Data Sources

- National Nutrition Survey
  Food and Nutrition Research Institute
  Department of Science and Technology
- National Demographic and Health Survey
  Philippine Statistical Authority
- Cebu Longitudinal Health and Nutrition Survey
  Office of the Population Studies
  San Carlos University
- Philippine Plan of Action 2017-2022
  National Nutrition Council
- Department of Health Annual Reports
- Province of Quezon’s Q1K Program 2018
What actually happens in the First 1000 days in the Philippines

**Pregnancy**
- At least 4 pre-natal visits in three trimesters (2-4-11)
- 180 tablets of Iron-folic acid supplementation
- Balanced protein-energy dietary supplementation

**0 to <6 months**
- 66.5% PW have at least 4 pre-natal visits in three trimesters
- Less than half of pregnant women take 180 tablets of iron-folic acid supplementation
- No program for balanced protein-energy dietary supplementation for PW
- 24.7% Exclusive breastfeeding
- Mean duration of exclusive breastfeeding: 4.3 months
- Continued breastfeeding at 1 year (53.2%) and at 2 years (32.7%); Mean duration of any breastfeeding is 8.3 mo
- Only 18.5% met the Minimum Acceptable Daily (29.2% MDD)
- No massive dietary supplementation program for children 6-23 months

**6-23 months**
- Age-appropriate complementary feeding with continued breastfeeding
- Micronutrient supplementation

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**Malnutrition existing in the FIRST 1000 DAYS**
*(window of opportunity to prevent and reverse stunting)*
- 1 in 10 is pregnant *
- 1 in 10 is anemic
- Low energy intake
- Low Diet Diversity
- 9% Vitamin A Deficiency (VAD)
- 33.4% stunted (under-5)
- 7.1% wasted (under-5)
- 81.4% of 6-23 mos not meeting minimum acceptable diet
- 1 in 8 lactating women is energy deficient
- 17% anemic
- 5% VAD
- 21% Low birth weight
- 13% already stunted at birth to 5 mos
- 36.4% already stunted at 1 yo
- 40% anemic

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**Prevalence of Low Birth Weight**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NDHS*</th>
<th>NNS**</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>13.0</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>19.6</td>
<td>14.2</td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td>15.9</td>
</tr>
<tr>
<td>2013</td>
<td>21.4</td>
<td>11.5</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td>14.4</td>
</tr>
<tr>
<td>2017</td>
<td>15.0</td>
<td></td>
</tr>
</tbody>
</table>

* Among infants born in the last 5 years who had a reported birthwt.  **Among children, 0-3.9 years old, with record or recalled
Age-specific determinants of stunting in Filipino children**

- Data from the Cebu Longitudinal Health and Nutrition Survey, a community-based study conducted from 1983 where about 3,000 single live births were followed bimonthly for 24 months then revisited in 1991, 1995 and subsequent years.
- By 12 months of age, about 38% of rural and 37% of urban children were stunted and by 24 months, stunting occurred in 69% of rural and 60% of urban children.
- The likelihood of stunting was significantly increased by diarrhea, febrile respiratory infections, early supplemental feeding and low birth weight.
- Breastfeeding, preventive health care (maternal education and immunization), and taller maternal stature decreased the likelihood of stunting.


- Based on the 2003 National Nutrition survey, correlates of stunting among under five children are household head’s education, child food insecurity, number of types of appliances, per capita income, and total energy and protein intakes of the child.


Note: Study on determinants of stunting among U5 children from the recent NNS is being undertaken.

Factors that contribute to Low Birth Weight*

- Nutritional status of women during pre-/pregnancy
- Energy intake during pregnancy
- Uncontrolled elevated blood pressure
- Uncontrolled elevated blood sugar
- Untreated infections, including parasitism
- Use of cigarettes or exposure to cigarette smoke
- Decreasing household wealth

* 2017 NDHS

Why the Need to Address Stunting

- SDG 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Philippines is the 51st country to join SUN and signatory to the World Health Assembly*

By 2040, Filipinos enjoy a strongly rooted, comfortable, and secure life.

**WHA 2020 Targets: improve stunting, wasting, obesity, breastfeeding, low birthweight
Policies in relation to MNCHN

- EO 51 1986  Philippine Code of Marketing of Breastmilk Substitutes
- RA 1600 1992  Rooming In and Breastfeeding Act
- RA 8980 2000  Early Childhood Care and Development Act
- RA 10028 2009  Expanded Breastfeeding Promotion Act
- AO 2005-0014  National Policies on Infant and Young Child Feeding
- AO 2007-0045  Zinc Supplementation and RORS in the Management of Diarrhea
- AO 2008-0029  Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality
- AO 2008-00201  Maternal and Newborn Child Health and Nutrition
- AO 2009-0025  Essential Newborn Care
- AO 2010-0010  Revised Policy on Micronutrient Supplementation
- AO 2016-0035  Quality Antenatal Care in All Birthing Centers and Health Facilities Providing Maternity Care Services
- DM 2016-0161  Calcium Supplementation for Pregnant Women
Some Identified Constraints/Gaps

- In the previous plans
  - lack of behavior change communication plan
- In implementation
  - inadequate funds, lack of manpower
  - competencies and security of tenure of BNSs and BHWs
  - low coverage of key nutrition interventions
- In monitoring and/or evaluation
  - data quality
- In coordination and/or complementation of actions national and local governments, and among multi-sectoral programs/interventions
  - messaging/nutrition promotion
  - strengthening of nutrition considerations/concerns in school curricula and GAs and NGOs training programs

Plan Formulation Process

- Engagement of a team of consultants with funding support from Micronutrient Initiative and UNICEF
- Desk review
- Key informant interview/one-on-one consultations
- Focus group discussions (national and local)
- Consultation workshops
- NNC Technical Committee as final vetting body

Addresses nutrition situation
- Guide for all who want to be involved in nutrition action
- Lays out targets, directions, and priority actions

PPAN 2017-2022 Outcome Targets

Reduce levels of child stunting and wasting

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence (in percent) of stunted children under 5 years old*</td>
<td>33.4</td>
<td>21.4</td>
</tr>
<tr>
<td>Prevalence (in percent) of wasted children:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Children under 5 years old*</td>
<td>7.1</td>
<td>&lt;5</td>
</tr>
<tr>
<td>- Children 6-10 years old</td>
<td>8.4</td>
<td>&lt;5</td>
</tr>
</tbody>
</table>

*Targets are consistent with the 2025 Global Targets Maternal, Infant, and Young Child Nutrition
**Sub-outcome or intermediate outcome targets**

- Reduce the proportion of nutritionally-at-risk pregnant women from 24.8% in 2015 to 20% by 2022 (about 20% reduction between 2013 and 2022)

- Reduce the prevalence of low birthweight from 21.4% in 2013 to 16.6% by 2022 (to reach the 2025 Global target of 30% reduction)*

- Increase the prevalence of exclusive breastfeeding among infant 5 mos old from 24.7% in 2015 to 33.3 by 2022

- Increase the percentage of children 6-23 months old meeting the minimum acceptable diet from 18.6% in 2015 to 22.5% by 2022

- Increase the proportion of households with diets that meet the energy requirements from 31.7% in 2013 to 37.1% by 2022

**Strategic Thrusts, PPAN 2017-2022**

- Focus on the first 1000 days of life

- Complementation of nutrition-specific and nutrition-sensitive programs

- Intensified mobilization of local government units

- Reaching geographically isolated and disadvantaged areas (GIDAs) and communities of indigenous peoples

- Complementation of actions of national and local governments

**Sustainable Development Goals**

Philippine Development Plan Goal
Foundation for inclusive growth, a high-trust society, and a globally competitive knowledge economy

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

**Nutrition-specific programs**

Address immediate causes of malnutrition

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

- *Address immediate causes of malnutrition*

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

**Nutrition-sensitive programs**

- *Address underlying causes of malnutrition*

  - Projects in development sectors that were tweaked to produce nutritional outcomes
    - Targeting households with undernourished children, or pregnant women or children 0-23 months old for employment
    - Targeting areas with high levels of malnutrition
    - Channel or platform for delivering nutrition-specific interventions

Examples: DSWD’s Family Development Sessions for CCT Program, DILG’s/DOH’s SALINTUBIG and other water, hygiene and sanitation projects

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**Nutrition supportive programs, examples**

- Health programs e.g., immunization, WASH
- Food and agricultural systems, programs and projects that impact on food supply, post-harvest storage, transport
- Social protection programs, e.g., conditional cash transfer, health insurance

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**Enabling programs**

- **Mobilization of LGUs for nutritional outcomes**
  - Mobilization of LGUs
  - Enabling policy and legal framework for LGU mobilization
  - Development of continuing opportunities for LGU excellence in nutrition programming
- **Policy development for food and nutrition**
  - Securing policy support for nutrition along the priority nutrition legislative measures
  - Public advocacy
- **Strengthened management support to PPAN**
  - Securing vital nutrition infrastructure and resource requirements
  - Strengthened coordination, monitoring, evaluation and management of PPAN
  - Mobilization of RICs and other community-based organizations for nutrition action
Implementation Mechanism

- National PPAN Implementation Plan, 2017-2022
- Regional Plan of Action for Nutrition, 2017-2022
  - Agencies will commit what chunk of the targets they will “bite”
  - Those involved will outline the things that should be done to implement the program and establish accountabilities
  - Should be basis of agency budget proposals and for annual updating

Management will involve

- Organization of technical working groups at the national level to tackle technical details of each program
- The NNC Technical Committee will provide the venue for ensuring cohesive action across the different programs

Monitoring system to be set up

- Reporting by national agencies on physical and financial accomplishments—semestral
- Assessment of LGUs according to key parameters

WFP is Modelling a Stunting Prevention Program in ARMM

In partnership with DOH and NNC

1st 1000 days (Stunting Prevention Programme)

- Consultation & Counselling
- Assessment & Monitoring
- Specialized Nutrition Products

Target: Pregnant & Lactating Mothers with infants 0-5 mos
Children 6-23 mos

Venue: Rural Health Units and Barangay Health Stations
Compendium of Actions on Nutrition

A compilation of stories of success achieved by Local Government Units (LGUs) that have taken action to improve nutrition. These LGUs managed to overcome obstacles and make progress towards the implementation of outstanding nutrition programs in their region.

CAN aims to inspire, build capacity, and share challenges and successes in implementing nutrition plans and programs with other LGUs in the country.
**PROGRAM COMPONENTS AND GOALS**

- **Food and Nutrition**: Improve nutritional status of the family through proper nutrition education.
- **Health Care and Sanitation**: Improve health through clean water & environment and optimal healthcare services.
- **Social Care**: Generate behavioral change among parents and community in child rearing.

**WITHOUT Q1K PROGRAM**

- 1/10 Low Birth Weight
- 55% immunization coverage
- 4 Prenatal Visits
- 40% Exclusive Breastfeeding

**WITH Q1K PROGRAM**

- 1/200 Low Birth Weight
- 100% (BCG and HEPB Vaccines)
- 8 Prenatal Visits
- 94% Exclusive Breastfeeding
- No incidence of violence against women and children was recorded
- Home garden was established in every household
- Health seeking behavior was improved
- Improved level of hygiene

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**THANK YOU!**