



**FINAL MDG-F JOINT PROGRAMME
NARRATIVE REPORT**

C o n t e n t s

- I. Purpose, *2*
 - II. Assessment of Joint Programme Results, *9*
 - III. Good Practices and Lessons Learned, *18*
 - IV. Financial Status of the Joint Programme, *22*
 - V. Certification on Operational Closure of the Project, *23*
 - VI. Annexes
- Annex 1
List of all document/studies produced by the joint programme, *24*
- Annex 2
List all communication products created by the joint programme, *27*
- Annex 3
Minutes of the final review meeting of the Programme Management Committee and National Steering Committee, *32*
- Annex 4
Final evaluation report
- Annex 5
Monitoring and evaluation framework with update final values of indicators

Acronyms Used

AOP	Annual operational plan
BF	Breastfeeding
BHS	Barangay health station
BHW	Barangay health worker
BNS	Barangay nutrition scholar
CCT	Conditional cash transfer
CHD	Center for Health Development
CIPH	City Investment Plan for Health
CF	Complementary feeding
CFSN	Children, food security and nutrition
COMBI	Communication for behavioral impact
CSO	Civil society organization
DOH	Department of Health
DOLE	Department of Labor and Employment
EBF	Exclusive breastfeeding
EBFW	Exclusive breastfeeding in the workplace
ECOP	Employers Confederation of the Philippines
EU	European Union
EWS	Early warning system
EWS - FNS	Early warning system for food and nutrition security
FAO	Food and Agriculture Organization
FAQ	Frequently asked questions
FDA	Food and Drug Administration
FNRI - DOST	Food and Nutrition Research Institute - Department of Science and Technology
FWP	Family Welfare Programme
HKI	Helen Keller International
HMB	Human milk bank
IEC	Information, education, communication
ILO	International Labour Organization
IRR	Implementing Rules and Regulations
IYCF	Infant and young child feeding

JP	Joint Programme
LATCH	Lactation, Attachment, Training, Counselling, Help
LGU	Local government unit
MC	Mixed Complementary
MDG-F	Millennium Development Goals Achievement - Fund
MDG	Millennium Development Goal
MNP	Multiple Micronutrient Powder
MYCNSIA	Maternal and Young Child Nutrition Security Initiative in Asia
NAPC	National Anti-Poverty Commission
NCDPC	National Center for Disease Prevention and Control
NCHP	National Center for Health Promotion
NCP	Nutrition Center of the Philippines
NCR	National Capital Region
NDHS	National Demographic and Health Survey
NNC	National Nutrition Council
NBF	Non-breastfeeding
NTWG	National Technical Working Group
NGO	Non-government Organization
N/RTWG	National/Regional Technical Working Group
PIPH	Provincial Investment Plan for Health
PMC	Programme Management Committee
PPAN	Philippine Plan of Action for Nutrition
PHILSSA	Partnership of Philippine Support Service Agencies
PUNO	Participating United Nations Organizations
RA	Republic Act
RHU	Rural Health Unit
UN	United Nations
UNCO	United Nations Coordination Office
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization



**FINAL MDG-F JOINT PROGRAMME
NARRATIVE REPORT**

Participating UN Organization(s)
 United Nations Children's Fund (lead agency)
 World Health Organization
 World Food Programme
 Food and Agriculture Organization
 International Labour Organization

Sector(s)/Area(s)/Theme(s)
 Philippines
 Children, Food Security and Nutrition

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

Joint Programme Number
 MDGF-2030-1-PHL
 PMDTF Atlas Project No. 0067249

Joint Programme Cost
[Sharing - if applicable]
[Fund Contribution): USD
Govt. Contribution: USD
Agency Core Contribution:
Other:
TOTAL: 3,499,999 USD

Joint Programme [Location]
Region 5: Naga City, Ragay in Camarines Sur
Region 6: Iloilo City, Carles in Iloilo
Region 9: Zamboanga City, and Aurora in Zamboanga del Sur

Final Joint Programme Evaluation
Final Evaluation Done Yes No
Evaluation Report Attached Yes No
Date of delivery of final report

Joint Programme Timeline
Original start date: 20 November 2009
Final end date: 30 June 2013

Participating Implementing Line Ministries and/or other organizations (CSO, etc)
 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, Food and Drug Administration, Center for Health Development of Regions 5, 6, 9 and the National Capital Region; Department of Labor and Employment; National Anti-Poverty Commission. Employers Confederation of the Philippines, local chambers of commerce and workers organizations. Local governments of Naga City, Ragay in Camarines Sur, Iloilo City, Carles in Iloilo, Zamboanga City, and Aurora in Zamboanga del Sur.

1 I. PURPOSE

2
3 A. Provide a brief introduction on the socio economical context and the
4 development problems addressed by the programme.
5

6 MDG-F 2030, Ensuring Food Security and Nutrition for Children 0-24 Months Old in the
7 Philippines, is a three-year joint programme which contributes to the achievement of the
8 Millennium Development Goal (MDG) target to eradicate extreme poverty and hunger (MDG 1)
9 by halving the 1990 prevalence of underweight children under 5 years old by 2015 which will
10 also contribute to a reduction in child mortality (MDG 4).
11

12 The Philippines battles the continued prevalence of child and maternal undernutrition, a steady
13 neonatal mortality rate even as child mortality rate has been decreasing, and poor infant and
14 young child feeding (IYCF) practices. The following survey reports provided the backdrop
15 against which the joint programme (JP) was developed and eventually implemented.
16

- 17 • The 2008 national nutrition survey conducted by the Food and Nutrition Research
18 Institute of the Department of Science and Technology (FNRI-DOST) reported that
19 about 20.6 per cent of Filipino children under five years old were underweight-for-
20 age, 32.2 per cent were stunted or short for their age, and 6.0 per cent were wasted
21 or thin for their height. These are levels considered as high based on WHO cut-off
22 points.
23

24 The 2008 prevalence of underweight under-five children is lower than the 1990
25 prevalence of 27.3 per cent. This decline, however, is equivalent to an annual
26 average decrease of 0.37 percentage points per year, which is only about 68 per cent
27 of the targeted annual decline to reach the MDG of halving 1990 levels by 2015.
28 This slow decline stresses the need to double efforts in implementing interventions
29 that have proven to be effective in addressing child undernutrition.
30

31 Along this concern, data on undernutrition by single age group can instruct the
32 appropriate interventions to undertake. The 2008 national nutrition survey showed
33 that undernutrition (underweight-for-age and stunting) was relatively low among
34 infants less than one year old, but significantly, i.e. at least about 50 percent higher
35 among one-year-olds. Furthermore, undernutrition continued to be high among older
36 children. This suggests the need to intervene within the first year of life to prevent
37 child undernutrition. And, in this regard, the promotion of optimum infant and young
38 child feeding (IYCF) practices has proven to be effective.
39

- 40 • The Philippines 4th Progress Report on the MDGs (2010) noted that the country is
41 on track in reducing infant mortality and under-five mortality rates. However, the
42 continued decline in infant and under-five mortality is threatened by the continued
43 and non-changing level of neonatal mortality. As reported by the 2008 National
44 Demographic and Health Survey (NDHS), under-five mortality rate has declined
45 from 48 deaths per 1000 live births in 1998 to 40 deaths per 1000 live births in 2003
46 and 35 deaths per 1000 live births in 2008. Similarly, infant mortality rate has
47 declined from 35 deaths per 1000 live births in 1998 to 29 deaths per 1000 live births
48 in 2003 to 25 deaths per 1000 live births in 2008. On the other hand, neonatal
49 mortality rate has remained at about the same level of 18 deaths per 1000 live births
50 in 1998, 17 deaths per 1000 live births in 2003 and 16 deaths per 1000 live births in
51 2008.

- 52 • The NDHS reported essentially no change in IYCF practices between 2003 and 2008.
53 Exclusive breastfeeding (EBF) prevalence for children <6 months of age was
54 unchanged at 34 per cent. Breastfeeding, with or without complementary food
55 declined further among older infants, reaching an almost negligible level starting
56 from the eight to nine-month-old age group. The WHO estimates that the current
57 poor breastfeeding practices in the Philippines result to an additional 1.2 million cases
58 of diarrhoea and pneumonia. Nine out of every 10 deaths among infants below 6
59 months old occurred among those who were not breastfed. Among the under-fives,
60 13 per cent of deaths could have been prevented through EBF.
61
- 62 • The NDHS also reported poor complementary feeding (giving of semi-solid and solid
63 foods to infants), i.e. introduction that is either too early or too late. Only 56.8 per
64 cent of infants 6-8 months old were reported to have received complementary food in
65 addition to breastmilk. Furthermore, about 23 per cent of infants 4-5 months old
66 were given complementary foods, earlier than the recommended age of six months.
67 The complementary food given was also found to be wanting in quantity and quality.
68 Only 33.5 per cent of infants 6-8 months old were reported to have been given
69 complementary food with the three essential characteristics i.e. continued
70 breastfeeding, giving of foods from 3-4 food groups and at the prescribed frequency
71 of 3-4 times in a day depending on whether the infant is breastfed.
72

73 **B. List joint programme outcomes and associated outputs as per the final approved**
74 **version of the joint programme document or last agreed revision.**
75

76 The joint programme aims to respond to government priorities as contained in the Updated
77 Philippine Plan of Action for Nutrition 2008-2010 and the Philippine Plan of Action for Nutrition
78 2011-2016¹, and complement efforts to improve IYCF practices anchored on EBF in the first six
79 months of life and introduction of complementary feeding from six months of age onward with
80 continued breastfeeding. It endeavors to create an enabling environment where optimum infant
81 and young child feeding is practiced, promoted, supported and protected by communities and the
82 nation as a whole, through strengthened partnership, joint programming and increased
83 government ownership.
84

85 Specifically, the JP targets to 1) increase EBF rates in the project areas by 20 per cent annually, 2)
86 reduce the prevalence of undernutrition by at least 3 per cent by 2012, and 3) improve the
87 capacities of national and local governments and stakeholders to promote and implement policies
88 and programmes on IYCF.
89

90 Overall, the joint programme has 3 outcomes and 19 outputs over a period of 3 years (November
91 2009 - November 2012) as shown in Table 1.

¹ The Philippine Plan of Action for Nutrition is formulated every six years (coinciding with the term of office of the President of the Philippines) as part of the formulation of the overall Philippine Development Plan. The plan is reviewed and updated at mid-term. Thus, the Updated PPAN 2008-2010 was an updating of the PPAN 2004-2010. The current PPAN is for the 2011-2016 time frame. The plan contains the outcome targets as well as priorities for action to achieve the objectives. The plan serves as a guide for those who wish to participate in efforts for improving the nutrition situation.

92
93

Table 1. MDG-F 2030 Joint Programme outcomes and outputs

Outcome 1	Increased exclusive breast feeding rate in the JP areas by 20 per cent annually
Output 1.1	An evidence-based marketing and advocacy campaign developed and executed nationally and in JP areas
Output 1.2	Exclusive breast feeding is strengthened as a key component of the National Family Welfare Programme (FWP)
Output 1.3	Strengthened FWP piloted in 3 JP cities
Output 1.4	Models of informal sector work place interventions for exclusive breastfeeding designed and demonstrated in 3 JP cities
Output 1.5	Local peer counsellors nominated and trained
Output 1.6	Home visits conducted by peer support counsellors
Output 1.7	Communications for development on IYCF developed and implemented
Output 1.8	Pregnant and lactating women received adequate supply of iron-folic acid tablets
Output 1.9	Human milk bank established in a tertiary hospital
Output 1.10	National standard module for Monitoring the Milk Code developed
Outcome 2	Reduced prevalence of undernutrition by at least three per cent among children 6-24 months old by 2012
Output 2.1	Resources for counselling on age-appropriate complementary feeding produced
Output 2.2	Recipes from homestead gardens and locally available foods for integration in community / nutrition education activities documented
Output 2.3	Community/household nutrition education activities on improving the quality of diets for complementary foods from homestead gardens and locally available foods conducted
Output 2.4	Improved micronutrient status of all children 6-24 months old in the 2 JP areas, through micronutrient powder (MNP) supplementation and proper utilisation, as indicated by significant increase in haemoglobin level among beneficiaries
Output 2.5	Increased awareness of LGU functionaries, health workers, households and communities on the need and importance of using MNP in improving the nutritional status of children 6-24 months old.
Output 2.6	Improved capacity of all BHWs and BNSs in 2 JP areas on advising and counselling mothers on the appropriate use of MNP to fortify home-prepared complementary foods for children 6-24 months old
Outcome 3	Improved capacities of national and local government and stakeholders to formulate, promote, and implement policies and programs on IYCF
Output 3.1	Needs assessment on knowledge, attitude and practices on three policies conducted and used for formulating and adjusting policies, and program designs among others.
Output 3.2	Early warning system (EWS) for food security and nutrition is piloted in one JP area
Output 3.3	Nutrition information system evaluated

94 **C. Explain the overall contribution of the joint programme to National Plan and**
95 **Priorities**
96

97 The JP concretized the priorities for action in the Updated Philippine Plan of Action for Nutrition
98 (PPAN) 2008-2010 as well as PPAN 2011-2016, particularly those related to efforts to improve
99 IYCF practices as a means to reduce underweight-for-age among children under five years old.

100
101 Specific contributions were along:

- 102
103 1. Generation of information that could guide nutrition policy and program formulation in
104 general but JP strategies as well through the main baseline survey, and formative research
105 components of each JP component.
- 106 2. Development of guidelines and protocols, e.g. on peer counselling, community
107 mobilization for infant and young child feeding, implementation of RA 10028 or the
108 Expanded Breastfeeding Promotion Act of 2009 which was approved as the JP was about
109 to be implemented, conducting recipe trials for improving complementary feeding,
110 distribution and monitoring of multiple micronutrient powder, early warning system for
111 food and nutrition security.
- 112 3. Development of *a)* training and reference manuals, e.g. for training peer counsellors on
113 EBF, human milk banks, complementary feeding of young children, *b)* tools like
114 counselling cards on IYCF, guide for mobilization of community support groups for
115 IYCF, monitoring and evaluation tool for LGUs with programs promoting EBF in the
116 informal economy, recipes for complementary feeding.
- 117 4. Conduct of various trainings for various personalities involved in JP implementation
- 118 5. Provision of supplies to complement those already being provided by the government,
119 e.g. iron folic acid supplements for pregnant and lactating women, multiple micronutrient
120 powder (entirely “new” supply in the country), equipment for setting up a human milk
121 bank, refrigeration facilities for lactation station in work setting of workers in the
122 informal sector
- 123 6. Implementation of various communication and advocacy activities to promote infant and
124 young child feeding
- 125 7. Mobilization of various partners to work together on specific advocacies of the JP
126

127 **D. Describe and assess how the programme development partners have jointly**
128 **contributed to achieve development results**
129

130 JP implementation still relied greatly on the ownership and lead of the national government
131 agency partners and local government units (LGUs) of JP areas.
132

133 The different JP components were implemented through the cooperation of various agencies and
134 organizations. In most instances the partnership was among a specific national government
135 agency, a UN agency, and an NGO. In all instances, LGUs were also partners.
136

137 The private sector and civil society, including SM Cares (the foundation of a major department
138 store chain, non-government organizations (NGOs) on breastfeeding such as Breastfeeding Patrol
139 of Mandaluyong City and LATCH, continuously participated in the JP with the nationwide

140 expansion of the photo exhibit on breastfeeding and other EBF promotions. NGOs working on
 141 nutrition like the Nutrition Center of the Philippines (NCP), and on breastfeeding like the
 142 ARUGAAN, as well as coalitions of social development NGOs such as PHILSSA and E-Net that
 143 work with urban poor communities in addressing other social development concerns such as
 144 housing, education and livelihood assisted LGUs in building public-private partnerships and in
 145 resource mobilization to promote, protect, and support breastfeeding in the communities. The
 146 business community through the Employers' Confederation of the Philippines, chambers of
 147 commerce and industry, and the labor sector, through labor unions and associations have become
 148 partners in promoting EBF in the workplace. NGOs and the academe were also highly involved
 149 especially in Regions 6 and 9. The citizens, especially in the JP areas, were highly involved as
 150 they formed community support groups on breastfeeding and complementary feeding.

151
 152 Table 2 shows how partners jointly contributed to achieve the development results.

153 **Table 2.** Partnerships for MDG-F 2030 components
 154
 155

Component	Partners	Remarks
Communication for Behavioral Impact (COMBI) on exclusive breastfeeding	Department of Health (DOH), WHO, LGUs, UNICEF, NGOs like the ARUGAAN PHILSSA, E-net, NCP, Breastfeeding Patrol of Mandaluyong City, LATCH, member agencies of the Technical Working Group on IYCF	All partners jointly worked together in reviewing and finalising manuals, tools, references, information materials, training designs, etc. NGOs, particularly ARUGAAN, PHILSSA, E-net, NCP took charge of hiring COMBI coordi-nators, preparing and mobilizing LGUs and the community, training, mentoring, and monitoring peer counsellors. SM Cares, the foundation of a major chain of department stores, co-organised the Breastfeeding Run
Promoting exclusive breastfeeding in the workplace	Department of Labor and Employment (DOLE), labor unions and labor union organizations, employers through the Employers' Confederation of the Philippines, local Chambers of Commerce and Industry, and similar organizations, National Anti-Poverty Commission or NAPC (for the informal labor sector), LGUs	Joint conduct of several activities ECOP conducted the baseline survey on breastfeeding in the workplace (See Annex 1, item no. 6) NAPC conducted the study on practices and promotion of exclusive breastfeeding among workers in the informal sector

Component	Partners	Remarks
		NAPC developed the tool to measure the impact of interventions on exclusive breastfeeding at the LGU and workers (informal sector) level
Iron-folic acid supplementation	Department of Health (DOH), UNICEF, LGUs	Each one with specific activities on procurement, distribution, promotion
Establishment of human milk bank	Department of Health, hospitals with human milk bank, hospital leadership and staff of receiving hospital, UNICEF, LGU	<p>The national level, through a technical working group that included hospitals with human milk banks among others, developed the guidelines for establishing and maintaining human milk banks and trained hospital personnel.</p> <p>UNICEF procured the equipment needed and continually provided technical assistance.</p> <p>The receiving hospital took charge of the other requirements, e.g. space, human resources, system for collecting human milk, coordination with the local health office for counseling services.</p>
Milk Code monitoring	Food and Drug Administration (FDA), UNICEF	FDA took charge of developing the guidelines for monitoring the Milk Code, orienting and training national government agencies as well as LGUs on Milk Code monitoring
Tools and resources for complementary feeding	FAO, LGUs, University of the Philippines Los Baños, UNICEF	The University of the Philippines Los Baños through its Institute of Human Nutrition and Food conducted formative research on complementary feeding practices, sessions on recipe trials that became the basis for developing a manual on how such sessions can be conducted and had as an

Component	Partners	Remarks
		output recipes of complementary foods and how their nutritional value could be enhanced
Distribution and promotion of multiple micronutrient powder (MNP)	DOH, World Food Programme (WFP), LGUs, Helen Keller International (HKI), UNICEF	<p>The WFP developed the training materials and scheme for monitoring, and conducted the trainings on MNP for local health workers.</p> <p>It also took charge of procuring and distributing the MNPs.</p> <p>LGUs distributed the MNPs to mothers, conducted sessions with mothers on the value and proper use of the MNPs, monitored use.</p> <p>The HKI conducted the study to determine the appropriate scheme for distributing MNP, e.g. one time for the allocation for the year or staggered distribution</p> <p>UNICEF assisted in the development of the MNP brand and package</p>
Early warning system for food and nutrition security	Local government unit of Ragay in Camarines Sur, Food and Agriculture Organization (FAO), National Nutrition Council	<p>FAO facilitated the sessions that resulted to the early warning system for the municipality, based on their needs and situation; also trained community workers on the conduct of the EWS survey; provided technical assistance in processing and analyzing data; facilitated the submission and implementation of an FAO-Telefood-assisted project proposal on home food production that was prepared by the LGU.</p> <p>The LGU managed the system by generating, processing and analysing data. It also implemented interventions to respond to the evolving situation.</p>

156 Coordination and integration of efforts within each component were usually facilitated through
157 working groups (specifically on COMBI and on activities for the workplace) that met regularly.
158

159 Coordination and integration of efforts across the various components were done through the
160 National and Regional Technical Working Groups. These groups met regularly not only to track
161 progress but also to identify how efforts can be complemented, among others.
162

163 The MDG-F 2030 Programme Management Committee (PMC), composed of directors of relevant
164 bureaus or agencies of the Departments of Health and of Labor and Employment, the
165 Undersecretary of the National Anti-Poverty Commission, and heads of participating UN agencies
166 or organizations, provided overall leadership in the management of the program.
167

168 The National Nutrition Council, as the country's highest policy-making and coordinating body on
169 nutrition chaired both the PMC and the N/RTWGs. UNICEF co-chaired the PMC and the
170 NTWG.
171

172 However, the final evaluation noted the "very little lateral convergence among the seven JP
173 interventions, and none of them were collectively implemented in a single municipality". The JP
174 team agreed with this observation but noted that this lack of area convergence for all the
175 components arose from certain decisions made in the concept note stage. Also, there were
176 attempts at the start of the programme, to synchronize related activities, e.g. training of local
177 health and nutrition workers. The effort could not be pursued due to differing start-up time for
178 each component.
179

180 181 II. ASSESSMENT OF JOINT PROGRAMME RESULTS 182

183 A. Report on the key outcomes achieved and explain any variance in achieved versus 184 planned results. The narrative should be results oriented to present results and 185 illustrate impacts of the pilot at policy level) 186

187 *Outcome 1. Increased exclusive breastfeeding (EBF) rate, in six JP areas, by at least* 188 *20 per cent annually.* 189

- 190 • The endline survey reported that 29.8 per cent of mothers with babies less than
191 six months old in all JP areas indicated that they breastfed their babies
192 exclusively. This is 7.7 percentage points higher than the baseline rate of 22.1
193 per cent or an increase of about 35 per cent over a period of about 18 months
194 (based on the end-month of the baseline survey (April 2011) and the start of the
195 endline (October 2012). Roughly the 35 per cent increase in exclusive
196 breastfeeding rates over about 18 months is equivalent to an annual increase of
197 about 23.2 per cent², suggesting that the outcome was achieved.³ However, the

² The annual increase was computed as $\frac{(((\text{Baseline} - \text{Endline})/\text{Baseline}) * 100)/18}{12}$

³ The endline report concluded that the target on exclusive breastfeeding was not met because the endline data was less than 40.8 per cent. The JP team noted that this analysis is erroneous. The baseline data is 22.1 per cent. Thus, a 20 per cent increase in the first year would mean a target of 26.5 per cent, 31.8 per cent by the end of the second year and 38.2 per cent by the end of the third year. Thus, the results of the endline could be interpreted as indicating the target for the first year was met. Whether the target for the second year was met is difficult to ascertain because the time gap between the baseline and endline was less than 24 months. Thus, the average annual decline (as described in footnote 1) was used instead.

198 endline survey reported that the prevalence rates at baseline and endline were not
199 statistically different.

200 • Attributing the change solely to the JP is difficult since there have been IYCF-
201 related initiatives prior to the JP. Nonetheless, it could be assumed that the JP
202 contributed to the observed increase in exclusive breastfeeding rate.

203 • On the other hand, delays in the start-up component of the JP could explain the
204 lack of significant change. The engagement of the services of the COMBI
205 coordinators, who should drive the COMBI component, was delayed. Eventually
206 the decision was to identify NGO partners rather than hire individual COMBI
207 coordinators. The NGO partners were assigned to not only hire the COMBI
208 coordinators but also to attend to the social preparation activities, training, as well
209 as mentoring and monitoring. As a result the bulk of peer counsellors in the KP
210 areas were trained in the last quarter of 2012, by which time the endline survey
211 had begun.

212 • Thus, the COMBI intervention (as well as other JP components) did not have
213 enough time to “take root” and impact on the desired behavior. This was a
214 conclusion of the final evaluation, while the endline survey recommended that
215 programs should be allowed to have adequate gestation time before endline
216 surveys or evaluations are conducted.

217 • There were also initiatives to promote exclusive breastfeeding in the workplace of
218 both the formal and informal labor sectors. However, the JP focus was on
219 mobilization of the private sector. The extent to which these efforts have resulted
220 to specific supports, e.g. establishment of lactation stations in the workplace still
221 has to be determined even beyond the life of the JP.

222 For the informal labor sector, the JP supported the establishment of a lactation
223 station in public markets in the three JP cities. However, the final evaluation
224 reported that the use of the facility was not as extensive based on a review of the
225 usage logbook. On average, the lactation stations at the public markets recorded
226 intermittent daily visits of about three to five mothers every other day. Barangay
227 nutrition scholars and peer counselors interviewed by the final evaluators said
228 this was because mothers usually left their children in the care of family
229 caregivers and relatives when they went to the public markets. It is to be noted
230 though that the lactation station in the public market was really more for the
231 vendors of the market rather than the customer who goes to the market. Also, it
232 is possible that there may not be as many breastfeeding mothers in the public
233 market be they among the vendors or customers. This could suggest the need to
234 look at other points of employment of the informal labor sector.

235 • The lack of significant change in the practice of exclusive breastfeeding should
236 not mean “dropping” the COMBI strategy nor initiatives with the private sector
237 and labor organizations or for the informal sector. Instead, these should be
238 continued and adjusted based on the results of the endline survey and of the final
239 evaluation. A subsequent measure of exclusive breastfeeding rates in JP areas
240 should likewise be considered.

241 *Outcome 2. Reduced prevalence of undernutrition by at least three per cent among*
242 *children 6-24 months old*
243

- 244 • The endline survey reported a 16.9 per cent prevalence of underweight-for-age
245 children 6-24 months old. Compared to the baseline of 18.5 per cent, the endline
246 prevalence was 1.6 percentage points lower than the baseline or about 8.6 per
247 cent lower than baseline, equivalent to an estimated annual decrease of about 5.8
248 per cent⁴ higher than the targeted 3 per cent⁵.
249
- 250 • However, stunting was reported to have increased to 27 per cent from 25 per cent
251 at baseline.
252
- 253 • It is to be noted that interventions under outcome 2 included counseling on
254 complementary feeding, recipe trials and supply and distribution of MNP.
255 Although most of the planned activities were completed, there were delays in
256 implementation. At the time of the final evaluation, some of the intended
257 outputs were yet to be delivered, e.g. tools for counseling for complementary
258 feeding specifically the complementary feeding guide, and the recipe trial
259 booklet.
260
- 261 • Furthermore, it is to be noted that the JP design focused on promotions and
262 counseling, and mothers should, from their own family pot, be able to make
263 changes in the quantity and quality of food given to infants and young children.
264
- 265 • The endline survey reported that the giving of complementary food to infants six
266 to eight months old increased from 77.1 per cent at baseline to 92.6 per cent at
267 endline. When compared to the targets for this indicator, the endline survey
268 concluded that this target (20 per cent increase over baseline) was achieved.
269
- 270 • However, indicators for diet diversity and frequency of feeds, while registering
271 increases over the baseline, did not meet the 20 per cent targeted change. The
272 percentage of children 6-24 months old who received food from at least four food
273 groups increased from 59.6 per cent to 61.8 per cent, falling short of the targeted
274 71.5 per cent. Similarly, the percentage of children 6-24 months receiving food
275 the minimum times in a day or more increased from 75.2 per cent at baseline to
276 88.4 per cent at endline, also short of the targeted 90.2 per cent.
277
- 278 • While both baseline and endline data should be analyzed further to determine
279 factors associated with feeding behavior, it is safe to assume that food availability
280 at the household level as well as the capacity of the household to access the
281 available food supply in the community could help explain the gap between
282 targets and achievements. Since the JP design was really on promotions, the
283 finding suggest the need to ensure that promotional efforts should be
284 complemented by efforts to improve household capacity to produce their own
285 food or to buy the available food supply. Furthermore, the endline survey results

⁴ The annual decrease was computed as $\frac{((\text{Endline}-\text{baseline})/\text{baseline}) * 100}{18} * 12$.

⁵ The endline report concluded that the JP did not meet its objective for child undernutrition based on the 0.7 percentage point reduction, which was assessed to be way below the targeted 3%, which the endline team interpreted as 3 percentage point reduction, which was not the intent. Also, the endline report considered the prevalence of undernutrition for 0-24 months old when the target of Outcome 2 was for the 6-24 months-old age group.

- 286 point to the need to strengthen the promotion of complementary feeding, noting
287 that there were more specific messages for EBF than complementary feeding.
288
- 289 • While the JP did not have specific targets for anemia prevalence, results of the
290 endline survey showed a decline in anemia prevalence among children 6-24
291 months old in Zamboanga City ⁶ from 50.9 per cent at baseline to 48.5 per cent at
292 endline. This decline was reported as insignificant (p=.534). However, the
293 change in anemia prevalence among 6-11 months-old infants from 69.6 per cent
294 at baseline to 55.8 per cent at endline was found to be significant (p=0.022).
295
 - 296 • These results were different from those of a study initiated (but not funded) by
297 the JP. The study aimed to determine the appropriate frequency of MNP
298 distribution to ensure high coverage, adherence and intake. While this study was
299 conducted in a province outside the 6 JP pilot sites, it showed a significant
300 improvement in hemoglobin concentration and anaemia (30 per cent point
301 reduction from baseline to post supplementation) among children 12-23 months
302 old. This improvement can be attributed to the systematic and thorough
303 monitoring of the health workers, the quality of complementary foods fed to
304 children improved after six months of the home fortification intervention, and
305 adherence of caretakers to the home fortification procedures.
306
- 307 Furthermore, the endline survey reported that only 59 per cent of mothers
308 interviewed at endline indicated having received MNPs. (The JP team especially
309 at the local level contested this, noting that MNPs were distributed as targeted).
310 On the other hand, the study reported an 83 per cent coverage of MNP.
311
- 312 While there were anecdotal reports during the implementation of the JP on the
313 positive effects of MNP on the child as claimed by the mothers, the focus group
314 discussions of the endline survey revealed issues on the taste of the food with
315 MNP.
316
- 317 The knowledge generated by the JP on the distribution and use of MNP and
318 concomitant challenges should be used to instruct the national strategy
319 considering that the use of MNP is now part of the national policy and DOH has
320 decided to invest in the procurement of MNPs.
321
- 322 **Outcome 3. Improved capacities of national and local government and stakeholders**
323 **to formulate, promote, and implement policies and programs on IYCF**
324
- 325 • The JP delivered three outputs for this outcome. These are an 1) assessment of
326 knowledge, attitudes, and practices on policies related to IYCF that was done in
327 the first year of the JP; 2) piloting of an early warning system for food and
328 nutrition security implemented throughout the project life, and 3) evaluation of
329 the nutrition information system, which was done on the third year.
 - 330 • Results of the assessment were distributed and disseminated. However, the
331 extent to which the results were used in instructing JP strategy could not be
332 ascertained. Nonetheless, the assessment can still instruct forward actions to
333 adjust related policies and program designs.

⁶ The module on anaemia determination was limited to Zamboanga City due to limitations in resources.

334 • The piloting of an early warning system for food and nutrition security in the
335 municipality of Ragay in Camarines Sur was judged by the final evaluators to
336 have been successful. The evaluators noted that the municipality had acquired
337 the requisite skills for maintaining an early warning system and was consistently
338 collecting quarterly data on food security and nutrition in the municipality. The
339 municipality had completed two quarters of data collection using its own funds.

340 More specifically, and as reported by the final evaluation, “The municipal
341 authorities noted that they had generated information about the cycle of food
342 insecurity and vulnerable groups and were thus able to target these groups more
343 effectively and at the appropriate time”. Thus, specific mitigating interventions
344 such as supplementary feeding and distribution of seed for community gardens
345 were undertaken based on information from the early warning system.

346 The results of the early warning system formed the basis for the proposal that the
347 municipality submitted to the FAO Telefood for a project on household food
348 production. The project was eventually approved and implemented.

349 • The final evaluators also noted that while it could not be said conclusively that
350 the JP intervention was responsible for the overall state of nutrition in Ragay
351 municipality, it was noteworthy that out of all the six JP areas, Ragay
352 municipality either had the best indicators, or had attained the greatest relative
353 improvement in its indicators; the same improvement seems to suggest that
354 nutrition interventions that are complemented by livelihood and other poverty
355 reduction interventions are more effective.

356 • Since the third activity on the evaluation of the nutrition information system was
357 done in the last year of implementation, it did not have direct contribution to the
358 achievement of outcome targets. However, results of the evaluation will be
359 useful in forward actions to improve the availability and quality of data on infant
360 and young child feeding and child malnutrition, which in turn would provide the
361 basis for better decisions on policy, strategy, and program adjustments.
362

363 **B. In what way do you feel that the capacities developed during the implementation of**
364 **the joint programme have contributed to the achievement of the outcomes?**
365

366 The JP worked at two levels: 1) “upstream” at national level to influence policy and programmes
367 through lessons learnt from local implementation and evaluation, using data from the nutrition
368 information system; and 2) “downstream” at the local level to work through existing local
369 nutrition structures (nutrition action committees) for programme coordination.
370

371 Major targets for capacity development were local health and nutrition workers, peer counselors,
372 the business sector, as well as labor unions to take on specific actions related to the promotion of
373 infant and young child feeding.
374

375 Local health workers and peer counsellors were trained on both the substantive content of IYCF
376 as well as to develop skills to counsel mothers to adopt the desired behaviors along breastfeeding
377 and complementary feeding. Focus group discussions in connection with the endline survey
378 indicated that peer counsellors (most of whom were already health and nutrition workers, e.g.
379 barangay health worker or barangay nutrition scholar) felt that they were knowledgeable about
380 breastfeeding and EBF. However, as noted earlier, they could not hold longer or more
381 substantive discussion about complementary feeding, with the message of giving the infant more

382 fruits and vegetables as among those being shared. Mothers participating in both the survey and
383 the focus group discussions affirmed that they obtained information on infant and young child
384 feeding from the midwife, barangay nutrition scholars and barangay health workers.
385

386 It should be noted that while peer counselors should have been mothers in the community, the JP
387 areas tapped existing health and nutrition volunteers to be peer counselors as well. The lack of
388 incentives for peer counselors and the presence of such for health and nutrition volunteers was a
389 main motivation for this move.
390

391 This concern for incentives should be subjected to further discussions in the program community
392 even beyond the JP life. The intent was really to have peer counselors, i.e. mothers who
393 themselves have been successful in applying optimum infant and young child feeding. These
394 mothers should live close to the home of target mothers so there will be little overhead expense by
395 way of transportation. However, the final evaluation noted that the use of the volunteer system
396 limited the JP's ability to exercise authority in their activities.
397

398 The JP also involved key players in the formal workplace, specifically employers and labor
399 associations. Thus, activities were undertaken to inform them of the importance of EBF and the
400 need for the workplace to have adequate support systems like lactation stations. The extent to
401 which such support systems have been put in place cannot be ascertained fully. However,
402 lactation stations were reported to have been set up, for instance in sardines factories in the
403 Zamboanga area, after a forum on lactation stations. The extent to which these lactation stations
404 would help in furthering the practice of EBF should be the subject of continued monitoring and
405 evaluation of related initiatives.
406

407 **C. Report on how outputs have contributed to the achievement of the outcomes based**
408 **on performance indicators and explain any variance in actual versus planned**
409 **contributions of these outputs. Highlight any institutional and/ or behavioural**
410 **changes, including capacity development, amongst beneficiaries/right holders.**
411

412 Conceptually, the outputs were designed to create an environment that would facilitate the
413 mother's adoption of desirable IYCF practices. This involved ensuring that 1) appropriate
414 policies are in place and implemented effectively; and 2) mothers are supported through the
415 effective delivery of related messages that consider their unique circumstances and needs in
416 several settings. At the same time, the JP also provided some level of supply, i.e. iron-folic acid
417 supplements and multiple micronutrient powder that could complement the other interventions.
418 Specific JP outputs are discussed in the next paragraphs.
419

420 The completion of all the planned peer counsellors' trainings and mentoring under the EBF
421 component has produced a total of 5,988 peer counsellors, and 1,081 (covering only the 16 cities
422 and one municipality of the National Capital Region) community support groups were
423 established. The reach of the peer counsellors varied from a very low 25 per cent to a high of
424 71 per cent of target mothers as reported by nine COMBI cities. Exclusive breastfeeding rate
425 when computed based on reports submitted by peer counselor from nine cities with complete
426 reports showed an increase from an average of 76 per cent to 80 per cent. The peer counselling
427 could have resulted to the high knowledge of up to 90 per cent of mothers on the benefits of the
428 breastfeeding at endline.
429

430 Also, continued deployment of City COMBI/BF TSEK Coordinators in NCR, who were hired by
431 the Regional Health Office (CHD- Metro Manila) using government funds. City IYCF and
432 Nutrition staff in some cities like Makati and General Santos were able to train peer counsellors
433 using the Trainer's Reference Manual developed under COMBI. City health and nutrition staff in

434 Metro Manila (17 LGUs) and three cities in Bulacan especially Meycauayan were able to mentor
435 and provide supportive supervision to the trained peer counsellors.

436
437 In addition, meetings and general assemblies were held to allow the sharing of experiences and
438 updates on the breastfeeding campaign among breastfeeding support groups (composed of
439 mothers and volunteers). These gatherings helped reinforce their commitment to promote and
440 practice EBF and breastfeeding with complementary feeding at six months of age up to two years
441 old and beyond. This support for breastfeeding support groups and peer counsellors is now being
442 continued by the Centers for Health Development (CHD) and the LGUs concerned.

443
444 Key officials at the municipal and barangay levels in the JP areas as well as in Metro Manila were
445 oriented on the Milk Code and how to monitor violations of the Milk Code. Regional IYCF
446 Coordinators and Health Promotion Officers of nine regions and 32 cities were trained on
447 evidence-based social marketing advocacy.

448
449 The Local Working Groups on EBF in the Workplace have continuously engaged relevant LGUs,
450 stakeholders and proponents of local ordinances on promoting EBF in the workplace using RA
451 10028 as take-off point. Consultations with stakeholders and labour sector representatives were
452 conducted in Iloilo City and similar workshops were also conducted in Naga and Zamboanga
453 Cities.

454
455 Trainings on community mobilization for infant and young child feeding in all JP areas have
456 helped establish and form community support groups to push forward IYCF program and
457 activities.

458
459 The completion of recipe trials training helped build skills in the promotion of complementary
460 feeding utilising locally available foods in a participative manner. This intervention was further
461 supplemented with the production of the training manual and the recipe booklets that contain a
462 compilation of recipes for complementary foods that mothers themselves developed.

463
464 The introduction and continued distribution of multiple micronutrient powder (MNP), that has
465 now become part of regular health service delivery in every health center in JP areas in
466 Zamboanga City and Aurora, Zamboanga del Sur is one of the contributory factors that mitigated
467 anaemia prevalence in these areas, particularly among infants 6-11 months old in Zamboanga
468 City. Significantly, the MNP effectiveness study in Misamis Oriental showed the importance of
469 close monitoring (rather than frequency of distribution of MNP) to achieve the desired
470 compliance and consumption of MNP leading to the improved anaemia situation. The study result
471 has provided new insights for the DOH to consider in firming up guidelines on the nationwide
472 distribution of MNP. Noteworthy also was integration of activities to monitor the MNP
473 distribution and roll out MNP IEC materials and activities in the regular programming of the City
474 Health Office in Zamboanga.

475
476 Milk Code monitoring trainings were completed and means for lodging reports were activated and
477 functional such as the Milk Code Monitoring website and the Text Hotline.

478
479 On the other hand, significant advances on IYCF communication for development component led
480 to the eventual development of the national IYCF communication strategy.

481
482 The early warning system on food security and nutrition has completed the four quarters of data
483 collection which brings to fore a more complete picture on how one area can really benefit from
484 the system. The LGU of Ragay has already adopted the system. To date, Ragay has completed 2
485 quarters of data collection using its own funds. Related efforts are being pushed forward to

486 expand the Ragay experience to five nearby municipalities under the UNICEF-EU cooperation on
487 Maternal and Young Child Nutrition Security in Asia.
488

489 The data quality review of selected IYCF indicators was an attempt to assess existing nutrition
490 information systems that used two systems with one route: through the NNC and the other
491 through DOH. The review provided the initial avenue to take a closer look at the existing
492 information system at different levels, both by the DOH and NNC in order to identify important
493 indicators, agree on common definitions and identify areas for harmonization. This review will
494 help DOH and NNC to develop a more harmonized and reliable nutrition information system
495

496 **D. Who are and how have the primary beneficiaries/right holders been engaged in joint**
497 **programme implementation? Please disaggregate by relevant category as**
498 **appropriate for your specific joint programme (e.g. gender, age, etc.)**
499

500 Children 0-23 months (boys and girls) and pregnant and lactating women are the primary
501 beneficiaries of JP outcome 1 and 2. These beneficiaries have been mobilized and
502 accessed for service delivery through community level IYCF support groups, community
503 health volunteers and midwives from local and subnational health units. Demand side
504 was created through communication for development (C4) strategy through which
505 messages about the programme were communicated to the beneficiary communities.
506

507 **E. Describe and assess how the joint programme and its development partners have**
508 **addressed issues of social, cultural, political and economic inequalities during the**
509 **implementation phase of the programme:**
510

- 511 1. **To what extent and in which capacities have socially excluded populations been**
512 **involved throughout this programme?**
- 513 2. **Has the programme contributed to increasing the decision making power of**
514 **excluded groups vis-a-vis policies that affect their lives? Has there been an**
515 **increase in dialogue and participation of these groups with local and national**
516 **governments in relation to these policies?**
- 517 3. **Has the programme and its development partners strengthened the organization**
518 **of citizen and civil society groups so that they are better placed to advocate for**
519 **their rights? If so how? Please give concrete examples.**
- 520 4. **To what extent has the programme (whether through local or national level**
521 **interventions) contributed to improving the lives of socially excluded groups?**
522

523 The JP, by design included labour organizations that represent employees in the workplace. This
524 allowed the participation of those who will be affected by the implementation of laws and policies
525 in the workplace.
526

527 Furthermore, the JP reach included beneficiaries of the country's conditional cash transfer (CCT)
528 programme who are in the lowest income quintile. In addition, some of these beneficiaries,
529 particularly the mother leaders were tapped to be peer counselors in Zamboanga City. These
530 mother leaders also assisted in distributing MNPs. Furthermore, there was more information
531 dissemination on MNPs in Muslim areas of Zamboangay City. Since CCT beneficiaries are the
532 poorest of the poor, it is assumed that those socially excluded have become part of JP
533 implementation and in the process provided inputs to the direction of the programme at the
534 community level.

535 **F. Describe the extent of the contribution of the joint programme to the following**
536 **categories of results:**

537

538 **1. Paris Declaration Principles**

- 539 • **Leadership of national and local governmental institutions**
- 540 • **Involvement of CSO and citizens**
- 541 • **Alignment and harmonisation**
- 542 • **Innovative elements in mutual accountability (justify why these elements**
543 **are innovative)**

544

545 **2. Delivering as One**

- 546 • **Role of Resident Coordinator Office and synergies with other MDG-F**
547 **joint programmes**
- 548 • **Innovative elements in harmonisation of procedures and managerial**
549 **practices (justify why these elements are innovative)**
- 550 • **Joint United Nations formulation, planning and management**

551

552 The management system of the joint programme consciously gave both national and local
553 governments the leadership role in managing the JP. At the national level, the NNC chaired both
554 the Programme Management Committee and the National and Regional Technical Working
555 Groups, with UNICEF as co-chair of the national structures. Local chief executives, through their
556 respective local nutrition committees provided leadership in the implementation of the JP and its
557 complementation by already-existing actions for nutrition improvement. The appreciation of the
558 key role of local chief executives led to the decision to change the original JP area when the
559 mayor of the original JP area could not appreciate the JP component that will be implemented in
560 the area.

561

562 The final evaluation noted though that “the establishment of a PMC and NTWG, which were in
563 addition to the national structures already in existence within the NNC, could be regarded as not
564 completely in line with the principles of the Paris Declaration”. The report further noted that
565 some stakeholders observed that the NNC structures were established by statute and therefore
566 making amendments is not easy since this would have to go through a lengthy legal process. In
567 addition, “continued expansion of the NNC working group every time additional programmes
568 were developed by different partners would ultimately render it ineffective, with lengthy agendas
569 to cover the full spectrum of programmes for all the partners”.

570

571 It is to be noted that even if separate structures were set up for the programme, the main NNC
572 structure for policy formulation, i.e. the NNC Technical Committee and the NNC Governing
573 Board, were updated regularly on programme status.

574

575 The involvement of CSOs and citizens was also purposively built into JP implementation. For
576 instance, the implementation of the COMBI component relied heavily on selected CSOs for social
577 preparation, training, mentoring, and monitoring as discussed in pages 8-9.

578

579 While direct synergy with the other JPs could not be fully effected since these JPs were
580 implemented in non-CFSN JP areas, UN Coordination Office held regular meetings of JP
581 coordinators. These meetings were held to discuss concerns agreed on by the National Steering
582 Committee. The different JP programmes were also involved in organising overall MDG-F
583 activities, e.g. media interface, the CHAMPS night, and the end-program conference.

584 “Delivering as one” was particularly felt when a legislative proposal was filed in the Philippine
585 House of Representatives that would water down the Milk Code and declare lactation breaks as
586 unpaid, among others. Heads of UN agencies and their respective technical staff assisted
587 government in stopping the bill, then called the “Monster Bill”, from progressing in the legislative
588 mill.

589
590 “Delivering as one” was challenging since each UN agency had its respective policies and
591 guidelines on funding concerns. As such, activities could not be synchronised as is desirable.
592 This also resulted in protracted implementation delays as partners grappled with satisfying each
593 financial management rules and regulations. Nevertheless the JP provided the platform for
594 convergence, leveraging synergy and partnership among the UN agencies.

596 III. GOOD PRACTICES AND LESSONS LEARNED

597

598 A. Report key lessons learned and good practices that would facilitate future joint 599 programme design and implementation joint programme design and 600 implementation

601

602 The main lesson learned from the JP experience was that three years is not enough time within
603 which to achieve the set targets considering start-up needs and that the JP results were to emanate
604 from beneficiary behavior changes which take long to evolve. Furthermore, the formulation of
605 the JP should define more specific modes of implementation since this could identify additional
606 needs to ensure effective implementation. The participation of an expert in conducting baseline
607 and endline surveys in the conceptualization stage could also help in making objectives and target
608 statements clearer and more specific.

609

610 Nonetheless, as noted in the final evaluation report, “the project indeed contributed to the
611 government initiatives through development of policies on EBF, IYCF and initiated multi-sectoral
612 participation specifically on the EBF in the workplace and local government involvement”.

613

614 While the JP considered key fronts through which to promote desirable infant and young child
615 feeding, i.e. the community, hospital, workplace of both the formal and informal labor sector, the
616 final evaluation noted the need to address child malnutrition from a multi-sector perspective and
617 to build synergies with other joint programmes. In this regard, growth monitoring (particularly
618 the use of the growth chart as a tool for counselling), ensuring access to clean and safe water, as
619 well as livelihood and poverty reduction programs were identified to be important components to
620 consider.

621

622 Furthermore, as rightly laid down in the final evaluation report, the importance of child nutrition
623 and its impact on social development and to the achievement of the MDGs cannot be
624 overemphasized. Thus, it is recommended that the JP interventions and its components should be
625 continued through the programmes of partner UN agencies, national government agencies, non-
626 government organizations, and the community individually or collectively. Specifically, the final
627 evaluation raised the following recommendation for future related programming efforts:

628

629 **Recommendation 1: The UN should use existing national structures for programme
630 management and coordination.**

631

632 Since the NNC was the national coordination agency for nutrition in the Philippines; there was no
633 real need to establish a parallel coordination mechanism specifically for the joint programme. UN
634 agency staff should be co-opted into the existing national structures as technical resource persons.

635 Recommendation 2: Programme interventions should be based on a clearly defined
636 'pathway to change model', which takes into account all dimensions and manifestations of
637 the development challenge.

638
639 Core activities such as baseline surveys should be undertaken well in advance so that they
640 constitute and inform the programme's impact pathway and logic model. The JP did not have
641 results utilization strategy that should have twinned the intervention focus. For example,
642 different interventions and strategies could have been developed had information such as the
643 growing prevalence of teenage pregnancies been available during planning and design, or if it was
644 known well in advance that the prevalence of wasting (underweight for length) was highest
645 among the 6-11 months old children.

646
647 Recommendation 3: Pilot interventions should be linked and implemented jointly in target
648 areas so that their collective impact can be objectively determined.

649
650 In order to achieve more effective results, all JP interventions should be implemented in all target
651 municipalities. In addition, the JP should have developed strong convergence linkages with other
652 interventions such as the Growth Monitoring and Promotion, WASH and Food Security should
653 been part of the design in order to optimize the impact of the programme.

654
655 Recommendation 4: Child nutrition should be addressed in the context of the broader
656 household food security, including access to quality food, and livelihood opportunities.

657
658 Four of the JP areas had a reduction in the proportions of children receiving adequately diverse
659 diets - Zamboanga City (-15.2 per cent), Iloilo City (-2.5 per cent), Ragay (-2.3 per cent) and
660 Aurora (-1.1 per cent). However, in Ragay municipality where some livelihood interventions were
661 undertaken, the proportion of children that were fed the minimum acceptable diet was higher.
662 This underscores the need to complement nutrition interventions with livelihood and poverty
663 reduction interventions.

664
665 Recommendation 5: Strengthen follow-up mechanisms in monitoring and evaluation
666 systems

667
668 There was no follow-up undertaken to evaluate whether the capacity building interventions were
669 effective or whether the implementing partners were effectively passing on the knowledge that
670 they had acquired from the training. For example many peer counsellors indicated that they did
671 not have sufficient knowledge about different aspects of their work.

672
673 **B. Report on any innovative development approaches as a result of joint programme
674 implementation**

675
676 **C. Indicate key constraints including delays (if any) during programme
677 implementation**

- 678 **1. Internal to the joint programme**
679 **2. External to the joint programme**
680 **3. Main mitigation actions implemented to overcome these constraints**

681
682 The JP experienced delays with implementing some of its critical activities, such the baseline
683 studies which were completed in April 2011, almost 15 months after the release of the first
684 tranche of funds. The endline survey commenced in October 2012, which effectively meant that
685 available data on the JP's contribution to results only covers a timeframe of 18 months marked by
686 these two surveys.

687 The delays were both internal and external to the joint programme.

688

689 A major internal constraint experienced was the disagreement of some members of the NTWG on
690 the dosing of MNP to be used in the JP. While eventually resolved after a series of meetings, the
691 constraint limited the implementation of the MNP component to a year, when it could have been
692 implemented for more than a year.

693

694 External constraints were related to the need to follow both government and UN policies and
695 guidelines on procurement, among others.

696

697 The JP developed a catch up plan to boost the implementation of the activities in its first year of
698 implementation; and an acceleration plan in the last year of program implementation was also
699 developed to resolve the delay in program activity completion that is anchored on the completion
700 and availability of the Guide in Mobilising Community Support Group. Nonetheless, all activities
701 were completed due to continued efforts and support from the implementing agencies and local
702 partners, especially the LGUs by providing human resources and financial support.

703

704 **D. Describe and assess how the monitoring and evaluation function has contributed to**
705 **the:**

706

707 **1. Improvement in programme management and the attainment of development**
708 **results**

709

710 **2. Improvement in transparency and mutual accountability**

711

712 **3. Increasing national capacities and procedures in M&E and data**

713

714 **4. To what extent was the mid-term evaluation process useful to the joint**
715 **programme?**

716

717 The monitoring and evaluation framework was used as a tool to assess reported progress in
718 programme implementation. Since the monitoring and evaluation framework was jointly worked
719 on, it is safe to assume that there was a sense of joint responsibility in meeting JP targets.

720

721 While monitoring and evaluation systems were developed under the COMBI component and EBF
722 in the workplace, these systems were not appropriately installed during the lifetime of the JP.
723 However, these systems would should be systematically supported to be able to effectively
724 monitor progress in the promotion of desirable IYCF. The systems will have to be harmonized
725 with existing systems in the DOH and the NNC and even DOLE as shown by the results of the
726 review of the nutrition information system.

727

728 The mid-term evaluation pointed out the need to strengthen a gender perspective in the JP.

729

730 However, specific actions along these lines were not pursued due to lack of material time.

731

732 Nonetheless, the NNC developed a simple module on integrating gender concerns in promoting
733 IYCF. This module was used in the training of trainers on the use of the manual on community
734 mobilization for IYCF.

735

736 **E. Describe and assess how the communication and advocacy functions have**

737

738 **contributed to the:**

739

740 **1. Improve the sustainability of the joint programme**

741

742 **2. Improve the opportunities for scaling up or replication of the joint programme**
743 **or any of its components**

744

745 **3. Providing information to beneficiaries/right holders**

746

737 The overall objective of the communication plan is premised on achieving the three (3) immediate
738 programme outcomes of the JP, such as 1) increased exclusive breastfeeding rate in the JP areas
739 by 20 per cent, 2) reduced prevalence of undernutrition by at least three per cent among children
740 6-24 months old by 2012, and 3) improved capacities of national and local government and
741 stakeholders to formulate, promote, and implement policies and programs on IYCF.

742
743 The communication process used the communication for behavioural impact (COMBI); and the
744 communication for development (C4D) approaches, which underscore community and
745 stakeholder participation, ownership, sustainability, and evidence-based planning. Specifically,
746 the COMBI was used to develop a national campaign on EBF; the C4D approach, on the other
747 hand, was used in developing the National IYCF Communication Strategy, which covered both
748 EBF and complementary feeding.

749
750 Targeted as audience were key officials of national government agencies, LGUs, legislators,
751 media and individual citizens, specifically pregnant and lactating women, and families.

752
753 Prominent outreach activities in JP areas included promotion of programme through local media
754 particularly during joint missions and by word of mouth of partners, volunteers, and support
755 groups. In areas where mass media was not the main tool for communication, MDG-F 2030 and
756 its advocacy was promoted through group meetings, mother's classes and special events like
757 photo exhibits, fora for pregnant women, mother and baby days as implemented in JP areas. E-
758 media such as social networking was also used including the DOH Breastfeeding TSEK Facebook
759 fan page, the NNC fan page, the DOH and NNC websites and UN Country Team websites, and
760 blogsites of blogger friends and advocates.

761
762 Communication activities at the community level covered specific messages related to IYCF. As
763 per the endline survey, mother respondents were able to correctly answer questions on: the
764 importance of initiating breastfeeding within an hour after delivery (91.1 per cent), the sufficiency
765 of breastmilk alone from birth up to 6 months (90.5 per cent), frequent breastfeeding as stimulant
766 for more milk production (92.9 per cent), EBF providing protection from many illnesses (93.4
767 per cent), the need to give a child a diverse diet after six months (90.9 per cent).

768
769 **F. Please report on scalability of the joint programme and/or any of its components**

- 770
771 **1. To what extent has the joint programme assessed and systematized development**
772 **results with the intention to use as evidence for replication or scaling up the joint**
773 **programme or any of its components?**
774 **2. Describe example, if any, of replication or scaling up that are being undertaken**
775 **3. Describe the joint programme exit strategy and assess how it has improved the**
776 **sustainability of the joint program**

777
778 The JP interventions mainly complemented ongoing national programmes; and as such there was
779 quite a significant leveraging of funds and services at the regional and national level. Counterpart
780 resources provided were estimated at \$3,016,141 or 86 per cent of the MDG-F contribution.

781
782 National government agencies continue to be committed to implement initiatives jointly. The
783 coordination groups of the JP at national and local level continuously provide venues for
784 consultative processes and decision-making, ensuring sustainability through joint programming.

785
786 Components of the JP have been integrated in the EU-UNICEF's Maternal and Young Child
787 Nutrition Security Initiative in Asia (MYCNSIA), the IYCF Strategic Plan for 2011-2016 and in
788 the NNC budgetary forward estimates. The COMBI on EBF will be scaled up by the National

789 Center for Health Promotion of the Department of Health to cover all highly urbanised cities in
790 the country in a phased implementation scheme. Furthermore, the IYCF agenda is an important
791 part of the country's strategy for nutrition improvement as embodied in the Philippine Plan of
792 Action for Nutrition 2011-2016, which was approved by the National Nutrition Council
793 Governing Board during its 12 January 2012 meeting.

794
795 The EWS-FNS is currently being expanded in 5 municipalities in Camarines Sur under the
796 MCYNSIA project. As reported in the mid-term evaluation, the concept of the EWS is replicable
797 and can be adapted in other municipalities. Given the potential for its adaptation, the NNC is also
798 targeting to cover additional municipalities in 2014. Furthermore, there are plans to adopt the
799 EWS as a tool for assessing food security at the municipal level. The WFP is also currently
800 piloting the EWS-FNS in CAR and ARRM in partnership with the Department of Social Welfare
801 and Development.

802
803 The close linkages of the JP interventions with ongoing government programmes provided a very
804 solid basis for sustainability. For example, peer counselling for EBF was very likely to be
805 continued because the activities were implemented through existing structures and systems of the
806 government's localised health care delivery system consisting of BHWs and BNS. In addition,
807 almost all the intervention components had established local technical working groups, which
808 were likely to continue the activities of the JP.

809
810 The JP areas have also developed exit strategies and sustainability plans for their respective city
811 or municipality. The 32 COMBI LGUs have also submitted sustainability plans to continue the
812 promotion of and support to breastfeeding. These plans have high potential for continuity
813 because of the effective engagement and support of the local government at the highest levels. In
814 Naga City for example, the Mayor was involved in several JP activities, including the information
815 and awareness activities. In all JP areas, several ordinances and resolutions were passed in
816 support of, and as a result of the JP interventions.

817
818 Among others, the exit strategy involved the presentation of JP accomplishments and tools to
819 various groups, specifically those who can help ensure the sustainability of JP initiatives, e.g.
820 local officials, the NEDA Social Development Committee-Technical Board. The end-program
821 event during which JP accomplishments and tools were presented purposively included
822 participants from provinces covered by the UNICEF-EU Maternal and Young Child Nutrition
823 Security Initiative in Asia Project, which could help in replicating JP initiatives in project areas.

824
825

826 IV. FINANCIAL STATUS OF THE JOINT PROGRAMME

827

828 A. Provide a final financial status of the joint programme in the following categories: (as of
829 of 31 July 2013)

830

UN Agency	Total Approved Budget ^a	Total Budget Transferred ^b	Total Budget Committed ^c	Total Budget Disbursed ^d
UNICEF	1,620,413	1,514,405	30,713	1,483,691.58
			2.0%	98%
WHO	941,498	879,905	9,081	870,824
			1.0%	99.0%
WFP	428,000	400,000	12,000	388,000
			3.0%	97.0%

UN Agency	Total Approved Budget ^a	Total Budget Transferred ^b	Total Budget Committed ^c	Total Budget Disbursed ^d
FAO	222,757	208,184	6,477	173,775
			3.1%	83.5%
ILO	287,332	268,535	24,706	243,828
			9.2%	90.8%

a – inclusive of indirect cost.

b, c, d – exclusive of indirect cost

831
832
833
834
835

b. Explain any outstanding balance or variances with the original budget

836 The undisbursed funds of UNICEF are earmarked for the endline survey and will be disbursed on
837 submission of the revised report.

838 The undisbursed funds of WHO is being processed for payment to UNCO for the MDGF-F JP
839 culmination activity held last 19 March 2013. This is expected to be paid / disbursed before end
840 of August 2013.

841 The remaining balance for FAO is already committed for technical and administrative services
842 which are expected to be paid by end of September 2013

843
844

V. CERTIFICATION ON OPERATIONAL CLOSURE OF THE PROJECT

845

846 By signing, Participating United Nations Organizations (PUNO) certify that the project has been
847 operationally completed.
848
849

PUNO	NAME	TITLE
UNICEF	Mr. Tomoo Hozumi	Country Representative
WHO	Dr. Julie Lyn Hall	WHO Representative
WFP	Mr. Praveen Agrawal	Country Director
FAO	Mr. Aristeo A. Portugal	Assistant FAO Representative
ILO	Mr. Lawrence Jeff Johnson	Director

850
851

VI. ANNEXES

852

853

- 854 A. List of all document/studies produced by the joint programme
855 B. List all communication products created by the joint programme
856 C. Minutes of the final review meeting of the Programme Management Committee and
857 National Steering Committee
858 D. Final Evaluation Report
859 E. M&E framework with update final values of indicators

ANNEX 1

List of all document/studies produced by the joint programme

860
861
862

Title	Description	(Print/electronic/ media)
<p>1. Compendium on Good Practices on Exclusive Breastfeeding in the Workplace (2011)</p>	<p>This is an essential resource for implementing partners, specifically looking at: <i>a)</i> Exclusive breastfeeding practices in the workplace by establishments and workplace stakeholders in the 3 Joint Programme areas and <i>b)</i> Initiatives of pioneering establishments and individuals as seeds of best practices.</p> <p>It includes a cursory survey of participating establishments represented during the “Regional Consultations on Interventions to Promote Exclusive Breastfeeding in the Workplaces”, with workplace support for lactating mothers (whether in the context of promoting maternity protection, family welfare concerns and breastfeeding under Family Welfare Program or other in-plant mechanisms) and existing good practices of establishments which have responded to the need for workplace support for lactating mothers who wished to continue breastfeeding after returning to work from maternity leave, even without the force of legal compulsion under RA 10028. The paper also profiled individuals who are dedicated breastfeeding advocates and champions.</p>	<p>Electronic</p>
<p>2. Documentation Reports of the Sub-Technical Working Group on Exclusive Breastfeeding Strategic Planning and Assessment</p>	<p>Compilation of reports on the Strategic Planning and Assessment (2011 and 2012) conducted by the Sub-Technical Working Group on Exclusive Breastfeeding in the Workplace which contributed primarily to strengthening social partnerships, collaborations, mechanisms and processes for project implementation.</p>	<p>Electronic</p>

Title	Description	(Print/electronic/ media)
3. Process Documentation Report highlighting workplace good practices, viability and economic benefits of promoting breastfeeding in the workplaces	Documentation report on what transpired during the “National Conference on Practices Promoting Exclusive Breastfeeding in the Workplace (February 2013)”	Electronic
4. Process Documentation Report on the Learning Session on RA 10028	Consolidated information on various learning sessions organised to help address Frequently Asked Questions (FAQs) on the law and its Implementing Rules and Regulations.	Electronic
5. Baseline Study on Practices and Promotion of Exclusive Breastfeeding Among Workers in the Informal Sector in the three Joint Programme Cities conducted by the National Anti-Poverty Commission	This study looked into existing or previous initiatives and practices that support lactating women in the informal sector to practice breastfeeding.	Electronic
6. Baseline Survey on Breastfeeding in the Workplace conducted by the Employers’ Confederation of the Philippines among participating companies to set up Exclusive Breastfeeding in the Workplace/ IYCF in the Workplace programmes in three JP cities	This study looked into existing interventions on breastfeeding/ maternity protection/ family welfare and assessed and determined the level of awareness, needs and readiness of participating establishments in the three JP cities (Iloilo, Naga, Zamboanga). The results of the study were used as basis in designing and developing concrete and appropriate EBFW programs and tools.	Electronic
7. Documentation reports on the All Workers and All Employers Forum on RA 10028	Documentation reports on “All Employers and All Workers Forum on RA 10028” organized by the Sub-TWG on EBFW	Electronic
8. Process Documentation Reports on National and Regional Consultations on Interventions to Promote Exclusive Breastfeeding in the Formal and Informal Workplaces (2010)		Print

Title	Description	(Print/electronic/ media)
9. Assessment of policies related to infant and young child feeding practices		Electronic
10. Baseline and endline surveys	The surveys generated quantitative information on key JP indicators at baseline and endline. The surveys also included a qualitative component that explored various dimensions of IYCF practices as well as concerns related to counseling and other related interventions.	Electronic

863
864
865
866

ANNEX 2

List all communication products created by the joint programme

	Title	Description	(Print/electronic/ media)
Advocacy and communication materials	1. Facebook fan page on exclusive breastfeeding featuring its brand, Breastfeeding T(<i>tama</i> or right) S(<i>sapat</i> or adequate) EK(<i>eksklusibo</i> or exclusive)	This is a fan page at Facebook that allows the sharing of information and experiences on breastfeeding	Social media
	2. Evidence-based social marketing and advocacy materials for use of LGUs	A compilation of audio-visual materials (video, PowerPoint presentations, montage, posters) that LGU health workers can adopt and use to promote/advocate exclusive breastfeeding among mothers/ families and to local government officials for support	Electronic
	3. Breastfeeding TSEK! Advocacy kit	Multi-colored brochures for different target audiences (individuals and organizations both public and private) such as medical and allied professions and societies; business sector, community and local government units to enable them to support, promote and protect breastfeeding. These brochures are inserts in an attractive folder showing a family (breastfeeding mother, father, older sibling)	Print
	4. “Breastfeeding Welcome Here” Initiative to engage private sector partners to promote and support breastfeeding	“Breastfeeding Welcome Here” brochures for orienting the business sector/ private establishments on how they can promote and support breastfeeding anywhere and anytime so mothers can be supported to breastfeed their babies exclusively	Print and visual

	Title	Description	(Print/electronic/ media)
	5. Project Flyer on Promoting Exclusive Breastfeeding in the Workplace	Brief description of the project	Print
	6. Exhibit Panels for the Culminating Activity	Photos highlighting good practices on the promotion of EBF in the Workplace	Photos
	7. Multiple micronutrient powders (MNP)	Description of the MNP and its nutritional importance in the first 1000 days of life and how the supplementation program was done in Zamboanga City. Describes government action to scale up the program at national level.	Video
	8. Complementary Feeding and Use of MNP	CHD Director, NNC Program Coordinator and LGU Counsellor discussing the importance of complementary feeding and the availability of MNP to enhance nutrient content of foods for infants and young children.	Video (shown in local cable network in Zamboanga City)
Education materials (for beneficiaries) e.g. leaflets, posters materials	1. Complementary Foods for 6 Months and Up: A Collection of Recipes	This recipe booklet is a compilation of recipes contributed by the mothers in different JP areas through a participatory cooking session. The recipes developed are the usual complementary foods given to children 6 months and up that make use of the locally available foods. The recipes were improved to be more nutritious taking into consideration guidelines for appropriate complementary feeding.	Print
	2. DOLE flyer on setting up a lactation station	Provides information for workplaces on the establishment of lactation stations in the context of the Family Welfare Program of the Department of Labor and Employment (DOLE)	Print

	Title	Description	(Print/electronic/ media)
	3. Counselling cards on infant and young child feeding.	This is the Philippine adaptation of the counselling cards developed by UNICEF. Each card contains a message related to infant and young child feeding. The use of the cards involves the peer counselor and the mother jointly exploring what the picture in the card means and how the message can be applied in the situation of the mother.	Print
	4. Leaflets: use of Vita Nutrient Mix (micronutrient powder)	Information material on Vita Nutrient Mix, its benefits and proper utilisation at household level. Distributed to mothers of children 6-23 months together with the box containing the Vita Nutrient Mix.	Print
Technical guidance and training	1. Guide on Mobilization of Community Support Group for Infant and Young Child Feeding (IYCF) Program	This is a guide primarily for midwives on mobilising communities to participate in efforts to promote appropriate infant and young child feeding practices. It aims to address the knowledge and skills gap on community mobilization among health workers. Its ultimate aim is to engender community participation and ownership in IYCF-related activities.	Print
	2. Executive Summary Report on Tripartite Partners Position on RA 10028 vis-à-vis pending bills amending the Milk Code and RA 10028	A consolidated report on the positions on the pending bills which were presented to Legislators to raise their awareness on the potential impact of the said bills to the labour sector.	Electronic
	3. Monitoring and Evaluation Tool for LGUs with programs promoting EBF for Workers in the Informal Economy developed by NAPC	This is a tool developed to help measure the impact of EBF interventions at the LGU and workers level.	Electronic

	Title	Description	(Print/electronic/ media)
	4. National Guidelines on Human Milk Banking	This provides standard operational guidance to health institutions and workers on how to establish and manage a human milk bank in a tertiary hospital setting. The guidelines are supported by a training manual for human milk bank personnel on the best practices of handling human milk and educating breast milk donors.	Print
Training materials (for service providers)	1. Training Reference Manual for training peer counselors on breastfeeding counselling	Trainer's reference guide for health workers to train volunteer peer counselors on breastfeeding counseling of mothers at community level. Includes session on importance and benefits of breastfeeding to babies and mothers; risks of infant formula feeding; common concerns in breastfeeding, proper latching, positioning, expressing/ storing of breastmilk and basic communication and counseling skills as well as information on Executive Order 51 or the Philippine Milk Code	Print
	2. Training manual on human milk banks	This manual is used for training human milk bank personnel on the best practices of handling human milk and educating breast milk donors. It is based on the National Guidelines on Human Milk Banking.	
	3. Manual for the Complementary Feeding of Young Children	This training manual will be useful for frontline health and nutrition workers. This manual highlights the use of a participatory approach of conducting cooking sessions called <i>Recipe Trials</i> , the objective of which is to better understand the feeding practices of mothers, and share experiences on good practices.	Print

	Title	Description	(Print/electronic/ media)
		The manual will also be useful in training health and nutrition workers on developing counselling skills by encouraging the mothers to try good practices for complementary feeding.	
	4. Developing an Early Warning System for Food and Nutrition Security (EWS-FNS)	This training manual is intended for use by program planners at the local level. The EWS-FNS aims to build the capacity of local officials and implementers in collecting existing food and nutrition security related indicators, analyzing and utilising data, and reporting the results. Program planners can then use the output of the system to prioritize interventions and resource allocation to ensure timely interventions in cases of an impending food crisis in the municipality.	Print and CDs
Videos	1. Multiple micronutrient powders		Audio-visual presentation
	2. Breastfeeding in the workplace		Audio-visual presentation

867
868
869
870
871

ANNEX 3

Minutes of the final review meeting of the
Programme Management Committee and National Steering Committee
(Please see separate document and file)