

Joint Programme Monitoring Report: Children, Food Security and Nutrition

Section I: Identification and Joint Programme Status

A. Joint Programme Identification and Basic Data

<p>Date of Submission: 8 February 2013</p> <p>Submitted by: Assistant Secretary of Health Maria-Bernardita T. Flores Executive Director IV National Nutrition Council 2332 Chino Roces Ave. Ext., Taguig City Tel. No. (632) 818-7398 Fax. No. (632) 843-5818 Cell No. 0918-9111023 bernie.flores@nnc.gov.ph mbflores2003@yahoo.com</p>	<p>Country and Thematic Window Philippines Children, Food Security and Nutrition</p>
<p>MDGF-2030-1-PHL PMDTF Atlas Project No.: 0067249 Title: Ensuring Food Security and Nutrition for Children 0-24 Months Old in the Philippines</p>	<p>Report Number: 6 Reporting Period: July–December 2012 Programme Duration: 3 years Official starting date: 20 November 2009</p>
<p>Participating UN Organizations Food and Agriculture Organization International Labor Organization United Nations Children’s Fund World Food Programme World Health Organization</p>	<p>Implementing partners¹ Department of Health National Nutrition Council National Center for Disease Prevention and Control National Center for Health Promotion Bureau of International Health Cooperation National Center for Health Facility Development Center for Health Development of Regions 5, 6, 9 and NCR Food and Drug Administration Department of Labor and Employment National Anti-Poverty Commission Local Governments of Naga City, Ragay in Camarines Sur, Iloilo City, Carles in Iloilo, Zamboanga City, and Aurora in Zamboanga del Sur</p>

¹ Please list all the partners actually working in the joint programme implementation, NGOs, Universities, etc

The financial information reported should include overhead, M&E and other associated costs.

Budget Summary		
Total Approved Joint Programme Budget	FAO	222,757
	ILO	287,332
	UNICEF	1,620,413
	WFP	428,000
	WHO	941,498
	Total	3,499,999
Total Amount Transferred to Date (inclusive of indirect cost and formulation advances)	FAO	222,757
	ILO	287,332
	UNICEF	1,620,413
	WFP	428,000
	WHO	941,498
	Total	3,499,999
Total Budget Committed to Date (exclusive of indirect cost and amount disbursed)	FAO	6,477
	ILO	38,802.42
	UNICEF	105,438
	WFP	12,650.25
	WHO	27,094
	Total	190,461.67
Total Budget Disbursed to Date	FAO	173,775
	ILO	187,326
	UNICEF	1,297,818
	WFP	375,393.06
	WHO	792,762
	Total	2,827,074.06

DONORS

Type	Donor	Total	For 2010	For 2011	For 2012	
Parallel	World Visions RSAI-Iloilo City	27,087	7,326	12,023	12,738	
Cost Share	UNICEF-EU (Maternal and Young Child Nutrition Security Initiative in Asia)	1,000,000		917,591	1,320,715	
	DSM	195,260		195,260		
	GAIN (Global Alliance for Improved Nutrition)	85,000		85,000	185,455	
Counterpart	Zamboanga City (LGU-JP Area)	20,063	13,467	6,595		
	Department of Health, Region 9 (CHD9)	16,744	16,744			
	Aurora, Zambo-anga del Sur (LGU-JP Area)	3,267	2,263	1,003		
	Carles, Iloilo (LGU-JP Area)	2,406	326	651	3,179	
	Carles, Iloilo (Department of Education)	238			238	
	Iloilo City, LGU	1,190			2,440	
	Naga City (LGU JP area), (counterpart for equipment and supplies, as well as prizes during nutrition related contests supporting IYCF)	79,047			7,952	71,095
	Ragay (JP area LGU)	6,147			1,076	5,071
	NNC Regional Offices (5, 6, 9)	87,917	16,588	63,535	27,794	
	National Center for Health Promotion – Department of Health	226,190	190,476			35,714

DEFINITIONS

- 1) PARALLEL FINANCING – refers to financing activities related to or complementary to the programme but whose funds are NOT channelled through UN agencies. Example: JAICA decides to finance 10 additional seminars to disseminate the objectives of the programme in additional communities.
- 2) COST SHARING – refers to financing that is channelled through one or more of the UN agencies executing a particular programme. Example: The Government of Italy gives UNESCO the equivalent of US \$ 200,000 to be spent on activities that expand the reach of planned activities and these funds are channelled through UNESCO.
- 3) COUNTERPART FUNDS - refers to funds provided by one or several government agencies (in kind or in cash) to expand the reach of the programme. These funds may or may not be channelled through a UN agency. Example: The Ministry of Water donates land to build a pilot 'village water treatment plant' The value of the contribution in kind or the amount of local currency contributed (if in cash) must be recalculated in US \$ and the resulting amount(s) is what is resulted in the table.

BENEFICIARIES

Direct Beneficiaries: *“The individuals, groups, or organizations, targeted, that benefit, directly, from the development intervention”.*

Indicate beneficiary type	Expected number of institutions	Number of institutions to date	Expected number of women	Number of women to date	Expected number of men	Number of men to date	Expected number of individuals from ethnic groups	Number of individuals from ethnic groups to date
National Institutions	8	8						
Local Institutions								
Urban	32 ²	32	94,754 Pregnant women 81,218 Lactating Women	54,969	1,150	200		
Rural	21	124	7,372 Pregnant women 4,561 Lactating women	22,082	1,814	6,419		
Total	83	300	187,905	77,051 ³	2,964	6,619		

² Refers to the 32 cities which are part of the COMBI Plan, including the 3 JP cities

³ Total number of women to date that are direct beneficiaries of the JP as reported by the 6 JP areas

SECTION II: Joint Programme Progress

a. Narrative on progress, obstacles and contingency measures

Overall assessment (250 words) on progress in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the Joint programme.

Progress in outcomes:

Final progress in outcomes will be determined after the results of endline survey are processed and finalized, which is expected to be available by February 2013. Nonetheless, recall that the baseline survey in May 2011 showed exclusive breastfeeding rate (EBF) rate in JP areas at 22%, and prevalence of undernutrition at 16.5% (underweight -for-age), 23% (under length-for-age), and 7% (underweight-for-length). CFSN pursues outcome 1 and 2 with current milestones in promoting, supporting and protecting practices on infant and young child feeding (IYCF). Completed policy scan on IYCF helped pursuing actions related to outcome 3, with JP areas having been informed of the IYCF situation and appropriate recommendations.

Progress in outputs:

The EBF component has gained further momentum after completing all the planned peer counsellors' trainings and mentoring that produced a total of 5,464 peer counsellors; and 662 community support groups were established. Also, continued deployment of City COMBI/BF TSEK Coordinators in NCR, Cavite, Iloilo, & Cebu is being done; while NCP extended the contract of City COMBI Coordinators for Region V-A, Region VI, and Region VII to monitor continuously the COMBI activities.

The Local Working Groups on EBF in the Workplace are continuously engaging relevant local government units, stakeholders and proponents of local ordinances on EBFW in promoting RA 10028 and EBF/IYCF in the workplace. Consultations with stakeholders and labor sector representatives were conducted in Iloilo City and similar workshops will be conducted in Naga and Zamboanga Cities in 2013.

Trainings on community mobilization for infant and young child feeding in all JP areas are ongoing and expected to be completed by February 2013.

The training on recipe trials was completed with the aim of strengthening the promotion of complementary feeding using locally available foods. This will be further supplemented with the production of the training manual and the recipe booklets that contain a compilation of recipes for complementary foods that mothers themselves developed.

Micronutrient powder (MNP) continued to be distributed but distribution is now part of regular health service delivery in every health center in JP areas in Zamboanga City and Aurora, Zamboanga del Sur. Significantly, the MNP effectiveness study in Misamis Oriental was completed. Results of the study showed that there is no difference in compliance, use of MNP, and change in anaemia status between the group that received the MNP sachets once and the group that received the MNP sachets in two distributions. The study showed a reduction in anaemia among children 6-23 months old by at least 60% in both groups. It also showed the importance of close monitoring (rather than frequency of distribution) to achieve the desired compliance and consumption of MNP leading to the improved anaemia situation. Result of this study may help the DOH in firming up guidelines on the nationwide distribution of MNP. Activities to monitor the MNP distribution and roll out MNP IEC materials and activities were integrated in regular programming of the City Health Office in Zamboanga.

Milk Code monitoring trainings were completed, while significant advances on IYCF

communication for development component led to the eventual development of the national IYCF communication strategy.

The Early Warning System on food security and nutrition has completed the four quarters of data collection. The LGU of Ragay has now adopted the EWS. To date, Ragay has completed 2 quarters of data collection using its own funds. At the same time a related effort is on the expansion of the Ragay experience to five nearby municipalities under the UNICEF-EU cooperation on Maternal and Young Child Nutrition Security in Asia.

Assessment of the nutrition information at LGU level and formulation of recommended measures to improve the nutrition information system was completed through a consultative workshop which discussed and reviewed among others the quality of data for selected indicators for IYCF. The recommended measures to improve the information system will be elevated and endorsed to the DOH national office for further discussion and possible adoption.

Measures taken for the sustainability of the joint programme:

Ensuring sustainability by leveraging counterpart funds and services, at the regional and national level, was maintained up to this year. National government agencies continue to be committed to implement initiatives jointly. The coordination groups of the JP at national and local level continuously provide venues for consultative processes and decision-making, ensuring sustainability through joint programming. Components of the JP have been integrated in the EU-UNICEF’s Maternal and Young Child Nutrition Security Initiative in Asia, IYCF Strategic Plan for 2011-2016 and in the NNC budgetary forward estimates. The COMBI on EBF component will be scaled up by the National Center for Health Promotion of the Department of Health using government funds. Furthermore, the IYCF agenda is an important part of the country’s strategy for nutrition improvement as embodied in the Philippine Plan of Action for Nutrition 2011-2016 which was approved by the National Nutrition Council Governing Board during its 12 January 2012 meeting.

**Are there difficulties in the implementation? Not anymore. What are the causes of these difficulties?
 Please check the most suitable option**

b.

- UN agency Coordination
- Coordination with Government
- Coordination within the Government (s)
- Administrative (Procurement, etc) /Financial (management of funds, availability, budget revision, etc)
- Management: 1. Activity and output management 2. Governance/Decision making (PMC/NSC) 3. Accountability
- Joint Programme design

c.

- External to the Joint Programme
- Other. Please specify:

a. Please, briefly describe (250 words) the current difficulties the Joint Programme is facing. Refer

only to progress in relation to the planned activities in the Joint Program Document. Try to describe facts avoiding interpretations or personal opinions.

- b. Please, briefly describe (250 words) the current external difficulties (not caused by the joint programme) that delay implementation. Try to describe facts avoiding interpretations or personal opinions.

-Not applicable

Please, briefly explain (250 words) the actions that are or will be taken to eliminate or mitigate the difficulties (internal and external referred B+C) described in the previous **text boxes b and c**. Try to be specific in your answer.

-Not applicable

b. Inter-Agency Coordination and Delivering as One

- Is the Joint Programme still in line with the UNDAF? Please check the relevant answer

Yes No

- If not, does the Joint Programme fit into the national strategies?

Yes No

If not, please explain:

What types of coordination mechanisms and decisions have been taken to ensure joint delivery? Are different joint programmes in the country coordinating among themselves? Please reflect on these questions above and add any other relevant comments and examples if you consider it necessary:

Regular meetings at the national and regional level are still maintained. For the last six months of 2012, the JP held 3 National Technical Working Group meetings; 2 TWG special meetings; and 1 Programme Management Committee meetings. These meetings allowed for joint planning and strategizing to accelerate the completion of remaining activities; and keep all partners on track and informed as to implementation progress. Meetings of the Regional TWGs of the JP regions were also maintained to ensure joint planning and implementation.

CFSN also participated actively in the planning workshop and coordination meetings with the other JPs to plan among others the conduct of MDG-F Tools Need Survey and the MDG-F joint-end-program which is targeted for 2013.

Please provide the values for each category of the indicator table described below:

Indicators	Baseline	Current Value	Means of Verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDG-F JPs. (considered number of meetings held)	0	63	Highlights of PMC, NTWG and RTWG meetings	Reports of the Programme Management Unit at national and local levels
Number of joint analytical work (studies, diagnostic) undertaken by UN implementing agencies for MDG-F JPs.	0	6	Policy Scan Assessment, Baseline Survey, Mid-Evaluation, Formative Researches on CF and MNP	Contracts of the joint analytical work, and preliminary results
Number of joint missions undertaken by UN implementing agencies for MDG-F JPs.	0	3 with ILO 3 with FAO 1 with WHO 7 with all partners represented visiting JP areas 2 for the MTE 1 for MNP (joint WFP and DOH) 1 with WFP and ILO 2 Joint Missions (Region 6 and Zamboanga City)	Missions to the 6 JP areas regarding EBFW, COMBI, and recipe trials; JP team visits to the JP regions	Mission reports

Please provide additional information to substantiate the indicators value (150 words). Try to describe qualitative and quantitative facts avoiding interpretations or personal opinions.

The Programme Management Committee meets every quarter and has convened three times this year. The National TWG (NTWG) meets every month and has convened eight times for this year and

had several special meetings that helped fast track resolutions for immediate concerns in programme implementation. Overall, the meetings help ensure closer coordination and consultation in jointly implementing the programme. Sub-NTWG meetings were also held, e.g. the COMBI Committee, the MNP core group, the sub-TWG on EBFW to allow for more in-depth discussion on plans, progress, and concerns. The RTWG also convened regularly to discuss implementation concerns.

Two joint missions were conducted in JP areas of Region VI and Region IX. Generally, the joint missions sought to strengthen the relationship with the community stakeholders; and gather first-hand information that is helpful in achieving sustained progress and continued strong support from all the partners and beneficiaries in the JP areas. The Joint Mission to Iloilo (Region VI) was conducted on 22-23 August 2012. The team visited the Municipality of Carles and Iloilo City; while the Joint Mission to Zamboanga City was conducted on 13 September 2012. The sites visited were the Zamboanga City Medical Center for the Human Milk Bank; Permex Producer and Exporter Corporation for the workplace with lactation center; Barangays Canelar, San Jose Gusu and Calarian for interaction with target beneficiaries and locals.

c. Development Effectiveness: Paris Declaration and Accra Agenda for Action

Ownership: Partner countries exercise effective leadership over their development policies, and strategies and co-ordinate development actions

Are Government and other national implementation partners involved in the implementation of activities and the delivery of outputs?

- Not involved
- Slightly involved
- Fairly involved
- Fully involved

In what kind of decisions and activities is the government involved? Please check the relevant answer

- Policy/decision making
- Management: budget procurement service provision other, advocacy

Who leads and/or chair the PMC and how many times have they met?

The institutions leading and/or chairing the PMC are the **National Nutrition Council and UNICEF**. For this reporting period, the PMC had two meetings.

Is civil society involved in the implementation of activities and the delivery of outputs?

- Not involved
- Slightly involved
- Fairly involved
- Fully involved

In what kind of decisions and activities is the civil society involved? Please check the relevant answer

- Policy/decision making
- Management: budget procurement service provision other, as resource person in advocacy events in national and local levels, support to LGUs in building public-private partnership as well as resource mobilization for the EBF campaign, and part of the sub-TWGW of EBFW, also as contractors, trainers of community peer counselors on EBF.

Are citizens involved in the implementation of activities and the delivery of outputs?

- Not involved
- Slightly involved
- Fairly involved
- Fully involved

In what kind of decisions and activities are citizens involved? Please check the relevant answer

- Policy/decision making
- Management: budget procurement service provision other, as volunteers for health and nutrition, also for JP's events and as part of the community support groups on EBF

Where is the joint programme management unit seated?

- National Government Local Government UN Agency By itself other, specify

Brief description of the current situation of the government, civil society, private sector and citizens in relation of ownership, alignment and mutual accountability of the joint programmes.

JP implementation still relies greatly on the ownership and lead of the national government agency partners and local government units of JP areas. For this reporting period, the trainings implemented were jointly funded by the government and the CFSN, using modules developed by the joint programme.

Private sector and civil society, including SM Cares, NGOs on breastfeeding such as Breastfeeding Patrol of Mandaluyong City and Latch, continuously participate in the JP with the nationwide expansion of the BF Photo exhibit and other EBF promotions. Broad coalition of social development NGOs such as PHILSSA and E-Net working with urban poor communities addressing

other social development concerns such as housing, education and livelihood are involved in assisting the LGUs in building public-private partnerships and in resource mobilization to promote, protect, and support breastfeeding in the communities. The business community through the Employers Confederation of the Philippines, chambers of commerce and industry, and the labor sector, through labor unions and associations of workers in the informal sector, have become partners in promoting EBF in the workplace. NGOs and the academe are now also highly involved especially in Regions 6 and 9. The citizens, especially in the JP areas, are highly involved as they form the community support groups on breastfeeding and complementary feeding.

b. Communication and Advocacy

Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes? Please provide a brief explanation of the objectives, key elements and target audience of this strategy, if relevant, please attach (max. 250 words). Yes No

The overall objective of the communication plan is premised on achieving the three (3) immediate programme outcomes of the JP, such as a) increased exclusive breastfeeding rate in the JP areas by 20%, b) reduced prevalence of undernutrition by at least 3% among children 6-24 months old by 2012, and c) improved capacities of national and local government and stakeholders to formulate, promote, and implement policies and programs on IYCF.

The communication process makes use of Communication for Behavioral Impact (COMBI); and the communication for development (C4D) approaches, which underscores community and stakeholder participation, ownership, sustainability, and evidence-based planning. Specifically, the COMBI is used to develop a national campaign on exclusive breastfeeding; and the C4D approach, on the other hand, is used in developing the National IYCF Communication Strategy, which covers both exclusive breastfeeding and complementary feeding.

Target audience are the government agencies, LGUs, legislators, media and individual citizens, specifically pregnant and lactating women, and families.

What concrete gains are the advocacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?

- Increased awareness on MDG related issues amongst citizens and governments
- Increased dialogue among citizens, civil society, local national government in relation to development policy and practice
- New/adopted policy and legislation that advance MDGs and related goals
- Establishment and/or liaison with social networks to advance MDGs and related goals
- Key moments/events of social mobilization that highlight issues
- Media outreach and advocacy
- Others (use box below)

What is the number and type of partnerships that have been established amongst different sectors of society to promote the achievement of the MDGs and related goals? Please explain. (Figures are cumulative from previous reporting cycle)

- Faith-based organizations Number 2
- Social networks/coalitions Number 5
- Local citizen groups Number 3
- Private sector Number 4
- Academic institutions Number 16
- Media groups and journalist Number 9
- Others (use box below) Number

The team have worked and maintained partnership with existing partners from different sectors.

What outreach activities do the programme implement to ensure that local citizens have adequate access to information on the programme and opportunities to actively participate?

- Focus groups discussions
- Household surveys
- Use of local communication mediums such as radio, theatre groups, newspapers, etc
- Open forum meetings
- Capacity building/trainings
- Others

Prominent outreach activities in JP areas include promotion of programme through local media particularly during joint missions and by word of mouth of partners, volunteers, and support groups. In areas where mass media is not the main tool for communication, MDG-F 2030 and its advocacy is promoted through group meetings, mother’s classes and special events like photo exhibits, fora for pregnant women, mother and baby days as implemented in JP areas. E-media such as social networking is also used to include the DOH Breastfeeding TSEK Facebook page, the DOH and NNC websites and UN Country Team websites and blogsites of blogger friends and advocates.

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c. Joint Programme Results Framework with financial information

Definitions on financial categories

- **Total amount planned for the JP:** Complete allocated budget for the entire duration of the JP.
- **Estimated total amount committed:** This category includes all amount committed and disbursed to date.
- **Estimated total amount disbursed:** this category includes only funds disbursed, that have been spent to date.
- **Estimated % delivery rate:** Funds disbursed over funds transferred to date⁴.

JP Outcome 1: Increased exclusive breastfeeding (EBF) rate, in 6 JP areas, by at least 20% annually										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount planned for the JP (US \$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
1.1 Increased number of pregnant and lactating women visited at home by a peer	1.1.1 Development and execution of an evidence-based marketing and advocacy campaign on exclusive breastfeeding for the first six months of life (EB6), in highly urbanized cities, including 3 JP cities (Communication for Behavioural Impact or COMBI)	X	X	X	WHO	DOH, LGU, business sector	941,498 ⁵	819,856	792,762	90 ⁶

⁴ Total funds transferred to date exclusive of indirect cost are \$3,271,029.

⁵ Covers all of the WHO components

⁶ Denominator used is funds transferred to date per agency less indirect cost

JP Outcome 1: Increased exclusive breastfeeding (EBF) rate, in 6 JP areas, by at least 20% annually										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount planned for the JP (US \$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
	1.1.2 Deployment of community peer counsellors (COMBI)	X	X	X	WHO (In targeted urban centers)	DOH, LGU, business sector				
	1.1.3 Deployment of trained community peer counsellors (IYCF)	X	X	X	UNICEF (in JP municipalities)	DOH-NCDPC, NNC, DOH-CHD, Local health office, Local nutrition office	1,620,413 ⁷	1,403,256	1,297,818	86 ⁸
	1.1.4 Implementation of communications development for IYCF	X	X	X	UNICEF	DOH-CHD LGUs				
	1.1.5 Provision of iron-folic acid supplements (FeFo) to pregnant & lactating women, in the 6 JP areas	X	X	X	UNICEF	DOH-NCDPC DOH-CHD Local health office				
1.2 Support mechanism for working	1.2.1 Inclusion of Exclusive Breastfeeding as a key component of the National Family Welfare Programme (FWP)	X	X	X	ILO	DOLE	287,332 ⁹	226,128.42	187,326	70 ⁹

⁷ Covers all of the UNICEF components

⁸ Denominator used is funds released to date per agency less indirect cost

⁹ Covers all of the ILO components

JP Outcome 1: Increased exclusive breastfeeding (EBF) rate, in 6 JP areas, by at least 20% annually										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount planned for the JP (US \$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
	1.2.2 Piloting of strengthened Family Welfare Programme in 3 JP cities	X	X	X	ILO	DOLE				
	1.2.3 Designing and demonstrating models of informal sector workplace interventions for exclusive breastfeeding in 3 JP cities	X	X	X	ILO	NAPC				
1.3 Established human milk banks (HMB) in secondary/tertiary birthing facilities (public/private), in 6	1.3.1 Establishment of a human milk bank in one secondary or birthing facility in one of the JP areas	X	X	X	UNICEF	National Center for Health Facilities Development (NCHFD)				
1.4 Established Milk Code	1.4.1 Development of National standard module for monitoring the Milk Code	X	X	X	UNICEF	FDA				



JP Outcome 1: Increased exclusive breastfeeding (EBF) rate, in 6 JP areas, by at least 20% annually										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount planned for the JP (US \$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
	1.4.2 Training minimum of 370 volunteer code monitors, in the 6 JP areas	X	X	X	UNICEF	FDA				
	1.4.3 Strengthening the reporting system on Code violators, in the 6 JP areas	X	X	X	UNICEF	FDA				
	1.4.4 Application of monitoring and reporting system, in the 6 JP areas	X	X	X	UNICEF	NGO & FDA				

JP Outcome 2: Reduced prevalence of undernutrition in 6 JP areas, by at least 3%, in children 6-24 month old, by 2012										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount planned for the JP (US\$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
2.1 Increased consumption of nutritious and age appropriate complementary foods, made from locally available foods by infants 6-24 months, in the 6 JP areas.	2.1.1 Improving understanding on perceptions of current complementary feeding practices in the 6 JP areas.	X	X	X	UNICEF	NCDPC	Integrated with the baseline study			

JP Outcome 2: Reduced prevalence of undernutrition in 6 JP areas, by at least 3%, in children 6-24 month old, by 2012										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount planned for the JP (US\$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
2.3 Infants 6 months and above consume nutritious and age appropriate complementary foods made from locally available foods, in JP areas	2.3.1 Recipes from homestead gardens and locally available foods for integration in community / nutrition education activities documented	X	X	X	FAO	NCDPC and LGUs	222,757 ¹⁰	180,252	173,775	83 ¹¹
	2.3.2 Community/ household nutrition education activities on improving the quality of diets for complementary foods from homestead gardens and locally available foods	X	X	X						

¹⁰ Covers all of the FAO components

¹¹ Denominator used is funds released to date per agency less indirect cost

JP Outcome 2: Reduced prevalence of undernutrition in 6 JP areas, by at least 3%, in children 6-24 month old, by 2012										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount planned for the JP (US\$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
2.4 Reduced prevalence of anaemia among all 6-24 months children in selected barangay in Zamboanga City and Aurora, Zamboanga del Sur.	2.4.1. Improved micronutrient status of all children 6-24 months in 2 JP areas in Region IX through micronutrient powder (MNP) supplementation	X	X	X	WFP	NNC, UNICEF, WHO, Partner Agency & Local Partners	428,000 ¹²	388,043.31	375,393.06	94 ¹³

¹² Covers all of the WFP components

¹³ Denominator used is funds released to date per agency less indirect cost

JP Outcome 2: Reduced prevalence of undernutrition in 6 JP areas, by at least 3%, in children 6-24 month old, by 2012										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount planned for the JP (US\$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
2.5 Increased awareness on the need and importance of using micronutrient powder in improving the nutritional status of children 6-24 months of about 30 LGU officials in	2.5.1. Orientation of about 30 LGU officials in Zamboanga City and Aurora, Zamboanga del Sur on the need and importance of using micronutrient powder in improving the nutritional status of children 6-24 months	X	X	X	WFP	NNC, UNICEF & Partner Agency. Local Partners (LGUs, BHWs, CNS, Community Organizations).				
	2.5.2. All BHW, BNS in project areas of Zamboanga City and Aurora, Zamboanga del Sur trained on appropriate use of MNP	X	X	X	WFP					
	2.5.3. Conduct of events for increased awareness among the beneficiaries on the importance of vitamins, anemia, MNP and good nutrition practices	X	X	X	WFP	NNC, Partner Agency, Local Partners				

JP Outcome 2: Reduced prevalence of undernutrition in 6 JP areas, by at least 3%, in children 6-24 month old, by 2012										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount planned for the JP (US\$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
2.6 Knowledge about the technology of micro-nutrient premix transferred to government or private food or drug companies Indicator: Numbers of entities receiving	2.6.1 Knowledge transfer (including quality criteria) to appropriate government-advised entities (government or private food or drug companies) in the country to assess local production of micronutrient powder	X	X	X	WFP	NNC, DOH, FDA, , FNRI and Private Partners				

JP Outcome 3: Improved capacities of national and local government and stakeholders to formulate, promote and implement policies and programs on IYCF										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount planned for the JP (US\$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
3.1 Formulate local integrated, multi-sectoral IYCF action plans with the 8 main stakeholders, in the 6 JP areas	3.1.1 Needs assessment conducted, in the 6 JP areas	X	X	X	UNICEF	NNC / Research Agency			-	
	3.1.2 Consultative workshops conducted to develop action plans, key roles and responsibilities and commitments, at local, provincial and regional level, in the 3 JP areas	X	X	X						
3.2 Nutrition Information System evaluated and improvement plans developed in JP areas	3.2.1 Assess Nutrition Information System at the LGU level	X	X	X	WHO	DOH				
	3.2.2 Recommend measures to improve the nutrition information system	X	X	X						

JP Outcome 3: Improved capacities of national and local government and stakeholders to formulate, promote and implement policies and programs on IYCF										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount planned for the JP (US\$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
3.3 A food security and Nutrition surveillance System improved in Ragay Municipality	3.3.1.Early Warning system for Food and Nutrition is piloted in Ragay municipality	X	X	X	FAO	Community peer groups, Community Health/ Nutrition Volunteers, NGOs, LGUs, NGO and NNC				
	3.3.2.Appraisal report on food situation is in place and adequate to be used and replicated	X	X	X						
	3.3.3.Agricultural and nutrition officers are capacitated to collect data and interpret results	X	X	X	FAO	DA				
	3.3.4 Trainings conducted on data collection and food security and nutrition indicators	X	X	X						
	3.3.5.Trainings conducted on data analysis and interpretation	X	X	X	FAO					
Grand total							3,500,000	3,017,535.31	2,827,074.06	86 ¹⁴

¹⁴ Denominator used is total funds released less indirect cost

Joint Programme Monitoring and Evaluation Framework: Children, Food Security and Nutrition

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
JP Outcome 1: Increased exclusive breastfeeding rates in highly urbanized cities and JP municipalities by 20% annually								
Increased exclusive breastfeeding rates in highly urbanized cities and JP municipalities by 20% annually	1. # of infants EBF 0-5 months	22% (JP's baseline survey)	20% increase annually	For generation in endline survey	Baseline and endline report	Baseline and endline survey	UNICEF	
1.1 Increased number of pregnant and lactating women visited at home by a peer counselor	2. # of community support groups established in COMBI areas	116	631	662	Training reports, Key informant interviews	COMBI coordinator quarterly monitoring report	WHO DOH	<u>Risks:</u> Natural calamities like typhoons; drought;
	3. # of peer counselors trained and deployed in COMBI areas	1,620	8,835	5,464	Training report Key informant interviews Report of midwives and peer counselors	COMBI coordinator quarterly monitoring report	WHO	Insurgencies; National/ local elections <u>Assumptions:</u> Sustained

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	4. # of peer counselors trained and deployed at 1 peer counselor/ 20-25 pregnant women and infants 0-23 months old in JP areas	none	185 (Ragay), 714 (Naga City), 132 (Carles), 775 (Iloilo City) 210 (Aurora) 2,664 (Zamboanga City) Total target: 4,280	185 (Ragay), 714 (Naga City); 132 (Carles); 16 (Aurora), 72 (Zamboanga City)	Training report Key informant interviews Report of midwives and peer counselors	LGU quarterly status report on MDG-F	UNICEF LGU	support & leadership of the Government to EBF & CF; Available external budget; Political will
	5. # of midwives and health workers trained on IYCF and on mobilization/ community organizing and facilitating groups	0	397	986 (IYCF training) 169 (community mobilization)	Activity reports Training report Key informant interviews Report of midwives and peer counselors	LGU quarterly status report on MDG-F	UNICEF LGU	
	6. % of RHUs and BHS with trained personnel on IYCF and on mobilization &	0	100%	100% (IYCF)	Monitoring reports from LGU partners Training report Key informant	LGU quarterly status report on MDG-F	UNICEF LGU CHD DOH	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	facilitating groups				interviews			
	7. # of EBF brand materials reproduced and distributed	0	Posters= 10,000 PC note-books= 2,500 Ballers= 10,000 Training manuals= 250 pcs		EBF brand materials Delivery receipts Distribution list Acknowledgement receipts	Inventory of materials bi-annually Updates during monthly NTWG meetings	UNICEF WHO DOH-NCHP	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
			logo, ink pad = 10,000 Posters = 50,000 Flags for point of service promotions = 500 pcs Streamers = 50 pcs	50,000 posters				
	8. # of EBF-related PR activities and public events undertaken	0	35	33 (Run for Breastfeeding; Launch of BF Tsek; Enrollment of BF Friends; 2011 Aug 8 BF Week	Monitoring reports from LGU partners Activity implementation report	Updates during monthly NTWG meetings LGU quarterly status report on MDG-F	UNICEF LGU CHD DOH-NCHP	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
				celebration in Quezon City, Launch of Breastfeeding Welcome Here, Orientations of LGUs and private sector partners on Breastfeeding Welcome Here, 6 local activities Region 6, Buntis Congress in Naga City and Zamboanga City, Photo exhibit in Naga City and Zamboanga City, EBF/CF	Key informant interviews Direct observation			

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
				forum in Naga City, on-the-spot complementary feeding prep contest in Naga, Synchronized BF in Carles, Mother and Baby day in Carles) Ceremonial signing of partnership/ MOA signing between LGU, MDG-F 2030 JP partners and local working group on EBF in the workplace on				

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
				<p>promotion of EBF in the workplace in Naga City, Iloilo City, and Zamboanga City.</p> <p>Community BF/EBF/CF Advocacy in Iloilo City.</p> <p>NUtri-Talk in City Barangay by NNC (EBF/CF/MC)</p>				

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	9. % of infants breastfed within the first hour of birth	53.5% (based on NDHS 2008) 51% (JP's baseline survey)	70% (national target)	Promotion of EBF includes the mothers requesting birth attendants to apply essential newborn care protocol using the BF TSEKList card	Baseline and endline survey report	Baseline and endline survey	UNICEF WHO	
	10. % of pregnant and lactating women visited by a peer support counselor	22,680	166,699	Info still to be generated	Health personnel notes Notebooks of peer counsellors	Observations/survey interview FDG LGU quarterly status report on MDG-F	UNICEF WHO LGU	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
					Report of midwives and peer counselors Random validation interview of lactating women			
	11. % of pregnant and lactating women who receive iron-folic acid (FeFo) supplements	40% (based on 2008 NNS Data/NDHS report)	80%	Supply distributed covers at least 80% of estimated number of pregnant and lactating women	Survey health facility supply Health facility records List of recipients of FeFo supplements	Interview with mothers Health facility records LGU quarterly status report on MDG-F	UNICEF LGU	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
1.2 Support mechanism for working mothers in formal and informal workplaces to continue EBF to 6 months in major work places in Naga City, Iloilo City and Zamboanga City	12. # of companies promoting and with facilities for EBF and lactation stations under their Family Welfare Program	No data available	At least 2 in every JP City	7 in region 5, 6 in region 6, 7 in region 9 ¹⁵ Not MDG-F funded but some of these were set up as a result of MDG-F advocacy/activities; As part of providing technical support and capacity building on EBFW to workplace partners,	ECOP Report DOLE records Direct observation Employee/ employer interviews	LGU quarterly status report on MDG-F	ILO ECOP DOLE LGU	

¹⁵ Region 5 (Graceland Food Industries, Naga College Foundation, Pepsi Cola Naga Plant, Mother Seton Hospital, Bicol Medical Center, and Naga City E Mall, SM Naga); Region 6 (SM City Manduriao, SM Iloilo City, 2 Gaisano Malls, Robinson’s Mall, St. Paul’s Hospital, Iloilo Mission Hospital); Region 9 (WMCC Hospital, Ciudad Medical, Columbus Seafood Canning, Universal Canning, PERMEX Canning, Zamboanga Electric Co., Philippine Ports Authority)

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
				series of learning sessions on RA 10028 and its IRR were conducted as well as the All Employers and All Workers Forum on RA 10028 in the 3 JP Cities				
	13. # of common lactation facility set-up in the 3 JP cities	0	3 (1 per JP City)	1 each set up in Naga City Hall and Zamboanga City Hall with local funds. 1 in Iloilo City Health Child Minding and	Baseline report and LGU report Direct observation	Baseline survey LGU quarterly status report on MDG-F	ILO LGU	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
				BF Center in place.				
1.3 Established human milk bank (HMB) in a secondary or tertiary birthing facility (Public/private)	14. Human milk bank established	No Human Milk Banks in the tertiary or secondary birthing facilities in JP areas	At least 1	Hospital to receive support for HMB identified to be Zamboanga Medical Center, trainings conducted, site construction ongoing, supplies have been delivered	Report from DOH, records, documentation report Direct observation	Direct observation LGU quarterly status report on MDG-F	UNICEF CHD LGU	
1.4 Established Milk Code monitoring	15. # of reports received from Milk Code monitors	0		78	Records review	Updates during monthly NTWG meetings	UNICEF FDA	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
system adapted and used in JP areas	16. # of trained Milk Code monitors in 6 JP areas	0	200	174	Records Review	Updates during monthly NTWG meetings	UNICEF FDA	
JP Outcome 2: Reduced prevalence of undernutrition in JP areas by at least 3% in children 6-24 months old by 2012								
Reduced prevalence of under-nutrition in JP areas by at least 3% in children 6-24 months old	17. % of under-weight-for-age among children 6-23 months old	18.5	3% decrease from baseline	For generation in endline survey	Baseline and end line report	Baseline and end line survey	UNICEF	
	18. % of under-length-for-age among children 6 to 23 months old	25.0	3% decrease from baseline	For generation in endline survey	Baseline and end line report	Baseline and end line survey	UNICEF	
	19. % of under-wt-for height among children 6-23 months old			For generation in endline survey	Baseline and end line report	Baseline and end line survey	UNICEF	
2.1 Increased consumption of nutritious and age appropriate	20. % of infants 6-8 months old receiving complementary foods	56% (Based on 2008 NDHS) 76.45% in	20% increase from baseline	For generation in endline survey	Baseline and endline report	Baseline and endline survey	UNICEF	<u>Risks:</u> Natural calamities like typhoons; drought;

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
complementary foods, made from locally available foods, by infants 6-23 months, in the 6 JP areas		the JP areas						Insurgency National/ local elections
	21. % of children 6-23 months old who receive foods from 4 or more food groups	54.4% (breast-feeding/BF) 65.7% (non-breastfeeding/NBF) 59.6% (overall)	Increased from baseline by 20%	For generation in endline survey	Baseline and endline report	Baseline and endline survey	UNICEF	<u>Assumptions:</u> Sustained support & leadership of the Government to EBF & CF;
	22. % of children 6-23 months who received solid soft foods the minimum number of times or more	73.8% (BF) 76.9% (NBF) 75.2% (overall)	Increased from baseline by 20%	For generation in endline survey	Baseline and end line report	Baseline and endline survey	UNICEF	Available external budget; Political will
	23. % of children 6-23 months who received iron-rich or iron	57.6% (BF) 68.1% (NBF) 62.4% (overall)	Increased from baseline by 20%	For generation in endline survey	Baseline and end line report	Baseline and endline survey	UNICEF	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	fortified foods							
	24. #of mothers and child caregivers of 6-23 months old children counseled on proper nutrition & appropriate complementary feeding practices	0	74,880	188 (Zamboanga City)	Records review Key informant (including mothers) interview	Interview with mothers LGU quarterly status report on MDG-F	LGU	
	25. % of health/nutrition workers and midwives trained on recipe trials of complementary foods	0	254	245	Activity reports	Review of records LGU quarterly status report on MDG-F	FAO LGU	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
2.2 Reduced prevalence	26. % of children 6-23 months old received MNP (percent usage of MNP within 2 months)	0	90%	29,618 out of the target 26,100 beneficiaries (113.5%)	Bi monthly monitoring survey report of distributors of MNP	Interview with health workers LGU quarterly status report on MDG-F	WFP LGU	
	27. % of children 6-23 months old taking in the proper dosage of MNP in a year	0	90%	29,618 out of the target 26,100 beneficiaries (113.5%)	Bi monthly monitoring survey report of distributors of MNP	Interview with health workers LGU quarterly status report on MDG-F	WFP LGU	
	28. % of BHWs, BNSs trained on appropriate use of MNP	0	All BHW, BNS in JP areas in Zamboanga City and Aurora	627	Training report	Direct observation and review of records LGU quarterly status report on MDG-F	WFP LGU	
JP Outcome 3. Improved capacities of national government and stakeholders to formulate, promote and implement policies and programs on IYCF								
3.1 Formulate local integrated multi-sectoral	29. # of Provincial / City Investment Health Plans with funds	To be determined by NCDPC	6	5	PIPH plans/ CIPH plans	Interview/ review of plans (budget allocated/	DOH LGU	<u>Risks:</u> Natural calamities like typhoons;

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
IYCF action plans with the 8 main stakeholders in the 6 JP areas	allocated specifically for IYCF activities					expended) LGU quarterly status report on MDG-F		drought; Insurgencies;
	30. # of annual operational work plans supporting specific IYCF activities	To be determined by NCDPC	6	5 (IYCF not included in AOP of Aurora, Zambo Sur since all health/nutrition workers have been trained on IYCF)	AOP	Interview LGU quarterly status report on MDG-F	LGU	National/ Local elections <u>Assumptions:</u> Sustained support & leadership of the gov't to
	31. # local ordinances passed and implemented to support IYCF	To be determined by NCDPC	6	9 (Ragay in Cam Sur, Iloilo City, Carles in Iloilo, Zamboanga City and Aurora in Zambo Sur)	Records review Signed ordinances	Survey Interview with LGUs LGU quarterly status report on MDG-F 2030	DOH	reduce malnutrition; Available external budget; Political will

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
3.2 A food security and nutrition surveillance system improved in Ragay Municipality	32. Early warning system in nutrition and food security piloted	0	1	1	Records review Reports generated by the surveillance system	Interview LGU staff Updates during monthly NTWG meetings	FAO	
3.3 Nutrition Information system evaluated and improvement plans developed in JP areas	33. Nutrition information system assessed	0	1	1	Consultant report	Updates during monthly NTWG meetings	WHO	
	34. Recommendations to improve the nutrition system formulated	0	1	1				

Section III: Millennium Development Goals

a. Millennium Development Goals Contribution of JP to MDG 1 and 4

MDG 1	Joint Programme Outcome 1	MDG Target 1c	# Beneficiaries reached	MDG Indicators	JP Indicator/Target
Goal 1: Eradicate extreme poverty and hunger	Increased exclusive breastfeeding rates by at least 20 percent annually	Proportion of underweight-for-age under-fives	Need to strengthen reporting mechanism to generate information from the local level	Prevalence of underweight children under-five years of age	% of infants 0-6 months old who are exclusively breastfed – 20% increase annually Increase in the proportion of infants who were put to breast within one hour of birth – target to be determined based on the baseline survey
	Joint Programme Outcome 2		Need to strengthen reporting mechanism to generate information from the local level		JP Target
	Reduced prevalence of undernutrition in children 6-24 months old in six JP areas by at least 3 percent by 2011				Prevalence of undernutrition in children 6 to 24 months Baseline: Overall 6-23 Months: 18.5% (Underweight-for-age), 25.0% (underlength-for-age), 6.6% (underweight-for-length) Target: 3% decrease from baseline

	Joint Programme Outcome 3				JP Target
	Improved capacities of national and local government and stakeholders to formulate, promote and implement policies and programs on Infant and Young Child Feeding (IYCF).				
MDG 4	Joint Programme Outcome 1	MDG Target 4a	# Beneficiaries reached	MDG Indicators	JP Indicator/Target
Goal 4. Reduce child mortality	Increased exclusive breastfeeding rates by at least 20 percent annually	Reduce by 2/3 the mortality rate among children under 5 years old	Need to strengthen reporting mechanism to generate information from the local level	Infant mortality rate	% of infants 0-6 months old who are exclusively with breast milk – 20% increase annually Increase in the proportion of infants who were put to breast within one hour of birth National target is 70%
	Joint Programme Outcome 2 Reduced prevalence of undernutrition in children 6-24 months old in six JP areas by at least 3 percent by 2011	MDG Target 4a Reduce by 2/3 the mortality rate among children under 5 years old	# Beneficiaries reached Need to strengthen reporting mechanism to generate information from the local level	MDG Indicators Under-five mortality rate	JP Indicator/Target Prevalence of undernutrition in children 6 to 24 months Baseline: Overall 6-23 Months: 18.5% (Underweight-for-age), 25.0% (under length-for-age), 6.6% (underweight-for-

					length) Target: 3% decrease from baseline
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Additional Narrative comments

Please provide any relevant information and contributions of the programme to the MDGs, whether at national or local level.

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Please provide other comments you would like to communicate to the MDG-F Secretariat:

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Section 4: General Thematic Indicators

1. Integrated approaches for reducing child hunger and under-nutrition promoted

1.1. Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention

<input checked="" type="checkbox"/> Children under 2	Total No. 5,919	No. Urban 3,050	No. Rural 2,874	No. Girls 2,825	No. Boys 3,094
<input checked="" type="checkbox"/> Children from 2 to 5	Total No. 13,186	No. Urban 6,554	No. Rural 6,489	No. Girls 6,640	No. Boys 6,546
<input checked="" type="checkbox"/> Children older than 5	Total No. 3,973	No. Urban 2,008	No. Rural 1,963	No. Girls 1,917	No. Boys 2,056
<input checked="" type="checkbox"/> Women	Total No. 187,905	No. Urban 102,126	No. Rural 85,779	No. Pregnant 38,160	

1.2. Number of individuals supported by the joint programme who receive treatment against under-nutrition and/or services supporting their food security in the areas of intervention

<input type="checkbox"/> Children under 2	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input type="checkbox"/> Children from 2 to 5	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input type="checkbox"/> Children older than 5	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input type="checkbox"/> Women	Total No.	No. Urban	No. Rural	No. Pregnant	
<input type="checkbox"/> Men	Total No.	No. Urban	No. Rural		

1.3. Prevalence of underweight children under-five years of age¹⁶:

National 20.2% Targeted area 16.5 % among children 0-23 months old in 6 JP areas

Proportion of population below minimum level of dietary energy consumption:

National 66.9% Targeted area Naga City: 4.71%; Ragay: 17.02%; Iloilo City: 3.90%; Carles: 19.20%

If available/applicable:

Stunting prevalence:

National 33.6% Targeted area 23% among children 0-23 months old in 6 JP areas

Anemia prevalence:

National 55.6% Targeted area 61% among infants 6-11 months old in JP cities

National 41.0% Targeted area 39% among children 12-23 months old in JP cities

Data for 1.1 are based on Operation *Timbang* or the annual weighing of children in the JP areas in Region V, VI and IX. Under-nutrition data is the combination of the severely underweight and moderately underweight.

Data for the national level are based on the results of the anthropometric survey held in 2011 as part of the updating of the national nutrition survey. Data on underweight and stunting are now based on WHO Child Growth Standards and cover children less than 5 years old. Data reported earlier covered children 0-72 months old and used the International Reference

¹⁶ From MDGs official list of indicators

Growth Standards.
Data for targeted areas based on baseline survey results.

2.1 Number of laws, policies and plans related to food security and child nutrition developed or revised with the support of the programme:

<input checked="" type="checkbox"/> Policies	No. National	No. Local	2 (JP areas in Region V)
<input checked="" type="checkbox"/> Laws	No. National	No. Local	5 (JP areas in Region VI)
<input checked="" type="checkbox"/> Plans	No. National	No. Local	2 (JP areas in Region VI)

3. Assessment, monitoring and evaluation

3.1. Number of information systems supported by the joint programme that provide disaggregated data on food security and nutrition :

No. National
No. Local **1 (targeted)**
Total. **1 (targeted)**