# 2015-2016 REGIONAL NUTRITION STRATEGIC ACTION PLAN REGIONAL NUTRITION COMMITTEE ZAMBOANGA PENINSULA







## Updated 2015 – 2016 Regional Nutrition Strategic Plan Region IX, Zamboanga Peninsula

## I. Rationale

Over the last decade, the problem of poor nutrition among the children in Zamboanga Peninsula continued to be at high level with insignificant reduction in the prevalence of underweight, stunting and wasting. The 8<sup>th</sup> National Nutrition Survey conducted in 2013 by the FNRI-DOST showed that the region is among those with high levels of malnutrition contributing to the non-achievement of the Millennium Development Goals (MDG) particularly in halving to the level of 13.2%the prevalence of underweight 0 – 71 months old children by 2015. Over the past three national nutrition surveys the trend in malnutrition had plateaued among the pre school and school children.

Localizing the implementation of the 2011 -2016 Philippine Plan of Action for Nutrition, the Regional Nutrition and Anti-Hunger Committee R-IX (RNAHC) formulated the Regional Nutrition Strategic Plan for 2012 – 2016 to serve as the directional and guiding document for both the regional and Local Government Units. The document was endorsed by the Regional Development Council and has since been adopted by the Committee.

With the availability of the results of the 8<sup>th</sup> National Nutrition Survey conducted by the FNRI-DOST as well as the recommendations in the Repositioning Nutrition in Philippine Development: Mid-term Update of the Philippine Plan of Action for Nutrition, the Regional Technical Working Group of the RNAHC had reviewed the RNSAP 2012 - 2016 to determine the achievement of targets and objectives and do necessary modification and updating to approximate the plan's targets by 2016.

## II. Prevailing Nutrition Situation among children and mothers

Prevalence of Underweight, Stunting and Wasting among 0 – 120 months old children by province (2013 8 <sup>th</sup> NNS)								
	Underweight		Stunting		Wasting		Overweight	
Area	Age in	Age in month Age in month		Age in month		Age in month		
	0 - 60	61 - 120	0-60	61 - 120	0-60	61 - 120	0 - 60	61 - 120
Philippines	19.9	29.1	30.0	29.9	7.9	8.6	5.0	9.1
Zamboanga Peninsula	24.5	35.1	38.7	44.3	8.0	6.6	2.6	5.1
Zamboanga del Sur	21.6	34.0	35.5	44.6	6.5	5.6	3.0	6.7
Zamboanag City	19.0	27.2	33.00	37.3				
Zamboanga del Norte	26.3	36.2	42.1	47.1	7.3	6.5	1.7	3.6
Zamboanga Sibugay	31.1	38.4	44.2	41.5	12.3	8.0	3.4	4.0

#### 1. Protein – Energy Malnutrition

More than a third of the children in Zamboanga Peninsula is suffering from poor nutrition. The most affected group is the school children from ages 61 - 120 months old (5.08 - 10 yrs/o) where the prevalence of underweight and stunting are very high. However, a downward trend from the last two FNRI surveys in 2008 and 2011 to 2013 with very small reduction is observed. Stunting also affects over 40% of the adolescent children ages 10 - 19 years old while an increase in the prevalence of Chronic Energy Deficiency (CED) among the pregnant women is observed from 21.9 in 2011 to 28.5% in 2013.

2. Specific Micronutrient Deficiencies

#### 2

Among the micronutrient deficiency disorders, the region is most affected with Mild Iodine Deficiency Disorders as 41.1% of the 6 – 12 years old children registered Urine Iodine Excretion (UIE) values of <50  $\mu$ g/L. The Median UIE standard for adequate iodine nutrition in individuals is 100 – 199 UIE  $\mu$ g/L.

Prevalence of Anemia among the 6 months to 5 years old children had significantly reduced from 20.5 % in 2008 to 5.2% in 2013 NNS respectively. The 8<sup>th</sup> NNS in 2013 also showed reduced prevalence of Iron Deficiency Anemia among pregnant women from 34.8% in 2008 to 25.2% in 2013 and among the lactating mothers at 17.3% to 16.6%. This may be attributed to adequate supply of Iron Folic Acid tablets and compliance of mothers in taking the Iron-Folic tablet supplements.

#### 3. Infant and Young Child Feeding

The survey showed improving practices in breastfeeding, 83.3% of infants is breastfed within one hour as recommended but duration of exclusive breastfeeding is observed to be only up to 4.6 months or 1.4 months shorter than the recommended six months and only 17% of mothers continue to breastfeed to 2 years old. Bottle fed children from 0 -23 months is at 29 observed to be the lowest in the country a significant reduction and can attribute to the significant increase among mothers practicing breastfeeding.

While improvement is seen in the prevalence of children breastfed, it is observed that the complementary feeding of children 6 months to 23 months old had not improved despite the continuous training of health workers and counselling provided to mothers on the appropriate Infant & Young Children Practices. A low 12.8% of the 6months – 23 months old children meet Minimum Dietary Diversity or Proportion of children 6-23 months of age who receiving foods from at least 4 food groups that could be considered as acceptable diet.

Forty seven percent (47.1%) of the 0-23 months old children is getting age-appropriate breastfeeding. This indicator is defined as children exclusively breastfed from 0-5 months and + 6-23 months breastfed with complementary foods.

# III. Assessment of the Regional Implementation of the 2012-2014 Updated RNSAP

A mid-term Regional PIR of the 2012-2016 Strategic Plan was conducted to provide basis for evaluating the first two years of implementation of the RNSAP.

A. Accomplishments and largets / Actions not met/ done					
Accomplished	Targets/ Actions not achieved/met				
1. Capacity building on IYCF	1. Quarterly / regular salt testing				
2. Capacity building on Nutrition Program Management	2. Monitoring of the Salt Iodization				
3. Supplementary Feeding for Day Care Children	Program				
4. School-Based Feeding Program	3. Vit. A supplementation for 6-11				
5. Skills training and livelihood program	months				
6. Conditional Cash Transfer	4. Iron supplementation for pregnant				
7. Livestock Dispersal	and lactating women in some				
8. Campaign on Exclusive BF	areas were limited				
9. Distribution of ECCD card	5. Procurement of height board using				
10. Gawad Saka Program	the steel rule				
11. KP-CHT Program					
12. Upgrading of health facilities to BEMONC facility					
13. Certification of MBFHI and MBFW					
14. Garantisadong Pambata					
15. Establishment of Human Milk Bank					
16. PRIMERIZA Project					

#### A. Accomplishments and Targets / Actions not met/ done

17. Nutrition on Wheels	
18. Adoption and Implementation of PIMAM/CMAM	
Accomplished	Targets/ Actions not achieved/met
19. Promotion of the Nutritional Guidelines for Filipinos	
20. Micronutrient Supplementation through NMP	
21. Maternal and Neonatal Child Health and Nutrition	
(MNCHN) Program	
22. Integration of Health and Nutrition Concepts in the	
curriculum	
23. School-based deworming program	
24. Bi-annual Nutritional assessment	
25. Provision of toilets and handwashing facilities	
26. Bright Smile and bright Future Program	
27. Micronutrient Supplementation	
28. Nutrition Information Education	

#### B. Facilitating and constraints in the implementation of the Nutrition Program

	B. Facilitating and constraints in the implementation of the Nathani Fogram				
	Facilitating Factors		Constraints		
1.	Commitment of the program coordinators and	1.	Targets are too high		
	implementers	2.	Lack / inadequate supplies and logistics		
2.	Support from the Local Chief Executives	3.	Lack of financial support from some		
3.	Capacity Building of implementers		LGUs		
4.	Advocacy	4.	Non-compliance of mothers		
5.	Adoption and implementation of policies, laws,	5.	Non-functional Local nutrition		
	MCs and RAs		committees		
6.	Agency Mandate	6.	No regular monitoring of programs		
		7.	Peace and Order		
		8.	Fast turn-over of health and nutrition		
			workers		
		9.	Geographical terrain		
		10.	Capability of workers		
		11.	Budgetary constraints		
		12.	No permanent item for Nutrition Action		
			Officers		

### C. Other Factors contributing to achievement of PPAN Targets

	Policies	0	verall Planning, Coordinating and Monitoring		
(LGU, RNC, National)		Evaluation Mechanisms which enhanced			
			efficiency		
1.	National Greening Program	1.	Annual Search for the Best School Garden		
2.	Reforestration Program	2.	Gawad Saka Award		
3.	EO51 – Milk Code	3.	Certification of Mother Baby Friendly		
4.	RA10028/CO 377/SP 425 – Expanded		Hospital Initiative (MBFHI)		
	Breastfeeding Promotion Act	4.	Certification of Mother Baby Friendly		
5.	RA 8172- ASIN Law		Workplace (MBFW)		
6.	RA 8976- Food Fortification Law	5.	Certification of BEMONC		
7.	AO Micronutrient Supplementation	6.	Conduct of MELLPI		
8.	DOH AO 2005-0014 National Policies on Infant	7.	Quarterly monitoring		
	and Young Child Feeding	8.	Bi-annual reporting		
9.	DOH AO 2007-0026 Revitalization of Mother	9.	Monthly liquidation (Feeding program)		
	Baby Friendly Hospital Initiative in Health				
	facilities with Maternity and Newborn Care				
	Services				

10. DOH AO 2009-0025 or Adopting New Policies and Protocol on Essential Newborn Care	
Policies	Overall Planning, Coordinating and
(LGU, RNC, National)	Monitoring Evaluation Mechanisms which
	enhanced efficiency
11. Philippine Plan of Action for Nutrition 2011-	
2016	
12. RO Adoption of PIMAM	
13. MC on Infant and Young Child Feeding	
14. DepEd Memo on School- Based Feeding	

#### D. Policies on Improving Quality of Nutrition Services and needed adjustments

Level	Improved quality of nutrition services	Needed adjustments
LGU	<ul> <li>Ordinance on Breastfeeding</li> <li>Ordinance on ASIN Law</li> <li>Memo Circular on Nutrition in Emergency</li> <li>Memo Circular on the Inter-cluster coordinating committee</li> </ul>	<ul> <li>Amendments of CO 377 to CO 425 to include breastfeeding to informal sectors</li> <li>Resolutions for barangays to allocate funds from their IRA for inclusion of annual work and financial plan to ensure budget appropriation for nutrition</li> </ul>
RNC	<ul> <li>RNC /RDC resolutions on :</li> <li>Child Growth Standards</li> <li>Nutrition Cluster</li> <li>Advocacy to LGUs to provide funds for nutrition</li> <li>Supplementary feeding</li> <li>School Canteen Management</li> <li>DepEd order 2008 ( no soft drinks and junk foods in school canteen)</li> </ul>	

## A. Objectives

The 2015 – 2016 Updated Regional Nutrition Strategic Action Plan achieve by the end of 2016:

- 1. Accelerate the reduction of malnutrition among children in Zamboanga Peninsula whereby contributing to the achievement of the MDG
- 2. To be adopted by concern National Government Agencies and Local Government Units through integration of their respective annual investment plan

## IV. Targets for Regional Nutrition Strategic Action Plan

1. Hunger

Indicator	<b>Baseline (2003)</b> 63		<b>Target by</b> <b>2016</b> <63	
Proportion of Families with less than 100% nutrient requirement				
2. Protein-Energy Malnutrition				
Indicator	Baseline (2011)	Target by 2016	Actual 2013	
a) Under-five Children				
Prevalence (in percent) of <i>underweight</i> under-five children	25.2	20.2	24.5	
Prevalence (in percent) of <i>stunted</i> under-five children	42.2	31.2	38.7	
Prevalence (in percent) of <i>wasted</i> under-five children	7.1	<5.0	8	
b) 6-10 years old				
Prevalence (in percent) of underweight children 6-10 years old	34.6	29.6	31.1	
Prevalence (in percent) of stunted 6-10 years old	43.4	33.4	44.3	
Prevalence (in percent) of thin children 6-10 years old	5.9	<5.0	6.6	
c) Percent of pregnant women who are CED	21.9	19.0	28,9	
d) Percent of lactating women who are CED	11.4	<11.4	8.6	
d) Percent of low birthweight	17.6	<17.6	12.9	

#### 1. Vitamin A deficiency, percent of population with low to deficient serum retinol, mol/L

	•	
Population Group	2008	2016
Preschool children, 6-60 months old	15.2	<15%
Pregnant women	9.5	<15%
Lactating women	6.4	<15%

Target is to keep prevalence rates at below WHO levels of public health significance

#### 2. Anemia, percent of population with hemoglobin levels below recommended level

Population Group	2008	2016	Actual 2013
6 months to 5 years old	20.5	<20.5%	5.2
Pregnant women	34.1	<34.1%	25.2
Lactating women	17.3	<17.3%	16.6
6 – 12 y/o children			4.4

\* Target is to bring or maintain levels below public health significance per WHO cut-off

Children, 6-12 years old			
- Median UIE	26.0	<26.0	41.1
Pregnant women			
- Median UIE	26.78	<26.78	
Lactating women			
- Median UIE	51.76	<51.76	
<ul><li>* Target is to raise the level of UIE to &gt;100µg</li><li><i>4. Overweight and obesity</i></li></ul>			
Population Group	2011	2016	Actual
Children 6-10 years old	3.4	≤3.4	2.6
Adults, 20 years and above	24.8	≤24.8	25.9
* Target is to at least maintain current levels			
5. Infant Feeding Practices			
	2011	2016	Actual
5. Infant Feeding Practices	2011	2016	Actual
5. Infant Feeding Practices Indicator	2011 50.4	2016 > 50.4	Actual 83.3
5. Infant Feeding Practices Indicator Time of initiation of breastfeeding			
5. Infant Feeding Practices Indicator Time of initiation of breastfeeding Within 1 hour	50.4	> 50.4	
5. Infant Feeding Practices Indicator Time of initiation of breastfeeding Within 1 hour < 1 day	50.4 34.6	> 50.4 < 34.6	
5. Infant Feeding Practices Indicator Time of initiation of breastfeeding Within 1 hour < 1 day >1 day	50.4 34.6	> 50.4 < 34.6	83.3
5. Infant Feeding Practices Indicator Time of initiation of breastfeeding Within 1 hour < 1 day >1 day Duration of EBF	50.4 34.6 15.0	> 50.4 < 34.6 < 15.0	83.3

2008

2016

Actual

#### 3. Iodine deficiency based on urinary iodine excretion (UIE), $\mu$ g/L

\*includes proportion of infant 0-5 EBF and 6-23 months BF with complementary feed

#### Other Challenges in IYCF:

Indicator

Ch	allenges	Actual 2013	Target 2016
1.	Increasing Duration of EBF	4.6	6
2.	Percent of Children with continued BF up to 2 y/o	17.7	>17
3.	Duration of Breastfeeding 0 – 23 months	8.3	>8.3
4.	% of Children meeting Minimum dietary diversity	12.8	>50
5.	% of 6 – 23 months children meeting acceptable diet	12.8	>50

## VI. UPDATED STRATEGIES

- 1. Increasing Food supply and strengthen purchasing power of families for adequate food intake Target: Reduce the prevalence of households not meeting 100% of calorie and nutrient intake from 66% in 2008 to 37%.
  - a. Increase in Vegetable Production and consumption through Gulayan Sa Paaralan
    - Encourage vegetable seed stocking among schools which are recipient of seed program from DA to sustain production for Gulayan sa Paaralan.
    - Encourage schools to replenish seeds availed from DA taken from their first harvest to sustain said government program.
  - b. Augmenting the local government capacity to assist small fisherfolks and coconut farmers in terms of input, technical assistance , IE materials
  - c. Skills training and livelihood program to augment family income and enhance purchasing power for food
  - d. Complementary feeding for 6 to 35 months old (LGU) Supplementary Feeding for 3-5 years old children in Day Care Centers (DSWD) and Supplementary feeding has to be extended from Grades 1- 6 (DepEd for all severely wasted and wasted children)
- Prevention of chronic undernutrition in 0-24 months children by focusing on the first 1000 days.
   Target: To reduce prevalence of underweight (from 25.2% in 2008 to 20.2%) and stunted under-five children (from 32.3% to 21.5%)
  - a. Regular pre-natal care with emphasis on adequate nutrition of pregnant women during counseling.
  - b. Promote desirable infant and young child feeding (IYCF) for positive caring practices in feeding,
  - c. Training and regular monitoring of IYCF implementers (RHM, BNS, BHW, and BF Peer Counselors)
  - d. Increased practice of Exclusive Breastfeeding for 0-6 months old babies through COMBI using the *Breastfeeding Check* message
  - e. Enhanced practice of appropriate timely start of complementary feeding 6 to 24 months babies through conduct of recipe trials
  - f. Institute safety nets (food, immunization and other essential care for infants)
  - g. Improve dietary intake of 6 months and older children through appropriate and nutritionally adequate complementary feed with the addition of Vita Nutrient Powder (Multi Nutrient Powder)
  - h. Nutritional assessment and regular growth monitoring for all under-five children
  - i. Supplementary feeding for nutritionally at risk pregnant women
  - j. Regular follow-up of CHTs for pregnant women for regular prenatal check-up
  - k. Regular conduct of Nutrition Education classes in every health centers for pregnant and lactating women
  - I. Establishment of gardens
  - m. Strict enforcement of the offices in labelling law , particularly in food items to ensure compliance on the guidelines of food safety
  - n. Encourage breastmilk donation
  - o. Advocacy on breastmilk donation and establishment of human milk bank

#### **3.** Improving maternal nutrition for healthy pregnancy and delivery of infant at childbirth **Target:** To reduce the prevalence of nutritionally-at-risk pregnant women from 22% in 2008 to 19% in 2016

- a. Improving energy and nutrient intake of underweight pregnant mothers through Supplemental Feeding
- b. Reduction of prevalence of IDA and Iodine Deficiency Disorders (IDD) through regular monitoring of pregnant women taking in the Iron with Folic Acid tablets at 180 tab from the 4<sup>th</sup> month throughout the duration of pregnancy as well as regular utilization of Iodized salt.
- c. Every delivery should be at the health facility and handled by health professional
- d. Discourage deliveries by hilots
- e. Enabling ordinances to support health facility deliveries
- f. Regular prenatal and post-natal checkup to be followed-up by CHTs
- g. Strengthen advocacy on the intake of iron to improve compliance of mothers
- h. Regular attendance to scheduled Mother's classes
- i. Provision of iodized oil capsule for pregnant women
- j. Advocacy on the use of iodized salt.

#### 4. Influence school children to adopt positive health and nutrition practices

**Target:** To reduce the prevalence of underweight children 6-10 years old (from 30.6% to 26.8%) and of thin children from 8.9% in 2008 to <5% (not of public health significance) in 2016

- a. Supplementary feeding of thin children through Breakfast Feeding
- b. Enhanced knowledge and practice of school children through regular classroom education with the integration of basic concepts in nutrition, and health related programs such as consumption of vegetables, use of iodized salt and iron fortified rice and proper hand washing and personal hygiene.
  - Project WASH Nutritional Guidelines for Filipinos National Drug Education Program
- c. Provision of safe drinking water and clean sanitary toilet facilities
- d. Sustained implementation of the Essential Health Care Program in School,
- e. Physical and Dental Check-up
- f. Deworming
- g. Growth monitoring and promotion

#### 5. Prevention of specific micronutrient deficiencies

**Target:** To maintain or bring the prevalence of vitamin A deficiency and iodine deficiency disorders to levels below public health significance; and prevalence of iron deficiency anemia among infants 6-11 months old, 1-2 year-olds, pregnant and lactating women at moderate levels (21-40%)

- a. Provision of the Multiple Nutrient Powder for 6-24 months old children
- b. Vitamin A Supplementation
- c. Ferrous with Folic Acid Supplementation
- d. Dietary Diversification
- e. Food fortification
- f. Iodine Supplementation through iodized salt and iodized capsules for endemic areas
  - Salt iodization
  - Reactivation of municipal city bantay-asin taskforce
  - > Salt iodization program orientation for sanitary inspectors/market supervisors
- g. Strict enforcement of the ASIN Law
- h. Strengthen advocacy on dietary diversification

*i.* Regular conduct of Nutrition classes

#### 6. Influence mothers to adopt positive Infant and Young Child Feeding practices

**Target:** To increase prevalence of exclusive breastfeeding and Proportion of Age appropriate breastfeeding from 60.9% and 55.6% in 2011 to 70% by 2016.

- a. Accelerate accreditation of hospitals and lying-in clinics as MBFHI compliant
- b. Strengthen Exclusive Breastfeeding Support in the community and workplace
- c. Establishment of lactation stations in public facilities e.g. bus terminals, air and sea ports, government offices
- d. Emphasis on complementary feeding in nutrition education sessions using the "Pabasa Sa Nutrisyon" and counseling cards.
- e. Promotion and adoption of tested nutritious complementary feeds recipes for 6-23 months
- f. Conduct recipe trials
- 7. Inculcating in the everyday life of the family the practice of making healthy food choices and practice of healthy lifestyle

Target: To prevent the increase in overweight and obesity among children and adults

- a. Promotion of the Nutritional Guidelines for Filipinos (2012)
  - To include beneficiaries of Pantawid Program during Family Development Sessions
- b. Promotion of the "Pinggang Pinoy"
- c. Disseminate the problem of Double Burden of Malnutrition and advocate to LGUs to implement interventions that support healthy lifestyle.

#### 8. Putting good governance at the center of efforts for nutrition improvement Target: To strengthen local governance for Nutrition Program Management

- a. Adoption of DILG MC 2012-89 Adoption of PPAN 2011-2016
- b. Capacity building for Local Nutrition committee members on Nutrition Program Management with the regular formulation of Nutrition Action Plans
- c. Basic Courses for Barangay nutrition Scholars to improve delivery of services
- d. Inclusion of nutrition in the local management training of new Local Chief Executives
- e. Advocacy for appointment of permanent Nutrition Action Officer with office and support staff
- f. Advocacy for the Adoption of RDC resolutions on WHO-CGS opt Plus, Iron Fortified Rice and establishment of Lactation room in all government offices
- g. Alliance building and networking with the civic society and non-government organizations
- h. Regular monitoring and evaluation of the local nutrition plan implementation

#### 9. To provide correct and timely nutrition information to the general public

- i. Key Nutrition messages disseminated through multimedia campaign e.g. radio, television, print, internet
- j. Network with media group to conceptualize promote good nutrition projects and activities
- k. Documentation of good practices
- I. Distribution of IEC materials to target aras and beneficiaries
- m. Conduct of barangay fora with video/film showing on health and nutrition
- n. Promotion of the 10 kumainments
- o. Tap cable stations for free airing of the 10 kumainments
- p. Posting of billboards and posters in strategic areas in the target areas

q. Coordinate with RNB (Radyo ng Bayan), DXXX and PIA9 online radio for the free airing of 30 minutes drama of Katumbas ay Biyaya

#### **10.** Adoption of Nutrition in Emergencies Policies

- a. Capacity building to handle during nutrition emergencies
- b. Establishment of Nutrition Clusters in provinces and cities and municipalities
- c. Management of SAM and MAM

## VII. Targets and Budgetary Requirements

Strategy 1: Increasing Food supply and strengthen purchasing power of families for adequate food intake Activity 1: *Kabuhayan Starter Kit and DILP* Responsible entities: DOLE

Indicators	2012	2013	2014	2015	2016
Individual Clients served	200	200	200	200	200
Families served DILP	1000	1000	1000	1000	1000
Budget (in '000)	P 9,000.00				

Activity 2: *Gulayan Sa Paaralan Program* Responsible entities: DA RFU

Indicators	2012	2013	2014	2015	2016
No. of Schools covered	498	600	283	283	283
No. of Schools with established veg gardens	498	600	283	283	283
Kilos of assorted vegetable seed distributed	249	300	144	144	144
No. of garden tools distributed (5pcs/sch)	2490	3000	1415	1415	1415
Organic Fertilizers distributed (2 bags/school)	498	600	283	283	283
Budget	P3,122,460.00	P3,762,600.00	P1,774,410.00	P1,774,410.00	P1,774,410.00
Area/school Coverage	2012	2013	2014	2015	2016
Zamboanga del Norte	95	130	55	55	55
Zamboanga del Sur	93	130	50	50	50
Zamboanga Sibugay	75	90	45	45	45
Zamboanga City	85	90	40	40	40
Pagadian City	40	40	25	25	25
Dipolog City	40	40	23	23	23
Area/school Coverage	2012	2013	2014	2015	2016

Dapitan City	35	40	25	25	25
Isabela City	35	40	20	20	20

Activity 3: *Barangay Food Terminal* Responsible entities: DA RFU

Indicators	2012	2013	2014	2015	2016
NO. Of sites	16	25	10	10	
Budget (in '000)	P 4,800.00	P 7,500.00	P 3,000.00	P 3,000.00	

Activity 4: *Augmenting the LGU capacity to assist small fisher folks in terms of input* Responsible entities: DA - BFAR

Indicators	2012	2013	2014	2015	2016
Provision of Production Support Services					
Fish Seed Distributed (in M)		5.4			
Fishing gears/paraphernalia (gill net, hook					
and line, fish pots)		1180			
Seaweed farm implements		1150			
No. of Training and technical Assistance to					
fisher folks					
Aquaculture		2772			
Municipal		1584			
Commercial		1320			
Regulatory		948			
Post Harvest		204			
Others		324			

Activity 5: Supplementary Feeding for children in Day Care Centers.

Responsible entities: DSWD

Indicators	2012	2013	2014	2015	2016
N0 of children provided with 1/3 daily calorie & nutrient requirement at P10.00/child	87,876 1 <sup>st</sup> cycle	100000 2 <sup>nd</sup> cycle	110000 3 <sup>rd</sup> cycle	121000 4 <sup>th</sup> cycle	133100 5 <sup>th</sup> cycle
Budget	P 878,760.00	P1,000.000.00	P1,100,000.00	P1,210,000.00	P1,331,000.00

Activity 6: Supplementary Feeding for elementary school children in DepEd

Indicators	2012	2013	2014	SY-2015	SY-2016
No of schools				2,103	1,169
No. of severely wasted children No. of Wasted children				17859	22196 56529
Budget				34,289,280.00 ( Php16 x 17859 x 120 days)	24491520.00 (36660 X P16 X 40)

#### Activity 7.0: S & T Interventions

DOST

Indicators	2015	2016
Employment Generated	550	748
No. of technology trainings conducted	60	78
No. of technology training participants	953	1,100
No. of SETUP Projects endorsed/funded	35	48
No. of GIA Projects Implemented	7	7
Number of CEST Projects Implemented	3	
BUDGET	62 M	67 M

Activity 8: Infrastructure (Providing access farm production to markets) DAR (Please see attachment)

# Strategy2: Prevention of chronic undernutrition in 0-23 month children by focusing on the first 1000 days

Activity 1: Regular pre-natal care with emphasis on adequate nutrition of pregnant women during counseling

Responsible entities: Health office LGU

Indicators	2012	2013	2014	2015	2016
N0. Pregnant women given nutrition counseling during pre natal (80%)		101,063	103,049	105,100	108,044

#### Activity 2: Intensified Promotion of Exclusive Breastfeeding

Responsible entities: Health office LGU, BNS, BHW, EBF Counselors, DOLE

Indicators	2012	2013	2014	2015	2016
Increased rate of Exclusive Breastfeeding	60%				70%
1. Accreditation of lactation stations in workplaces > No. orientations conducted for RA10028 2. No. of Health	5 5	6 5	6 5	10 AN 10	10 AN 10
Facilities/Birthing facilities with MBFHI COC	5	5	5		

Activity 3: *Demonstration of tried recipe on complementary feed for 6 to 24 months babies* Responsible entities: Health office LGU (For consideration of LGU)\*\*

Indicators	2012	2013	2014	2015	2016
1. No. of lactating mothers (target 30%) joining demonstration classes on recipe trials* (P5.00/pax)		36986	38196	39405 2 batches (DOH) 216,000.00	40614 2 batches (DOH) 216,000.00
Budget (Proposed)**		P184,930.0	P190,980	P197,025.00	P203,070.00
		0	.00		

No. of BNS/BHW attending Training of trainers on recipe trial	400		
Budget (MDGF 2030)	410,000.00		

To address FNRI Survey result - 15% knowledge on appropriate complementary feeding in ZP

#### *Strategy 3*: **Improving maternal nutrition for healthy pregnancy and delivery of infant at childbirth** Activity : *Supplemental Feeding for pregnant women*

Responsible entities: LGU (For consideration of LGU)

Indicators	2012	2013	2014	2015	2016
N0. of pregnant nutritionally at risk mothers (target 20%) provided supplemental feeding (P20.00/mother 60 days)		4227	4513	4603	4732
Proposed Budget		P5,072,400.00	P5,415,600.00	P5,523,600.00	P5,578,400.00

## Strategy 4: Influence school children to adopt positive health and nutrition practices

Activity 1: *Health & Nutrition Package at School* Responsible entities: DepED

Indicators	2012	2013	2014	2015	2016
No. of division integrating modules on Salt Iodization Program in the curriculum		1	1 (ZC)	1 (ZC)	1 (ZC)
No. of Divisions implementing breakfast feeding program for severely wasted children	3	3			
No. of Divisions implementing school based feeding program for severely wasted			8	8	8

#### Activity 2: Health & Nutrition Package at School

Responsible entities: DepED

Indicators	2012	2013	2014	2015	2016
No. of Divisions implementing school based feeding program for wasted			8	8	8
No. of divisions implementing deworming of school children	8	8	8	8	8

#### Strategy5: Prevention of specific micronutrient deficiencies

Activity: Micronutrient Supplementation

Responsible entities: DOH9; Coverage: 3 provinces; 5 cities

Indicators	2012	2013	2014	2015	2016
1)N0 of 6-59 months given		416,614	424,802	433,256	445,390
Vitamin A Supplementation (95%) 1 <sup>st</sup> & 2 <sup>nd</sup> round					
Budget		498,814.65	508,618.30	518,739.94	533,268.54
2)Target Indicators Vitamin A (95 %) for lactating mothers		102,868	104,889	106,977	109,973

Indicators	2012	2013	2014	2015	2016
Budget		62,333.63	56,661.29	57,788.82	59,407.34
3) N0 of pregnant given iron		101,063	103,049	105,100	108,044
supplementation Target					
Indicators (80%)					
Budget		3,601,880.47	3,672,676.91	3,745,761.58	3,850,670.91
4) N0 of lactating women		86,625	88,328	90,086	92,609
given iron supplementation					
Target Indicators (80%)					
Budget		428,795.29	437,223.44	445,924.00	458,413.20
5)NO of 6 to 23 months		350,833	357,728	364,847	375,065
given Iron Supplementation					
Target indicator 80%					
Budget		4,130,857.94	4,212,051.65	4,295,869.63	4,416,186.11
6) NO of 6-23 months given		116,944	119,243	121,616	125,022
Micronutrient Powder					
target indicator target					
indicator 80%					
Budget		8,965,719.79	9,599,041.92	9,323,865.40	9,585,003.35

Strategy 5.1: *Enforcement of RA 8672 Food Fortification Law of 2000 and RA 8172 or the ASIN Law* Activity 1: *Advocacy and Promotion on utilization of Iron Fortified Rice in public elementary schools* Responsible entities: National Food Authority; Coverage: 3 provinces

Indicators	2012	2013	2014	2015	2016
N0 of schools covered in Zamboanga Sibugay	10	18	100	175	20 private sch
N0 of schools covered in Zamboanga City	6	5	6	6	6
N0 of schools covered in Zamboanga del Norte	1	1	1	1	1
Budget	P127,500	P180,000	P802,500	P1,365,000	P607,500

Activity 2: Advocacy & Promotion on Iron Fortified Rice to rice retailers, millers, food establishments & households

Responsible entities: National Food Authority; Coverage: Regionwide

Indicator	2012	2013	2014	2015	2016
N0 of rice retailers, millers &	20				30 ZDN
food establishments	Zamboanga				
advocated	City				
N0 of poor household		Dipolog 250	Katipunan		
advocated (ZDN)		Polanco 150	100		
		Dapitan 250	Roxas 100		
Indicator	2012	2013	2014	2015	2016

N0 of Duty bearers (political leaders and Punong Barangay advocated		150	Siayan 200		
N0 of advocacy with IFR taste-test done in tertiary school				1 (JRMSU Dipolog 300pax)	1 (SJC, Sindangan 350 pax)
Budget	P3,000.00.00	P40,000.00	P20,000.00	P 15,000.00	P 20,500.00

Activity 3: Advocacy and monitoring of supply and sale of iodized salt in public markets Responsible entities: CHD and LGU Health Office

Coverage: 67 municipalities, 5 cities

Indicator	2012	2013	2014	2015	2016
7) Public markets monitored selling iodized salt (1market/mun; 2markets/city)		77	77	77	77
8)Advocacy on enforcement of ASIN Law by big salt trader		2	Advocated sustained	Advocated sustained	Advocated sustained

#### Activity 4: Advocacy and monitoring of supply and sale of iodized salt in public markets Responsible entities: CHD and LGU Health Office

Coverage: 67 municipalities, 5 cities

Indicator	2015	2016
Reactivation of Provincial, City, Municipal bantay-asin taskforce	75	75
Salt iodization program orientation for sanitary inspectors/market upervisors	4	4
Strict enforcement of the ASIN Law	75	75
Reactivation of Patak sa Asin	75	75
Monitoring lodine content of salt	75	75

#### Strategy 6: Influence mothers to adopt positive Infant and Young Child Feeding practices

Activity 1: *Capacity building of health personnel and mothers on appropriate Infant and Young Child* Feeding; Coverage: 3 provinces; 5 cities

Responsible entities: DOH 9

Indicators	2012	2013	2014	2015	2016
No. of Health Personnel (HP) trained and mentored on IYCF	Train New HP	Trained HP mentored	Train New HP	1 batch	1 batch
No. of HP Oriented / mentored for EBF support group in hospital/community	Personnel in new hospitals oriented	Personnel trained in previous year monitored /mentored	Personnel in new hospitals oriented	8 batches	4 batches

No. of College Instructors	Follow up on	Training of	Follow up on	Follow up on	Follow up on
Oriented on EBF integration	trainees of	College	trainees of	integration	integration
in related health courses	previous	Instructors in	previous	in curriculum	in curriculum
(Target 100% of schools	year	Zamboanga	year		
using updated curricula		del Sur			
integrated with IYCF)					

Activity 2: Capacity building of health personnel and mothers on appropriate Infant and Young Child Feeding;

Coverage: 3 provinces; 5 cities; Responsible entities: DOH 9

Indicators	2012	2013	2014	2015	2016
No. of College /Universities implementing integration IYCF in the curriculum .			All colleges and universities	All colleges and universities	All colleges and universities

#### Activity 3: *Capacity building of health personnel and mothers on appropriate Infant and Young Child* Feeding; Coverage: 3 provinces; 5 cities; Responsible entities: DOH 9

Indicators	2012	2013	2014	2015	2016
No. of public/private hospitals personnel trained on MBFHI (target 50% hospitals is MBFHI certified)	Follow up of previously oriented HP	Orientation of HP of new public/private hospitals	Follow up of previously oriented HP	Orientation of HP of new public/private hospitals 100% 1 batch	1 batch

Indicator	2012	2013	2014	2015	2016			
Adoption of the NiEm Policies and the PIMAM Protocol								
N0 of LGU Oriented and Trained on Nutrition in Emergencies (Target 100% emergency responses related to IYCF is compliant to Infant Feeding in Emergency Guidelines)	Nutrition Cluster in the local DRRC trained on MOP of Nutrition in Emergency	Nutrition Cluster in the local DRRC trained on MOP of Nutrition in Emergency	Nutrition Cluster in the local DRRC trained on MOP of Nutrition in Emergency	Nutrition Cluster in the local DRRC trained on MOP of Nutrition in Emergency 8 batches	4 batches			
Budget	P2,199,000.0 0	P2,418,900.00	P2,660,790.00	P2,926,869.00				
N0 of LGUs with organized Nutrition Cluster				50 LGUs	75 LGUs			

Indicator	2012	2013	2014	2015	2016
N0 of LGUs trained in				3	8
PIMAM					

## Strategy 9: To provide correct and timely nutrition information to the general public

Activity: Media Campaign and Promotion of Good Nutrition Responsible entities: NNC

Indicators	2012	2013	2014	2015	2016
Key nutrition	10 Nutrition	10 Nutrition	10 Nutrition	10	10 Kumainments
messages &	Guidelines for	Guidelines for	Guidelines for	Kumainments	Pinggang Pinoy
disseminated	Filipinos	Filipinos	Filipinos	Pinggang Pinoy	Katumbas Ay
through multimedia campaign e.g. radio, television, print, internet	36 episode of drama series aired 1 Nutrition Radio Program	36 episode of drama series aired 1 Nutrition Radio Program	36 episode of drama series aired 1 Nutrition Radio Program	Katumbas Ay Biyaya Drama Series Radyo Mo Sa Nutrisyon	Biyaya Drama Series Radyo Mo Sa Nutrisyon Nutrition Trivia
	5X/wk Nutrition Trivia	5X/wk Nutrition Trivia	5X/wk Nutrition Trivia	Nutrition Trivia	
N0 of media groups linked	3	3	3	3	3
Budget	P1,000,000.00	1,000,000.00	P1,000,000.00	P1,000,000.00	P1,000,000.00

#### Strategy 7: Putting good governance at the center of efforts for nutrition improvement

Activity 1: Strengthening Capability of local government units in Nutrition Program Management (NPM) Responsible entities: National Nutrition Council, DILG

Coverage: 3 provinces; 5 cities; 67 municipalities

Indicators	2012	2013	2014	2015	2016
N0 of LGUs advocated on the	30	75	Follow up	Follow up	Follow up &
DILG MC 2012-89 Adoption of			&	&	sustained
PPAN 2011-2016			sustained	sustained	
N0 of LGUs trained in NPM with	15	25	1batch	1batch	1batch
regular formulation of Nutrition	(ZDS)	(3 cities,	training 15	training 15	training 15
Action Plans integrated in local		ZDS, ZS)	muns	muns	muns
investment plan					
Budget	100,000.00	552,000.00	273,000	273,00	273,000.00
N0 of barangays trained in NPM	190	41			
with the regular formulation of		(Isabela)			
Nutrition Action Plans integrated					
in Barangay Development Plan					
Budget		216,000.00			
N0 of Training of Trainers for BNS	2	1	1batch	1batch	1batch
Basic Courses conducted to	(ZDN & ZS)	(ZDS)	training 15	training 15	training 15
improve delivery of services			muns	muns	muns
Budget	500,000	250,000	273,000	273,000	273,000
N0 of Regional Conference held	1	1	1	1	1
to update Local Officials, NAOs,					
BNS, D/CCNPCs, interagency					
partners on nutrition program to					
improve delivery of services					
Budget	120,000.00	150,000.00	150,000.00	150,000.00	150,000.00

Inclusion of nutrition in the DILG	1		1	1
management training of new				
Local Chief Executives				

Activity 2: Strengthening Capability of local government units in Nutrition Program Management (NPM) Responsible entities: National Nutrition Council, DILG

Coverage: 3 provinces; 5 cities; 67 municipalities

Indicators	2012	2013	2014	2015	2016
N0 of LGUs regularly monitored and evaluated on the local nutrition plan implementation through field visit, PIR and report generation	20	20	20	20	20
Budget	56,000	74,000.00	74,000.00	74,000.00	74,000.00
NO of advocacy done to civic society and non-government organizations to establish alliance for nutrition		1	1	1	1
Budget		30,000.00	30,000.00	30,000.00	30,000.00