
1-A.5. Advocacy to all LGUs on formulation of LNAPs highlighting F1K and integration in local development and investment plans	NNC-NCR	17	17	17	17	NNC-NCR
1-A.6. Integrate F1K and RPAN indicators in the regional integrated monitoring tool	DOH-NCRO	17	17	17	17	DOH-NCRO
1-A.7. Monitoring, assessment and adjustments for scaling up	DOH-NCRO NNC-NCR	17	17	17	17	DOH-NCRO NNC-NCR

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Project 2. Strengthening of health delivery system for F1K (including review of LGUs and other multi-sectoral agencies for F1K compliance including delivery system)						
Outputs:						
2-O.1. Review of existing system in LGUs completed	DOH-NCRO	1	1	1	1	DOH-NCRO
2-O.2. Enhanced health delivery system on F1K compliance (ANC, nutrition counselling, immunization, growth monitoring) in all LGUs	DOH-NCRO	17	17	17	17	DOH-NCRO
Major activities:						
2-A.1. Planning for review	DOH-NCRO	17	17	17	17	DOH-NCRO
2-A.2. Execution of review and reporting of results	DOH-NCRO	17	17	17	17	DOH-NCRO
2-A.3. Integration of results in local health plans and operations	DOH-NCRO	17	17	17	17	DOH-NCRO
2-A.4. Mobilization and capacity building of BFSGs	DOH-NCRO	1	-	1	-	DOH-NCRO
2-A.5. Monitoring, evaluation and adjustments	DOH-NCRO	17	17	17	17	DOH-NCRO
Project 3. Information Management in the F1K						
Output:						
3-O.1. A harmonized system of information for the efficient and effective implementation of F1K services developed and utilized by the health system and the LGUs	DOH-NCRO NNC-NCR	1	1	1	1	DOH-NCRO NNC-NCR
Major Activities:						
3-A.1. Review of the system	DOH-NCRO NNC-NCR	1	-	-	-	DOH-NCRO NNC-NCR

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
3-A.2. Finalization and endorsement of the information system	DOH-NCRO	-	17	17	17	DOH-NCRO
3-A.3. Implementation of the harmonized information system	DOH-NCRO	-	17	17	17	DOH-NCRO
3-A.4. Monitoring, evaluation and re-design	DOH-NCRO NNC-NCR	-	17	17	17	DOH-NCRO NNC-NCR
Project 4. Iron supplementation for pregnant and lactating women, and low birth weight infants, and MNP supplementation to children 6-23 months old						
Outputs:						
4-O.1. All LGUs providing iron supplements to pregnant and lactating women and low birth weight infants, calcium carbonate to at-risk pregnant women and micronutrient powder to children 6 to 23 months old based on standards	DOH-NCRO	17	17	17	17	DOH-NCRO
4-O.2. A system for tracking the allocation and distribution of iron, MNP and calcium carbonate to LGUs developed and operationalized	DOH-NCRO	1	1	1	1	DOH-NCRO
4-O.3. No. of LGUs reaching 90% coverage	DOH-NCRO	7	10	14	17	DOH-NCRO
Major Activities:						
4-A.1. Development and operationalization of the system for the allocation and distribution of iron, MNP and calcium carbonate supplements	DOH-NCRO	1	1	1	1	DOH-NCRO
4-A.2. Capacity building among health personnel	DOH-NCRO	1	1	1	1	DOH-NCRO
4-A.3. Actual distribution of supplements to all LGUs	DOH-NCRO	17	17	17	17	DOH-NCRO

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
4-A.4. Monitoring, reporting, and adjustments	DOH-NCRO	17	17	17	17	DOH-NCRO
Project 5. <i>Vitamin A Supplementation for lactating and postpartum women & children 6-23 months</i>						
Outputs:						
5-O.1. All LGUs providing 1 capsule of 200,000 IU Vitamin A to postpartum women; 1 capsule of 100,000 IU Vitamin A to children 6 to 11 months; and 1 capsule of 200,000 IU Vitamin A to children 12 to 23 months every 6 months	DOH-NCRO	17	17	17	17	DOH-NCRO
5-O.2. A system for tracking the allocation and distribution of Vitamin A capsule to LGUs developed and operationalized	DOH-NCRO	100%	100%	100%	100%	DOH-NCRO
5-O.3. No. of LGUs reaching 90% coverage	DOH-NCRO	7	10	14	17	DOH-NCRO
Major activities:						
5-A.1. Actual distribution of supplements to LGUs	DOH-NCRO	17	17	17	17	DOH-NCRO
5-A.2. Conduct training among health personnel	DOH-NCRO	1	1	1	1	DOH-NCRO
5-A.3. Communication support for micronutrient supplementation	DOH-NCRO	1	1	1	1	DOH-NCRO
5-A.4. Monitoring, reporting, and adjustments	DOH-NCRO	17	17	17	17	DOH-NCRO

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Project 6. <i>Mobilization of local implementers on dietary supplementation for nutritionally-at-risk pregnant and lactating women</i>						
Outputs:						
6-O.1. No. of LGUs implementing dietary supplementation for nutritionally-at-risk pregnant and lactating women based on standards	DOH-NCRO NNC-NCR	7	10	14	17	DOH-NCRO NNC-NCR
6-O.2. Increased coverage to at least 90% of nutritionally-at-risk pregnant and lactating women provided with dietary supplementation based on standards	DOH-NCRO	7	10	14	17	DOH-NCRO
Major activities:						
6-A.1. Advocacy among LCEs/LGUs on the dietary supplementation program	DOH-NCRO NNC-NCR	17	17	17	17	DOH-NCRO NNC-NCR
6-A.2. Conduct training on nutritional assessment of pregnant and lactating women	NNC-NCR	1	-	-	-	NNC-NCR
6-A.3. Conduct of coordination meetings on the implementation of dietary supplementation including mechanics, recording and reporting	NNC-NCR	1	-	-	-	NNC-NCR
6-A.4. Communication support through quad media	DOH-NCRO NNC-NCR	1	1	1	1	DOH-NCRO NNC-NCR
6-A.5. Monitoring, reporting and adjustments	NNC-NCR	1	1	1	1	NNC-NCR
Project 7. <i>Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeeding Area in Workplaces) and the MBFHI</i>						

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
Outputs:						
7-O.1. Zero Milk Code violation in all health centers and lying – in clinics by 2022	DOH-NCRO	90%	100%	100%	100%	DOH-NCRO
7-O.2. Policy on Breastfeeding/lactation in the workplace issued by RNC member agencies	DOH-NCRO	5	0	0	0	DOH-NCRO (DOH-NCRO, PSA, DSWD, DepED-NCR)
7-O.3. Hospitals accredited as mother-baby friendly	DOH-NCRO	50 % of hospitals providing maternity and child health services	50 % of hospitals providing maternity and child health services	50 % of hospitals providing maternity and child health services	50 % of hospitals providing maternity and child health services	DOH-NCRO
7-O.4. Workplaces certified as mother-baby workplace	DOH-NCRO	50 % of work-places (not exempted)	50 % of work-places (not exempted)	50 % of work-places (not exempted)	50 % of work-places (not exempted)	DOH-NCRO
Major Activities:						
7-A.1. Organization of functional Regional Inter-Agency Committee (RIAC) and Local IYCF Task Forces	DOH-NCRO	18	18	18	18	DOH-NCRO
7-A.2. Orientation on the use of EO 51 reporting platform	DOH-NCRO	1	-	-	-	DOH-NCRO
7-A.3. Conduct of monitoring visits, submission of monitoring results and action taking	DOH-NCRO	4	4	4	4	DOH-NCRO

Project Title, Outputs and Major Activities	Agency Responsible	2019	2020	2021	2022	Funding Source (National Government, LGU, Others)
7-A.4. Review of progress of enforcement and compliance monitoring and adjustments/scaling up	DOH-NCRO	1	1	1	1	DOH-NCRO
7-A.5. Promotion of the Milk Code, Expanded Breastfeeding Act and MBFHI using quad media	DOH-NCRO	1	1	1	1	DOH-NCRO
7-A.6. Training and monitoring of hospitals for MBFHI accreditation	DOH-NCRO	50% hospitals and 50% workplaces				DOH-NCRO
7-A.7. Monitoring and assessment of workplaces for MBF certification	DOH-NCRO	50% hospitals and 50% workplaces				DOH-NCRO
Project 8. Communication Support for F1K						
8-O.1. A regional sub-strategy in line with the national strategy for the communication support on F1K developed and implemented	DOH-NCRO	1	1	1	1	DOH-NCRO
Major activities: 8-A.1. Communication planning including the inventory of existing communication projects and tools related to the First 1000 Days	DOH-NCRO	1	1	1	1	DOH-NCRO
8-A.2. Development of improved key messages and communication materials and collaterals	DOH-NCRO	1	1	1	1	DOH-NCRO
8-A.3. Pre-testing of developed materials	DOH-NCRO	1	1	1	1	DOH-NCRO
8-A.4. Implementation, monitoring and adjustments	DOH-NCRO	1	1	1	1	DOH-NCRO

PROGRAM 2: NATIONAL DIETARY SUPPLEMENTATION PROGRAM						
Coverage: Pregnant and Lactating Mothers, children 6-23 months, preschool and school children						
<i>Project 9. Supplementary Feeding in Child Development Centers and Supervised Neighborhood Plays</i>						
Outputs:						
9-O.1. All children enrolled in CDCs and SNPs are provided with supplementary feeding	DSWD-NCR	100%	100%	100%	100%	DSWD-NCR
Major activities:						
9-A.1. Downloading of financial resources to LGUs	DSWD-NCR	17	17	17	17	DSWD-NCR
9-A.2. Provision of weighing scales to CDCs	DSWD-NCR	-	850 CDCs	1,060 CDCs	-	DSWD-NCR
9-A.3. Implementation of supplementary feeding including deworming, Vitamin A supplementation, growth monitoring, etc.	DSWD-NCR	1,943 CDCs	1,943 CDCs	1,943 CDCs	1,943 CDCs	DSWD-NCR
9-A.4. Monitoring of CDC operations and addressing operational issues	DSWD-NCR	1,943 CDCs	1,943 CDCs	1,943 CDCs	1,943 CDCs	DSWD-NCR
9-A.5. Regional PIR and planning for the following year	DSWD-NCR	1	1	1	1	DSWD-NCR
<i>Project 10. School-based Supplementary Feeding</i>						
Outputs:						
10-O.1. All public elementary schools implementing supplementary feeding as per guidelines	DepEd-NCR	522	522	522	522	DepEd-NCR
Major activities:						
10-A.1. Generation and consolidation of school weighing data from schools division offices	DepEd-NCR	16	16	16	16	DepEd-NCR
10-A.2. Monitoring of downloading of funds for SBF	DepEd-NCR	16	16	16	16	DepEd-NCR
10-A.3. Schools' implementation of SBF	DepEd-NCR	522	522	522	522	DepEd-NCR
10-A.4. Monitoring, evaluation and awards	DepEd-NCR	16	16	16	16	DepEd-NCR

Project 11. School-Based complementary Health Services						
Output: 11-O.1. All schools providing package of complementary health services at satisfactory level	DepEd-NCR	522	522	522	522	DepEd-NCR
Major activities: 11-A.1. Downloading of financial resources and commodities	DepEd-NCR	16	16	16	16	DepEd-NCR
11-A.2. Schools' implementation of the complementary health services	DepEd-NCR	522	522	522	522	DepEd-NCR
11-A.3. Monitoring, evaluation and awards	DepEd-NCR	16	16	16	16	DepEd-NCR
PROGRAM 3: MICRONUTRIENT SUPPLEMENTATION						
Project 12. Vitamin A supplementation for children 24-59 months						
Outputs: 12-O.1. All LGUs providing Vitamin A capsules to children aged 24-59 months	DOH-NCRO	17	17	17	17	DOH-NCRO
12-O.2. No. of LGUs reaching 90% coverage	DOH-NCRO	7	10	14	17	DOH-NCRO
Major activities: 12-A.1. Downloading of Vitamin A supplements	DOH-NCRO	17	17	17	17	DOH-NCRO
12-A.2. Communication support for micronutrient supplementation	DOH-NCRO	1	1	1	1	DOH-NCRO
12-A.3. Monitoring, reporting and adjustments	DOH-NCRO	1	1	1	1	DOH-NCRO
PROGRAM 4: ADOLESCENT HEALTH AND DEVELOPMENT						
Project 13. Anemia Reduction among Female adolescents						
Outputs: 13-O.1. All schools providing complete dosage of iron folic-acid supplementation among female adolescents grade 7-10	DepEd-NCR DOH-NCRO	100 %	100 %	100 %	100 %	DOH-NCRO

Major activities:						
13-A.1. Procurement and distribution of logistics	DepED-NCR DOH-NCRO	16	16	16	16	DepED-NCR DOH-NCRO
13-A.2. Schools' implementation on WIFA supplementation	DepEd-NCR	100% female of junior high schools				DepEd-NCR
13-A.3. Communication support for WIFA supplementation and promotion of Healthy Diet (food rich in iron)	DepED-NCR DOH-NCRO	1	1	1	1	DepED-NCR DOH-NCRO
13-A.4. Monitoring, reporting and adjustments	DepED-NCR DOH-NCRO	1	1	1	1	DepED-NCR DOH-NCRO
Project 14. Prevention of Adolescent Pregnancy						
Outputs:						
14-O.1. An effective information and service delivery network (ISDN) established and operational	PopCom-NCR	1	1	1	1	PopCom-NCR
Major Activities:						
14-A.1. Establishment and operationalization of the ISDN and/or other inter-agency collaborative structure to ensure harmonized and well-collaborated planning, coordination, funding, implementation and monitoring of AHD-related interventions at the local level	PopCom-NCR	2 LGUs	2 LGUs	2 LGUs	2 LGUs	PopCom-NCR
14-A.2. Implementation of the Comprehensive Sexual Education (CSE) in all public elementary and secondary schools	DepEd-NCR	522 PES # of JHS and SHS	522 PES # of JHS and SHS	522 PES # of JHS and SHS	522 PES # of JHS and SHS	DepEd-NCR
14-A.3. Training and mobilization of youth/adolescent leaders and implementors on peer education, teen chats and other interactive platforms	PopCom-NCR	2,000 adolescents	2,000 adolescents	2,000 adolescents	2,000 adolescents	PopCom-NCR
14-A.4. Establishment of school-based and community-based teen centers/adolescent-friendly spaces and provision of information and services on adolescent health and responsible sexuality	DepED-NCR	3 schools	4 schools	5 schools	6 schools	DepED-NCR

14-A.5. Conduct of training among teachers, parents (and other significant adults) in creating an enabling environment for AHD	PopCom-NCR	2 trainings	1 training	2 trainings	2 trainings	PopCom-NCR
14-A.6. Monitoring, evaluation and adjustments	DepEd-NCR PopCom-NCR	1	1	1	1	DepEd-NCR PopCom-NCR
PROGRAM 5: OVERWEIGHT AND OBESITY MANAGEMENT AND PREVENTION						
Project 15. <i>Promotion of Healthy Lifestyle and Healthy Food Environment</i>						
Outputs:						
15-O.1. All RNC member agencies compliant to RNC Resolution No.3, s2017 “Enjoining All RNC member agencies and LGUs to serve healthy foods, meals and snacks during meetings, conferences, trainings and related activities”	NNC-NCR	25%	50%	75%	100%	NNC-NCR
15-O.2. All public elementary and secondary schools compliant to Department Order No. 13 s 2017	DepED-NCR	522 ES 253 HS	522 ES 253 HS	522 ES 253 HS	522 ES 253 HS	DepED-NCR
15-O.3. All LGUs with local ordinances / executive orders / resolutions on establishing healthy food environment in support of overweight and obesity prevention and control	NNC-NCR	25%	50%	75%	100%	NNC-NCR
Major activities:						
15-A.1. Conduct of advocacy meeting with private elementary schools on overweight and obesity prevention and control initiatives in schools	NNC - NCR	1	1	1	1	NNC-NCR
15-A.2. Intensified and regular monitoring of school canteens	DepED-NCR	100% of schools				DepED-NCR
15-A.3. Communication and media support through quad media	PIA-NCR NNC-NCR	12	12	12	12	PIA-NCR NNC-NCR
15-A.4. Monitoring, reporting and adjustments	DepEd-NCR NNC-NCR	1	1	1	1	DepEd-NCR NNC-NCR

PROGRAM 6: MANDATORY FOOD FORTIFICATION						
<i>Project 16. Advocacy for and Monitoring of Compliance of RA 8976 and RA 8172</i>						
Output:						
16-O.1. All LGUs with organized and functional Local Bantay Asin Task Forces (LBATF)	DOH-NCRO NNC-NCR	17	17	17	17	DOH-NCRO NNC-NCR
16-O.2. All LGUs implementing food fortification activities as part of their LNAPs	NNC-NCR	17	17	17	17	NNC-NCR
Major activities:						
16-A.1. Advocacy and provision of technical assistance on the reorganization/reactivation of LBATFs	DOH-NCRO NNC-NCR	17	17	17	17	DOH-NCRO NNC-NCR
16-A.2. Conduct of regular meetings of the Regional Salt Iodization Program Technical Working Group and LBATFs	DOH-NCRO NNC-NCR	2	2	2	2	DOH-NCRO NNC-NCR
16-A.3. Review of regional protocol/guidelines on SIP monitoring	DOH-NCRO NNC-NCR	1	-	-	-	DOH-NCRO NNC-NCR
16-A.4. Conduct of monitoring visits, submission of monitoring results and action taking	DOH-NCRO	2	2	2	2	DOH-NCRO
16-A.5. Program review, adjustments and scaling up	DOH-NCRO	1	1	1	1	DOH-NCRO
PROGRAM 7: NUTRITION IN EMERGENCIES						
<i>Project 17. Capacity Building for Nutrition in Emergencies (preparedness, response, recovery)</i>						
Output:						
17-O.1. Regional and local nutrition clusters organized and fully capacitated	NNC-NCR	18	18	18	18	NNC-NCR

17-O.2. Regional and local Nutrition in Emergencies Plan formulated/updated and integrated in LNAPs and DDRM Plans	NNC-NCR	18	18	18	18	NNC-NCR
17-O.3. Updated capacity mapping of cluster members' activities, technical capacities, human resources and supplies	NNC-NCR	1	1	1	1	NNC-NCR
17-O.4. Prepositioned supplies and IEC materials at regional and local levels	DOH-NCRO	18	18	18	18	DOH-NCRO
Major activities:						
17-A.1. Organization of Local Nutrition Clusters supported by policy issuance (resolutions, executive orders)	NNC-NCR	17	17	17	17	NNC-NCR
17-A.2. Capacity building on Nutrition in Emergencies including information management	NNC-NCR	1 (regional)	1 (local)	-	-	NNC-NCR
17-A.3. Conduct of capacity mapping of regional and local nutrition clusters for complete inventory of resources	NNC-NCR	18	18	18	18	NNC-NCR
17-A.4. Updating/Formulation of and policy support to Regional/Local NIEM Plans and integration in respective DRRM Plans	NNC-NCR	18	18	18	18	NNC-NCR
17-A.5. Intra and inter-cluster coordination (pre, during and post emergencies and disasters) at the regional level	NNC-NCR	1	1	1	1	NNC-NCR
17-A.6. Monitoring, Reporting and Adjustments	NNC-NCR	1	1	1	1	NNC-NCR
PROGRAM 8: PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM)						
<i>Project 18. Enhancement of PIMAM Facilities, Capacities and Provision of Services</i>						
Outputs:						
18-O.1. Delivery system for PIMAM established and fully operational across the region	DOH-NCRO	1	1	1	1	DOH-NCRO
Major activities:						
18-A.1. Building of Capacity of Local Implementers	DOH-NCRO	1	1	1	1	DOH-NCRO

18-A.2. Provision and supply management of F75, F100 RUTF and RUSF and its equivalent in RHUs	DOH-NCRO	17	17	17	17	DOH-NCRO
18-A.3. Delivery of ITC/OTC and TSFP services for treatment and management of and MAM	DOH-NCRO	17	17	17	17	DOH-NCRO
18-A.4. Monitoring, reporting, and adjustments	DOH-NCRO	1	1	1	1	DOH-NCRO
PROGRAM 9: NUTRITION PROMOTION FOR BEHAVIOUR CHANGE						
Project 19. <i>Regional Program on Nutrition Promotion for Behavior Change (focused on F1K, complementary feeding, micronutrient supplementation, overweight and obesity management and prevention)</i>						
Outputs:						
19-O.1. Regional Media Campaign Plan developed and implemented	NNC-NCR	1	1	1	1	NNC-NCR
19-O.2. IEC materials produced and disseminated	NNC-NCR DOH-NCRO	2	2	2	2	NNC-NCR DOH-NCRO
Major activities:						
19-A.1. Inventory of existing communication materials used in nutrition education	NNC-NCR	1	1	1	1	NNC-NCR
19-A.2. Review of existing nutrition promotion efforts	NNC-NCR	1	1	1	1	NNC-NCR
19-A.3. Mobilization and capacity building of media partners and other relevant stakeholders	NNC-NCR	1	1	1	1	NNC-NCR
19-A.4. Development, pre-testing, production/reproduction of IEC and promotional materials/collaterals	NNC-NCR DOH-NCRO PIA-NCR MMDA	2	2	2	2	NNC-NCR DOH-NCRO PIA-NCR MMDA
19-A.5. Conduct of coordination meetings with media partners and other stakeholders	NNC-NCR	2	2	2	2	NNC-NCR
19-A.6. Monitoring, assessment and adjustments	NNC-NCR	1	1	1	1	NNC-NCR

PROGRAM 10: NUTRITION SENSITIVE PROGRAM						
<i>Project 20. Water, Sanitation Hygiene in Schools (WinS) in PES and Secondary Schools</i>						
Outputs:						
20-O.1. Public elementary and secondary schools meeting 3 – star rating for WinS program	DepED-NCR	522 ES 253 HS	522 ES 253 HS	522 ES 253 HS	522 ES 253 HS	DepED-NCR
Major activities:						
20-A.1. Monitoring and evaluation of WinS implementation	DepED-NCR	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepED-NCR
20-A.2. Coordination with SDOs and schools on the WinS star rating system	DepED-NCR	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepED-NCR
20-A.3. Organization and orientation of monitoring teams	DepED-NCR	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepED-NCR
20-A.4. Uploading of WinS Monitoring Forms	DepED-NCR	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepED-NCR
20-A.5. Provision of technical assistance to SDOs on the WinS Program	DepED-NCR	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepED-NCR
20-A.6. Recognition of Outstanding SDOs and schools implementing WinS	DepED-NCR	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepED-NCR
<i>Project 21. Gulayan sa Paaralan</i>						
Output:						
21-O.1. All public elementary and secondary schools implementing gulayan sa paaralan	DepEd-NCR	522 schools	522 schools	522 schools	522 schools	DepEd-NCR
21-O.2. Vegetable produce used in the school feeding program	DepEd-NCR	522 schools	522 schools	522 schools	522 schools	DepEd-NCR
Major activities:						
21-A.1. Monitoring and Evaluation on the compliance of schools	DepEd-NCR	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepEd-NCR
21-A.2. Recognition of outstanding schools implementing gulayan sa paaralan (every two years)	DepEd-NCR	16 SDOs	16 SDOs	16 SDOs	16 SDOs	DepEd-NCR

21-A.3. Conduct of stakeholders consultation meetings and forging of agreements between agencies	DepEd-NCR	TBD	TBD	TBD	TBD	DepEd-NCR
21-A.4. Conduct of trainings of GPP focal teachers integrating nutrition concepts	DepEd-NCR	TBD	TBD	TBD	TBD	DepEd-NCR
21-A.5. Provision of seeds and garden tools, seedling trays and other supplies	DepEd-NCR	TBD	TBD	TBD	TBD	DepEd-NCR
21-A.6. Implementation of the project	DepEd-NCR	TBD	TBD	TBD	TBD	DepEd-NCR
21-A.7. Utilization of garden harvests for school feeding	DepEd-NCR	TBD	TBD	TBD	TBD	DepEd-NCR
Project 22. Responsible Parenthood and Family Planning Program						
Outputs:						
22-O.1. Number of couples and individuals reached and assisted to achieve desired number, timing, and spacing of children	PopCom-NCR	72,000 couples and WRA	72,000 couples and WRA	72,000 couples and WRA	72,000 couples and WRA	PopCom-NCR
22-O.2. Couples, individuals with unmet need provided/served with their preferred family planning methods	PopCom-NCR	60% of unmet need served	60% of unmet need served	60% of unmet need served	60% of unmet need served	PopCom-NCR
Major activities:						
22-A.1. Conduct of events/RPRH Caravans to drumbeat RPPF messages	PopCom-NCR	3 special events/caravans	3 special events/caravans	3 special events/caravans	3 special events/caravans	PopCom-NCR
22-A.2. Advocacy, Promotion, Development, Production of IEC Materials	PopCom-NCR	2 IEC/collaterals	2 IEC/collaterals	3 IEC/collaterals	2 IEC/collaterals	PopCom-NCR
22-A.3. Strengthening of the Pre-Marriage Counseling (PMC) Program/Integration of breastfeeding in the module of training of trainers on pre-marriage counseling	PopCom-NCR	PMC sessions (as scheduled)	PMC sessions (as scheduled)	PMC sessions (as scheduled)	PMC sessions (as scheduled)	PopCom-NCR

		and training	and training	and training	and training	
22-A.4. Monitoring and evaluation	PopCom-NCR	1	1	1	1	PopCom-NCR
Project 23. KATROPA (Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya)						
Output: 23-O.1. Increased male involvement and participation in RFPF and maternal child health care and nutrition (MNCHN)	PopCom-NCR	100 males	150 males	150 males	200 males	PopCom-NCR
Major activities: 23-A.1. Conduct of KATROPA capacity building activities that target the men who have potentials to organize and mobilize their fellow men for roll-out sessions	PopCom-NCR	2 trainings/ orientation	2 trainings/ orientation	2 trainings/ orientation	2 trainings/ orientation	PopCom-NCR
23-A.2. Strengthening of Parenting Education Service, ERPAT (Empowerment and Reaffirmation of Parental Abilities) and MOVE (Men Oppose to Violence Everywhere) both at the local and national level.	DSWD-NCR	TBD	TBD	TBD	TBD	DSWD -NCR
23-A.3. Development and dissemination of IEC materials, radio/tv guesting, social media postings on male involvement for RFPF/MNCHN and anti-violence against women and children	PopCom-NCR	-	1 type of material	-	1 type of material	PopCom-NCR
23-A.4. Monitoring and evaluation	PopCom-NCR	1	1	1	1	PopCom-NCR
Project 24. Livelihood Projects						
24-O.1. Number of families with malnourished children provided with livelihood activities/ opportunities	DSWD -NCR					DSWD -NCR
Major Activities: 24-A.1. Coordination with LNCs on selection of beneficiaries	DSWD -NCR	TBD	TBD	TBD	TBD	DSWD -NCR

24-A.2. Conduct of orientation and needs assessment among identified beneficiaries	DSWD -NCR	TBD	TBD	TBD	TBD	DSWD -NCR
24-A.3. Conduct of training and livelihood projects	DSWD -NCR	TBD	TBD	TBD	TBD	DSWD -NCR
24-A.4. Implementation of the livelihood projects	DSWD -NCR	TBD	TBD	TBD	TBD	DSWD -NCR
24-A.5. Monitoring, assessment and adjustments	DSWD -NCR	TBD	TBD	TBD	TBD	DSWD -NCR
Project 25. Operational Research on the Nutrition-Sensitive Projects						
Output:						
25-O.1. Research completed and feed into redesign	RNC - NCR	-	-	-	1	DOH-NCRO
Major Activities:						
25-A.1. Development of TOR	RNC -NCR	1	-	-	-	DOH-NCRO
25-A.2. Contracting of research project	RNC - NCR	-	1	-	-	DOH-NCRO
25-A.3. Implementation of research project and dissemination of results	RNC - NCR	-	-	1	-	DOH-NCRO
PROGRAM 11: ENABLING PROGRAM						
Project 26. Mobilization of Local Government Units for Delivery of Nutritional Outcomes						
Outputs:						
26-O.1. 100% of LGUs mobilized for delivery of nutritional outcomes	RNC -NCR	17	17	17	17	RNC -NCR
26-O.2. LGU Shepherding strategy expanded and scaled up	RNC -NCR	1	1	1	1	RNC -NCR
26-O.3. LCE Nutrition Champions and Model LGUs organized and mobilized	RNC -NCR	3	5	7	10	RNC -NCR
Major activities:						
26-A.1. Scaling up and expansion of the LGU Shepherding Strategy and identification priority LGUs	RNC -NCR	7	10	12	17	RNC -NCR
26-A.2. Forging of Memorandum of Understanding (MoU) between RNC-NCR and LCEs of priority LGUs for LGU mobilization and shepherding	RNC -NCR	7	7	7	7	RNC -NCR

26-A.3. Organization and mobilization of LCE Nutrition Champions and model LGUs	RNC -NCR	3	5	7	10	RNC -NCR
26-A.4. Training/Re-training of LGU mobilizers/shepherds/mentors	NNC-NCR	1	1	1	1	NNC-NCR
26-A.5. Conduct of shepherding/mentoring visits including the organization/reactivation/strengthening of Local Nutrition Committees, formulation of Local Nutrition Action Plans (LNAP), nutrition program management, etc.	RNMG of NCR	6	10	14	20	RNMG of NCR
26-A.6. Conduct of learning visits to model LGUs	NNC - NCR	1	1	1	1	NNC - NCR
26-A.7. Conduct of LGU Mobilization Fora, Round Table Discussions and similar activities showcasing LGU good practices	NNC - NCR	1	1	1	1	NNC - NCR
26-A.8. Monitoring, assessment and adjustments	NNC-NCR	1	1	1	1	NNC-NCR
Project 27. Policy Development for Food and Nutrition						
Outputs:						
27-O.1. Policy guidelines issued at regional and local levels	RNC -NCR	1	1	1	1	
27-O.2. Regional research and policy agenda developed and implemented	RNC - NCR	1	1	1	1	RNC - NCR
Major activities:						
27-A.1. Inventory and compilation of existing policies on food and nutrition	NNC-NCR	1	1	1	1	NNC-NCR
27-A.2. Conduct of policy reviews and development of a regional research and policy agenda	NNC-NCR	1	1	1	1	NNC-NCR
27-A.3. Development and dissemination of policy papers and policy briefs	NNC-NCR	1	1	1	1	NNC-NCR
27-A.4. Amendment/Passage of relevant regional and local policies (resolutions, ordinances, executive orders) and	NNC-NCR	1	1	1	1	NNC-NCR

advocacy for policy support of higher regional/local bodies						
27-A.5. Advocacy and lobbying on the creation of plantilla positions for full-time Nutrition Action Officers, setting up of nutrition office with corresponding budget, hiring of Nutritionist-dietitians and full deployment of BNSs	RNC -NCR	17	17	17	17	RNC -NCR
27-A.6. Monitoring, assessment and updating	NNC-NCR	1	1	1	1	NNC-NCR
Project 28. <i>Management and Strengthening Support to PPAN Effectiveness</i>						
Outputs:						
28-O.1. RNC and NNC NCR strengthened for Effective Implementation of the RPAN	RNC-NCR	1	1	1	1	RNC-NCR
Major activities:						
28-A.1. Capacity building of the RNC and NNC RO on F1K, LGU mobilization, policy analysis and continuing education on technical updates	NNC-NCR	1	1	1	1	NNC-NCR
28-A.2. Expansion of RNC membership to include relevant NGOs and NGAs, conduct of regular meetings	RNC-NCR	1	1	1	1	RNC-NCR
28-A.3. Hiring of additional regional /project staff (including NDs hired by DOH)	DOH-NCRO	1	1	1	1	DOH-NCRO
28-A.4. Organization and capacity building of “PPAN Movers” (local nutritionist-dietitians)	NNC-NCR	17	17	17	17	NNC-NCR
28-A.5. Conduct of regular PPAN Movers Forum	NNC-NCR	1	1	1	1	NNC-NCR
28-A.6. Mobilization of NGOs and CSOs for RPAN support	NNC-NCR	1	1	1	1	NNC-NCR
28-A.7. Conduct of NGO Forum and resource mobilization activities for RPAN financing	NNC-NCR	1	1	1	1	NNC-NCR
28-A.8. Monitoring, assessment and adjustments	NNC-NCR	1	1	1	1	NNC-NCR

Annex 3. Summary of Budgetary Requirements, NCR RPAN 2018-2022, by Program, by Project, by year and with recommended action to fill resource gap

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Program 1: IYCF and First 1000 Days (F1K)		130,491,028	4,668,040	143,540,131	1,479,440	157,894,144	969,840	173,683,558	1,529,440	605,608,861	8,646,760	Forge and secure partnership and financial support from NGAs, NGOs, LGUs, develop- ment partners and private sector
Project 1. Mobilization of LGUs on the First 1000 days	NNC, DOH		673,200		113,200		113,000		673,200	-	1,572,600	
Project 2. Strengthening of health delivery system for F1K	NNC, DOH		3,042,600		566,000		56,600		56,600	-	3,721,800	
Project 3. Information Management in the F1K	NNC, DOH		56,600		56,600		56,600		56,000	-	225,800	
Project 4. Iron supplementat ion for pregnant and lactating women, and low birth weight infants, and MNP supplementat ion to children 6-23 months old	DOH, LGUs	129,901,028		142,891,130.80	-	157,180,243.88	-	172,898,268.27		602,870,671	-	

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Project 5. Vitamin A Supplementat ion for lactating and postpartum women & children 6-23 months	DOH, LGUs	590,000		649,000.00	-	713,900.00	-	785,290.00		2,738,190	-	
Project 6. Mobilization of local implementers on dietary supplementat ion for pregnant and lactating women	NNC, DOH, LGUs		242,000		90,000		90,000		90,000	-	512,000	
Project 7. Advocacy for Stronger Enforcement and Compliance Monitoring on EO 51 (Milk Code), RA 10028 (Breastfeedin g Area in Workplaces)	DOH		553,640		553,640		553,640		553,640	-	2,214,560	
Project 8. Communicati on Support for F1K	NNC, PIA		100,000		100,000		100,000		100,000	-	400,000	

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Program 2: Dietary Supplementa tion Program		374,567,760	-	380,092,760	-	381,457,760	-	374,567,760	-	1,510,686,040	-	
Project 9. Supplementar y Feeding in Child Development Centers and Supervised Neighborhood Plays	DSWD			5,525,000.00		6,890,000				12,415,000	-	
Project 10. School-based Supplementar y Feeding	DepEd	374,567,760		374,567,760		374,567,760		374,567,760		1,498,271,040	-	
Project 11. School-Based complementa ry Health Services	DepEd DOH									-	-	Budget TBD
Program 3: Micronutrient Supplementa tion		23,897,000	-	26,286,700	-	28,915,370	-	31,806,907		110,905,977	-	
Project 12. Vitamin A supplementat ion for children 24- 59 months	DOH, LGUs	4,189,000		4,607,900.00	-	5,068,690.00	-	5,575,559.00	-			Includes budget estimates for Vit A for 12-23 months old children (200,000 IU)

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Project 13. Anemia Reduction among Women of Reproductive Age	DOH, LGUs	19,708,000		21,678,800.00	-	23,846,680.00	-	26,231,348.00	-	91,464,828	-	
Program 4: Adolescent Health and Development		1,000,000		1,150,000		1,350,000		1,350,000		4,850,000	-	
Project 14. Prevention of Adolescent Pregnancy	PopCom	1,000,000		1,150,000		1,350,000		1,350,000		4,850,000	-	
Program 5: Overweight and Obesity Management and Prevention (Adult)			375,000							-	375,000	
Project 15. Promotion of Healthy Lifestyle and Healthy Food Environment	DOH, NNC		375,000							-	375,000	
Program 6: Mandatory Food Fortification			50,000		50,000		50,000		50,000	-	200,000	
Project 16. Advocacy for and Monitoring of Compliance of	DOH, RBATF, LGUs		50,000		50,000		50,000		50,000	-	200,000	

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
RA 8976 and RA 8172												
Program 7: Nutrition in Emergencies			122,837,500		122,837,500		122,513,500		122,513,500	-	490,702,000	
Project 17. Capacity Building for Nutrition in Emergencies (preparedness, response, recovery)	DOH, DSWD		122,837,500		122,837,500		122,513,500		122,513,500	-	490,702,000	
Program 8: Philippine Integrated Management of Acute Malnutrition (PIMAM)					295,300					-	295,300	
Project 18. Enhancement of PIMAM Facilities, Capacities and Provision of Services	NNC, RNC, DOH				295,300					-	295,300	To be included in NNC RO WFP
Program 9: Nutrition Promotion for Behavior Change		0	1,000,000	0	1,000,000	0	1,000,000	0	1,000,000	-	4,000,000	
Project 19. Regional Program on Nutrition Promotion for	NNC, PIA		1,000,000		1,000,000		1,000,000		1,000,000	-	4,000,000	

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Behavior Change												
Program 10: Nutrition Sensitive Program		60,547,558	0	3,970,000	0	4,490,000	0	4,860,000	0	73,867,558	-	
Project 20. Water, Sanitation Hygiene in Schools (WinS) in PES and Secondary Schools	DepEd									-	-	Budget TBD
Project 21. Gulayan sa Paaralan	DepEd DA	1,550,000		1,820,000		2,090,000		2,360,000		7,820,000	-	
Project 22. Responsible Parenthood and Family Planning Program	PopCom-NCR	1,750,000		1,750,000		2,000,000		2,000,000		7,500,000	-	
Project 23. KATROPA (Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya)	PopCom, LGUs	300,000		400,000		400,000		500,000		1,600,000	-	
Project 24. Livelihood Projects	DSWD	56,947,558								56,947,558	-	

PROGRAM/ PROJECT	Agency/ies Responsible	Budgetary Requirements								TOTAL		Actions to Fill the Resource Gap for Projects and Programs
		2019		2020		2021		2022				
		Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	Funded	Unfunded	
Project 25. Operational Research on the Nutrition- Sensitive Projects	NNC, RNC										-	Budget TBD
Program 11: Enabling Program		-	612,000	-	612,000	-	612,000	-	612,000	-	2,448,000	
Project 27. Mobilization of Local Government Units for Delivery of Nutritional Outcomes	RNC, NNC		400,000		400,000		400,000		400,000	-	1,600,000	Forge and secure partnership and financial support from NGAs, NGOs, LGUs, development partners and private sector.
Project 28. Policy Development for Food and Nutrition	RNC, NNC		100,000		100,000		100,000		100,000	-	400,000	
Project 29. Management and Strengthening Support to PPAN Effectiveness	RNC, NNC		112,000		112,000		112,000		112,000	-	448,000	
Grand Total		590,503,346	129,542,540	555,039,591	126,274,240	574,107,274	125,145,340	586,268,225	125,704,940	2,305,918,436	506,667,060	2,812,585,496

References

- Food and Nutrition Research Institute-Department of Science and Technology (FNRI-DOST)*
- Department of Health-NCRO Field Health Service Information System (DOH-NCRO FHSIS)*
- Philippine Statistical Authority, 2015 POPCEN*
- Philippine Statistical Authority, 2015 Poverty Estimates*
- National Demographic and Health Survey (NDHS), 2013 & 2015*
- 2013 and 2015 National Nutrition Survey*
- Integrated Food Security Phase Classification*
- Philippine Plan of Action, 2017-2022*
- Lili Mohiddin, Laura Phelps and Tamsin Walters 8 October 2012 www.nutritionworks.org.uk*
- info@nutritionworks.org.uk*
- Urban malnutrition: a review of food security and nutrition among the urban poor. Website of FAO*