

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: 30 June 2012</p> <p>Submitted by: Assistant Secretary Maria-Bernardita T. Flores Executive Director IV National Nutrition Council 2/F Administration Building FTI Complex East Service Road, Taguig City Tel. No. (632) 846-3598 Fax. No. (632) 843-5818 Cell No. 0918-9111023 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: 5 Reporting Period: January – June 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	138,477
	ILO	205,761
	UNICEF	1,196,165
	WFP	356,108
	WHO	764,559
		2,661,070.00
Total Budget Committed to Date (exclusive of indirect cost and amount disbursed)	FAO	15,801.10
	ILO	28,647.73
	UNICEF	158,101.45
	WFP	-
	WHO	61,678.00
	Total	264,288.28
Total Budget Disbursed to Date	FAO	156,383.19
	ILO	163,652.27
	UNICEF	1,058,063.73
	WFP	332,811.00
	WHO	647,689.00
	Total	2,358,599.19

DONORS

Type	Donor	Total	For 2010	For 2011	For 2012	
Parallel	World Visions RSAI-Iloilo City	27,087	7,326	12,023	7,738	
Cost Share	UNICEF-EU (Maternal and Young Child Nutrition Security Initiative in Asia)	1,000,000		1,000,000		
	DSM	195,260		195,260		
	GAIN (Global Alliance for Improved Nutrition)	85,000		85,000		
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	1,429	
	Carles, Iloilo (Department of Education)	238			238	
	Iloilo City, LGU	1,190			1,190	
	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	7,794
	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	3 ³	3	7,372 Pregnant women 4,561 Lactating women	6,852				
Total			187,905	61,821 ⁴	1,150 ⁵	200		

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

³ Refers to the 3 JP municipalities

⁴ Total number of women to date that are direct beneficiaries of the JP as reported by the 6 JP areas

⁵ Region VI

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 with the conduct of the endline survey. CFSN has already hired contractor to do the endline survey as of June 2012 and is now doing initial activities for the survey roll out. 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 continues to gain momentum by rolling out further its various advocacy activities and the training and deployment of peer counsellors on EBF. About 3,760 peer counsellors have been trained in the National Capital Region and in the joint program areas, and training or partner institutions have already been selected to train the rest of the targeted 32 cities.

The EBF in the workplace initiative moved forward with the approval of the implementing rules and regulations of RA 10028, which does not include the controversial provision of limiting applicability to big companies. Thus, in addition to ongoing documentation studies, all-employers and all-workers fora were held to discuss the RA 10028 and how best it can be implemented.

A major effort during the period was on advocacy to prevent the passage of a proposed legislation that proposes to amend RA 10028 and the Milk Code. Advocacy efforts involved one-on-one meetings with key legislators, sending of position papers, and participation in deliberation meetings.

The Baseline Survey among participating companies to set-up EBFW programmes in Naga City, Iloilo City and Zamboanga City was completed with the aim of determining the awareness level, needs, and readiness of participating companies in designing a workplace EBF program. The results of the study will be used as bases for developing concrete EBF programs in pilot companies, including development of Monitoring and Evaluation tool on EBFW programs and modules on Programme Management Training, use of M&E Tools and Peer Educator's Training.

The Baseline Study on practices and interventions on EBF/IYCF in the informal sector in the three JP Cities was also completed during this period. The study looked into previous initiatives and existing practices that support nursing women to practice/continue breastfeeding in the informal sector and challenges faced by stakeholders in promoting EBF programmes. This was complemented with the development and pre-testing of a Monitoring and Evaluation Tool for Local Government Units for use of public lactation stations and EBF programs for workers in the informal economy. The M&E Tool together with the baseline study also serve as references in ensuring that the design and development of a model intervention on EBF for the informal sector are suited to the needs of the sector and capacity of LGUs.

Catch-up efforts related to the delay in the trainings on community mobilization for infant and young child feeding were pursued during the quarter. The manual developed in the first quarter was pretested during the 2nd quarter. Results of the pre-test are being used in the revision and finalization of the manual.

The training on recipe trials was completed with the aim at 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 which contain compilation of recipes for



complementary foods that mothers themselves developed.

Micronutrient powder (MNP) continued to be distributed in the JP areas in the Zamboanga area and in the study site in Misamis Oriental. The distribution covers not only the first batch of children 6-23 months old but also children who turn 6 months old every month as well as those who missed the mass distribution schedule. At the same time, the MNP box design for use eventually in the national programme has been finalized bearing the name VITA MIX. The MNP study in Misamis Oriental is looking at different distribution schemes to further help DOH in firming up guidelines on the nationwide distribution of MNP program on the national program. 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 is now adapting 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.

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? 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.

The implementation of some important activities dependent on the availability of the community mobilization module is not yet realized pending the production of the module to be used for training local workers on mobilizing communities for IYCF; and the conduct of the trainings on module utilization. Noted further that production of the module and conduct of trainings on module utilization are all dependent on the availability of funds.

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.

Fund request has been made and the JP is waiting for its approval and fund release. Meantime, preparation for the training of trainers (ToT) is ongoing; training participants have been identified and training design being developed.

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:

MDG-F Monitoring Report January – June 2012



The regularity of the meetings at the national and regional level helps ensure joint programming especially because all partners are represented and consulted in deciding plans of action for every component relevant in achieving the outcomes. For the first six months of 2012, JP held 5 National Technical Working Group meetings; series of special meetings with UN focal points; and 2 Programme Management Committee meeting that allowed for joint planning and strategizing to improve implementation, and expedite approval of reports and other documents. The Regional TWGs of the JP regions also met regularly to help ensure joint planning and implementation.

Annual Work Plans VIII including the quarterly targets, Exit Strategy and Sustainability Plan (ESSP), Responsibility Matrix, and Acceleration Plan were also jointly drafted and approved by the JP, providing opportunity for joint work and dialogues.

CFSN has also actively participated in the planning workshop and coordination meetings with the other JPs. This resulted in the sharing of good practices and planning of joint advocacy activities to further the advocacy on MDGs and the specific JP themes. One such advocacy activity is the Solidarity Night under the theme “UNITE MDGs” which was held on 10 February.

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	57	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	5	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	Missions to the 6 JP areas regarding EBFW, COMBI, and recipe trials; JP team visits to the JP regions	Mission reports

MDG-F Monitoring Report January – June 2012



		1 for MNP (joint WFP and DOH) 1 with WFP and ILO		
--	--	--	--	--

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 twice this 2012, i.e. May and July. The National TWG (NTWG) meets every month and has convened five times for this year. 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, with output duly endorsed to the NTWG for discussion and decision-making if necessary.

In February 2012, the CFSN had a joint mission coinciding with the mission of the MDG-F Secretariat. The joint mission visited various MDG-F projects in the Bicol Region and in Antique Province. Representatives from Naga City and Ragay, Camarines Sur shared their experiences in implementing the MDG-F 2030 programme components.

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-TWG 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. 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

MDG-F Monitoring Report January – June 2012



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, 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 JP is still in the process of finalizing the communication plan document, using the communication for development approach (C4D). The plan integrates and harmonizes all communication and advocacy initiatives already identified and implemented by JP different components (COMBI, EBF in workplace, IYCF communication plan) prior to the development of the communication plan. It will also pursue national IYCF communication strategy development that would help the national government in implementing harmonized communication and advocacy initiatives on exclusive breastfeeding and complementary feeding. Target audience include 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

MDG-F Monitoring Report January – June 2012



- | | |
|---|-----------|
| <input checked="" type="checkbox"/> Local citizen groups | Number 3 |
| <input checked="" type="checkbox"/> Private sector | Number 4 |
| <input checked="" type="checkbox"/> Academic institutions | Number 16 |
| <input checked="" type="checkbox"/> Media groups and journalist | Number 9 |
| <input type="checkbox"/> Others (use box below) | Number |

The Run for Breastfeeding event which was held last 4 February at SM Mall of Asia in Pasay opened more doors and established new partnership with local and national media, private sector, and academic institution.

The event was substantially featured in newspapers of national circulation namely Manila Standard Today, Philippine Star, Manila Bulletin, and Business Mirror; as well as in magazines like Women's Journal Magazine and Mom's; Also, the event was aired in GMA's morning show "Unang Hirit"; and in several radio stations like DZMM.

Furthermore, the CFSN partnered with SM CARES – the holistic and cohesive flagship Corporate Social Responsibility (CSR) program of SM Supermalls. SM CARES provided significant manpower and physical support, and took part in promoting not just the event but the CFSN advocacies on EBF and complementary feeding in their networks.

Likewise, the CFSN was able to form partnership with the College of Nutrition and Food Science of the Polytechnic University of the Philippines. The College extended support for the event by providing and sending students, as volunteers, to work together with the event organizer in overseeing and manning components of the event like the 5K Run and 2K Walk.

This is in addition to partnerships established as previously reported.

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 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 class 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.

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		Need to strengthen reporting mechanism to generate information from the local level		% 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 Reduced prevalence of undernutrition in children 6-24 months old in six JP areas by at least 3 percent by 2011	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	JP Target 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%
	Reduced prevalence of undernutrition in children 6-24 months old in six JP areas by at least 3 percent by 2011	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	Under-five mortality rate	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
--	--	--	--	--	---------------

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. 4,100	No. Urban 1,590	No. Rural 1,762	No. Girls 1,634	No. Boys 1,718
<input checked="" type="checkbox"/> Children from 2 to 5	Total No. 10,544	No. Urban 3,960	No. Rural 3,968	No. Girls 3,976	No. Boys 3,952
<input checked="" type="checkbox"/> Children older than 5	Total No. 9,684	No. Urban 2,889	No. Rural 2,790	No. Girls 2,824	No. Boys 2,855
<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 age⁶:

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. 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 Growth Standards.

Data for targeted areas based on baseline survey results.

⁶ From MDGs official list of indicators

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	4 (JP areas in Regions VI and IX)
<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)**