

GEOGRAPHICAL PRIORITY AREAS



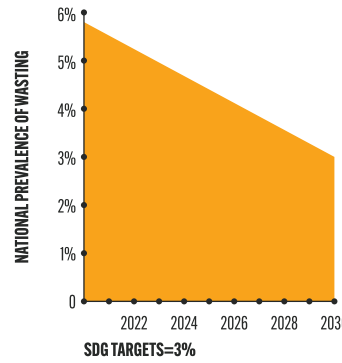
The Philippines is one of the most disaster-prone countries in the world. Among 180 countries, it is ranked as 9th for having the highest risk of a disaster. Disasters impact levels of childhood wasting because the threat of developing this form of malnutrition increases during and after humanitarian emergencies. Over the past decade, the Philippines has decreased their rates of wasting and they would like to maintain these gains independent of the threats of future disasters, the secondary impacts of the Covid-19 pandemic as well as the other determinants of malnutrition.

Coupled with natural and human-made disasters, there are basic and underlying causes of malnutrition, including wasting, in the Philippines. At the household or family level, this includes insufficient access to healthy foods, inadequate caring and feeding practices, poor water, sanitation, food safety, and inadequate health services. At the societal level, this includes poor/inadequate access to the food supply, low income, poverty, inadequate maternal education, lack of food and health systems, poor water supply as well as road infrastructure limiting the overall access and flow of resources. When the causes of malnutrition are more indirect, there is a wider population group that is affected.

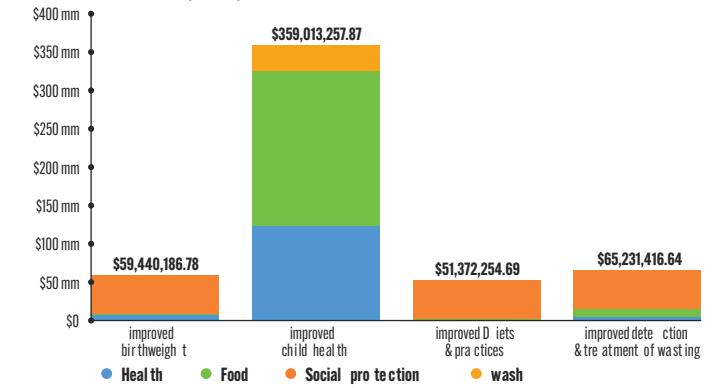
According to the latest Expanded National Nutrition Survey (ENNS), results showed that rates of malnutrition, particularly stunting and wasting, remain very high. Stunting declined slowly from 33.4% in 2015 to 28.8% in 2019 whereas there was more progress made with wasting. From 2013 to 2019, the rates of wasting decreased from 8.1% to 5.8%. This latter rate is nearing the SDG and PPA 2017-2022 targets. Micronutrient deficiencies also persist – anemia among children 6-59 months old has decreased from 32.5% in 2003 to 12.5% in 2019. Undernutrition accounts for 38% of annual child deaths and the heavy economic toll includes an annual loss of \$667M from the forgone workforce due to child mortality. Altogether, the country has seen economic growth in recent years but any progress on the nutrition indicators is still lagging.

To combat wasting, the Department of Health (DOH), with UNICEF's technical support, led the development of national wasting guidelines. This work led to the 2015 release of the National Guidelines for the Management of Acute Malnutrition for children under 5 years and the Manual of Operations (MOP) for SAM Management. The World Food Program (WFP) provided technical support to the DOH in developing the MOP for MAM Management.

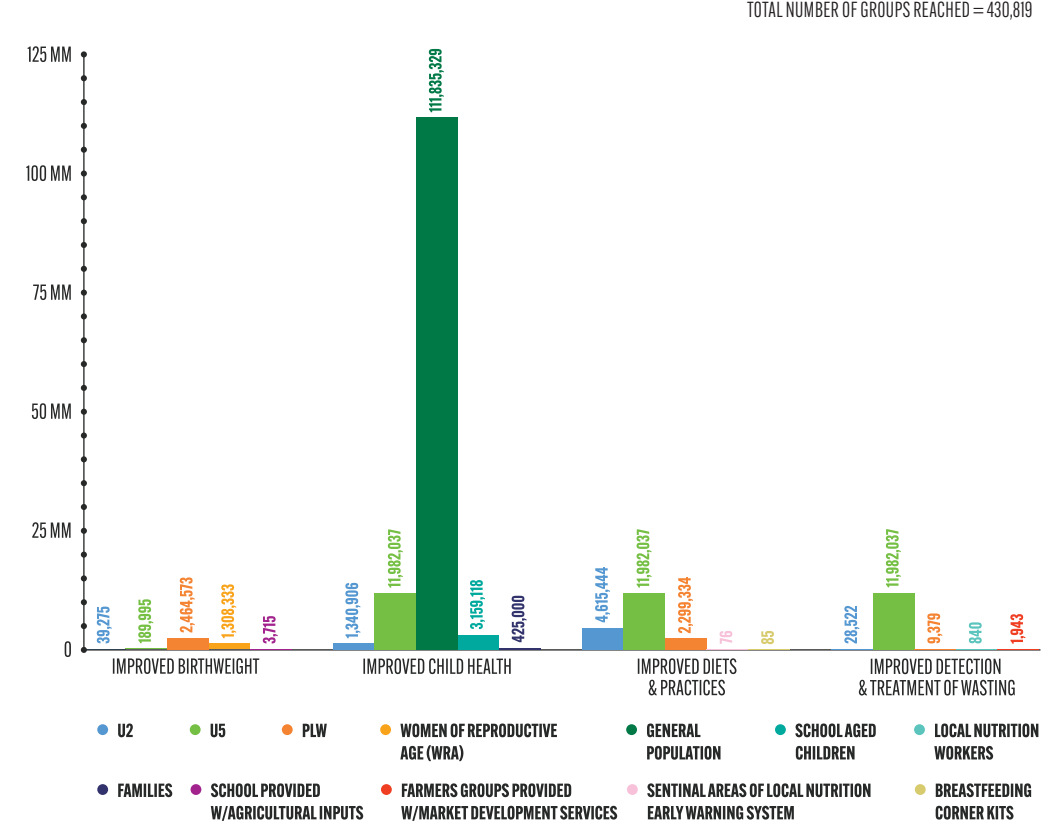
REACHING THE SDG TARGET BY 2030



ANNUAL COST (USD)



TARGET POPULATION GROUPS



By 2025

- **REDUCE LOW BIRTHWEIGHT TO 10.2%**
- **INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 86.9%**
- **INCREASE THE COVERAGE OF TREATMENT SERVICES BY 50% FOR CHILDREN WITH WASTING**
- **IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR ALL**

OUTCOME 1 REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Implementation of AO 2016-0035 on the Provision of Quality Antenatal Care:</p> <ol style="list-style-type: none"> 1. Pregnancy tracking and enrollment to antenatal care services (ANC) 2. Regular follow-up to complete the recommended minimum number of quality ANC care visits with proper management referral for high-risk pregnancies 3. Nutrition, WASH, smoking cessation and infection prevention (including malaria and STI's) education and counseling integrated in quality ANC visits 4. Multiple micronutrient supplementation and deworming <p>Supplement non-pregnant, non-lactating adolescents and women with Iron Folic Acid Supplementation (IFA):</p> <ol style="list-style-type: none"> 1. 1 tablet weekly for non-pregnant, non-lactating adolescents and women 2. Starting at least 3m prior to conception for women planning pregnancy <p>Weekly Iron Folic Acid supplementation for Grade 7 to 10 female adolescents. Supplementary feeding of pregnant and lactating women including teenage pregnant mothers.</p>
FOOD	<p>Rice fortification with iron is enforced. Provision of supplemental food to pregnant women for 90 calendar days. Provision of agriculture inputs (i.e. garden tools, seeds). Linked to increased dietary diversity/reduced wasting in school-aged children.</p>
SOCIAL PROTECTION	<p>Conditional Cash grants to pregnant women (pregnant women is an eligibility criteria in the targeting) accompanied by attendance to 4Ps Family Development Sessions; pre and post natal visits in health facilities.</p>

OUTCOME 3 IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>IYCF counselling on breastfeeding. IYCF counselling on complementary feeding. Enforcement of Milk Code. Integration of IYCF services into routine health service delivery/catch up services (vaccination). Strong SBCC (Strategic communication developed for the mass communication sector). Strengthen EENC or Umang Yakap implementation:</p> <ol style="list-style-type: none"> 1. immediate and thorough drying, 2. early skin-to-skin contact followed by, 3. properly-timed clamping and cutting of the cord after 1 to 3 minutes, and 4. non-separation of the newborn from the mother for early breastfeeding initiation and rooming-in <p>Tracking of development of children. Community follow up for Kangaroo Mother Care (KMC) services.</p>
FOOD	<p>Establish/strengthen early warning system for emergency preparedness and response. To provide information to decision-makers and members of the local nutrition committee on:</p> <ol style="list-style-type: none"> 1. Trends on the food and nutrition situation 2. Causes and associated factors of food and nutrition insecurity 3. Possible interventions to respond to identified issues and concerns (National Food and Nutrition Strategy, (7th draft) 2019)
SOCIAL PROTECTION	<p>Provision of supplemental food to children 6-23 months for 180 days. Provide conditional cash transfer to poor, vulnerable households (members must included persons aged 0-18 years or pregnant at the time of registration) through the national poverty reduction strategy and human capital investment program the 4 Ps (the Pantawid Pamilyang Pilipino Program). The healthy/ nutrition grant component includes healthy/ nutrition promotion to improve the health and nutrition status of vulnerable pregnant & post-partum mothers and young children. Provision of ready to eat complementary as part of the family food pack for young children 6mos to 2 years. Availability of breastfeeding corner in evacuation centers during emergency and disasters. Provision of medical services, WASH, NIE, and Mental Health and Psychosocial Support Services (MHPSS).</p>

OUTCOME 2 IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Implementation of four time-bound Essential Newborn Care (ENC) interventions:</p> <ol style="list-style-type: none"> 1. immediate and thorough drying, 2. early skin-to-skin contact followed by, 3. properly-timed clamping and cutting of the cord after 1 to 3 minutes, and 4. non-separation of the newborn from the mother for early breastfeeding initiation and rooming-in <p>Updating and Revitalization of the Integrated management of childhood illness (IMCI). Early Detection and Prompt Treatment through a strengthened case-finding mode. Quality case management of sick children by health worker. Conduct of routine immunization for infants/children/women through the Reaching Every Barangay (REB) strategy/Deployment of physicians, nurses, midwives, and allied health professionals. Provision of primary care preventive services, diagnostic examinations, drugs and medicines.</p>
FOOD	<p>Enhance food safety in the primary production and post harvest stages of food supply chain. Complementary foods for 6-23 months children (17 regions - 34 functional production facilities). Provision of supplementary food to wasted children in schools. Provision of supplementary food to wasted children in day care centers.</p>
WASH	<p>Accessibility to WASH services in all health care facilities. Implementation of DepEd WASH in school program:</p> <ol style="list-style-type: none"> a. Health Care Supplies (Health Kits) <p>Provision of Personal Hygiene and Cleaning kits; Training Child Development Workers on WASH. Providing access to safely managed water and sanitation services. Provide essential services on WASH.</p>

OUTCOME 4 IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Integrate Integrated Management of Childhood Illness (IMCI) with First 1,000 Days of Life (FIKD) Manual of Procedures. Integrate PIMAM with IMCI, EPI and other routine child health interventions. Capacity building for mainstreaming nutrition protection in emergencies. Support early response and implementation of nutrition during disasters and emergency situations. In-service training of health care providers at all levels on the management of acute malnutrition SAM (ITC, OTC), MAM and community level. Improve quality of care of SAM (ITC and OTC) and MAM through monitoring and supportive supervision. Pre-service training and dissemination of the Hospital Nutrition and Dietetics Service Management Manual where management of acute malnutrition is included. Update pre-service training of frontline workers to comprehensively address wasting and Nutrition in general. Development of guidelines for PIMAM integration in the UHC and support to LGUs and Service Delivery Networks/Health Care Provider Networks. Quality Analysis, Adaptation of use of MUAC. Improvement of active-case finding through capacity building of health volunteers and other community members including family members. Training and capacity building of frontline workers and communities on active case finding through PIMAM trainings and Job aids. Enhance guidelines to include simplified approaches evidence generated. Development/update of guidelines/manual of procedures on PIMAM (SAM and MAM). Development of PIMAM training materials including pre-service, E-learning curricula and job aids. Inclusion of the collection and analysis of PIMAM indicators in government-led information systems health, social protection and education systems (e.g. FHSIS, HOMIS, FIKD RS, OPT, SWID etc.). Capacity building of frontline workers and data officers on nutrition data management. Development of real-time reporting platform (DDK, ONA). Evidence generation on the use of simplified approaches e.g.: Family MUAC, Single Product use, reduced dosage and use of community health workers for case management. Development of Nutrition Supply Chain Management guide and capacity building on supply chain management. Establishment of a real-time supply chain mechanism for nutrition commodities. Establishment of Nutrition Supply Chain Working Group. Enhancement of Facilities capacity to manage nutrition commodities e.g. RUTF, F-75 to ensure consistent availability of commodities.</p>
FOOD	<p>Linking of farmers for procurement of fresh commodities.</p>
SOCIAL PROTECTION	<p>Provide conditional cash transfer to poor, vulnerable households (with members aged 0-18 years or pregnant at the time of registration) through the national poverty reduction strategy and human capital investment program the 4 Ps (the Pantawid Pamilyang Pilipino Program). Family Development Sessions or FDS as one of the program components that provides its partner beneficiaries with a venue to enhance and acquire new skills and knowledge in responding to the needs of their family. Integration of wasting indicators on SWDI, Review and Assess FDS Module.</p>