Good morning
The Philippine Plan of Action for Nutrition 2017-2022 and the D/CNPCI
What will I do differently?

"Insanity is doing the same thing over & over again & expecting different results."

Albert Einstein
What is PPAN?
Philippine Plan of Action for Nutrition 2017-2022

A national plan to end malnutrition
What are the malnutrition problems being addressed in PPAN?
Stunting or short for age 2015 33.4% 4.6M
Wasting or thin for height
2015: 7.0% 1.0M
Other forms of malnutrition

- Vitamin A deficiency
- Iron deficiency anemia
- Iodine deficiency disorders
- Hunger and food insecurity
Intergenerational Consequences

Consequences
- Non-communicable diseases, poor reproductive health, premature mortality, reduced fertility, physical disability, social isolation
- Mortality, morbidity from infectious diseases, disability
- Sub-optimal adult height, poor cognitive ability, low economic/work productivity, poor reproductive outcomes

Outcome
- Overnutrition/unbalanced intake
- Maternal and child undernutrition

Immediate causes
- Physical Inactivity
- Poor dietary intake (quality and/or quantity)
- Disease

Underlying causes at household/family level
- Sedentary lifestyle and behaviors
- Insufficient supply or access to healthy foods
- Inadequate care & feeding practices and behaviors
- Poor water, sanitation, food safety and inadequate health services

Basic causes at societal level
- Access to natural capital (land, water, clean air), markets, education, support networks, social protection, infrastructure, transportation, employment, technology, information, marketing.
- Culture and social norms; fiscal and trade policies; legislation and regulations, agriculture; food systems; urbanization; climate change; pollution; political stability and security.

“BEGIN WITH THE END IN MIND”

Covey 1989
LESS Filipino children who are SHORT
LESS Filipino children who are THIN
LESS Filipinos who are Overweight bese
## How much less?

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stunted children &lt;5 years old</strong></td>
<td>33.4% 4.6 M</td>
<td>21.4% 3.3 M</td>
</tr>
<tr>
<td><strong>Wasted children &lt; 5 years old</strong></td>
<td>7.0 1.0 M</td>
<td>&lt;5 0.8 M</td>
</tr>
<tr>
<td><strong>Overweight</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Under 5 years old</td>
<td>3.8%</td>
<td>≤3.8%</td>
</tr>
<tr>
<td>- Adolescents</td>
<td>8.3%</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>- Adults</td>
<td>31.1%</td>
<td>28.0</td>
</tr>
</tbody>
</table>
Nourished pregnant women
Birth outcome
Exclusive breastfeeding
Complementary feeding
Calorie intake
## How much better?

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritionally-at-risk pregnant women (prev)</td>
<td>24.8</td>
<td>20.0</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>21.4</td>
<td>16.6</td>
</tr>
<tr>
<td>Exclusive breastfeeding (among 5 mo-old infants)</td>
<td>24.7</td>
<td>33.3</td>
</tr>
<tr>
<td>Complementary feeding (min acceptable diet)</td>
<td>18.6</td>
<td>22.5</td>
</tr>
<tr>
<td>Households meeting energy requirements</td>
<td>31.7</td>
<td>37.1</td>
</tr>
</tbody>
</table>
Ambisyon 2040, *Strongly rooted, comfortable and secure life*

**Sustainable Development Goals**

**Philippine Development Plan Goal**

*Foundation for inclusive growth, a high-trust society, and a globally competitive knowledge economy*

- Reduced wasting among children under-five years old
- Reduced stunting among children under-five years old
- Reduced micronutrient deficiencies
- Improved situation in overweight and obesity

**Nutrition-specific programs**

- Reduced nutritionally-at-risk pregnant women
- Reduced low birthweight

**Nutrition-sensitive programs**

- Increased exclusive breastfeeding
- Improved food intake
- Improved complementary feeding

**Nutrition-supportive programs**

**Enabling programs**
Guiding principles

• Attainment of nutritional well-being is a main responsibility of families but government and other stakeholders have the duty to assist those who are unable to enjoy the right to good nutrition

• Participation of various stakeholders, including members of the community, in policy and plan formulation, implementation, monitoring and evaluation

• Gender sensitivity

• Efficiency and effectiveness in resource allocation and implementation of programs and projects
Guiding principles

- Adherence to the principles of engagement of the Scaling Up Nutrition Movement as follows:
  - Transparency about intentions and impact
  - Inclusiveness
  - Being rights based
  - Willingness to negotiate
  - Predictability and mutual accountability
  - Cost-effectiveness
  - Continuous communicativeness
  - Acting with integrity and in an ethical manner
  - Mutual respectfulness
  - Doing no harm.
1 Focus on the FIRST 1,000 DAYS

Child stunting more than double at one year of age and stays at high levels

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>270 days</td>
</tr>
<tr>
<td>First year of life</td>
<td>365 days</td>
</tr>
<tr>
<td>Second year of life</td>
<td>365 days</td>
</tr>
<tr>
<td></td>
<td>1,000</td>
</tr>
</tbody>
</table>
Complementation of nutrition-specific interventions and nutrition-sensitive interventions

Immediate causes of child undernutrition
- Inadequate dietary intake
- Disease

Underlying and basic causes of child undernutrition
- Household food insecurity
- Inadequate care practices
- Unhealthy household environment
- Income poverty
<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provinces</td>
<td>36</td>
</tr>
<tr>
<td>Cities</td>
<td>42</td>
</tr>
<tr>
<td>Municipalities</td>
<td>666</td>
</tr>
<tr>
<td>Barangays</td>
<td>16,419</td>
</tr>
<tr>
<td>Population, 2017</td>
<td>32 M</td>
</tr>
<tr>
<td>Poor, 2017</td>
<td>10.8 M</td>
</tr>
<tr>
<td>Pregnant women, 2017</td>
<td>1.1 M</td>
</tr>
<tr>
<td>Children 0-23 months old, 2017</td>
<td>1.7 M</td>
</tr>
<tr>
<td>Children under-five years old, 2017</td>
<td>4.3 M</td>
</tr>
</tbody>
</table>
## PPAN 2017-2022 focus areas (36)

<table>
<thead>
<tr>
<th>Province</th>
<th>Province</th>
<th>Province</th>
<th>Province</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abra</td>
<td>Camarines Norte</td>
<td>Masbate</td>
<td>Romblon</td>
</tr>
<tr>
<td>Agusan del Sur</td>
<td>Camarines Sur</td>
<td>Mountain Province</td>
<td>Samar</td>
</tr>
<tr>
<td>Aklan</td>
<td>Capiz</td>
<td>Negros Occidental</td>
<td>Sarangani</td>
</tr>
<tr>
<td>Albay</td>
<td>Catanduanes</td>
<td>Negros Oriental</td>
<td>South Cotabato</td>
</tr>
<tr>
<td>Antique</td>
<td>Eastern Samar</td>
<td>North Cotabato</td>
<td>Sultan Kudarat</td>
</tr>
<tr>
<td>Aurora</td>
<td>Ifugao</td>
<td>Northern Samar</td>
<td>Sulu</td>
</tr>
<tr>
<td>Biliran</td>
<td>Lanao del Norte</td>
<td>Occidental Mindoro</td>
<td>Tawi-Tawi</td>
</tr>
<tr>
<td>Bohol</td>
<td>Lanao del Sur</td>
<td>Palawan</td>
<td>Zamboanga del Norte</td>
</tr>
<tr>
<td>Bukidnon</td>
<td>Maguindanao</td>
<td>Quirino</td>
<td>Zamboanga Sibugay</td>
</tr>
</tbody>
</table>
PPAN Strategic Thrusts

4

Reaching geographically isolated and disadvantaged areas, communities of indigenous peoples (IP), and the urban poor especially those in resettlement areas

Stunting is much higher among IPs
Complementation of actions of national and local governments
### Nutrition-specific programs

– *Address immediate causes of malnutrition*

<table>
<thead>
<tr>
<th>Program/Project</th>
<th>Agency involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant and Young Child Feeding</td>
<td></td>
</tr>
<tr>
<td>• Health systems support</td>
<td>DOH, LGUs</td>
</tr>
<tr>
<td>• Community-based health and nutrition support</td>
<td>DOH, NGOs, LGUs, Development Partners (DPs)</td>
</tr>
<tr>
<td>• Maternity Protection and Improving Capacities of Workplaces on Breastfeeding</td>
<td>DOLE, Employers, Employees’ Unions, NGOs, LGUs, DPs</td>
</tr>
<tr>
<td>• Establishment of breastfeeding places in non-health establishments</td>
<td>All agencies, NGOs, LGUs, DPs, CSC</td>
</tr>
<tr>
<td>• Enforcement of the Milk Code</td>
<td>DOH, LGUs</td>
</tr>
</tbody>
</table>
### Nutrition-specific programs

- *Address immediate causes of malnutrition,*

<table>
<thead>
<tr>
<th>Program/Project</th>
<th>Agency involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Management of Acute Malnutrition</td>
<td>DOH, NGOs, LGUs, DP</td>
</tr>
<tr>
<td>National Dietary Supplementation Program</td>
<td></td>
</tr>
<tr>
<td>• Pregnant women</td>
<td>DOH, NGOs, LGUs, DPs</td>
</tr>
<tr>
<td>• Children, 6-23 months old</td>
<td>DOH, NGOs, LGUs, DPs</td>
</tr>
<tr>
<td>• Children 24 – 59 months old</td>
<td>DSWD, NGOs, LGUs, DPs</td>
</tr>
<tr>
<td>• School-age children</td>
<td>DepEd, NGOs, LGUs, DPs</td>
</tr>
<tr>
<td>• Food plant for producing food supplements</td>
<td>FNRI, LGUs, SUCs, NGOs</td>
</tr>
</tbody>
</table>
Nutrition-specific programs
– *Address immediate causes of malnutrition*

<table>
<thead>
<tr>
<th>Program/Project</th>
<th>Agency involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Nutrition Promotion Program for Behavior Change</td>
<td>DepEd, NGOs, LGUs, DPs</td>
</tr>
<tr>
<td>• In schools</td>
<td>DepEd, NGOs, LGUs, DPs</td>
</tr>
<tr>
<td>• In communities</td>
<td>DOH, DSWD, NGOs, LGUs, DPs</td>
</tr>
<tr>
<td>• In workplace</td>
<td>DOH, DOLE, NGOs, LGUs, DPs</td>
</tr>
<tr>
<td>• Resource center</td>
<td>NNC (coordinator)</td>
</tr>
</tbody>
</table>
# Nutrition-specific programs

– *Address immediate causes of malnutrition*

<table>
<thead>
<tr>
<th>Program/Project</th>
<th>Agency involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micronutrient supplementation (vitamin A, iron-folic acid, multiple micronutrient powder, zinc)</td>
<td>DOH, NGOs, LGUs</td>
</tr>
<tr>
<td>• In health unit</td>
<td>DOH, NGOs, LGUs</td>
</tr>
<tr>
<td>• In schools</td>
<td>DepEd, NGOs, LGUs</td>
</tr>
<tr>
<td>• Communication support</td>
<td>DOH, NGOs, LGUs</td>
</tr>
<tr>
<td>Mandatory Food Fortification (rice with iron, flour with vitamin A and iron, sugar and cooking oil with vitamin A, and salt with iodine)</td>
<td>DOH, DSWD, DepED, NGOs, LGUs, industry</td>
</tr>
<tr>
<td>• Technical assistance, regulation and communication support</td>
<td>DOH, DSWD, DepED, NGOs, LGUs, industry</td>
</tr>
</tbody>
</table>
## Nutrition-specific programs

- *Address immediate causes of malnutrition*

<table>
<thead>
<tr>
<th>Program/Project</th>
<th>Agency involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition in emergencies – Capacity building for mainstreaming nutrition protection in emergencies</td>
<td>DOH, DSWD, National/Local DRRMC, NGOs, LGUs, DPs</td>
</tr>
<tr>
<td>Overweight and Obesity Management and Prevention Program</td>
<td>DOH, DSWD, DOLE, NGOs, LGUs, industry, CSC, DPs</td>
</tr>
</tbody>
</table>
Nutrition-sensitive programs
– Address underlying causes of malnutrition

• NON-nutrition programs or projects that were TWEAKED to produce nutritional outcomes
Farm-to-market road

- In barangays where there are high prevalence of malnutrition

- Who to employ: member of families with pregnant women, or malnourished children aged 0-23 mos.
Livelihood programs

• In barangays where there are high prevalence of malnutrition

• Who to employ: member of families with pregnant women, or malnourished children aged 0-23 mos.
Convergence
Physical access to food supply, e.g. home, school, community food gardens; improved infrastructure

Economic access to food, e.g. employment, livelihood

Access to safe water and sanitary facilities

**CONVERGENCE OF PROGRAMS AND SERVICES**

- Pregnant Women
- Children Under 5 Years Old
- Poor Families
  - Farmers
  - Fisherfolks
  - Agricultural Workers
- Indigenous Peoples (IPs)
- Urban poor especially in resettlement areas
- Internally displaced population (IDPs)

- Infant and Young Child Feeding
- Integrated Management of Acute Malnutrition
- Dietary Supplementation
- Nutrition Promotion for Behavior Change
- Micronutrient Supplementation
- Mandatory Food Fortification
- Nutrition in Emergencies
- Overweight and Obesity Management
Where are D/CNPCs in the PPAN
D/CNPC

- Capacity builder
- Advocate
- Program planner and designer
- Program manager
- Program monitor and evaluator
Nutrition assessment – *How to improve: Data quality? Quality of analysis? Use?*
Nutrition planning

- How to increase number of MNAPs?
- How to improve quality of C/MNAPs?
  - Targeting the really needy?
  - Choosing right mix of nutrition-specific and nutrition-sensitive interventions?
  - Effective design?
- How to ensure C/MNAPs are funded?
Help in the nutrition-specific programs
<table>
<thead>
<tr>
<th>Period</th>
<th>Number of days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>270</td>
</tr>
<tr>
<td>1\text{st} year</td>
<td>365</td>
</tr>
<tr>
<td>2\text{nd} year</td>
<td>365</td>
</tr>
</tbody>
</table>
• Attend prenatal check-ups
• Eat healthy, an additional of 300 calories daily
• Intake of iron-folic acid tablet
• Prepare for breastfeeding
• Deliver in health facility
• Design of supplementary feeding of pregnant women
  • How to have a program
  • Who to target? Malnourished pregnant women? How to identify?
  • What commodity?
  • Center based? Home based?
  • How to monitor?
  • How to evaluate
• How to improve compliance to iron-folic acid supplementation
  • What should BNSs do?
  • Develop tools for BNSs?
Promote proper infant and young child feeding
Organize and NURTURE IYCF peer counselors
Facilitate the establishment of lactation stations and provide technical assistance.
Develop learning modules on complementary feeding.

Foods that are thick enough to stay in the spoon give more energy to the child.
Develop learning modules on complementary feeding
- Conduct mothers’ class
- Conduct related activities for fathers?
- Design and implement communication campaign
- Supportive supervision
Help to ensure **good coverage** of services

- Dietary supplementation
- Vitamin A supplementation
- Use of iodized salt
- Home kitchen gardens
- Nutrition education
- Referral to services – income generating, employment
Protect and promote breastfeeding in evacuation centers and communities affected by calamity

- Mobilize peer counselors
- Mobilize wet nurses
- Ensure that there are no infant formula and milk donations inside evacuation centers
- Ensure adequate supply of micronutrients
- Organize initial nutrition assessment
- Organize community kitchen
In overweight and obesity

- Nutrition counseling
- Nutrition classes
- Exercise activities
- Advocate for a place allocated for walking, running, biking, etc.
"Insanity is doing the same thing over & over again & expecting different results."

Albert Einstein
Happy Filipinos

• Malasakit
• Pagbabago
• Patuloy na pagunlad
Sa PPAN
Panalo ang bayan!

NATIONAL NUTRITION COUNCIL
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