



# Multi-sector programming at the sub-national level:

A case study of Gingoog City and Diffun and Saguday Municipalities, Philippines



## Authors

Dr Charulatha Banerjee (Regional Knowledge Management Specialist – ENN), Natalie Sessions (Global Knowledge Management Coordinator – ENN), Jeremy Shoham and Carmel Dolan (ENN Technical Directors).

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## Acronyms

<b>BNS</b>	Barangay Nutrition Scholar
<b>BNC</b>	Barangay Nutrition Committee
<b>CNAO</b>	City Nutrition Action Officer
<b>CNC</b>	City Nutrition Committee
<b>CSO</b>	Civil Society Organisation
<b>CU5</b>	Children under five years old
<b>DoA</b>	Department of Agriculture and Agrarian Reform
<b>DepEd</b>	Department of Education
<b>DSWD</b>	Department of Social Welfare and Development
<b>DILG</b>	Department of Interior and Local Governance
<b>DoLE</b>	Department of Labour and Employment
<b>DoST</b>	Department of Science and Technology
<b>DRRM</b>	Disaster Risk Reduction and Management
<b>DTI</b>	Department of Trade and Industry
<b>EBDC</b>	Expanded Barangay Development Council
<b>ECCD</b>	Early Childhood Care Development
<b>FNRI</b>	Food and Nutrition Research Institute
<b>ENN</b>	Emergency Nutrition Network
<b>F1K</b>	First 1,000 days
<b>GIDA</b>	Geographically isolated and disadvantaged areas
<b>IDD</b>	Iodine-deficiency disorder
<b>IYCF</b>	Infant and Young Child Feeding
<b>IRA</b>	Internal Revenue Allocation
<b>JAA</b>	Joint Annual Assessment
<b>KM</b>	Knowledge Management
<b>MDGs</b>	Millennium Development Goals
<b>MELLPI</b>	Monitoring of Local Level Plan Implementation
<b>MNAO</b>	Municipal Nutrition Action Officer
<b>MNC</b>	Municipal Nutrition Committee
<b>MSP</b>	Multi-Sector Programme
<b>NAO</b>	Nutrition Action Officer
<b>NEDA</b>	National Economic Development Authority
<b>NGO</b>	Non-government organisation
<b>NI</b>	Nutrition International
<b>NiE</b>	Nutrition in Emergencies
<b>NNC</b>	National Nutrition Council
<b>OPT</b>	Operation Timbang (growth monitoring)
<b>PLW</b>	Pregnant and lactating women
<b>PNC</b>	Provincial Nutrition Committee
<b>PPAN</b>	Philippine Plan of Action for Nutrition
<b>RIC</b>	Rural Improvement Clubs
<b>RKMS</b>	Regional Knowledge Management Specialist
<b>RNPC</b>	Regional Nutrition Programme Coordinator
<b>RPAN</b>	Regional Plan of Action for Nutrition
<b>SUN</b>	Scaling Up Nutrition
<b>TAN</b>	Technical Assistance for Nutrition
<b>UNICEF</b>	United Nations Children's Fund
<b>VAD</b>	Vitamin A deficiency

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A photograph showing two women in a lush green vegetable garden. One woman is in the foreground, wearing a white long-sleeved shirt and dark pants, crouching and tending to plants. The other woman is in the background, wearing a white shirt with a green vest, also working in the garden. The scene is outdoors with trees and foliage in the background.

# Executive summary

Women cultivate land next to a school in Maguindanao, where they will grow crops to be used in school meals programme

WFP/Jacobs Naentz

This case study is part of a series Emergency Nutrition Network (ENN) has been undertaking since 2017 to understand the experiences of countries in rolling out multi-sector programmes for nutrition, with a focus on the sub-national level. The Philippines was one of two countries studied in 2019 and completes the series of eight planned in the Technical Assistance for Nutrition (TAN) project, which provides knowledge management support to the Scaling Up Nutrition (SUN) Movement. Other countries examined were Niger, Bangladesh, Kenya, Senegal, Nepal, Ethiopia and Zimbabwe. It provides a unique context to study given that it is a rapidly urbanising, lower-middle income country and faces regular climatic disasters.

The Philippines is one of the countries with high stunting rates among ASEAN<sup>1</sup> member states, accounting for nearly 20% of the region's burden. The latest Expanded National Nutrition Survey, conducted in 2018, shows a stunting prevalence of 30.3% and a wasting prevalence of 5.6%. Rising levels of overweight and obesity are also seen in the country with four per cent of children under five years old classified as overweight. The Philippines has been unable to reduce stunting and wasting prevalence rates, which have remained relatively stagnant over the past decade. The country was also unable to achieve the Millennium Development Goal targets related to child undernutrition. This is despite a long history of multi-sector nutrition programmes that have aimed to improve food and nutrition security, with policies and plans being regularly revised as part of the country's development-planning cycle. In 2014, the Philippines became the 51st country to join the Scaling Up Nutrition (SUN) Movement and has been an active participant in the Movement since, particularly in relation to sharing learning with other countries.

The Philippine Plan of Action for Nutrition (PPAN) (2017-22) is the latest plan to have been developed, with the National Nutrition Council (NNC) Secretariat

leading and coordinating its formulation. The PPAN is multi-sector in nature and has a strong focus on the first 1,000 (F1K) days of life, with a combination of nutrition-sensitive and nutrition-specific projects implemented at scale across the country.

From its earliest stage of development, the PPAN was developed differently to the plans that preceded it. This plan was developed over a two-year period and involved a multitude of stakeholders, including representatives from over 10 nutrition-related sectors, development partners, national and international organisations, and academics. The plan outlines a number of nutrition-specific interventions, but also highlights the need for development interventions to be 'tweaked' to ensure that they are nutrition-sensitive. It cites as examples of 'tweaking': targeting households with undernourished children/nutritionally-vulnerable groups such as PLWs; targeting areas with high levels of malnutrition; and purposive inclusion of nutrition education in projects and programmes.

Between August and September 2019, ENN's Asia Regional Knowledge Management Specialist visited the Philippines to understand the implementation of the PPAN, particularly at the sub-national level. The choice of locations for the study was guided by the NNC, the intention being to look at programme implementation in high-performing districts and enable broader learning for other contexts. The two study locations were Gingoog City in Region X and Quirino province in Region II. In Region II, meetings were conducted at every level of sub-national governance, or local governing unit (LGU) as these entities are called in the Philippines. Meetings were held in one barangay (the lowest level of governance) each in two municipalities, Saguday and Diffun. Meetings were also held at the provincial and the regional level. In Region X, provincial-level meetings were not possible, but city and barangay-

<sup>1</sup> ASEAN member states are Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia.

level meetings were held. More than 50 people were interviewed in total. A wide range of actors was interviewed, including representatives from the health, agriculture, education, social welfare, science and technology, and finance sectors. Additionally, local government representatives and frontline workers were interviewed. At the national level, NNC officials and key UN and external development partners and NGOs were interviewed.

## The main findings identified through this case study are presented below

Firstly, there is widespread understanding of the importance of nutrition-related interventions within all echelons of government structures. This has been highlighted in the Philippines' longstanding history of national nutrition plans and policies. In addition to policies and plans, nutrition committees have been developed to operationalise nutrition plans at every level of governance. Each sector has identified, in its own sphere, activities that impact nutrition and has made 'tweaks' in programming to make general activities more nutrition-sensitive. Nutrition gardens and health check-ups in schools are an impressive example highlighted across both regions and have been developed in such a way as to enable significant intersector collaboration between the agriculture, education and health sectors. In the Philippines model of multi-sector collaboration, each sector identifies interventions for households targeted in the F1K days demographic (pregnant and lactating women and children under two years old) and households with malnourished children. However, no mechanism is currently available that captures whether every vulnerable household is receiving the 'complete package' of interventions delivered by all nutrition-sensitive sectors.

The level of buy-in from LGUs was impressive in both locations, with active nutrition committees, dedicated allocations for staffing in critical positions (such as the Municipal/City Nutrition Action Officers), increased support to the Barangay Nutrition Scholars (BNS)- the frontline nutrition workers and numerous other activities funded from LGUs' own resources. However, it was clear that the increased support was very much dependent on the leadership of the local chief executive; be it the governor or the mayor. Transforming this situation to one where there is continuity, irrespective of change in leadership and where the nutrition agenda is firmly entrenched in local development plans, is the next step to ensure sustainability.

A unique feature of the Philippines' multi-sector nutrition programme is the monitoring and evaluation system, an

annual awards system based on performance of the LGUs in various areas. The nutrition awards system is based on a monitoring tool, the Monitoring of Local Level Plan Implementation (MELLPI), which is a platform used to assess the performance of local nutrition workers. LGUs are assessed annually and, based on their scores, given cash awards. This was noted to be a great motivator for the teams at the LGUs, with each LGU placing great emphasis on proper documentation to ensure compliance.

The PPAN emphasises targeting interventions to families with women and children in the F1K days period and households with malnourished children. It is clear from interactions that this is adhered to; children of school age are also a priority group. Implementers from all sectors at the LGU level are able to identify, sector-wise, what interventions along the life cycle are available, but are unaware of what the same family receives from another sector. The missing piece is a mechanism of joint monitoring that tracks the households receiving 'complete packages', or otherwise. Developing a mechanism to capture what household level entitlements are and which are actually being delivered is what needs to be developed to understand better the impact of a multisectoral approach on households.

In addition to the need to reduce stunting prevalence, one of the biggest challenges for the Philippines is the need for a concerted focus on addressing overweight and obesity in both schoolchildren and adults. Nutrition campaigns at a national level, particularly in schools, are visible, but more is needed to promote healthy lifestyle practices.

Challenges in coordination between national and sub-national systems emerged as an important finding. As the LGUs are responsible for implementing programmes, delays occurring due to the extremely slow bureaucratic processes and centralisation of procurement were cited by subnational actors as impediments to efficient implementation. Officials at the national level rued the lack of understanding of technicalities of the sub national actors in running development programmes; particularly programmes which do not display immediate results, as in nutrition. As has been seen in other case studies, most elected representatives are susceptible to 'quick-win' programmes with tangible outcomes, such as infrastructure projects.

Furthermore, there is room for increased intersector collaboration; particularly for cross-sector training, which will achieve better synergies. Encouraging exchanges between regions and provinces in the country will be important, as will be looking to other countries who have lessons to offer the Philippines.



# Introduction and methods

Mothers and children wait at a health centre in Mindanao, Philippines where health assessments are being conducted as part of the supplementary feeding programme

**E**mergency Nutrition Network (ENN) has been developing a series of case studies on multi-sector programming (MSP) across South Asia, East Africa and West Africa since 2017 as part of its work in support of the Scaling Up Nutrition (SUN) Movement as a knowledge management (KM) provider under the Department for International Development-funded Technical Assistance for Nutrition (TAN) programme. Countries were selected based on predetermined criteria, including national progress in reducing undernutrition, the presence of multi-sector structures and strategies at national and sub-national level, and evidence of large-scale, multi-sector nutrition programme implementation at sub-national level, as well as government interest in the KM process that ENN utilises.

Philippines was of special interest to ENN for numerous reasons. In contrast to the other countries studied, it is a rapidly urbanising, lower-middle income country with an established multi-sector nutrition programme. Furthermore, it is a country that regularly faces climatic disasters, and nutrition surveys continue to show high levels of stunting in children under the age of five, with rising levels of overweight and obesity in the general population.

Two locations in the country were selected to enable a rich exploration of multi-sector nutrition programming at the sub-national level. The locations selected were:

- a. Gingoog City, a 'component' city in the province of Misamis Oriental in Region X (Northern Mindanao region)
- b. Diffun and Saguday municipalities in Quirino province in Region II (Cagayan Valley region).

The choice of locations was made in consultation with the Philippine National Nutrition Council (NNC), which formally approved and facilitated the visit by the ENN Asia Regional Knowledge Management Specialist (ARKMS). In 2018, the NNC had developed a

Compendium of Actions in Nutrition (CAN) Report, in which good practices in nutrition across two provinces, six municipalities and three cities were documented. Given the detailed nature of the ENN case study and its timing, the NNC identified two locations not included in the CAN study to complement its findings and further broaden the understanding of sub-national, multi-sector nutrition programme across the country.

This case study summarises interviews conducted with a wide array of stakeholders at both national and sub-national levels. A total of 20 national-level stakeholders were interviewed in two visits between July and September 2019. Field visits were carried out in September 2019 in two regions, Region X (Northern Mindanao) and Region II (Cagayan Valley). Gingoog City in Misamis Oriental Province was chosen for the study in Region X; two barangays were visited and meetings were held with 20 persons from various sectors and across hierarchies in the region. In Region II, meetings were held at all levels of governance from barangay to regional level. The province chosen was Quirino, where two municipalities were selected: Diffun and Saguday. They were chosen by the authorities as they were the most active and were eager to share their experiences. San Antonio barangay in Diffun and Rizal barangay in Saguday were the chosen barangays. Nearly 30 persons were spoken to in this region.

Gingoog City is in Region X and has higher rates of child undernutrition in comparison to the national figures, with high stunting and underweight in children under five. The second location, Quirino Province in Region II, was selected as it has embraced nutrition and set in place various mechanisms to address high levels of stunting.

In the regions, ENN held meetings with a variety of stakeholders, including representatives of local

government at the barangay level and with frontline health and nutrition workers. A detailed list of persons met at each level is annexed. The ARKMS was accompanied in both regions by a nutrition officer from the Regional Nutrition Office. This individual, in addition to supporting logistics, also translated from the local dialect, particularly during the barangay focus group discussions and during some interviews.

## Background

The Philippines is an archipelago with a population of approximately 107 million<sup>2</sup> and, owing to its geographical location, faces regular adverse climatic events, such as typhoons and hurricanes. Economic growth has averaged 5.3% per year from 2000 to 2017, peaking at 6.9% in 2016<sup>3</sup>. Classified as a lower-middle-income country, it has a per capita income of approximately USD3,102<sup>4</sup>.

Development in the Philippines is guided by a 25-year, long-term vision entitled 'AmBisyon Natin 2040'<sup>5</sup>. This lays out four strategic areas to inform policies, programmes and projects over the next 25 years to fulfil the vision. These areas are listed in the development plan as follows:

- Building a prosperous, predominantly middle-class society where no one is classified as poor;
- Promoting a long and healthy life;
- Becoming smarter and more innovative; and
- Building a high-trust society.

Informed by this broad guidance, the Philippines Development Plan (2007-2022) was developed. Achieving the aims laid down in the Sustainable Development Goals (SDGs) forms a critical part of the plan. The Plan has been cascaded across all levels of government. The Philippines was one of the 51 countries who submitted a voluntary national review of achievements towards the SDGs in 2019<sup>6</sup>. This review focused explicitly on goals related to achieving quality education, acting on climate change, decreasing inequality and increasing jobs for Filipinos, and emphasising transparency and equality in government.

Undernutrition is a serious problem, contributing to 20% of the stunting burden of ASEAN member countries. Hunger continues to be a major concern as 68.3% (approximately 15.7 million Filipino households) were reported as not meeting the recommended daily energy intake in 2013<sup>7</sup>. Wasting has remained nearly stagnant, with a prevalence between 6-8% in children under the age of five over the past 15 years<sup>8</sup>. Stunting has also not shown significant declines, with prevalence continuing to be reported at 30-35% over the past 10 years. The recent Expanded National



Nutrition Survey (ENNS) conducted in 2018 shows poor dietary diversity scores, with only 13.4% of children in the 6-23 months age group consuming a minimum acceptable diet and only 29% of infants aged five months being exclusively breastfed. Like the rest of South and Southeast Asia, the country is rapidly urbanising; as a result it is facing rising rates of overweight and obesity in school-aged children and adults. While there is an indication that overnutrition is an emerging concern in children 0-19 years old, this is particularly noteworthy in adults aged 20 years and above. In 2015, 24.7% of adults were classified as overweight, which rose to 28.8% in 2018.

A recent study supported by the United Nations Children's Fund (UNICEF) on the economic consequences of undernutrition indicates that stunting costs the Philippine economy more than USD 3.1 billion per year due to losses in individual and social productivity.

<sup>2</sup> <https://data.worldbank.org/indicator/SP.POP.TOTL?view=chart>

<sup>3</sup> [https://sustainabledevelopment.un.org/content/documents/23366Voluntary\\_National\\_Review\\_2019\\_Philippines.pdf](https://sustainabledevelopment.un.org/content/documents/23366Voluntary_National_Review_2019_Philippines.pdf)

<sup>4</sup> <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=PH>

<sup>5</sup> [https://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/philippines\\_development\\_plan\\_2017-2022\\_abridged.pdf](https://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/philippines_development_plan_2017-2022_abridged.pdf)

<sup>6</sup> [https://sustainabledevelopment.un.org/content/documents/23366Voluntary\\_National\\_Review\\_2019\\_Philippines.pdf](https://sustainabledevelopment.un.org/content/documents/23366Voluntary_National_Review_2019_Philippines.pdf)

<sup>7</sup> NNS 2015 FNRI DoST.

<sup>8</sup> Ibid



Children aged between 6 months to 5 years are provided with supplementary ready-to-eat food, in Maguindanao, Philippines

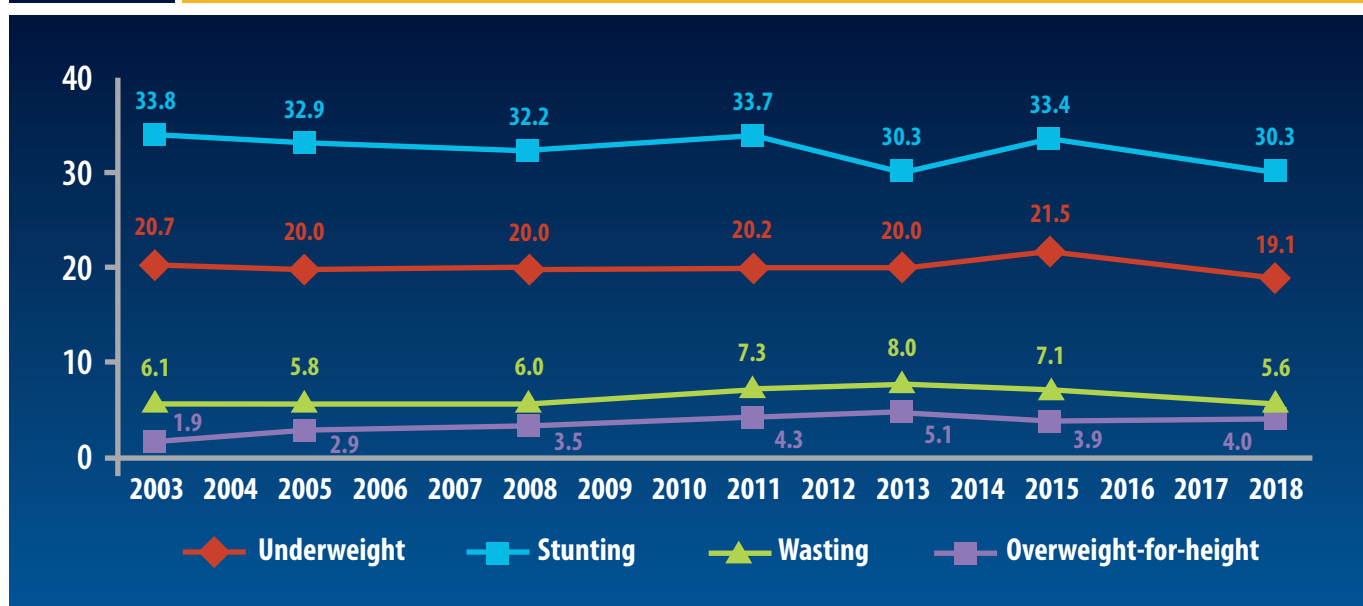
These figures are particularly alarming, given that the country has a rich history of multi-sector nutrition programming, with a policy in place for over two decades and well-established nutrition committees, even at the barangay level. These efforts have continued with successive plans being developed and the multi-sector approach being retained each time. The Philippines joined the SUN Movement in 2014, becoming the 51st country to do so. This was a decision approved by the members of the inter-agency executive committee of the NNC, recognising that the multi-sector approach emphasised by the SUN Movement was in line with the Philippines' own approach to tackling malnutrition. As was expressed by NNC officials interviewed, it was expected that, with the joining of the global movement, there would

be more clarity on how to make the multi-sector approach work better and yield results. Efforts made by the NNC in establishing all networks are ongoing: the Civil Society Network for SUN has members from the Philippine Coalition of Advocates for Nutrition Security (PHILCAN), with a wide membership; the UN Network for SUN is also in place. The academic, donor and business networks are yet to be formed. At the time of writing, there was a renewed interest in creating the business network, starting with attracting the participation of national businesses. There is a strong awareness of ensuring compliance with the International Code of Marketing of Breast-milk Substitutes and not violating the Conflict of Interest principle. The country has been an active participant in the SUN Movement, taking the processes of Joint Annual Assessment in earnest, with participation of a wide range of stakeholders from all sectors of the government in the Multi-sectoral Nutrition Plan and non-governmental actors.

The Philippines has also benefited from technical assistance through the TAN project provided by Nutrition International, with a focus on mobilising LGUs for the PPAN (2017-22).

This case study is organised into three sections. Section 1 outlines the development of the PPAN (2017-22), the nutrition architecture and coordination mechanisms in the country. Section 2 presents the findings from the sub-national visits undertaken as part of the case study. Section 3 presents the lessons learnt and conclusions.

**Figure 1** Prevalence of underweight, stunting, wasting, and overweight under five years old based on the 2018 Expanded National Nutrition Survey





## 1

# Institutional architecture and national plans

Teachers and parents prepare school meals for students at a school in Maguindanao, Philippines

## National Nutrition Council

The NNC was created by a Presidential Decree<sup>9</sup> in 1974 to address the alarming nutrition situation in the country. From its inception, the NNC worked with an interagency committee drawn from the Departments of Health, Education, Social Welfare and Development, and Science and Technology.

One of the major programs in the 1970s and 1980s was the Malnutrition Prevention Project (MPP) that aimed to prevent malnutrition. It involved members and leaders of Rural Improvement Clubs, or community-based organizations of rural women. With the help of then home management technicians, RICs were mobilized to support members who were pregnant or who had preschool children through peer counseling. A focus of the support was related to promoting breastfeeding and of complementary feeding through the use of ground rice and ground mung bean or what was then called Insumix. Thus, it can be said that RIC mother-leaders were really the first IYCF peer counselors of the Philippines.

This programme is believed to have contributed to decreases in underweight prevalence in pre-schoolers from 21.9% in 1978 to 17.8% in 1982. Due to economic instability, the programme ended (in 1986) and nutrition was deemed less of a priority by subsequent governments. A year after the programme ended, an executive order<sup>10</sup> entitled 'Reorganising the National Nutrition Council' was issued, shifting the NNC's priorities to a long-term development focus, examining and reducing the root causes of malnutrition and came to include sectors that are indirectly linked to nutrition i.e. what is referred to now as nutrition sensitive sectors. This executive order also upheld the increased and sustained involvement of various sectors and communities in nutrition planning and implementation. This led to the Department of Budget and Management, Department of Labour and Employment (DoLE),

Department of Trade and Industry (DTI) and the National Economic Development Authority (NEDA) being added to the interagency committee. It also upheld the function of the NNC along nutrition policy and plan formulation, coordination, and monitoring and evaluation.

Between 1987 and 1992 there was an intensified effort to deliver direct nutrition interventions and development programmes in areas with high rates of malnutrition, recognising the need for identifying areas to be prioritised, given limited resources. During this time some of the nutrition interventions that were implemented at scale were food assistance, nutrition-related health services, incremental food production, provision of a potable water supply and nutrition education.

Since its organization in 1974 up to 2005, the NNC was chaired by the Chairman-Coordinator of the National Food and Agriculture Council who is also the Secretary of Agriculture, except for a brief one year when the Secretary of Social Welfare and Development chaired the NNC. In 2005, the Secretary of Health assumed chairmanship of the NNC Governing Board.

A key development that has had a significant impact on nutrition and other social services was the devolution of national government services, which included the first wave of health-sector reforms, through the introduction of the Local Government Code of 1991, issued by the Department of Interior and Local Governance (DILG). This devolved basic services for agriculture extension, forest management, health services, roads and social welfare to LGUs. In 1992 the government devolved the management and delivery of health services from the national DoH to locally elected provincial, city and municipal governments.

In 1992, with the formulation of the Medium-Term Philippine Food and Nutrition Plan (MTFNP), also

<sup>9</sup> Presidential Decree No. 491

<sup>10</sup> Executive Order No. 234

known as the PPAN (1993-1998), the multi-sector approach was re-emphasised, with a clear emphasis to “promote a policy environment across development sectors that will insure nutritional improvement”. This plan retained the focus on geographical areas with poor nutritional indicators and identified five programmes that were expected to achieve maximum impact and lead to the achievement of the PPAN goals.

### PPAN goals

1. Reduction of underweight prevalence of pre-schoolers and schoolchildren (7-10 years) from 11.9% to 8.4%;
2. Reduction of the prevalence of iron-deficiency anaemia in infants, pregnant and lactating women (PLW), pre-schoolers and schoolchildren by 10%;
3. Virtual elimination of iodine-deficiency disorder (IDD) and vitamin A deficiency (VAD) in pre-schoolers;
4. Increase the average per capita energy intake from 1,872 kcal to 1,997 kcal.

### Implemented programmes focused on:

1. Home and community food production;
2. Food fortification;
3. Credit assistance for livelihood;
4. Nutrition education;
5. Food assistance.

Since this first PPAN, four successive PPANs have been developed, each taking into account progress made and lessons learnt from the previous plans.

In the PPAN 2005-2010, the target defined for underweight reduction in children under five (CU5) was met (target 21.6% vs achievement 20.2%), while the stunting target was not achieved (target 25.4%; achievement 33.6%). No targets were set in this plan for wasting<sup>11</sup> or overweight prevalence. The Food Fortification Act to address micronutrient deficiencies was promulgated in 2000; the micronutrient deficiencies targets for anaemia and VAD in PLW were met, but IDD targets were not achieved.

The PPAN 2011-2016 outlined plans to meet the nutrition-related Millennium Development Goal (MDG) targets. However, the plan was unable to achieve the targets for underweight prevalence, wasting prevalence, overweight prevalence and achieving a minimally acceptable diet.

The PPAN 2017-22 is the latest plan and was formulated with extensive consultations across all levels and sectors. It is detailed below.

## Philippine Plan of Action for Nutrition (PPAN) 2017-2022

From its earliest stage of development, the PPAN (2017- 2022) was developed differently to the plans

that preceded it. As an initial step, the NNC Secretariat conducted a nutrition-landscape analysis through a process of desk reviews and interviews with a wide range of stakeholders.

Formulating the plan itself was highly inclusive, with input from senior officials from NNC member agencies (NNC Governing Board) and representatives from their regional bodies. The sub-national level was also well-represented, with input from six regions, five provinces and 22 cities and municipalities. Following two rounds of consultation meetings, the PPAN was approved by the Governing Board in February 2017. The process was supported by Nutrition International (NI) as a part of the NI-TAN project to provide technical assistance to SUN countries in developing multi-sector plans and mechanisms for nutrition, under the guidance of the NNC. Support also came from UN agencies, such as World Food Programme, (WFP), the Food and Agriculture Organization of the United Nations (FAO), UNICEF and the World Health Organisation (WHO). International NGOs, civil society organisations and academic institutions were also part of this process. (For instance, WFP and FAO provided full-time consultants for the technical discussions who worked closely planning and reviewing with NI consultants on the whole process, including its testing at the regional and provincial level).

The PPAN 2017-2022 is designed to contribute to the achievement of the SDGs and is an integral part of the 2017-2022 Philippine Development Plan, in which addressing the inequities in opportunities and outcomes, particularly for the poor, and improving human development outcomes in health, nutrition and education are explicitly stated.

The PPAN places particular emphasis on the first 1,000 days of life (i.e. 0-2 years of age), but considers the entire life cycle and includes a focus on schoolchildren and adolescent nutrition.

The final outcomes that the plan sets out are:

- a. To reduce levels of child stunting to 21.4% and wasting to under 5%;
- b. To reduce micronutrient deficiencies (VAD, anaemia and IDD) to levels below public-health significance;
- c. To ensure no increase in prevalence of overweight prevalence above 3.8% among children under 5 and
- d. To reduce overweight prevalence to less than 5% in adolescents and less than 28% in adults.

The plan outlines a number of nutrition-specific interventions, but also highlights the need for

<sup>11</sup> WHO Child Growth Standards were adopted in 2010.

development interventions to be ‘tweaked’ to ensure that they are nutrition-sensitive. It cites as examples of ‘tweaking’: targeting households with undernourished children/nutritionally-vulnerable groups such as PLWs; targeting areas with high levels of malnutrition; and purposive inclusion of nutrition education in projects and programmes.

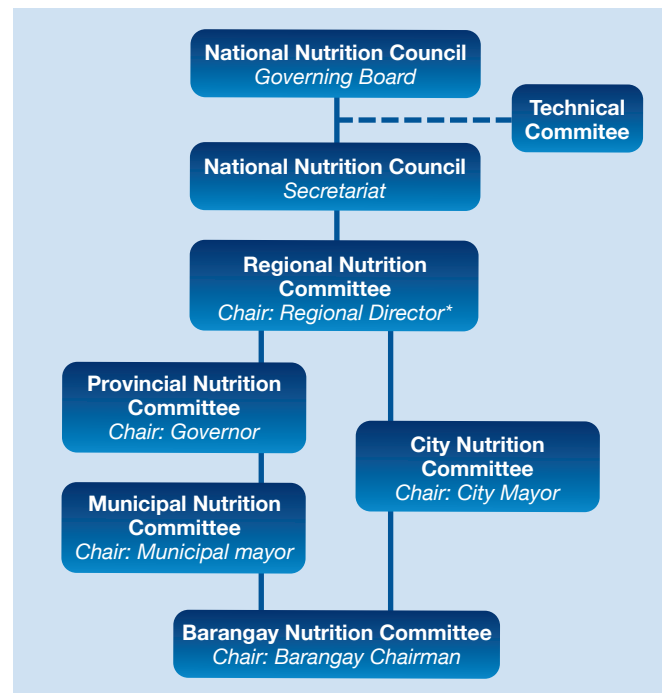
In addition to nutrition-specific and nutrition-sensitive interventions, ‘enabling’ programmes (programmes that address issues of nutrition governance and allow easy implementation) are also noted in the plan. Among these are programmes that will enable mobilisation of LGUs to implement nutrition programmes effectively and aim to develop and implement Regional Plans of Action for Nutrition (RPANs) that are based on the PPAN but unique to each region. The plan further states that it aims to secure a “policy pronouncement from the President on the need to address the stagnant and worsening nutritional situation in the country which would in turn result in higher priority being given to nutrition by LGUs and Non-Government Agencies (NGAs)”.

The plan is partially costed: the cost of commodities necessary for the delivery of nutrition-specific interventions are known and individual agencies receive their own budgets for the planned sector activities. The PPAN has a results framework in which activities are listed and agencies responsible for implementation are identified, with implementation targets also set. However, there is no accompanying costing of the nutrition-sensitive actions. The PPAN states that it “comes with a budget estimate for the entire period of six years”. It also draws attention to the fact that the capability to track planned and actual spending on nutrition across relevant government ministries and from external partners needs to be strengthened. This emerged from a country assessment of the extent of application of the principles of the SUN Movement in the Philippines.

Information on government allocations for nutrition is limited. There is no direct nutrition budgeting; it is embedded in the budget of the DoH. In the 2019 National Budget of PHP3,757 trillion (£57.2 trillion), 36.7% was allocated for Health, Education and Social Protection. The DoH share was PHP 141.4 billion; the DoH nutrition-intervention package (first 1,000 days package) received PHP118 million of this.<sup>12</sup>

The NNC, situated in the DoH, is entrusted with the responsibility of coordinating and monitoring the implementation of the PPAN. The administrative structure of the NNC and its links with LGU-level structures is illustrated in Figure 2. The Governing

**Figure 2** Nutrition governance structure



Board of the NNC is composed of high-level representation from the various government departments, as noted previously<sup>13</sup>. Additionally, there are three private-sector representatives, who can include members from CSOs appointed by the president for a two-year term. The Governing Board is empowered by law to coordinate and call on various government and non-government agencies to formulate national food and nutrition policies, and coordinate the planning and monitor and evaluate the implementation of the integrated national food and nutrition programme. The NNC Secretariat is responsible for overseeing the implementation of the PPAN and reports to the Governing Board. The main role of the NNC Secretariat is to facilitate “processes to ensure that the PPAN 2017-2022 is mainstreamed in the agency and Local Government Unit consciousness. It will, among others, assign its staff to ‘watch over’ and work closely with specific agencies.”<sup>14</sup>

The NNC has three technical divisions (nutrition policy and planning, nutrition surveillance, and nutrition information and education) and two support divisions (administrative and finance). A technical committee

<sup>12</sup> <https://news.mb.com.ph/2018/07/25/big-chunk-of-2019-budget-for-health-social-services-water-power-projects/>

<sup>13</sup> Department of Health, Department of Agriculture, Department of Social Welfare and Development, Department of Education, Department of Budget and Management, Department of Labour and Employment, Department of Trade and Industry, National Economic Development Authority, Department of Interior and Local Government, and the Department of Science and Technology,

<sup>14</sup> National Nutrition Council. Philippine Plan of Action for Nutrition 2017-2022. Manila, Philippines 2017.

comprised of heads of various departments, bureaus and governmental and non-governmental actors involved in nutrition provides technical assistance to the NNC Secretariat and the Governing Board. The structure of the NNC at the national level is mirrored at regional and local levels.

## Focus provinces and LGUs Gingoog City, Region X (Northern Mindanao)

### Administrative structure in the Philippines

The Philippines is divided into 17 geographical regions, sub-divided into 81 provinces. Within provinces are municipalities (rural areas) and cities (urban areas). Both cities and municipalities are divided into barangays. Cities that fall under the administration of provinces are called 'component' cities. Besides the component cities are larger cities, which are called 'independent' cities. These are independent of the provincial administration, even if situated geographically within a provincial boundary. Currently there are 38 independent cities, 33 of which are classified as "highly urbanised" cities.

The Philippines Local Government code came into place in 1991. Under it, provinces, municipalities, independent cities and barangays are all classified as LGUs, with the provinces being the primary level of local governance. All levels have local legislatures (*sanggunian*) and local chief executives (provincial governors, municipal and city mayors, and barangay captains) who are elected by popular vote. The provinces and the independent cities are directly supervised by the presidential office and hence are the primary level of LGU in the country. All local chief executives are elected for three-year terms and can be re-elected for three consecutive terms. All nutrition-sensitive sectors are well-represented in the LGUs.

At the lowest (barangay) level there are two important committees: the Peace and Order Committee and the Expanded Barangay Development Council (EBDC)<sup>15</sup>. Members of these committees are elected members, with the barangay captain as chair. The main role of the EBDC is to develop the Barangay Development Plan and mobilise citizens' efforts in the affairs of the barangay.

The Barangay Nutrition Committee (BNC) is a part of the EBDC and is a reflection of the NNC at the barangay level. It assesses the barangay nutrition situation and formulates the Barangay Nutrition Action plan, complementary to and integrated with other plans of the LGU and higher-level plans.

Based on the National Nutrition Survey of 2015,<sup>16</sup> the Northern Mindanao region has a stunting prevalence of 36.5% in CU5, higher than the national average of 33.4%. Wasting and underweight prevalence are 4% and 20% respectively, lower than the national prevalence of 7.1% and 21.5% respectively.

Overweight and obesity prevalence in the region is 7.3%. This is lower than the national average but remains a cause for concern, with rising prevalence highest in the 10-19 years age group.

A survey conducted by the NNC in collaboration with FAO examining chronic food insecurity in the region found that 33.25% of the population experienced chronic food insecurity. The main drivers of food insecurity and malnutrition in the region include slow growth of the agriculture, forestry and fisheries sector, resulting in widespread poverty, as outlined in the regional development plan. More than half of households do not own any land. The region is also regularly affected by extreme climatic events, such as typhoons, accounting for huge livelihood losses, which in turn affects nutritional outcomes.

Region X comprises five provinces and nine cities. Gingoog is a component city in the region, with a population of 1,24,648, according to the 2015 Census. It is classified as a second-class<sup>17</sup> city, with most of its income accrued through tax revenues. It is divided into 79 barangays, many of which are rural, with agriculture the main source of income for residents. The city has received the Green Banner award<sup>18</sup> but was unable to sustain its good performance for the third consecutive year.

The Red Cross Society and Rotary International are two prominent NGOs working in Gingoog City and are part of its Nutrition Committee.

## Diffun and Saguday Municipalities, Quirino Province, Region II (Cagayan Valley)

Region II (the Cagayan Valley region) is comprised of five provinces and four component cities.

Agriculture, hunting, fishing and forestry are the main contributors to income. The region is the country's largest producer of corn, which is mostly used in the processing of animal feeds.

<sup>15</sup> Other committees which form a part of the EBDC are the Barangay Ecological Solid Waste Committee, the Barangay Council for Women, the Barangay Council for Protection of Children, the Senior Citizens Council, the Barangay Health Workers Committee, the Persons with Disability Committee and the Barangay Physical Fitness and Sports Development Council.

<sup>16</sup> ENNS 2018 data is not yet available for sub-national levels; hence 2015 data is used here.

Based on the NNS data of 2015, 28.8% of CU5 are stunted and wasting prevalence is higher than the national average, at 7.2%. With an anaemia prevalence of 24.2%, the region has the highest prevalence of anaemia in the country, well above the national average of 15.7%.

Poor uptake of antenatal services is documented, with nearly 20% of pregnant women being nutritionally at risk. The region has also seen a rising trend in teenage pregnancies, with an incidence rate of 18.10%, higher than the national rate of 13.6%.<sup>19</sup>

Quirino, the province in which the case study was conducted, has six municipalities and 132 barangays with 9.5% of the population living below the poverty line. It has the highest level of stunting in the region, with 44.1% of CU5 being stunted – one of the highest in the country. Quirino, with its high stunting prevalence, is on the list of 36 provinces prioritised for the first 1,000 days programme. Underweight at 15% in CU5 and wasting prevalence at 3.8% for the same age group are lower than national averages.

Saguday is a fifth-class municipality of Quirino, with a population of 17,843. Agriculture is the main occupation of residents. Saguday municipality has been the recipient of a Green Banner award for two years in a row, but could not get the CROWN award<sup>20</sup> as, in the third year there, was a rise in the prevalence of overweight in school children.

Diffun, in contrast, is a second-class municipality with a population of 59,091 divided into 33 barangays. Agriculture is the main occupation, with some specialised produce such as ginger and turmeric.<sup>21</sup>

## Nutrition coordination mechanism

### Coordination at the regional level

The Regional Nutrition Committee (RNC) has representatives from the same agencies as those represented at the national level and coordinates nutrition action at the regional level. The NNC regional offices provide technical and administrative support to the RNC, which is responsible for development of the RPANs. At the time of the case study, RPANs were developed in all 17 regions and approved in most, including the two regions in which the case study was conducted.

### Coordination at the LGU level

Nutrition committees at the LGU level are composed of representatives of the various agencies

represented in the PPAN and are chaired by the local chief executive.

The functions of the local nutrition committees are clearly described in the PPAN (Annex 1). The most important function of the local nutrition committees is to develop Local Nutrition Action Plans which will fit with the wider development plan of the LGU. These committees were established prior to the PPAN and thus, as observed during field visits, have a thorough understanding of the importance of nutrition-related activities.

Following the adoption of the PPAN, the DILG released a circular to provide guidelines on the roles and responsibilities of their LGU-level offices vis-a-vis the PPAN. This circular provides instructions to all local chief executives to organise, reorganise and strengthen local nutrition committees at all levels and details a monitoring and reporting mechanism. It also mandates that a Nutrition Action Officer (NAO) be designated (implying that this is an additional responsibility for someone in a full-time post) and encourages LGUs to mobilise resources to fund the creation of a dedicated full-time post. Following this circular, significant actions have been taken by the LGUs. The person who is designated as the NAO differs from province to province. In the provinces of Region X, health officers are mainly designated as NAOs, with more than half of the positions being in place in municipalities and cities. In the province of Quirino in Region II, an ordinance was passed that creates two NAO positions. This first is given to the Vice Governor/Vice Mayor who is in charge of budget and legislation oversight; the second falls to the Municipal Health Officer.

A Municipal NAO (MNAO) is responsible for coordinating the local nutrition committees; meetings are held quarterly, with a focus on resource mobilisation, updating the nutrition action plans and planning for assessments.

With the introduction of the PPAN prioritised provinces, including Quirino, additional human resources in the form of Nutritionist Dietitians have been provided by the DoH under the 2019 Human Resource for Health Deployment Programme. These

<sup>17</sup> Municipalities/cities are divided into income classes according to their average annual income during the previous four calendar years, with 1st class being one with the highest income (At least 55,000,000 PHP) and 6th class (At most 14,999,999) being the one with the least income.

<sup>18</sup> An award given to a LGU which maintains good nutrition indicators which are predetermined and evaluated by a team from the province/national level.

<sup>19</sup> Young Adult Fertility and Sexuality Survey (YAFS 4) 2013.

<sup>20</sup> Consistent Regional Outstanding Winner in Nutrition (CROWN), given to an LGU that wins the Green Banner three times in a row.

<sup>21</sup> No data at municipality levels from surveys.

nutritionist-dietitians are each responsible for two or three municipalities, based on population, and work closely with the NAOs. They are expected to help ensure the implementation of nutrition programmes in the LGUs, provide technical assistance to the local nutrition committee in managing local nutrition action plans, in monitoring activities and as resource persons/facilitators in capacity-building activities and advocacy activities on nutrition.

## Monitoring and evaluation

A detailed monitoring framework for the PPAN to accompany the implementation guideline that is being developed builds on the Monitoring of Local Level Plan Implementation (MELLPI). The MELLPI process and tool, initially developed in 1978, is an aspect of the Philippines' programme that deserves special mention, bearing in mind its uniqueness. The process involves a three-day joint monitoring visit to the barangays by members of the Municipal Nutrition Committee (MNC) to review the nutrition-status records of children maintained in the barangay health station and physically verifying measurements of a sample of children. Additionally, the BNC examines the allocation of funds for nutrition-related activities to ensure they are being used appropriately. The performance of the Barangay Nutrition Scholar (BNS) is also assessed. Evidence of this detailed process was available in all barangays and municipalities in the form of meticulous documentation for at least three successive years.

An important element in the MELLPI assessment is the Local Nutrition Action Plan-City/Municipality Nutrition Action Plan. In the previous PPAN periods, participating in the MELLPI process was not mandatory; participation in it was the first step towards being considered for an awards system instituted by the national government, the Nutrition Awards. These comprise a system of incentives made up of the Green Banner Award, Consistent Regional Outstanding Winner in Nutrition (CROWN), Nutrition Honour Award (NHA) and National Outstanding BNS. The Green Banner Award is given to a municipality, city or province that has shown 'very satisfactory' performance based on predetermined criteria in implementing its nutrition programme. An area awarded the Green Banner for three consecutive years as outstanding regional winner is given the CROWN Award. Recipients qualify to vie for the NHA, the highest award given by the NNC to outstanding achievers in nutrition programme implementation for three consecutive years. This elaborate system of recognition was previously voluntary. This meant that only LGUs which were performing well participated;

the non-performers stayed away and had no incentive to participate and remained laggards. In the new system participation has been made mandatory and support is extended to bring those lagging behind up to speed. The MELLPI tool has now been developed into the MELLPI PRO tool, which eliminates the need for actual site visits and is now integrated into a larger system, which is mandatory, involving all LGUs at all levels from the provinces to the barangays, called 'The Local Government Nutrition Monitoring and Evaluation System (LGNMES)', which is a yearly exercise. Representatives from the RNC look at the provinces, from the provinces look at the municipalities and similarly the barangays are looked at by the municipality or the city nutrition committee. A major component of this expanded monitoring system is the Performance Appraisal of Local Nutrition Workers, which includes the Provincial Nutrition Action Officer, the Municipal/City Nutrition Action Officer and the BNS. This system, which was instituted in 2016, is being rolled out across the country and documentation of assessments using the process was available in the LGUs of both regions visited. The awards scheme is retained but will no longer involve LGUs competing with each other. Rather, the awards will be conferred upon reaching a certain standard of performance. A bigger challenge though is on the use of MELLPI PRO results not just for conferring awards, but more for identifying adjustments to be done to improve performance for nutrition improvement.

## Nutrition activities within sectors

The PPAN identifies nutrition-sensitive programmes as development programmes and projects from various sectors that can be 'tweaked' to have an impact on nutritional outcomes. The PPAN adopts a phased approach, identifying 10 programmes to be focused on initially, with the list to be added to in time.

These programmes are nationwide in scope and the agencies responsible for implementation are clearly identified in each of them, with the LGUs having a key role.

It should be noted that certain activities have been a part of sector programmes implemented for many years, prior to inclusion in the PPAN priority interventions. In the LGUs visited, there was no mention of new activities being included and all stakeholders at the local level are aware that these activities implemented by various sectors contribute to improving nutrition outcomes. The inclusion of these activities in the PPAN as nutrition-sensitive programmes is a procedural detail that has not affected implementation on the ground in any way.

### Department of Agriculture and agrarian reform

Agriculture and related activities of livestock, fisheries and poultry are the most visible nutrition-sensitive interventions and consistently seen across all locations visited. Agriculture officers and workers on the ground categorically state that there is enough rice, the staple crop, for all families and vulnerable families also receive rations through social safety net initiatives. Rice and vegetable production are emphasised, with the latter being grown in many locations – in large farms for commercial purposes, larger homestead farms, small backyard gardens in day-care centres, in the barangay health centres, and in collaboration with the Department of Education (DepEd) in schools. Trainings on biointensive farming methods and introduction of a variety of vegetables to improve dietary diversity are mentioned specifically as special efforts with a view to improve nutrition.

In addition to programmes focusing on increasing the production of rice and cassava and improving coconut-farming practices in certain regions, nutrition-sensitive activities in the DoA highlighted by those interviewed included:

- Distribution of mixed vegetable seeds for backyard gardens, particularly to families with malnourished children referred from the local health office;
- Distribution of seeds to schools for school gardens;
- Cooking demonstrations and trainings on the preparation of root crops and tubers are also conducted in collaboration with the Municipal Health Office;
- Trainings on the preparation of organic fertiliser to farmers;
- In Quirino province, an Integrated Agriculture project is implemented with funds provided from the provincial government (farmers are trained on good agriculture practices and backyard/communal gardens are promoted; fruit trees and vegetable seeds are distributed and ‘fingerlings’ are dispersed in communal ponds, providing for essential animal protein through fish consumption);
- Training is provided to women on food processing mechanisms, such as mushroom preservation and seaweed processing (this is conducted in collaboration with the Department of Science and Technology (DoST). In addition to providing livelihood options, these opportunities serve as platforms for information dissemination on optimal infant and young child feeding practices.
- Special efforts are made to involve male farmers in nutrition month<sup>22</sup> in July; particularly in relation to hygiene and dietary diversity. In coordination with the health office, demonstration gardens are established and used as demonstration sites for the community.

**Table 1** Nutrition-sensitive programmes listed in PPA

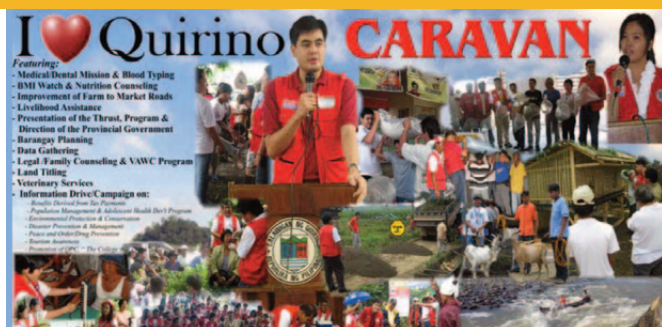
Project	Agency involved
Farms to Market Roads and Child Nutrition	DoA, LGUs
Target Actions to Reduce Poverty and Generate Economic Transformation (TARGET) and Child Nutrition	
Coconut Rehabilitation Programme	PCA
Gulayan Sa Parayalan	BPI, Dep Ed
Diskwento Caravans in Depressed Areas	DTI, LGUs
Family Development Sessions for Child and Family Nutrition Project	DSWD, LGUs
Mainstreaming Nutrition in Sustainable Livelihood	
Public Works Infrastructure and Child Nutrition	DPWH, LGUs
Adolescent Health and Nutrition Development	DoH, LGUs
SALINTUBIG and other programmes on Water, Sanitation and Hygiene	DoH, DILG, LWUA

### Department of Social Welfare and Development

Two main programmes are implemented by the Department of Social Welfare and Development (DSWD) that have strong links to nutrition. They are:

1. Supplementary feeding programmes at day-care centres for children under the age of three (Philippines law has made allowances for children to receive one meal a day at day-care centres, providing one third of their daily calorific need, at a cost of PHP15 per day). Meals are prepared by the mothers of children attending the centres and a number of centres have vegetable gardens attached, produce from which is used in the daily meals. The BNS and the Municipal Nutrition Coordinator provide input into the day-care centre menu in order to make meals as nutritious as possible and quarterly monitoring visits are conducted by the supervisors from the municipality. Anthropometric measurements of the children are conducted on a quarterly basis by the barangay health worker, who also ensures that, if unwell, children are referred to the municipal health facility. Each barangay has at least one day-care centre, with larger barangays having more.
2. *The Pantawid Pamilyang Pilipino Programme* (4Ps) is a conditional cash-transfer programme and is the largest anti-poverty and social protection programme in the country to date. The cash transfer provides up to PHP 2,800<sup>23</sup> a month to vulnerable families, who are required to fulfil certain

<sup>22</sup> Nutrition Month 2018 theme was family food gardening.



## I Love Quirino Caravan and Q LiFE – Innovations in Quirino

The 'I love Quirino Caravan' programme was the result of a strategic planning exercise conducted when the governor came to power, with the aim of bringing government services closer to the people. It brought activities and information in many sectors together and the caravan travelled to all barangays in the province.

This allowed government officials at the provincial level to meet communities and understand conditions on the ground and plan appropriately. It also provided information to elected barangay officials on the main focus areas of the province, so that they could also consider including relevant activities in their barangay development plans. In addition to the medical and dental check-ups provided, counselling on nutrition and measurement of body mass index were provided in the caravans.

The Q LiFE ('Quirino Livelihood for Everyone') programme has two components: Rural Improvement Clubs (RICs) and Livelihood Support. RICs are nationwide, non-government, barangay-based organisations that seek to raise the living standards of their members (mostly women) and make them productive community members through livelihood capability-building activities. These activities range from agri/fishery entrepreneurship, credit, pest management, compost making, poultry/livestock /fisheries growing and fattening to production and processing of fruits, vegetables and seafood.

To kickstart micro entrepreneurship in the province, Governor Cua supported the establishment of an RIC in every barangay. The women of each barangay organised themselves into an RIC that provided micro loans to its members for livelihood projects. They elected their own set of officers and established their own rules. The provincial government provided the clubs with seed money and audited the performance of each club annually to help them improve the management of their funds. To further assist the clubs, the provincial government coordinated with the DTI for the provision of shared services facilities (equipment that they use for their livelihood projects). Examples of successful livelihood projects funded through an RIC include processed foods such as fruit wine, vegetable chicharron, smoked fish and longganisa.

Under Q LiFE, Quirinians could also apply for livelihood support. They undergo an application process and are equipped with working capital and technical knowledge before they proceed with their livelihood project. Projects supported by Q LiFE include fish pens and corn planting.

In Quirino there was mention of nutrition information being relayed to participants during the training sessions, particularly on food hygiene, safety and healthy foods for the family.

## Criteria for enrolled 4Ps families

- Pregnant women to attend mandated ANC and PNC services.
- Children under five avail mandated primary health services appropriate to age – vaccination, growth monitoring, vitamin A dosage, deworming.
- Children aged 3-18 years are enrolled in a day-care centre or school/alternative learning centre appropriate to their age and maintain a minimum 85% attendance record.
- Monthly attendance at the family development sessions of both parents.

conditions to keep receiving the grant. Once enrolled, a family continues to receive the grant until the youngest child graduates from high school, for a maximum of three children. Enrolment of new families in this programme has stopped for the past 18 months while verification exercises are conducted, but currently enrolled families continue to receive their benefits. However, interview respondents noted that a large proportion of children enrolled in the programme are not underweight; thus there is potential for the programme to be made more nutrition-sensitive. The minimum attendance criteria for the cash transfer has ensured regular school attendance of the children in '4Ps' families. The family development sessions<sup>24</sup> are one of the key programmes identified in the PPAN as nutrition-sensitive programmes that will be focused on for intensive implementation nationwide.

## Department of Health

The Department of Health (DoH) has housed the NNC for over two decades and numerous nutrition-specific programmes are being implemented nationwide, in addition to routine health programmes that have an impact on nutritional outcomes for children, such as the Expanded Programme of Immunisation (EPI) and deworming.

The main role of the DoH at the national level is to provide technical assistance to the LGUs and ensure regular supply of medicines, nutritional supplements and vaccines.

The Growth Monitoring and Promotion (GMP) programme, known as Operation Timbang (OPT), is conducted by Barangay Health Workers in collaboration with the BNS. In addition to measuring weight, height measurement was introduced across

<sup>23</sup> Equivalent to USD55.

<sup>24</sup> Family development sessions are monthly meetings that are to be attended by both parents/guardians of the children of identified indigent families, where topics on responsible parenting, health and nutrition are discussed.



the country in 2008 following the WHO Revised Standards; the OPT is now called 'OPT Plus'.

The Philippine Integrated Management of Acute Malnutrition (PIMAM) programme is implemented in select provinces with high wasting; however, none of the case-study locations had a PIMAM programme in place.

The first 1,000 (F1K) days programme, which was introduced in 2018 and enshrined in law, aims to address the high burden of stunting in the country. The programme, which serves to bring a greater focus on the critical window of pregnancy and children under two years of age, is currently being rolled out in a phased approach in areas of high prevalence of stunting. Although neither provinces visited were part of the programme, the municipalities themselves are considering strengthening activities related to the first 1,000 days.

### Department of Education

The Department of Education (DepEd) has activities impacting nutrition of children. Nutrition surveys have included data on the nutritional status of schoolchildren and adolescents, which has drawn attention to the nutritional problems of this age group. Every government-run school has an assigned nutrition coordinator and a garden and feeding programme coordinator (these are teachers who volunteer to take on these roles).

*“We need to expand our vision to include prevention of malnutrition – earlier we were content just to address children who came to us malnourished and ill.”*

Municipal Health Officer, Diffun

Key activities from the sector related to nutrition include:

- School-based feeding is a key activity. At the time of writing this case study, the guidelines recommended including only wasted children in the programme. (The Healthy Food for a Filipino Child Act was signed in October 2019 and will come into effect from 2020; this includes wasted/stunted and micronutrient-deficient children.) However, workers on the ground reported that children up to grade 6 who are wasted, stunted or underweight are all included for 120 days of the school year (at a cost of PHP15 per day/child). Children are measured at the beginning and end of every school year and special attention is given to these undernourished children. Predesigned menus, developed by

**Table 2** DoH Nutrition programmes

Infant and Young Child Feeding Programme
Philippine Integrated Management of Acute Malnutrition
National Dietary Supplementation Programme
National Nutrition Promotion Programme for Social and Behaviour Change
Micronutrient Supplementation
Mandatory Food Fortification
Nutrition in Emergencies
Overweight and Obesity Management and Prevention Programme

- nutritionists, are provided to schools. Parents are called on to assist in preparation of the meals.
- Biannual deworming is carried out in collaboration with the DoH. In Quirino province, the head of the school's division reported that, in addition to deworming, vitamin A distribution, tetanus-diphtheria vaccination, measles-rubella immunisation, delousing and dental extraction have also been carried out regularly. The DepEd has provided for a separate post for a school nurse in every municipality and in some cases has assigned dentists and nurses to conduct check-ups for students in large high schools.
  - Nutrition education is included in the curriculum of school children at Grade 4/10 years of age and onwards.
  - The DepEd flagship nutrition programme is the 'Gulayan Sa Paralaan' (GPP), a school-garden programme that has wide coverage across the country (although it varies in quality due to availability of water and land). Sophisticated gardening techniques, such as biointensive gardening (gardening without the use of chemical fertilisers/pesticides), vertical gardens (where space is limited) and even mushroom farming were seen in both locations visited. Seeds and technical support are provided by the DoA. The produce is used in the school meals being cooked for children and gardens serve as demonstration sites where children learn about when and how different vegetables and fruits are grown. Some of the best schools had a garden patch/ container garden outside every classroom, growing a variety of vegetables and medicinal herbs in addition to the main garden. Physical activities are specially designed for overweight or obese children. Competitions are held regularly; Gingoog City and the school in Diffun reported being consistent winners.
  - Awareness of gradually rising rates of obesity and

**Colour coding of foods based on DO 13, S. 2017 issued in March 2017 by DepEd particularly for canteen-cooked food, common Filipino snacks and those with no food labelling.**

**GREEN** – Food and drinks that should always be available in the canteen described as “the best choices for a healthy school canteen.”

**YELLOW** – Food and drinks that should be served carefully, once or twice a week only in small servings, and should be less prominent in the canteen menu.

**RED** – Food and drinks not recommended on the canteen menu.

overweight in schoolchildren has led to efforts in Gingoog City to limit junk and processed foods in the school vicinity and promote healthy local recipes being prepared in the school canteen. This has been initiated nationwide following an order from the DepEd which states: “The canteens in schools and DepEd offices shall not sell foods and beverages high in fat and/or sugar and/or sodium ... There shall be a shift towards healthier fat consumption by providing more foods with unsaturated fats and limiting foods laden with saturated and trans fats.” One DepEd strategy is to make sure every school develops its own healthy menu, with food and drinks that are nutritious and affordable.

- Various activities, such as the provision of hygiene kits to children at the beginning of the school year and provision of weekly iron and folic acid tablets, have been conducted for three consecutive years in Gingoog City but, due to limitation of resources at the time of the study, these were not continued.

### **Department of Science and Technology (DoST)**

Activities to develop complementary foods at a low cost using locally available ingredients have been conducted in both provinces, with different compositions of the foods and products being made available. Locally prepared powders made of mung beans, sesame seeds and rice, called ‘nutriblend’, have been packaged and made available for municipalities in Quirino province for purchase and distribution to families with children aged 6-23 months. ‘Snack curls’ (ready-to-eat food for older children) have also been developed to replace chips and ‘chicharrons’, promoting a more diverse diet. However, the availability of these products is currently restricted to a few municipalities as production is limited; only a few municipalities have started procuring these products for sale in and around schools and for distribution to families.

The DoST, in collaboration with the DoA and the Technical Education and Skills Development Authority, has incorporated specialised courses for women in the RICs in relation to food processing; these are intended to serve as income-generation schemes, in addition to providing women with the tools to make best use of locally available ingredients in order to create a diverse diet.

### **Department of Interior and Local Government**

The Department of Interior and Local Government (DILG) is a key enabling agency for the rollout of all development programmes in the Philippines; this applies to the PPAN, too. LGUs are mandated to include the activities outlined in the PPAN in their own development plans, regularly developing their own Nutrition Action Plans, designating NAOs to carry out work in the LGUs and ensuring the proper functioning of the nutrition committees.

The DILG has an awards system for the LGUs, known as the ‘Seal of Good Local Governance’, which was designed to promote strong and responsive governance. This was first introduced in 2014 and involved considerable monetary rewards to the winning LGU, which allowed for expansion of its development activities. The award is based on assessment in three core areas: good financial housekeeping, disaster preparedness and social protection, and a few additional optional areas.

### **Service delivery at the barangay and household level**

Numerous activities directed at children of all ages are being implemented by frontline community workers at the barangay level. Household targeting across the country is through the 4Ps programme. The conditionalities related to health in this programme are intended to encourage families in the first 1,000-days category to utilise the services offered by the health system.

Figure 3 illustrates which activities are nutritionally sensitive and provided to these families, or families with malnourished children. However, it was not clear what mechanisms existed to ensure that this targeting was followed and some vulnerable households may be missed (for example, internal migrants with no land ownership and no identity papers).

The nutrition worker at the barangay level is the Barangay Nutrition Scholar (BNS). The BNS receives a stipend from the barangay and, in some cases, this is augmented by funds from the municipality and the province. The BNS works closely with the Barangay

Health Worker and the Barangay Midwife. In addition to induction training, he/she receives trainings on nutrition programme management, disaster risk reduction and management (DRRM), conducting nutrition classes, and anthropometry. The BNS is a key member of the BNC; specific discussion on malnourished children in each barangay was noted to be a critical part of the committee’s meetings.

### Financing and budgeting at the LGU level

Each province/municipality and barangay receives a disbursement from the national government, known as the Internal Revenue Allocation (IRA), out of which a minimum of 20% is to be spent on development activities. Broad guidelines are issued on how this is to be spent. For example, recipients are mandated to spend a minimum of 5% on emergency preparedness, known as a ‘calamity’ fund. An allocation of 5% is mandated for the Gender and Disability (GAD) fund and a further 1% is mandated for interventions targeted at children and the elderly. There is no mandate for a minimum percentage spend on nutrition.

The IRA is separate from the allocations that come directly from the various sectors at the national level to their counterparts in the LGUs. At the province and the municipality/city level, identifying which activities the municipality/barangay respectively will augment from their own IRAs is also an important decision that is made jointly based on requests, performance reports and monitoring visits that are conducted by the members for their own sector responsibilities.

The budget officer at both municipal and provincial level is a member of the Nutrition Committee whose aim is to encourage a greater level of expenditure on nutrition activities.

Examples of activities on which LGUs spend their budget:

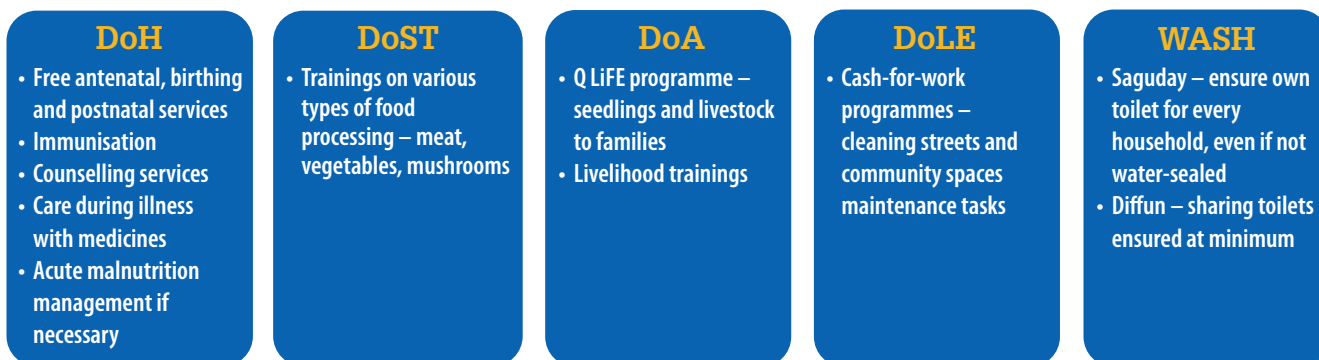
- Supplementing the meal for malnourished children in schools with provision of eggs/milk;



- Provision of eggs (one egg per day) for pregnant teenage girls;
- Supplementing the honorarium provided to the BNS by the barangay (from the province and the municipality);
- Supporting the training of the BNC on various topics (an example of supporting training on barangay budgeting exercises was given);
- The purchase of nutriblend from the DoST;
- The purchase of seeds and distribution of livestock for indigent families who are not eligible for this type of support from other programmes;
- Where school feeding programmes are not funded by the city in elementary schools (where there are less than 15 children per school), the local efforts of the barangay come into place for feeding, with the affected child and siblings all receiving a meal once enrolled and until the 120-day cycle is completed.

In addition to the IRA and sector funding provisions, each barangay and municipality also conducts fundraising for development activities; this is mostly for extending the number of school-meal days or improving the meals. In some barangays, Nutrition Committee members contribute PHP100 monthly towards increasing the stipend for the BNS.

**Figure 3**



# 2

## Findings

Tilapia are harvested from the freshwater pond in Kabacan, Philippines

WFP/Jacob Maentz

### What is working well?

#### **There is a longstanding awareness of the importance of a multi-sector approach**

It is evident across national and sub-national levels that there is a heightened awareness of nutrition issues in the country. This was seen across all sectors, as evidenced through the rich participation of stakeholders in the nutrition committees at all levels. Furthermore, this was noted in almost all interviews during the field visits. It is also evident that the multi-sector approach is not new to policy-makers and

*“With little resources in our province we have realised that, by aligning priorities of increasing agricultural productivity and poverty alleviation, we can also achieve nutrition targets.”*

Governor Cua, Quirino province

implementers and is seen as an integrated response by the government to nutrition issues. It appears that most sectors are well-informed; particularly the Departments of Education, Social Welfare and Development, and Agriculture. All local nutrition committee members appeared to have a basic idea of the impact of undernutrition on children and the harmful effects of overweight and obesity in children and adults.

#### **Renewed focus through the PPAN**

With the introduction of the latest PPAN, the nutrition focus has been sharpened. Despite a long history of interventions directed at improving the nutrition status of children, the PPAN has offered an opportunity to focus and renew commitments to reducing stunting. With the PPAN explicitly stating that all programmes should first and foremost focus on the critical first 1,000

days, there is now a clear direction, with the objective of stunting reduction and a sense that diverse sectors are jointly targeting services for this age group.

In addition to stunting reduction, another PPAN objective is to ensure that overweight and obesity in children under the age of five and schoolchildren do not increase from the baseline figures of 3.8% and 8.6%<sup>25</sup> respectively. Emphasis on this aspect is visible in many ways across provinces; Nutrition Month 2019 observed across the country focused on the theme ‘Eat healthy and do physical activity ... let’s push this!’. A guideline on messages and talking points with suggested activities across all sectors was developed. Nutrition-month celebrations in July were mentioned numerous times.

PPAN dissemination has been largely limited to the national and provincial level. An awareness of the details of the PPAN and the recently developed regional plans (RPANs) was not seen among city/municipality nutrition committee members. However, the effects of the rollout of the PPAN are visible beyond the provincial levels. The main value-add of the PPAN is additional staffing, including nutritionists and dietitians who are each responsible for supporting two municipalities and providing technical support to the BNS in the municipalities. This was cited as a clear improvement over earlier PPANs.

#### **Sector involvement and intersector collaboration**

Looking closely at the design of multi-sector programming in the Philippines, the model can be described as one in which each nutrition-sensitive sector implements its own agenda, ‘tweaking’ some of its programmes to make them more nutrition-sensitive. This is clearly articulated in the PPAN document and visible in the work on the ground. The model was noted to be working well at the

<sup>25</sup> FNRI DoST Survey 2015

municipality and barangay level as it does not require major changes to existing programming.

An interesting ‘tweaked’ activity seen in schools was children working in the gardens and nutrition coordinators in schools ensuring that overweight or obese children are particularly involved alongside others. This was one activity that children participated in with great enthusiasm, as was observed and reported in many schools visited.

Examples of intersectoral collaboration include the school garden and the backyard gardens coordinated between the DepEd and the DoA and the 4Ps programme, which brings together the sectors of health, education, and social welfare and development. There was, however, no evidence or mention of intersectoral training on nutrition.

All sectors report that nutrition messages are incorporated into their training and information sessions to a greater or lesser degree, but there does not seem to be a defined curriculum or guidelines on what or who will be included; this information-sharing occurs organically and appears to happen most often when members of the MNC are present in sector trainings, and in training sessions such as livelihood trainings and family-development sessions for community members.

Nutrition is accepted by all sectors as the prime responsibility of the health sector however there is a recognition of every non health sector’s specific role in contributing to improving the nutrition status of the population.

One sector not included in the nutrition committees until very recently was the disaster risk reduction management sector. The Philippines is regularly faced with climatic disasters and disaster preparedness is a way of life. The DRRM cells are important offices in every municipality/city, equipped with early warning systems and coordinating evacuation in case of an extreme

***“Keeping in mind fresh produce, which is mostly available, we would like to ensure that community kitchens are allowed in evacuation centres in place of canned goods, which are the practice now. There are practical difficulties, but we think it is important. With our presence in the CNC now we hope to be able to influence to bring about this change”***

City DRRM officer, Gingoog City

climatic event and, at other times, working on disaster-preparedness measures. However, membership of this office in the MNC is not yet consistent across locations. In Gingoog City, for example, it was only recently included. In Saguday Municipality in Quirino, the DRRM officer was also the MNAO.

## National-level coordination

The role of the NNC in being an advocate for nutrition at the highest level is applauded by many stakeholders. The importance of a high-level organising body to drive the nutrition agenda forward has been recognised by many and, from exchanges with several actors, it appears that the NNC is well supported to carry out its mandate.

A few challenges and observations regarding the NNC surfaced in conversations with national-level stakeholders. These included:

- Coordination between the NNC and the DoH needs improving (even if the NNC is located within the DoH) and it was felt by many that the NNC should confine its role to coordination and monitoring. Currently, the NNC implements an Infant and Young Child Feeding (IYCF) programme independent of a similar programme being run by the DoH. Most stakeholders were of the opinion that DoH focuses on nutrition-specific activities, with the NNC coordinating all nutrition-sensitive sectors. However, there is some overlap. For example, the NNC led on the formulation of policies and guidelines in relation to salt iodisation and mandatory food fortification. Creating clear roles and defining mechanisms of coordination has been deemed a priority and is the subject of technical assistance tasks being provided by Nutrition International. The role of the DoH includes procurement of drugs and vaccines and providing technical assistance to the LGUs in programme implementation of nutrition-specific activities. With the introduction of the PPAN, the role of technical assistance for the first 1,000 days programme is taken up by the NNC. All the activities in this programme are provided by the DoH; hence there is a need for coordination and synergy between NNC and DoH personnel on the ground, with clear directions from the national-level authorities.
- Focal points across the 18 sectors still need to be identified in the PPAN to drive forward implementation.
- Concerns around the DoA not being fully on board was raised by many stakeholders, owing to the NNC “being taken away” from them.
- The NNC needs to evolve from being more than just a technical body monitoring and evaluating the PPAN if the ambitions of securing high-level political buy-in and support set out in the PPAN are to be realised.

It needs to acquire political skills to leverage maximum advantage from law-makers at the national level; particularly from the LGUs, which play a big role in the success of programmes on the ground.

## Evidence of buy-in from the LGUs with an established nutrition architecture

The sub-national governance mechanism in the Philippines is devolved (since 1991), with the LGUs (provinces, municipalities and barangays) having considerable autonomy and capacity. An important focus in the PPAN is extending support to the LGUs to enable implementation. It is expected that an issuance/order from the DILG on LGU actions for nutrition will further strengthen this. The plan explicitly mentions the mobilisation of LGUs as a strategic partner to deliver the planned outcomes. To this end, 36 provinces with high stunting prevalence have been prioritised where low-intensity nutrition programmes will be intensified to deliver targeted outcomes. National government plans in the PPAN aim to complement the LGU-level processes and create an enabling environment for LGU implementation of policies. With these indications of support and prioritisation of the LGUs from the national government, there are some indicators that nutrition is a priority issue for the LGUs visited.

***“The local chief executive – primarily the Provincial Governor – is a key position. He [or she] has to be a nutrition champion, then things fall in place. We have seen this in Quirino; despite limited resources they have made progress”***

Regional Nutrition Coordinator, Region II

- The establishment of the mandated committees was seen in provinces visited, including the formation of the MNC. The position of the city or municipal NAO was not part of the LGU code – hence it was not funded – but, in provinces such as Quirino, which embraced nutrition from the very beginning, positions were created early on.
- The position of the NAO at every level, even if a designated one, is one of considerable influence as it is a position in local government with direct access to the local chief executive. This position is an adjunct to that of Municipal Nutrition Officer, who is a part of the DoH and takes on the more technical

and administrative roles of routine programmes. It emerged clearly from discussions that an ideal NAO is not necessarily one from the health sector or a nutritionist, but one with good communication and coordination skills.

- Allocation of scarce resources for nutrition programmes is used as a measure of commitment among the LGUs. In Gingoog City, the funding for health and nutrition came from a variety of sources,<sup>26</sup> with 20% of the development fund being spent on infrastructure such as potable water facilities and

***“A person with good communication and coordination skills and situated within the DoH is the best-case scenario. A good NAO is critical to progress of nutrition in the area”***

Regional Nutrition Coordinator, Region X

health-centre improvement, both of which have an impact on nutrition. Local fundraising to the extent of 10% of total budget for nutrition has also been possible. This fundraising has been through church groups, citizen initiatives such as the Lions Club, and Rotary Club chapters locally. The Mayor’s office recently created three posts for Nutrition Coordination officers to support the CNAO. This is possible with LGUs that have more resources at their disposal and with a local chief executive who is convinced of the importance of nutrition. In Quirino province, an allocation of PHP40,000<sup>27</sup> was made towards supporting maternal nutrition activities in the municipalities. From interviews conducted, it was apparent that IRAs have been increasing year-on-year and allocations for nutrition activities remain constant or have increased marginally, as in Saguday municipality, where there was a demonstrable increase in allocations from 2018 to 2019 for health and nutrition from 1.38% to 1.67% of the total IRA. Across the 79 barangays in Gingoog City, there was an allocation of 4-5% of the IRA for nutrition for the past two years.

## A culture of documentation

Information on plans, policies and activities at every level is readily available in the Philippines. All government departments at the national level, including the NNC, maintain websites that are regularly updated with reports of activities, plans, policies, meeting minutes and other forms of documentation. This practice is carried out,

<sup>26</sup> Based on statements by the CNAO; details to substantiate this claim were not available.

<sup>27</sup> PHP40,000PHP = USD800.

albeit without a website, at the municipality and the city level, even down to the barangay level.

RPANs are available for all 17 regions. These are detailed, costed plans based on the PPAN but which bring in modifications appropriate to the nutrition situation in the region. The RPANs of Region II and X consists of a suite of programmes implemented by the DoH and focused on the critical life stages of the first 1,000 days and adolescence, and the major programmes of the PPAN. They provide the necessary focus on the first 1,000 days programme, given its huge potential in addressing the major nutrition issues in the region and in the country. Additionally, a special focused programme to address the huge challenge of adolescent health, and adolescent pregnancy in particular, in both regions is included.

Both RPANs include budget lines for implementation research studies, but neither provinces have started this aspect of the work yet. Region X was expected to start by 2020. Some of the topics for research in Region X that have been identified for study are: understanding the impact and role of agricultural support to food security in the region; the effectiveness of targeting in the livelihood projects; and the impact of the dietary supplementation programmes on nutrition status of children. Research topics in Region II are yet to be identified.

In both provinces, record-keeping in the barangay health stations in the form of weight records, immunisation cards, 4Ps family cards and barangay maps are updated monthly, with the number of PLW and undernourished children being kept up-to-date. This responsibility of the BNS was something that drew high praise and frequent mention from the committee members. As part of ensuring the quality of data, nutrition officers examine records closely during monitoring visits and measure children on household visits. On deeper discussion, it is clear that the documentation is an indication of continuous contact with beneficiaries and an awareness of the situation in the barangay.

## Persisting challenges

### Gap between national and sub-national levels of governance

The Philippines has a unitary system of government with specific powers devolved to local governments; the provinces being the primary level of local governance. Despite this, and perhaps owing to the geographical spread and the numerous ethnicities in the various provinces, there is a separation between

national government agencies and local government structures, as highlighted in interviews. As the LGUs are responsible for implementing programmes, delays occurring due to the extremely slow bureaucratic processes and centralisation of procurement were cited as impediments to efficient implementation by administrators in the LGUs.

On the other hand, officials at the national level also noted “*disproportionate power in the absence of capacity*” in the LGUs. They rued the lack of understanding of technicalities in running development programmes; particularly programmes that do not display immediate results, as in nutrition. As has been seen in other case studies, most elected representatives tend to be susceptible to ‘quick-win’ programmes with tangible outcomes, such as infrastructure projects.

The importance of the governor/mayor being willing to invest time and energy in nutrition and prioritising allocation of resources for nutrition-related activities, and for such an individual to stay in power for more than one term, is cited as a key factor for success; however, this stability of governance is seldom seen. A key factor in Quirino has been stable governance at all levels, leading to continuity in programmes initiated.

### Data disparity

The Food and Nutrition Research Institute (FNRI) of the DoST conducts national nutrition surveys every five years; data disaggregated at the level of the provinces is available for most nutrition indicators. An additional source of nutrition data is the OPT plus, with a coverage across the country of 60-70%, available at city, municipality and barangay levels. Despite mechanisms to validate data collected as part of regular monitoring by the nutrition teams and the yearly MELLPI processes, this data has limitations as it is often collected by inadequately trained field workers. Frontline workers have been weighing children and recording data for many years. Height measurement has only been added in recent years and is more difficult to measure accurately, which has an impact on stunting and wasting estimates. However, as reported by officials both from the DoH and the NNC, in the absence of local-area disaggregated estimates from surveys conducted by national authorities, mayors and governors have consistently been seen to be more convinced of the monitoring data, which in most cases show lower estimates of malnutrition (in all likelihood, this is due to less-than-complete coverage). Convincing them of the inherent problems of monitoring data, which is universally acknowledged, is a difficult task, particularly in the absence of local-area disaggregated

estimates from surveys conducted by national authorities. Comprehending the changes due to shift from underweight to stunting is also complex for many stakeholders and policy-makers at ground level.

*“Nutrition per se is not considered hard news... it doesn’t get so much attention, compared to other topics like politics, crime and other social issues. This is what we are trying to change through Balay Ni Ifan.”*

Media Core Group member of the RNC

## Targeting

The PPAN emphasises targeting interventions to families with women and children in the first 1,000 days and households with malnourished children. It is clear from interactions that this is adhered to; children of school age are also a priority group. Implementers from all sectors at LGU level are able to identify sector-wise what interventions along the life cycle are available, but are unaware of what the same family

### Media advocacy for Nutrition – Region II

An initiative unique to Region II is the *Balay Ni Ifan*, or media advocacy group. This group, which was set up a decade ago, serves to disseminate nutrition and related information to the general public through radio, TV and print media.

Regional and community radio stations in local languages remain an integral part of Filipino culture, even in today’s social media and TV-dominated world, because radio is the medium through which adverse weather warnings are issued nationwide.

Each province in the region has given radio stations a special name and in Quirino province schoolchildren have been successfully involved in creating short dramas and quiz shows, which have received huge listenership. The group has now been given membership of the RNC where, with other members, it is able to plan the information campaigns of the NNC effectively. This has been particularly useful to counter the massive media advertising of infant formula, sugar, sugar-sweetened beverages and fast-food companies, which are hugely popular in the Philippines.

There is yet to be a formal evaluation of the impact of this initiative, but the number of listeners to the quiz questions, competitions and similar content has been growing.

This is an initiative worth exploring by other regions in the Philippines.

receives from another sector. The missing piece is a mechanism that monitors convergence of programming at household level.

## Financing

PPAN is not a costed plan: costing is only available for estimated commodities/supplies. There is no information in the document on detailed staffing and related costs. In contrast, RPANs are costed in detail.

The Region II RPAN estimates a budgetary requirement of PHP4.53 billion for 2019-2022, with an unfunded portion of PHP20 million. Nutrition-sensitive programmes and the National Dietary Supplementation programme constitute 62% and 27% of the total. Strengthening the health-delivery system and communication are two project lines of the F1K programme that are unfunded, as are the enabling programme components of mobilisation of LGUs, policy development and strengthening management support for effective implementation of the RPAN. Besides these overall support activities, the training component in the Nutrition in Emergencies (NiE) programme and operational research for nutrition-sensitive activities remain unfunded. Plans are afoot to fill this funding gap through arrangements with NGOs and donors, including the private sector.

The Region X RPAN is costed at PHP3,2 billion, with the funded portion being PHP2.9 billion, leaving 10% or PHP336 million unfunded. In this region, the three major components of the budget are the National Dietary Supplementation programme (52.53%), adolescent health and development (28.14%) and nutrition-sensitive programmes (10.62%). As in Region II, strengthening the health-delivery system for the F1K programme is unfunded, as are the enabling-programme components of mobilisation of LGUs, policy development and strengthening management support for effective implementation of the RPAN. In contrast to Region II, where nutrition-sensitive programmes were fully funded, here the Sagana Tubig at Ligtas na sa Lahat (SALINTUBIG)-DILG-supported potable water supply programme remains unfunded, along with supplementary feeding programmes for pregnant women in a specific province and a supplementary feeding programme for children aged 6-23 months in impoverished families. In this region, the NiE programme which is for building and strengthening capacities for nutrition, which is a separate programme under the nutrition-specific interventions, also remains unfunded. There is an expectation that this funding will be met by local government, either from the 20% reserved for development programmes or from its own resource-generation initiatives.





WFP/Jacob Maentz

# 3

## Lessons learnt and recommendations

women prepare school meals at Bayanga Elementary School in Matanog, Philippines

### Stable governance

Other case studies have drawn attention to the fact that establishing and setting up multi-sector programmes is a time-consuming process. This holds true, even for the Philippines but, as multi-sector programming has been institutionalised for many years, it seems to have made implementing the PPAN easier than in other countries, with systems geared for this way of working. Additionally, it was clear from this case study that stable leadership, such as in the province of Quirino, is a big advantage: staff turnover is low and critical posts, including NAOs, have been in place for several years. Furthermore, there is continuity of plans and programmes across terms of leaders.

### Incentive and rewards mechanism

The awards system is unique to the Philippines and is taken very seriously by the LGUs: the financial rewards provided are substantial and are used for building infrastructure in the community. The processes of being selected for the awards are well thought-out, detailed and well documented. The awards process also provides opportunities for national actors to understand the numerous innovative steps and for processes adopted by the LGUs to improve nutrition in their populations. The NNC would do well to monitor how the monetary reward was used to improve the nutritional status of the community, and perhaps consider developing broad guidelines on how the money is to be used to further improve community nutrition status.

### Improving data quality

Data collection and documentation at the barangays is conducted regularly and reporting is fairly regular. However, there is work to be done to improve anthropometric data collection and interpretation. This

requires training at regular intervals and on-the-job supervision and mentoring of frontline workers.

### Introducing cross-sector training

In both locations visited there was evidence of training of workers, particularly within the DoH on various aspects of nutrition (including anthropometry, behaviour-change communication and IYCF). Interviews also mentioned sector trainings beyond health for all cadres of worker. A multi-sector programme such as the PPAN will be strengthened if specific nutrition inputs can be included in all sector trainings in a planned manner. Modules designed highlighting the particular sector's role in improving nutrition and directing attention to opportunities for collaboration at ground level can be a useful addition. From the experience of such efforts in other countries, it can be said that this is not resource-intensive but a sure way of mainstreaming nutrition into all related sectors.

### Evidence-based programming/more ideas and guidance on implementation

Awareness and enthusiasm to implement programmes to ensure children are healthy and well-nourished is high in the communities and was seen to be consistent across communities, leaders and government staff. In both provinces, local government funds were used predominantly to supplement the feeding programmes for pre-schoolers and school children. In some cases, resources were used to provide eggs as a convenient protein source for pregnant women, particularly pregnant teenage girls. Supplementary feeding for pre-schoolers and

schoolchildren is an established strategy to address underweight. With stunting and wasting being the new metrics, there has been no further refining of this strategy. Implementers on the ground need to be supported with information on evidence-based practices for stunting reduction that can be tailored to the local context and to which local resources can be directed. This will allow planners to look beyond feeding programmes.

## Increasing regional collaboration

Regional offices of the NNC are the most important source of technical support to the LGUs and are tasked with the responsibility for disseminating national programmes and policies to them. Opportunities for exchange and collaboration across regions are currently limited, which undermines the exchange between stakeholders at the provincial and municipality/city levels across regions. This is an area which may require further examination. For example, exchange visits can be a part of the incentive for award-winning LGUs. Selected personnel from the award-winning LGUs can visit and act as mentors to the LGUs where progress is slow. This can also be a way of bringing those struggling to establish programmes and make progress up to speed, and will also encourage interaction and learning countrywide.

The Philippines has developed an island-wide effective disaster risk reduction plan. As mentioned in the findings section, awareness on how to make shelters and relief efforts nutrition-sensitive is high; however, funding for training on NiE is missing in both RPANs. This needs to be prioritised to ensure that nutrition is firmly embedded in all trainings given by the disaster risk reduction cell in the LGUs. This will become important with increased frequency of climatic events, as seems to be the trend globally and particularly for geographically vulnerable countries such as the Philippines.

## Conclusions

This case study captures the efforts of the Philippines across decades to address malnutrition; an effort which stands out in having recognised and adopted a multi-sector approach to achieving nutrition goals well before this was globally recognised. The case study draws out the challenges that remain and brings to the fore some innovative interventions, particularly in nutrition-sensitive sectors.

The Philippines has adopted a model of multi-sector programming in which each sector works within its

own remit, tweaks interventions to make them more nutrition-sensitive and makes efforts to deliver a package of interventions that will impact the nutrition status of vulnerable households. The country has a well-established monitoring and evaluation system for nutrition programmes, but needs to devise a system that will capture targeting at the household level. In terms of governance this country, where health and nutrition have been devolved to LGUs, shows promise. There is clear indication of accountability and ownership for nutrition at the LGU level by the elected leaders and members of the local nutrition committees comprised of the sector representatives and other stakeholders. Concerns around limited technical capacity abound at the LGU level and measures to address this are part of the PPAN, within the resources available.

The Philippines is one of the countries in the ASEAN region faced with the triple burden of malnutrition: stunting, anaemia and rising rates of overweight in all population groups. With the advantages of a literate population, an educated workforce and adequate resources, it is well-placed to incorporate lessons from good practice globally into its programmes and achieve targets set by focusing on double-duty actions and simultaneously investing in an enabling environment.

# Annex 1

## Local nutrition committees – Functions

Provincial nutrition committee	City/Municipal Nutrition committee	Barangay Nutrition committee
1. Assesses the provincial nutrition situation	1. Assesses the city/municipal nutrition situation	1. Assesses the barangay nutrition situation
2. Formulates the provincial nutrition action plan complementary to and integrated with other plans of the LGU and higher level plans	2. Formulates the city/municipal nutrition action plan complementary to and integrated with other plans of the LGU and higher level plans	2. Formulates the barangay nutrition action plan complementary to and integrated with other plans of the LGU and higher level plans
3. Coordinates, monitors and evaluates plan implementation and recommends and adopts appropriate actions	3. Coordinates, monitors and evaluates plan implementation and recommends and adopts appropriate actions	3. Coordinates, monitors and evaluates plan implementation and recommends and adopts appropriate actions
		4. Organizes groups to implement nutrition intervention activities
4. Mobilizes resources to ensure the plan is implemented	4. Mobilizes resources to ensure the plan is implemented	5. Mobilizes resources to ensure the plan is implemented
5. Holds at least quarterly meetings to monitor programme performance	5. Holds at least quarterly meetings to monitor programme performance	6. Holds at least quarterly meetings to monitor programme performance
6. Extend technical assistance to municipal nutrition committees on nutrition program management and related concerns, including the conduct of periodic visits and meetings with the C/MNC	6. Extend technical assistance to barangay nutrition committees on nutrition program management and related concerns, including the conduct of periodic visits and meetings with the BNC	

# Annex 2

## Respondents at the national level

Name	Designation
Laila Africa	BIDANI Coordinator UP Los Banos Director of Institute of Human Nutrition and Food
Carleneth F San Valentin	Health and Nutrition Technical Manager Operations, World Vision
Dr Wigdan Madani	Chief, Health and Nutrition, UNICEF
Joris Van Hees	Nutrition Specialist, UNICEF
Dr Rene Gerard Galera	Nutrition Specialist, UNICEF
Dr Martin Parreno	Programme Policy Officer, WFP
Luz Tagunicar	Nutrition Programme Manager, DoH
Maria Lourdes “Didi” A Vega	National Nutrition Council
Dr Azucena M Dayanghirang	SUN Focal Point Director, NNC
Milagros Federizo	Regional Nutrition Programme Coordinator
Cecilio Adorna	NI Consultant
April Jasmine May C Ducusin	Nutrition Officer II, Nutrition Policy and Planning Division

# Annex 3

## Respondents at the regional and provincial level

Name	Designation
<b>Region II</b>	
Teresa C Campos	Broadcast Programme Producer, DWPE Radio Pilipinas Tuguegarao
Brian	Institutional Partnership and Development Officer, DSWD
Maria Gisela M Lonzaga	Nutrition Programme Coordinator, NNC Region II
Dakila Carlo 'Dax' E Cua	Governor, Province of Quirino
Dr Emilia Avilar	Provincial Health Officer. Provincial Nutrition Action Officer
Agaton Pagbilao Junior	Provincial Social Welfare and Development Officer
Orlando E Manuel	Schools Division Superintendent Schools Division
Rizaldy C. Tenoso	Project Assistant 2 Department of Science & Technology Provincial Science & Technology Centre
Ophelia Garcia Mariano	Philippine Red Cross Chapter Quirino
Florence Mangoba	Officer in Charge, Provincial Agricultural Office
Teresita Benito Madlaing	Nutritionist Dietitian, DoH
Eric Ruis Sagaysay	Nutritionist Dietitian, DoH
Luningning Pacudan Rhodes	Programme Officer IV
Clavelina Tolbe	Programme Officer IV
Jasmine Ortiz Oresta	Local Government Operations Officer, DILG
<b>Diffun Municipality</b>	
May G Calaunan	Mayor, Municipality of Diffun
Hansel Guillermo	Local Disaster Risk Reduction Officer
Mylene Acosta	Municipal Budget Officer
Realson Corbe	Municipal Agriculturist
Mely Rubi	District Supervisor, Department of Education
Dr. Eden Gorospe - Pata	Municipal Health Officer
Tina Ramilloza	Nutrition Officer 2
<b>Saguday Municipality</b>	
Marcelina M Pagbilao	Mayor
William Doria	Municipal Population Officer
Joey N Gamboa	Municipal Nutrition Action Officer and Municipal Disaster Risk Reduction Officer
<b>Region X</b>	
Elmer S Risonar	City Nutrition Action Officer, Gingoog City
Ms. Liwayway S Liorico	Nutrition Officer II NPPD Support Staff
Ms Gladys Mae S Fernandez	Regional Programme Coordinator
Josephine V Ranoeo	DILG
Ms Florencia A Bucag	Punong Barangay – Malibud
Ms Mariecel O Garcia	Punong Barangay – Barangay 25
Jessie F Reyes	Assistant Department Head, City Mayor's Office HRO Office
Juanita M Rodriguez	Administrative Officer, City Mayor's Office
Marilyn T Alsian	PRC, Gingoog City
Merle Ladesma	Radyo Pilipinas
Edmar C Pabia	CDPO
Narcisa B Sabeth	Department of Education
Daphne G Lumartos	City Agriculture Officer



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