

## Joint Programme Monitoring Report: Children, Food Security and Nutrition

### Section I: Identification and Joint Programme Status

#### A. Joint Programme Identification and Basic Data

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**Country and Thematic Window**

Philippines

Children, Food Security and Nutrition

**MDGF-2030-1-PHL**

**PMDTF Atlas Project No.: 0067249**

**Title:**

Ensuring Food Security and Nutrition for Children  
0-24 Months Old in the Philippines

**Report Number:** 3

**Reporting Period:** July – December 2010

**Programme Duration:** 3 years

**Official starting date:** 20 November 2009

<p><b>Participating UN Organizations</b>          Food and Agriculture Organization          International Labor Organization          United Nations Children’s Fund          World Food Programme          World Health Organization</p>	<p><b>Implementing partners<sup>1</sup></b>          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>
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The financial information reported should include overhead, M&E and other associated costs.

<b>Budget Summary</b>		
<b>Total Approved Joint Programme Budget</b>	FAO	222,757
	ILO	287,332
	UNICEF	1,620,413
	WFP	428,000
	WHO	941,497
	<b>Total</b>	<b>3,499,999</b>
<b>Total Amount Transferred to Date</b> (inclusive of indirect cost and formulation advances)	FAO	82,337
	ILO	83,931
	UNICEF	600,517
	WFP	277,691
	WHO	344,732
	<b>Total</b>	<b>1,389,208</b>
<b>Total Budget Committed to Date</b>	FAO	62,235
	ILO	68,982
	UNICEF	510,585.84
	WFP	253,776
	WHO	146,243
	<b>Total</b>	<b>1,041,822</b>
<b>Total Budget Disbursed to Date</b>	FAO	25,913
	ILO	51,523.41
	UNICEF	404,564.10
	WFP	58,819

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

	WHO	100,976
	<b>Total</b>	<b>641,796</b>

**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 <sup>2</sup>	32	94,754 Pregnant women 81,218 Lactating Women					
Rural	3 <sup>3</sup>	3	7,372 Pregnant women 4,561 Lactating women					
<b>Total</b>			187,905					

**Indirect Beneficiaries:** *“The individuals, groups, or organizations, not targeted, that benefit, indirectly, 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								
Local Institutions		1 <sup>4</sup>						
Urban		3 <sup>5</sup>						
Rural								
<b>Total</b>		4						

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

<sup>3</sup> Refers to the 3 JP municipalities

<sup>4</sup> Refers to De La Salle-College of St. Benilde

<sup>5</sup> Refers to SM Cares, LATCH Inc., Breastfeeding Patrol of Mandaluyong City

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**b. Joint Programme M&E framework**

Baseline values and update on achievement of target on the following indicators will be reported in the next reporting schedule. The Qualitative and Quantitative Baseline Study of the Joint Programme is scheduled to be completed on the 2<sup>nd</sup> quarter of 2011. The indicators below are based on the JP document.

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
<b>JP Outcome 1: Increased exclusive breastfeeding rates in highly urbanized cities and JP municipalities by 20% annually (40.8% by 2012)</b> <b>Baseline: 34%</b> <b>Target: 20% annually or from 34% to 40.8% by 2012</b> <i>(to be validated by baseline study by 2Q of 2011)</i>								
1.1 Increased number of pregnant and lactating women visited at home by a peer counselor	1. # of community support groups established				Monitoring of organized community peer support groups using a structured form	Survey Interview and FGD of key members of the support group	WHO UNICEF	
	2. # of peer counselors trained and deployed in COMBI areas		12,000		Monitoring reports from COMBI coordinators	Survey, Interview	WHO	
	3. Peer counselors deployed at 1 peer counselor/ 20-25 pregnant				Monitoring reports from health workers	Review of records, Interview	UNICEF WHO	

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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
	women and infants 0-24 months old in JP areas							
	4. # of midwives and health workers trained on IYCF and on mobilization/ community organizing and facilitating groups				Activity reports	Review of records	UNICEF	
	5. % of RHUs and BHS with trained personnel on IYCF and on mobilization and facilitating groups			RHUs in Naga City, Ragay, Camarines Sur, Aurora and Zamboanga City were trained on IYCF	Monitoring reports from LGU partners	Interview, surveys	UNICEF	
	6. # of training materials and learning resources on IYCF and				IYCF training materials	Review of records	UNICEF	

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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
	mobilization and facilitating groups produced and distributed							
	7. # of incentives / award system for IYCF				Minutes of the Meeting / records review	Interview LGU staff quarterly	UNICEF ILO	
	8. # of EBF brand materials reproduced and distributed				EBF Brand materials	Inventory of materials bi-annually	UNICEF WHO	
	9. # of EBF-related PR activities undertaken		1 in every JP area per quarter; 1 National event annually	Photo exhibit on Breastfeeding (23-26 November); guesting in NNC blocktime radio program <i>Radyo mo sa Nutrisyon</i> feature (27 November)	Activity documentation report; media pick-up, i.e., published feature story or news and other media coverage	Review of records quarterly	UNICEF NNC	

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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
	10. # of community-based promotional activities undertaken				Activity reports	Review of records	UNICEF WHO ILO WFP	
	11. # of participants in community-based promotional activities				Activity reports	Review of records	UNICEF WHO ILO WFP	
	12. % of infants breastfed within the first hour of birth	53.5%	70% (national target)		Health records	Survey Interview with HP	UNICEF WHO	
	13. % of infants breastfed plus other food without infant formula				Health records	Survey Interview with HP	UNICEF WHO	
	14. % of infants breastfed plus water only				Health records	Survey Interview with HP	UNICEF WHO	
	15. % of not breastfeeding infants < 6 months				Health records	Survey Interview with HP	UNICEF WHO	



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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
	16. % of infants breastfed plus infant formula				Health records	Survey Interview with HP	UNICEF WHO	
	17. # of infants EBF to 6 months				Health records	Survey Interview with HP	UNICEF WHO	
	18. # of active community breastfeeding peer support groups				Monitoring of active organized community peer support groups	Monitoring of organized community peer support groups	WHO UNICEF	
	19. % of hospital personnel trained on lactation management				Records Review	Interview with health workers	UNICEF ILO FAO	
	20. % of pregnant and lactating women visited by a peer support counselor	54,783	1,000,000		Health personnel notes	Observations/ survey interview FDG	UNICEF WHO	

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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
	21. % of home visits conducted in accordance at the identified critical points				Health personnel notes	Observations/ survey interview FDG	UNICEF WHO	
	22. % of pregnant and lactating women who receive iron-folic acid (FeFo) supplements		90%	Iron-folic acid tablets distributed to LGUs; Guidelines for distribution of FeFo being finalized by NCDPC	Survey Health facility supply	Interview with mothers Health facility records	UNICEF	
	23. % of pregnant and lactating women who consume FeFo supplements according to prescribed regimen		80%					
	24. # of incidence of diarrhea and pneumonia in infants < 6				Records review from the health facility	Interview with health workers	UNICEF	

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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
	months							
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	25. # of areas piloting new Family Welfare Program	# of EBF on FWP <i>Baseline study to be conducted. Data will be available by 2<sup>nd</sup> quarter of 2011</i>			Reports	Interview with the focal persons of FWP	ILO	
	26. # of companies promoting and with facilities for EBF under their FWP				Structured questionnaire for health personnel (HP)	Survey interview with HP	ILO	
	27. # of informal sector workplaces with				Structured questionnaire for health	Survey interview with HP	ILO	

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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
	facilities for EBF				personnel (HP)			
	28. # of formal workplaces established				Structured questionnaire for health personnel (HP)	Survey interview with HP	ILO	
	29. # of workplaces facilities for breastfeeding				Monitoring of the facilities complying with the Rooming –in Act using a structured questionnaire	Interview with the personnel of facilities for breastfeeding women; Interview with working mothers	ILO	
	30. # of sick leaves at formal work places				Office time sheets	Record review/ interview	ILO	
1.3 Established human milk banks (HMB) in secondary / tertiary birthing facilities	31. # of human milk banks established in tertiary hospitals, secondary/ birthing facilities	No Human Milk Banks in the tertiary or secondary birthing facilities	Y3: 60% in tertiary hospitals Y3: 50% in secondary /birthing facilities		Structured questionnaire for health personnel (HP)	Survey interview with HP	UNICEF	

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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
(Public/ private) in 6 JP areas	32. % of hospitals and birthing facilities oriented with HMB guidelines							
	33. # of birthing facilities accredited as MBFH		Y3: 90% of birthing facilities accredited as MBF		Monitoring of the facilities using a structured questionnaire; Certificate of accreditation	Interview with the personnel of birthing facilities	UNICEF	
1.4 Reduce Milk Code violations, in the 6 JP areas	34. # of reported violations in the Code	No reporting system for CODE violations	At least 20% in Y1, and 50% in Y2 increase in number of violations reported Y1: 90% of reported violations are verified and acted upon		Structured questionnaire for health personnel (HP)	Survey interview with HP	UNICEF	
	35. # of barangays with trained code monitor		370 volunteer code	174 trained	Records Review	Interview with health workers	UNICEF	

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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
			monitors in 6 JP areas					
	36. # of code violations				Records Review	Interview with health workers	UNICEF	
<b>JP Outcome 2: Reduced prevalence of undernutrition in JP areas by at least 3% in children 6-24 months old by 2012</b>								
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	37. % of infants with complementary feeding > 6 months	56% (6-7 months) received CF based on 2008 NDHS data			Structured questionnaire for health personnel (HP)	Survey interview with HP	UNICEF FAO	<u>Risks:</u> Natural calamities like typhoons; drought;  Insurgencies;  National/local elections
	38. % of children 6-24 months who receive foods from 4 or more food groups				Structured questionnaire for health personnel (HP)	Survey interview with HP	UNICEF WHO FAO	<u>Assumptions:</u> Sustained support & leadership of

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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
	39. % of breastfed children 6-24 months who received solid soft foods the minimum number of times or more				Structured questionnaire for health personnel (HP)	Survey interview with HP	UNICEF FAO	the Government to EBF & CF;  Available external budget;  Political will
	40. % of children 6-24 months who receive iron-rich or iron fortified foods				Structured questionnaire for health personnel (HP)	Survey interview with HP	UNICEF FAO	
2.2 Reduced prevalence of undernourished children 6-24 months, in the 6 JP areas	41. Prevalence of undernutrition in children 6-11 months				Survey	Anthropometric measurements of 6-11mths - Weight - Height	UNICEF FAO	
	42. Prevalence of undernutrition in children 12-24 months				Survey	Anthropometric measurements of 12-24mths - Weight - Height	UNICEF FAO	

MDG-F Monitoring Report



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
	43. % reduction in prevalence of underweight in children < 36 and < 48 months				Survey	Anthropometric measurements of 38 and < 48 months - Weight - Height	UNICEF FAO	
	44. # of children continued BF up to 24 months				Structured questionnaire for the mothers	Survey interview with mothers	UNICEF FAO	
2.3 Infants 6 months and above consume nutritious and age-appropriate complementary foods made from locally available foods, in JP areas	45. % of health/nutrition workers, mothers and midwives trained on preparation of complementary foods				Activity reports	Review of records	UNICEF FAO WFP	



MDG-F Monitoring Report



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
	46. #of mothers and child caregivers counseled on proper nutrition & appropriate CF practices				Records review	Interview with mothers	FAO WHO UNICEF	
2.4 Improved nutritional and micronutrient status of all children 6-24 months old in Zamboanga City and Aurora through high levels of MNP consumption and proper utilization, as indicated in the significant decrease in the prevalence of anaemia	47. % of anaemic children, participating in effectiveness (impact) study, (hemoglobin <110g/L) before and after MNP use	Effectiveness study with sub sample of children 6-24 months old yet to be conducted			Survey		WFP	

MDG-F Monitoring Report



MDG-F 2030

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
(hemoglobin < 110g/L)								
	48. # of children received MNP		15 sachets of MNP given monthly in selected brgys in Zamboanga City and Aurora for 1.5 years		Records review	Interview with health workers	WFP UNICEF	
2.5 Increased awareness on the need and importance of using MNP in improving the nutritional status of children 6-24 months	49. % of LGU officials and BHWs (Brgy. Health Workers) oriented and trained on need and importance of micronutrients	0	30 LGU officials		Activity reports	Review of records	UNICEF FAO WFP	
	50. % of BHWs trained on appropriate use of MNP	0	All BHW, BNS in JP areas in Zamboanga City and Aurora				WFP	

MDG-F Monitoring Report



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
<b>JP Outcome 3. Improved capacities of national government and stakeholders to formulate, promote and implement policies and programs on IYCF</b>								
3.1 Formulate local integrated multi-sectoral IYCF action plans with the 8 main stakeholders in the 6 JP areas	51. # action plans/local ordinances that support the integrated multi-sectoral IYCF	Currently no multi-sectoral IYCF action plan exists	Y1: 2 of 8 main stakeholders have an integrated multi-sector IYCF action plan Y2: additional 3 Y3: additional 2	Policy scan and assessment done, and integrated guidelines for IYCF developed	Records review	Survey Interview with LGUs	UNICEF WHO FAO	<u>Risks:</u> Natural calamities like typhoons; drought;  Insurgencies;  National/ Local elections  <u>Assumptions:</u> Sustained support & leadership of the Gov't to reduce malnutrition; Available external budget; Political will
	52. JP areas meeting the minimum standards of the integrated IYCF guidelines/ modules			Integrated IYCF training guideline module for different target audiences produced	MOU	Records review	UNICEF WHO	
	53. # of action plans for IYCF adopted and funds allocated				Minutes of the meeting/ records review	Interview LGU staff	UNICEF; WHO FAO; WFP	

MDG-F Monitoring Report



MDG-F 2030

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
	54. # of Provincial Investment Health Plans with funds allocated specifically for IYCF activities to increase EBF6				PIPH plans	Interview	UNICEF; WHO FAO; WFP	
	55. # of Annual Operational Work plans supporting specific IYCF activities				AOP	Interview	UNICEF WHO	
	56. # local ordinances passed and implemented to support IYCF				Records review	Survey Interview with LGUs	UNICEF WHO FAO	
	57. Type and amount of resources generated from partnerships			Grant agreement with Global Alliance for Improved Nutrition on the baseline	MOAs with partners and inventory of MDG-F 2030 partnership leverage tracker	Review of records	UNICEF WHO FAO ILO WFP	

MDG-F Monitoring Report



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
				survey for US\$80,000 to be signed between UNICEF and GAIN by 2011				
3.2 A food security and nutrition surveillance system improved in Ragay Municipality	58. Early warning system in nutrition and food security piloted  59. # of Barangay Nutrition Committee members trained for data collection  60. # of trainings received by Municipal Agricultural and Nutrition Officers on data analysis				Records review	Interview LGU staff	FAO	

MDG-F Monitoring Report



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 Nutrition Information system evaluated and improvement plans developed in JP areas	61. # of nutrition information system reviewed using DQA				Records review	Interview LGU staff	WHO	

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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 date.

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			WHO	DOH, LGU, business sector	857,413 (Y1: 309,687)	146,243	100,976	7%
	1.1.2 Deployment of community peer counsellors (COMBI)	X			WHO (In targeted urban centers)	DOH, LGU, business sector				
	1.1.2 Deployment of trained community peer counsellors (IYCF)	X			UNICEF (in JP municipalities)	DOH-NCDP, NNC, DOH-CHD, Local health office, Local nutrition office	303,333 (Y1: 162,000)	162,000	162,000	11%

MDG-F Monitoring Report



	1.1.3 Implementation of communications development for IYCF	X			UNICEF	DOH-CHD LGUs	147,300 (Y1: 70,000)	0	0	0
	1.1.4 Provision of iron-folic acid supplements (FeFo) to pregnant & lactating women, in the 6 JP areas	X			UNICEF	DOH-NCDPC DOH-CHD Local health office	180,000 (Y: 60,000)	60,000	60,000	4%
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	1.2.1 Inclusion of Exclusive Breastfeeding as a key component of the National Family Welfare Programme (FWP)	X			ILO	DOLE	268,535 (Y1: 78,440)	65,404	51,523.41	4%
	1.2.2 Pilot Strengthened Family Welfare Programme in 3 JP cities	X			ILO	DOLE				
	1.2.3 Designing and demonstrating models of informal sector workplace interventions for exclusive breastfeeding in 3 JP cities	X			ILO	NAPC				
1.3 Established human milk banks (HMB) in secondary/tertiary birthing facilities (public/private), in 6	1.3.1 Improving perception of health staff and community in the use of HMB, in the 6 JP areas	X			UNICEF	National Center for Health Facilities Development (NCHFD)	106,200 (Y1: 10,000)	10,000	10,000	1%



MDG-F Monitoring Report



1.4 Reduce Code violations, in the 6 JP areas	1.4.1 Development of National standard module for monitoring the Milk Code	X			UNICEF	FDA	57,800 (Y1: 37,700)	30,700	30,700	2%
	1.4.2 Training minimum of 370 volunteer code monitors, in the 6 JP areas	X			UNICEF	FDA				
	1.4.3 Strengthening the reporting system on Code violators, in the 6 JP areas	X			UNICEF	FDA				
	1.4.4 Application of monitoring and reporting system, in the 6 JP areas	X			UNICEF	NGO & FDA				
<b>JP outcome 1</b>	<b>Total</b>						<b>\$ 1,773,281 (Y1: \$ 657,827)</b>	<b>\$474,347</b>	<b>\$ 415,199.41</b>	<b>29%</b>

MDG-F Monitoring Report



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			UNICEF	NCDPC	Integrated with the baseline study			
	2.1.2 Trained minimum of 700 health staff to guide/educate carers on complementary feeding, in the 6 JP areas	X			UNICEF	NCDPC				

MDG-F Monitoring Report



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 Community/ household nutrition education activities on improving the quality of diets for complementary foods from homestead gardens and locally available foods	X			FAO	NCDCP and LGUs	<b>55,000</b> <b>(Y1: 40,000)</b>	35,000	13,399.05	1%
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. Fifteen (15) sachets of Micronutrient Powder (MNP) given monthly to all children 6-24 months in selected barangays in Zamboanga City and Aurora, Zamboanga del Sur for a period of 1.5 year	X			WFP	NNC, UNICEF, WHO, Partner Agency & Local Partners	<b>400,000</b> <b>(Y1: 259,524)</b>	237,174	58,819	4%

MDG-F Monitoring Report



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 Zamboanga City and Aurora, Zamboanga del Sur	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			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			WFP					
	2.5.3. Increased awareness among the beneficiaries on the importance of vitamins, anemia, MNP and good nutrition practices	X			WFP	NNC, Partner Agency, Local Partners				

MDG-F Monitoring Report



MDG-F 2030

<p>2.6 Knowledge about the technology of micro-nutrient premix transferred to government or private food or drug companies Indicator: Numbers of entities receiving</p>	<p>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</p>	<p>X</p>			<p>WFP</p>	<p>NNC, DOH, FDA, , FNRI and Private Partners</p>	<p>Other funding source</p>			
<p><b>JP Outcome 2</b></p>		<p><b>Total</b></p>	<p><b>\$455,146 (Y1: \$ 299,524)</b></p>	<p><b>\$272,174</b></p>	<p><b>\$ 72,218.05</b></p>	<p><b>5%</b></p>				

MDG-F Monitoring Report



MDG-F 2030

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	Estimated Total amount Committed	Estimated Total Amount Disbursed	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			UNICEF	NNC / Research Agency	<b>83,939</b> <b>(Y1: 60,000)</b>	35,000	35,000	2%
	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								
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			WHO	DOH	<b>40,000</b> <b>(Y1: 30,000)</b>	0	0	0
	3.2.2 Recommend measures to improve the nutrition information system	X								

MDG-F Monitoring Report



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			FAO	Community peer groups, Community Health/ Nutrition Volunteers, NGOs, LGUs, NGO and NNC	<b>153,184</b> <b>(Y1: 36,950)</b>	27,235	12,513.95	1%
	3.3.2.Appraisal report on food situation is in place and adequate to be used and replicated	X								
	3.3.3.Agricultural and Nutrition officers are capacitated to collect data and interpret results	X			FAO	DA				
	3.3.4 Number of trainings conducted on data collection and food security and nutrition indicators	X								
	3.3.5.Number of trainings conducted on data analysis and interpretation	X			FAO					
<b>JP Outcome 3</b>	<b>Total</b>						<b>\$ 277,123</b> <b>(Y1: \$ 126,950)</b>	<b>62,235</b>	<b>47,513.95</b>	<b>3%</b>
<b>Programme Management</b>		X			<b>UNICEF</b>	<b>NNC</b>	<b>\$ 220,875</b> <b>(Y1: \$ 74,860)</b>	<b>90,000</b>	<b>65,205.51</b>	<b>4.69%</b>
		X			<b>UNICEF</b>	<b>GAIN, Research Agency</b>	<b>\$ 378,000</b> <b>(Y1: 145,957)</b>	<b>145,957</b>	<b>43,032.79</b>	<b>3.10%</b>
					<b>WFP</b>		<b>\$ 15,000</b> <b>(Y1: 15,000)</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>TOTAL</b>										<b>44.79%</b>

**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:**

The PMC approved a catch-up plan, and JP has committed 74% of total funds for year 1 by December 2010. Delivery rate could have reached 100%; however the JP opted to wait until optimal instruments for interventions are in place, including new training modules and advocacy brand for EBF. Achievement of outcome 1 and 3 has significantly progressed as events for EBF at the national and local level were implemented, including a photo exhibit on breastfeeding in the biggest shopping mall in Metro Manila, consultations on EBF in the workplace, and COMBI orientations. The JP adjusted outcome 2 to target a more feasible achievement of results given the delayed jump-start of key activities.

**Progress in outputs:**

JP revised the annual work plan to align resources for optimal results. Regional annual work plans of the JP areas were approved and regional TWGs were organized to lead coordination. Marketing brand for EBF is being drafted, with peer counselor trainings and organizing of peer support groups expected to be completed by 2Q of 2011. Targeted activities in year 1 for EBF in the workplace, Human Milk Bank, and Milk Code Monitoring, were completed, while formative researches on complementary feeding are still on-going.

**Measures taken for the sustainability of the joint programme:**

MDG-F strategy of piloting initiatives using limited resources was emphasized, thus the need for counterpart funds from local and national government agency partners. The JP has been implementing consultative processes in planning, implementation, evaluation, and decision-making, which ensures ownership leading to sustainability. Main decision-making bodies such as technical working groups and programme management committee are composed of representatives from local and national agency partners.



MDG-F Monitoring Report



Are there difficulties in the implementation? What are the causes of these difficulties? Please check the most suitable option

b.

- UN agency Coordination
- Coordination with Government (Local Government of Pasacao, Camarines Sur)
- 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 (Security threats in Region 9)
- 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.

Coordination with government partners was efficient and effective, except with the Municipality of Pasacao, Camarines Sur in Region 5. Pasacao's LGU directly expressed low appreciation of the JP and viewed technical assistance on capacity building on IYCF and early warning system as not responding to the needs of the municipality. JP is significantly invested in all JP areas, including Pasacao, and the situation delayed implementation of some components.

- 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.

Regional technical working groups were organized in July 2010. However, region 9 was set-up much later in the calendar due to security threats which prevented the JP team to visit and assist in preparing the JP areas. Security threats include bombing of Zamboanga Airport twice in the 2<sup>nd</sup> half of 2010.

MDG-F Monitoring Report



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.

The JP addressed the issue with Pasacao through consultative processes, emphasizing benefits in becoming a JP area while the LGU takes lead and ownership, and the significance of the targeted outcomes in improving child food security and nutrition specifically in Pasacao, and in Region 5 in general. The LGU was given ample opportunities to decide continuing as an implementing partner in Region 5 however, after two special RTWG meetings and several meetings with Mayor and her team, Pasacao's stand was to continue as JP area if direct financial assistance is provided. The regional TWG endorsed a recommendation to change JP area, which was brought up to the national TWG. The NTWG then discussed the pros and cons of the recommendation and endorsed the same to the PMC.

While awaiting NSC approval of the PMC endorsement to change JP area in Region 5, the JP now takes caution in preparing the new area, ensuring that the LGU is fully aware of both the benefits and the commitment needed in achieving the target outcomes.

Delays due to security threats were addressed with efficient coordination with the recently hired field programme coordinator, NNC regional office. With the presence of national JP focal persons, initial coordination meetings were pursued, with sufficient guidance and partnership consultation.

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:

For the 2<sup>nd</sup> half of 2010, JP held 2 regular PMC meetings and one special meeting that approved major decisions including revisions in annual work plan, year of achievement of outcome 2, and change in JP area. PMC was directly involved as well in the drafting and finalization of the catch-up plan prescribed by the NSC.

The National Technical Working Group (NTWG), as formed by the PMC, has convened monthly, and has directly managed implementation of the JP. The NTWG is composed of focal persons from the government agency and UN agency partners. The National Nutrition Council chairs both the PMC and NTWG. The JP team also formed sub-TWGs for IYCF and EBF in the workplace component. In the regions, the coordinating body is the Regional TWG that drafts and implements regional annual work plans.

These coordination meetings at the national and local level ensure that implementation is joint, and results are optimal. Various components implemented by different partners shared during coordination meeting progress updates and challenges, and solutions are discussed jointly.

The JP coordinators meet regularly to report updates and plan Focus Country Initiative activities.

MDG-F Monitoring Report



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.	0	8	3 PMC meetings, and 5 National TWG meetings	Minutes of the meetings
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs.	0	4	Policy Scan Assessment, Baseline Survey, Formative Research on CF and MNP	Contracts of the joint analytical work, and preliminary results
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs.	0	3 with ILO 3 with FAO 1 with WHO	Missions to the 6 JP areas regarding EBFW, COMBI, and recipe trials	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 convened thrice in 2 quarters, while the TWG met 5 times. These coordination meetings jointly managed and implemented the programme.

The 4 joint analytical works refers to the Policy Scan assessment, Baseline Survey, Formative Research on complementary feeding and on Micro Nutrient Powder. All four were spearheaded by UN partner agency and counterpart government agency partner.

Joint missions prepared the JP areas for the targeted activities for implementation by organizing the committees.

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, specify

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

Institution leading and/or chairing the PMC: **National Nutrition Council and UNICEF**

Number of meetings. 2 regular meetings, 1 special meeting

**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 and part of the sub-TWG of EBFW

**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 during JP's events and as part of the community support groups on EBF maybe service providers already because they serve as peer counselors

**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.

The JP implementation relies greatly on the ownership and lead of the national government agency partners. Given the limited funding support of MDG-F, the counterpart resources of the government agencies are expected to positively impact the JP. For this reporting period, the trainings implemented were mostly funded by the government, using modules developed by UN partners. Additional trainings will be implemented in 1Q of 2011, using modules jointly developed by government agency partners and UN.

Private sector and civil society, including SM Cares, NGOs on breastfeeding such as Breastfeeding Patrol of Mandaluyong City and Latch, were active partners in the last quarter of 2010 during the photo exhibit on breastfeeding. The partnership will be maintained in implementing future activities. The citizens, especially in the JP areas, will be highly involved as they will form the community support groups on breastfeeding.

d. 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 JP recently conducted a communication plan development workshop. Advocacy and communication strategy has been drafted and will be submitted for approval of the PMC. For this reporting period, the advocacy activities were embedded in each of the component of the JP, and only one national advocacy event was implemented solely by the JP, and another which was in coordination with the other MDG-F programmes. Both events aimed to present the MDG-F as a break through strategy towards accelerating achievement of MDGs, and highlighting specific advocacy such as breastfeeding. Audience include 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.

- |   |          |
|---|----------|
| <input type="checkbox"/> Faith-based organizations        | Number   |
| <input type="checkbox"/> Social networks/coalitions       | Number   |
| <input checked="" type="checkbox"/> Local citizen groups  | Number 2 |
| <input checked="" type="checkbox"/> Private sector        | Number 2 |
| <input checked="" type="checkbox"/> Academic institutions | Number 2 |
| <input type="checkbox"/> Media groups and journalist      | Number   |
| <input type="checkbox"/> Others (use box below)           | Number   |

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

## 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
<b>Goal 1: Eradicate extreme poverty and hunger</b>	Increased exclusive breastfeeding rates by at least 20 percent annually		Will be reported in the mid-year report 2011 since services related to MDG-F inputs are expected to be delivered in 2011		% of infants 0-6 months old who are exclusively with breastmilk – 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
	<b>Joint Programme Outcome 2</b> Reduced prevalence of undernutrition in children 6-24 months old in six JP areas by at least 3 percent by 2011 a	Reduce by half the proportion of people who suffer from hunger	Will be reported in the mid-year report since services related to MDG-F inputs are expected to be delivered in 2011	Prevalence of underweight children under-five years of age	<b>JP Target</b> Percent reduction in the prevalence of wasting in infants 6-11 months old - target to be determined based on the baseline survey  Percent reduction in the prevalence of wasting in infants 12-18 months old - target to be determined based on the baseline survey  Percent reduction in the prevalence of wasting in infants 18-



					24 months old - target to be determined based on the baseline survey  In YEAR 3: x% reduction in prevalence of underweight in children < 36 and < 48mths - target to be determined based on the baseline survey
	<b>Joint Programme Outcome 3</b>				<b>JP Target</b>
	Improved capacities of national and local government and stakeholders to formulate promote and implement policies and programs on Infant and Young Child Feeding (IYCF).				
<b>MDG 4</b>	<b>Joint Programme Outcome 1</b>	<b>MDG Target 4a</b>	<b># Beneficiaries reached</b>	<b>MDG Indicators</b>	<b>JP Indicator/Target</b>
<b>Goal 4. Reduce child mortality</b>	Increased exclusive breastfeeding rates by at least 20 percent annually	Reduce by 2/3 the mortality rate among children under 5 years old	Will be reported in the mid-year report 2011 since services related to MDG-F inputs are expected to be delivered in 2011	Infant mortality rate	% of infants 0-6 months old who are exclusively with breastmilk – 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
	<b>Joint Programme Outcome 2</b>	<b>MDG Target 4a</b>	<b># Beneficiaries reached</b>	<b>MDG Indicators</b>	<b>JP Indicator/Target</b>
	Reduced prevalence of	Reduce by 2/3 the	Will be reported in the	Under-five mortality rate	Percent reduction in

[Pick the date]

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	undernutrition in children 6-24 months old in six JP areas by at least 3 percent by 2011	mortality rate among children under 5 years old	mid-year report 2011 since services related to MDG-F inputs are expected to be delivered in 2011		<p>the prevalence of wasting in infants 6-11 months old - target to be determined based on the baseline survey</p> <p>Percent reduction in the prevalence of wasting in infants 12-18 months old - target to be determined based on the baseline survey</p> <p>Percent reduction in the prevalence of wasting in infants 18-24 months old - target to be determined based on the baseline survey</p> <p>In YEAR 3: x% reduction in prevalence of underweight in children &lt; 36 and &lt; 48mths - target to be determined based on the baseline survey</p>
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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.

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

## 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. 4,496	No. Urban 3,025	No. Rural 1,421	No. Girls 2,278	No. Boys 2,218
<input checked="" type="checkbox"/> Children from 2 to 5	Total No. 6,047	No. Urban 4,017	No. Rural 2,030	No. Girls 3,045	No. Boys 3,002
<input checked="" type="checkbox"/> Children older than 5	Total No 560	No. Urban 294	No. Rural 266	No. Girls 259	No. Boys 301
<input checked="" type="checkbox"/> Women	Total No. 187,905	No. Urban 102,126	No. Rural 85,779	No. Pregnant 175,972	

## 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 age<sup>6</sup>:

National 20.6% Targeted area %

## Proportion of population below minimum level of dietary energy consumption:

National 66.9% Targeted area no data%

If available/applicable:

## Stunting prevalence:

National 32.2% Targeted area no data%

## Anemia prevalence:

National 23.7% Targeted area no data%

Data for the national level are based on the results of the 7<sup>th</sup> national nutrition survey held on 2008. Data on underweight and stunting now based on WHO CGS and covers children less than 5 years old. Data reported earlier covered children 0-72 months old and used the International Reference Standards

Data for 1.1 is from survey gathered by NNC's OPT, and include the JP areas in Region 5, 6 and 9. Under-nutrition data is the combination of the severely underweight and underweight. These data will be further validated by the baseline survey which will be completed by 2<sup>nd</sup> quarter of 2011.

<sup>6</sup> From MDGs official list of indicators

**1.4.Type of interventions and/or strategies scaled up with the support the joint programme and number of citizens affected:**

<input type="checkbox"/> Homestead food production and diversification	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Food fortification	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> School feeding programmes	#National	#Local	# Urban	# Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Behavioural change communication	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Gender specific approaches	#National	#Local	# Urban	# Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Interventions targeting population living with HIV	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input checked="" type="checkbox"/> Promotion of exclusive breastfeeding	#National 3	#Local 5	#Urban 3	#Rural 2	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Therapeutic feeding programmes	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Vaccinations	#National	# Local	#Urban	# Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Other, specify	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys

## 2. Advocacy and mainstreaming of access to food and child nutrition into relevant policies

**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 type="checkbox"/> Policies	No. National	No. Local	
<input checked="" type="checkbox"/> Laws	No. National	No. Local	1 (local ordinance in Iloilo City)
<input type="checkbox"/> Plans	No. National	No. Local	

## 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 :**

<b>No. National</b>	
<b>No. Local</b>	<b>1 (targeted)</b>
<b>Total.</b>	<b>1 (targeted)</b>