Philippine Plan of Action for Nutrition

Goals

Goals, objectives or targets related to nutrition:

The MTPFN/PPAN 1993-1998 aims to improve the nutritional status of Filipinos by reducing the prevalence of protein-energy malnutrition. It also aims to prevent, control, and eliminate micronutrient deficiencies.

More specifically, the plan shall contribute to the achievement of the following objectives:

1. Reduce the prevalence of preschoolers with weights less than 75 percent of standard weight-for-age from 11.9 percent (1.4 million) to 8.4 percent (1.0 million);
2. Reduce the prevalence of school children aged 7 to 10 years with weight less than 75 percent of standard weight-for-age from 11.9 percent (0.8 million) to 8.4 percent (0.6 million);
3. Reduce the prevalence of iron deficiency anemia among infants, pregnant and lactating women, preschoolers and school children by 10 percent (from 24.3 million to 21.9 million);
4. Virtually eliminate iodine deficiency disorders;
5. Virtually eliminate clinical vitamin A deficiency among preschoolers; and
6. Increase the daily average per capita energy intake from 1872 kcal. to 1997 kcal.

Strategies

Strategies and activities related to nutrition:

5 Strategies and Programs

The goals and objectives of the MTPFN/PPAN will be achieved through the promotion of household food security and the prevention, control, and elimination of micronutrient deficiencies. The use of these strategies shall strengthen the nutrition in development (NID) approach which combines long-term developmental measures addressing the root causes of malnutrition with direct interventions aimed at alleviating the malnourished within the framework of socioeconomic development.

Along this line, five impact programs shall be implemented drawing support from the necessary enabling mechanism that will insure achievement of the PPAN goals.

Home and community food production

Home and Community Food Production will help ensure home food security through home, school, and kitchen gardens which would yield food rich in calories, protein, vitamin A, and vitamin C. The consumption of foods produced from these gardens shall likewise be
promoted.

Home and community food production primarily for home consumption (as differentiated from the commercial scale of production usually associated with agriculture) will be promoted. This program will help insure household food security by improving the availability of nutritious food. This program also forms part of the long-term solution to protein-energy and micronutrient malnutrition.

The program will reach about 1.6 million households with severely and moderately underweight children. School kitchen gardens?gardens planted to fruits and vegetables?shall be established in 80 percent of public elementary schools (27,000); while community kitchen gardens will be encouraged to be set up in all 42,000 barangays. Both school and community gardens will apply the bio-intensive gardening (BIG) technology and other regenerative agricultural technologies. Small animal raising and aquaculture will also be promoted.

Home and Community Food Production Targets, 1994-1998

1. Establishment of school kitchen gardens - 27,000
2. Establishment of community kitchen gardens - 42,000
3. Establishment of home kitchen gardens - 1,600,000
4. Dispersal of small animals to households - 1,505

Family cooperators will be encouraged to practice seed retention to sustain the gardens. Initial requirements of seeds, seedlings, and garden tools shall be distributed to families, communities, and schools. Barangay and municipal nurseries shall be established and maintained in schools and communal areas to provide a continuous supply of seeds, seedlings, and planting materials. Food production in the schools will be done through the Teacher-Child-Parent (TCP) approach using modules to be developed specifically for such purpose. School gardens shall be established through the practicum component of TCP which will involve making pupils set up and maintain vegetables gardens in the school. Pupils, with the help of their parents, will also be asked to set up similar gardens in their homeyards. This mechanism will relay knowledge, attitude, skills, and habits learned by students in school to their parents who are expected to practice these at home.

Strategies and food production technologies appropriate to highly congested urban centers will be developed, tested, and vigorously promoted to address emerging food insecurity in urban areas. Food safety will be emphasized in view of the possibility of lead contamination due to pollution in highly urbanized areas.

The consumption of foods produces from these home, community, and school gardens shall be promoted intensively to increase the quality and quantity of food intake of preschoolers, school-aged children, and pregnant and lactating women.

Micronutrient Supplementation Targets, 1994-1998

1. Vitamin A capsules ? All preschoolers (6 months to 5 years)
2. Iron tablets ? Pregnant and lactating women, School children (7-10 years)
3. Iron syrup ? 6.3 M moderately and severely underweight preschoolers (1-6 years), 6.2 M infants (6-11 months), 2.0 M infants (0-6 months) with low birth weight
4. Iodine capsules ? Women of child-bearing age (15-40 years old), Preschoolers (6-59 months), School children (7-14 years old)

Health personal, school teachers, Barangay Health Workers (BHWs), and BNSs shall be trained on case detection, management, and surveillance of micronutrient deficiency disorders.

As part of the local community nutrition assessment activity, data on the prevalence of micronutrient deficiencies- particularly VAD, IDD and, whenever possible, IDA- shall be generated in all areas. Intensive multimedia (radio, television, print, and other collateral media) campaigns on micronutrient deficiency prevention, control and elimination will also be conducted.

Food Fortification
Food fortification, on the addition of nutrients in food will be pursued as private-sector led. Government will help by the institution of policy measures to attract the food industry to invest in fortifying their products.

The Credit Assistance for Livelihood program is a new feature of the MTPFNP/PPAN. It supports the national government’s policy thrust to ‘wage war against poverty’. It aims to provide poor and malnourished households with access to credit to enable them to cope with acute food shortages and to address the problem of malnutrition in the long term.

Credit assistance will be provided for livelihood or income-generating projects (IGPs) to augment the incomes of about 75,000 nutritionally at-risk households in 635 KNAs or NDMs. Twenty-five barangays will be covered per municipality, or a total of 15,875 barangays for the first three years of the plan period. Ten barangays per municipality will be covered annually in the first two years; while the remaining five barangays will be covered in the third year. Each barangay will be provided with seed capital of P120,000 which will be longed to qualified beneficiaries.

Families with moderately and mildly underweight preschoolers shall be prioritized for this program. These families are expected to be in a relatively better position to repay the credit or loan. Repayments may then be used to assist other beneficiaries in the barangay.

Beneficiaries, preferably composed of women or out-of-school youths, will be organized into small groups to operate as quasi cooperatives. The initial loan to members will be small. These loans shall be paid regularly, depending on the arrangements between the beneficiaries and the program administrators. Members will be entitled to larger subsequent loans if the previous loan has been fully settled. There will be no limit to the number of times a member may borrow.

While food-based IGPs (e.g., meat processing, fruit processing and preservation, aquaculture, and livestock raising) will be encouraged, other nonfood but equally promising endeavors particularly those with proven market potential will also be promoted.

Credit Assistance Program Targets, 1994-1998

- Nutritionally at-risk households: 75,000
- Key Nutrition Areas (KNAs): 635
- Key Nutrition Barangays: 15,875
- Seed capital for each barangay: P120,000

Strong linkage with lending or financing institutions will be established. Results of the Grameen Bank type of credit assistance being tested in selected provinces and cities in the country will be used in designing the credit assistance program.

Skills training shall be an important integral component of the Credit Assistance for Livelihood program. The training will aim to insure the beneficiaries’ capability to manage and sustain IGPs. Thus, apart from skills training, beneficiaries will also be trained along entrepreneurship. Furthermore, values formation shall be strongly pursued. Positive values like ‘Ang utang dapat bayaran?’ or credit worthiness shall always be inculcated. Similarly, the value of ‘income-saving?’ shall be emphasized.

Nutrition Education

Nutrition Education aims to promote the adoption of desirable practices which insure nutritional well-being. It will use a wide range of approaches-individual and group quality nutrition counseling, multimedia, community-based information campaign using indigenous media, and integration of nutrition concepts in the school curriculum.

For the medium term, the Philippine nutrition guidelines shall provide the basis for specific behaviors to be promoted. These behaviors include:

- Increased consumption of calorie, vitamin A, iron, and iodine-rich foods, including fortified food;
- Exclusive breastfeeding for the first six months of life;
- Introduction of calorie-dense weaning foods by the age of six months;
- Monthly monitoring of child growth;
• Personal hygiene and other practices related to food quality and safety;
• Establishment of home and community gardens; and
• Appropriate use and participation in nutrition and related services, projects, and activities.

Furthermore, the adoption of healthy lifestyles will be promoted to address the emerging nutritional problem of obesity and the rise in diet-related non-communicable diseases such as diabetes mellitus, hypertension, diseases of the heart, and diet-related cancers.

Attaining nutritional adequacy is more difficult if there are more to be fed even when food supply at the national level is adequate. Thus, nutrition education will also include a massive nationwide campaign of integrating population concern, i.e., benefits of small family size and the effects of a large population on nutrition and development.

The dissemination of these messages will be rationalized and phased, e.g., in the first year, micronutrient supplementation as entry point for promotion of nutrition-related services; in the second year, linkage of micronutrient supplementation with food consumption, and so on.

Furthermore, specific national nutrition education and advocacy programs will be formulated and implemented. This will include the ?Give Me Five? program. The program is envisioned to be a communication and advocacy program designed to increase the consumption of fruits and vegetables to five servings per day. It will use a multimedia approach. It will likewise include an advocacy component designed to work for policy reforms which will allow a faster growth in the fruits and vegetables industry, and in the process, make fruits and vegetables more available and accessible to majority of the population.

Nutrition education will continue to target around 1.5 million mothers with underweight children, pregnant and lactating women, and school children. However, efforts will be intensified to improve nutrition education outreach to males (specially fathers) and out-of-school youth (both males and females), and to the general public.

Growth monitoring and promotion (GMP) will be a major nutrition education activity for the period. In this regard, growth monitoring should be viewed as an educational activity which will enable the mother to visualize the growth of her child and to explore practical ways in which she, her family, and the community can act to insure the health and regular growth of her child. GMP will involve the regular weighing of preschoolers. Infants, 0-12 months old, will be weighed monthly primarily in the health centers. Children, 13-59 months old, will be weighted quarterly in established community weighing posts.

Health center-based growth monitoring will be the primary responsibility of health workers; while women’s groups like the RICs and community-based volunteers like the BHWs and BNSs will take the lead in community-based growth monitoring.

Starting 1994, each newborn infant (about 2 million) will be provided a growth chart on which weights and other information on child-rearing practices will be recorded.

The promotion aspect of GMP will involve nutrition counseling depending on observed growth curves. It will also involve referral of the child to appropriate health and nutrition services in the barangay.

Mothers will be encouraged to actively participate in weighing, recording, and identifying actions which the family can take to insure the proper growth of the child.

Efforts will also be made to market or ?sell? growth as a good and desirable product to enhance the sense of responsibility of parents toward their child’s growth.

Nutrition education schemes will always be implemented together with other nutrition and related services. Frontline workers and health and nutrition volunteers will continually be trained on basic nutrition concepts and on techniques for quality nutrition counseling.

Nutritionist-dietitians and other related workers who will extend technical assistance on nutrition will also be trained on social marketing. The private sector, particularly food producers, marketers, retailers, and the like will be tapped to lead or participate and invest actively in information and education campaigns which will increase the consumption of their products; e.g., in the Give Me Five program.

The implementation of nutrition education will involve the following approaches:

**Quality Nutrition Counseling**
This approach will emphasize the active participation of beneficiaries. Both the counselor (frontline workers and other community-based technicians) and parents will identify the family's nutrition problems, the situation of the household which gives rise to these problems, and possible solutions given the resources of the family. The counselor will act as a facilitator and enabler by drawing the problems and solutions from parents.

Primary targets of quality nutrition counseling will include pregnant and lactating women, parents and guardians with underweight children those with than four children, and those with low birthweight infants.

Nutrition counseling will primarily be done in the homes of target beneficiaries to allow counselors to observe and understand the living conditions of families, and to be aware of available household resources. Every possible opportunity for counseling will be used, e.g., prenatal and postnatal visits of mothers to health centers, immunization rounds, regular weighing activities, and wherever existing, during the regular rounds of the Nutribus.

**Quality Group Counseling**

Mothers or heads of households who seem to share common problems will be organized into small groups. Using appropriate techniques of focused group discussions, role playing and other participatory learning experiences, participants will explore and identify possible solutions to identified food and nutrition problems.

**Multimedia Campaign**

Individual counseling efforts will be reinforced by multimedia campaigns to be taken both at the national and local levels. Specific behavior-oriented messages will be developed depending on the needs of the locality. The print and broadcast (radio and television) media will be used extensively together with other collateral or merchandising materials like t-shirts and fans. Planning and management of the multimedia campaign will be done at the national and regional levels in close consultation with those at the lower geoadministrative units, including the target audience.

**Community-Based Information Campaigns Using Indigenous Media**

Street theaters, parades, ?community criers?, and the like will be used for community-based nutrition information campaigns which will be planned, implemented and managed at the barangay level. Barangay-based health and nutrition workers, working very closely with community-based organizations, will lead in this approach. Technical assistance will be provided by the higher administrative units.

**Integration of Nutrition Concepts in the School Curriculum**

Nutrition concepts will be integrated in the school curriculum at all levels. For the elementary and secondary school level, nutrition education will use the TCP approach. Under the TCP approach, nutrition messages will be relayed from the teacher through the children to their parents who are expected to put these messages into practice at home. Through the TCP approach teachers, pupils, and parents will learn, appreciate and practice good nutrition and health. Members of the community will also be motivated to participate in health and nutrition activities.

The system for integrating the TCP approach in the secondary school curriculum will be developed and implemented nationwide by the end of 1998. For the tertiary level, nutrition concepts will be integrated in the curriculum of medicine, nursing, midwifery and other allied medical courses, and in the agriculture curriculum. Curricular materials developed for this purpose in the eighties will be reviewed and updated.

**Food Assistance**

The Food Assistance program is a social safety net for nutritionally vulnerable groups and at-risk households during periods of displacement. It shall consist of the regular supplementary feeding schemes, a targeted food discount scheme for the poor and
Supplementary Feeding

Supplementary feeding is the provision of food to supply additional calories and protein to beneficiaries using foreign or severely and moderately underweight children and prevent the worsening of their nutritional status which, in turn, can adversely affect physical and mental development. It also serves as an entry point for the delivery of other nutrition activities.

Severely and moderately underweight preschoolers, school children and pregnant women shall be prioritized. Families or individuals in crisis situations such as in times of disasters and calamities will also benefit from this program.

Supplementary feeding will be undertaken using two modes of feeding: centralized or center-based and the dry ration scheme. Foreign-donated food commodities and ready-to-cook mixes such as NURTURA (Nutrition Rescue Treatment for Urgent Relief and Rehabilitation Assistance) will continue to be together with indigenous and weaning foods like INSUMIX or NUTRIPAK.

The DECS will continue to implement the Alternative School Nutrition Program (ASNP), expanding its coverage to more schools in view of the eventual phaseout of foreign food aid.

The ASNP is an innovative and developmental approach of providing supplementary foods to severely and moderately underweight school children. Participating schools will be provided with seed money which will be invested in school canteen operations and food production. The income to be derived from the investment will be used to feed target beneficiaries, repay seed money, build up capital, and improve school canteen operations and food production facilities. The seed money will be turned over to the next eligible school within the district after a two-year implementation period. Within this period, food production will be intensified and diversified in all participating schools to ensure an adequate supply of indigenous food commodities. Moreover, food production and supplementary feeding will be used as venues for nutrition education.

A yearly average of about 1.3 million moderately and severely underweight preschoolers, 0.7 million moderately and severely underweight school children, and 0.5 million pregnant women will be targeted for supplementary feeding. A scheme to encourage mothers to continue improving or maintaining the nutritional status of the child after graduating from the feeding program will be developed and implemented.

Food Assistance Target, 1994-1998

a) Food supplementation ? 4.0 M severely or moderately underweight school children 7.4 M Severely or moderately underweight preschool children 2.4 M pregnant women
b) Rice and Cooking Oil Discount (prevision of subsidy) ? 529,000 households
c) Weaning Food Production and Distribution ? Households in 212 KNAs

Rice and Cooking Oil Discount

A targeted food discount program is envisioned to be undertaken covering 1270 of the most economically depressed barangays of the country. Rice and cooking oil will be the main commodities to be given price discount (equivalent to 200 calories per day for rice), covering about 529,000 households during lean months (June to September). For greater efficiency, the food discount program will cover a whole barangay rather than selected households in a barangay. Operational criteria for selection target areas will be established prior to implementation.

The appropriate mechanism for the availing, monitoring, evaluation, and overall management of the food discount scheme will be formulated by the DA, the Department of Social Welfare and Development (DSWD), the Department of Trade and Industry (DTI), and the NNC, together with LGUs. These mechanisms will be based on experiences of the pilot food discount project implemented in three selected provinces in the early eighties. The experiences of other countries will likewise be considered in designing the food discount scheme.
While the targeted food discount scheme will be implemented as a national safety net program in selected areas, LGUs will be enjoyed to adopt a local version of the food discount mechanism. National government agencies may provide technical assistance in designing such a program.

**Weaning Food Production and Distribution**

Weaning Food Production and Distribution involves the production, processing, packaging, and market distribution of weaning food preparations which are ready-to-eat or ready-to-cook food mixes which can be easily prepared from the family pot or produces at the community level by a group of women as a livelihood enterprise.

These weaning food preparations are envisioned to be used in feeding centers and households. It aims to prevent the onset of childhood malnutrition?most prevalent between 6 to 18 months of age?which is caused by the low energy and nutrient density of weaning diets.

Production of weaning food will involve the procurement of raw materials which may be bought locally or derived from the community gardens. Processing will involve, among others, cleaning, drying, grinding, packaging, and storage. Precooking may be done, if desired. The packaging will use attractive materials to entice consumers. The members of the RICs may distribute or sell the weaning food packs in feeding centers, markets, and households. Agricultural technologists will provide needed technical assistance. They will also monitor the operation and management of the project.

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Weaning food production will be complemented with the production and distribution of NIEC materials, particularly on various recipes of weaning food preparation to provide variety in the diet of children. The provision of clean and safe water supply will also be an important element of the program. The support of LGUs and of local health workers in setting up water systems and in monitoring the quality of the water supply will be enjoined.

This program component will entail the organization of women, specially those with severely and moderately underweight children, and the mobilization of existing RICs and other community-based NGOs. Members of participating women’s clubs or RICs will be trained on community mobilization, proper child care and rearing practices, nutrition interventions, and weaning food preparation and production. Well-tested technologies (e.g., NUTRIPAK, INSUMIX) developed by the FNRI-DOST, Nutrition Center of the Philippines (NCP) and the DA-Agricultural Training Institute (ATI) - formerly the Bureau of Agricultural Extension?will be used as part of the institutionalization and adoption of appropriate technology on weaning food preparation.

**File upload:**


**Reference:**

WHO Global Database on National Nutrition Policies and Programmes

**Policy topics:**

- Wasting in children 0-5 years
- Underweight in children 0-5 years
- Low birth weight
- Diet-related NCDs
- Growth monitoring and promotion
- Nutrition counselling on healthy diets
• Promotion of fruit and vegetable intake
• Breastfeeding
• Breastfeeding - Exclusive 6 months
• Food fortification
• Iodine
• Iron
• Vitamin A
• Edible oils and margarine
• Food distribution/supplementation for prevention of acute malnutrition
• Food safety
• Food security and agriculture
• Home, school or community gardens
• Household food security
• School-based health and nutrition programmes

Links