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National Nutrition Policy and Plan of Action : Instruments for Philippine Development

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Philippine Geography, History and Other Information

The Philippine archipelago lies strategically within the arc of nations that sweep southeastward from mainland Asia to Australia, spanning 1,094 kilometers from west to east. From north south, this tropical archipelago stretches to more than 1,700 kilometers toward the equator. Taiwan, Hongkong and China surround the Philippines on the north ; further north is Japan ; on the west are other Southeast Asian countries such as Malaysia, Thailand and Singapore ; Southwest is Borneo ; and on the southernmost part is Indonesia. To the east and south, the waters of the Pacific Ocean sweep its headlands, looking out toward Micronesia and Polynesia, while on the western shore is the South China Sea.

The archipelago is composed of 7,107 islands, many of which are still uninhabited. It has a total land area of 30,000 square kilometers, 92 percnt of which is found in the 11 largest islands. There are three major island groups : Luzon, the largest island situated in the north accounts for 47 percent of the land area ; Mindanao in the south has 34 percent of the total land area ; and the Visayas, a group of smaller islands between Luzon and Mindanao, which constitute the remaining 19 percent of the land area. Metro Manila, in Luzon, is the seat of government, and the heart of the country's business, economic, social and cultural activities. It is the major crossroads of international trade and commerce.

Administratively, the Philippines is divided into 15 regions as follows :

LUZON
National Capital Region(NCR)
Cordillera Administrative Region(CAR)
Region 1 – Ilocos Region
Region 2 – Cagayan Valley
Region 3 – Central Luzon
Region 4 – Southern Tagolog
Region 5 – Bicol
VISAYAS
Region 6 – Western Visayas
Region 7 – Central Visayas
Region 8 – Eastern Visayas
MINDANAO
Region 9 – Western Mindanao
Region 10 – Northern Mindanao
Region 11 – Southern Mindanao
Region 12 – Central Mindanao
Autonomous Region in Muslim Mindanao-(ARMM)

The next lower administrative units are provinces, cities and municipalities. Barangays are the smallest political subdivisions in the county. At Present, there are 78 provinces, 63 cities, 1,535 municipalities and some 42,000 barangays.

The archipelago has a diverse topography and climate. The mountain ranges which traverse the major islands are contrasted sharply by adjacent valleys and plateaus. Because of their topography and geographic location, the provinces are exposed to varying climatic

conditions and degree of weather disturbances. The northeastern parts of Luzon and the Bicol region are generally wet and more vulnerable to typhoons. On the whole, the Visayas have more rainy days than Luzon and Mindanao. Mindanao is almost free from typhoons, which makes agriculture a very valuable industry in that island.

The Philippines became a republic in 1946. Over the years, development has not been distributed equitably among regions and provinces within a region. Infrastructure and development efforts have been concentrated in Metropolitan Manila and its environs, and selected areas. Because of the locational advantage of Metropolitan Manila, economic and social policies in the past administrations have been biased, resulting in its rapid industrialization. Later, and overspill of economic development was seen in the neighboring provinces. Uneven development and perceived economic opportunities in urban centers stimulated rural-urban migration and the continued influx of migrants has exerted pressure on the urban resources and environment.

As with economic development, social development has not been equitably distributed among geographic units in the country. Although the national level of literacy has improved from 83 percent for persons aged 10 and over in 1970 to 94 percent in 1990, pockets of literacy are still prevalent in remote barangays of nearly all provinces. There are wide differnces in the economic participation between males and females. Gender differentials in education, however, are minimal. In fact, in terms of higher educational attainment, females have an advantage over males.

The 1990 Census of Population reported a total population of 60.7 million, about half(39 million) of whom live in urban areas, an increase in 11 percentage points from 1980(Table 1). The population growth rate has been declining at a slow pace, from 2.7 percent during the intercensal period 1970-1980 to 2.35 percent in 1980-1990.

The Philippine population is unevenly distributed over the 15 regions. In 1990, the National Capital Region, which accounted for only 0.2 percent of the total land area, had 13 percent of the total population, surpassed only by the Southern Tagalog Region which registered 14 percent of the total population. The least populated regions are Cordillera Administrative Region, Bicol, eastern Visayas, Western Mindanao and central Mindanao, which at the same time are experiencing a relatively high level of social unrest.

The slow decline in population growth has partly

Table 1. Demographic indicators, Philippines 1970-1990

Indicator	1970	1980	1990
Population(millions)	36.7	48.1	60.7
Density(pop./sq.km)	122	160	202
Urban population(percent)	31.8	37.3	48.7
Rate of annual increase(percent)	3.08	2.74	2.35
Population doubling time(years)	23	26	30
Crude death rate(per 1,000 pop)	39	36	29
Crude death rate(per 1,000 pop)	10	9	7
Total fertility rate	5.1	4.7	4.1
Infant mortality rate	63	63	57
Life expectancy at birth, both sexes(years)	55.9	61.6	64.8

Sources : 1990 Census of Population and Housing Report No. 3
1980-based projection
Flieger. n.d.
Task Force on Infant Mortality Rate
UP Population Institute. Baseline Estimation Project

been brought by a decline in both fertility and mortality levels. In 1970, the crude birth rate was estimated at 39 births per 1,000 population, dropping slightly to 36 in 1980 and 29 in 1990. The total fertility rate for women 15-49 years dropped by one child in two decades, from an estimated level of 5.1 children in 1970, to 4.7 in 1980 and 4.1 in 1990.

The Philippine Nutrition Situation

The country's nutrition situation is assessed and monitored through the conduct of nationwide nutrition surveys every five years. These surveys collect, process and analyze data on body measurements (height and weight of children and adults) ; physical changes associated with good and poor nutrition ; food consumption ; and chemical analysis of blood samples. Starting from 1989-90, anthropometric surveys were done almost every year to provide information for years when there are no surveys. These surveys have provided hard data on the nutritional situation of the Philippines over the years. In addition, surveys conducted by other agencies have also provided invaluable data on nutrition. The latest and fourth national nutrition survey was conducted in 1993 by the Food and Nutrition Research Institute of the Department of Science an Technology, the research arm of the national nutrition program.

The survey indicates an overall improvement in the country's nutrition situation. However, the relatively low percentage of the population affected by various forms of mulnutrition still equates to millions of the Filipino population. The following nutrition problems were gathered to be existing in the Philippines :

A. Chronic Dietary Energy Deficiency

Chronic dietary energy deficiency persists as a major public health problem in the country. In both the 1978 and 1982 national nutrition surveys(the food consumption survey results of the 4th national nutrition survey are still being processed), energy intake of Filipinos was inicated at about 1800 Kcal per capita per day(Table 2). Compared to recommended dietary allowances, the caloric intake in 1987 represented only 87.1 percent of the requirement. The very low energy level arose from a low proportion of fat in the diet which comprises only 15 percen of dietary energy, a far cry from the 20-25 percent prescribed in the Philippine RDA. Chronic dietary energy deficiency is particularly alarming among 6 months to 6 years old preschool children and among pregnant and lactating women.

B. Protein-Energy Malnutrition(PEM)

1. Among children, 0-6 years old, 8-4 percent are underweight-for-age, 5.l6 percent are stunted or underheight-for-age, while 6.2 percent are wasted or underweight-for-height(Table 3). Compared to 1987 survey results, there was a significant decrease in underweight children ; a highly significant decrease in stunted children, and an increase, although insignificant, in wasted children.

Table 2. Mean one-day per capita nutrient intake and percent adequacy : Philippines, 1978, 1982 and 1987

	Nutrient and Particulars		
	1978	1982	1987
Energy			
Intake(kcal)	1,804	1,808	1,753
% Adequacy	88.6	89.0	87.1
Iron			
Intake(mg)	10.6	10.8	10.7
% Adequacy	88.3	91.5	91.5
Retinol Equivalent			
Intake(mg)	–	–	389.7
% Adequacy	–	–	75.9
Thiamin			
Intake(mg)	0.73	0.74	0.
% Adequacy	70.7	71.8	66.7
Riboflain			
Intake(mg)	0.53	0.58	0.
% Adequacy	50.9	56.3	54.4
Fats			
Intake(g)	28	30	30

Source : FNRI National Nutrition Surveys 1978, 1982 and 1987, DOST

Table 3. Prevalence of protein-energy malnutrition, Philippines, 1987 and 1993

Indicator	Prevalence (Percent)	
	1987	1993
Protein-energy malnutrition, children 0-6 years old		
● underweight-for-age	9.9	8.4
● stunting or underheight-for age	8.2	5.6
● wasting or underweight-for-age	5.5	6.2
Protein-energy malnutrition, children 7-10 years old		
● underweight-for-age		7.0
● stunting or underheight-for-age		5.6
● wasting or underweight-for-age		7.7
Protein-energy malnutrition, adults, 20 years and over		
● underweight males		11.5
● underweight, females		16.1
● overweight, males		12.7
● overweight, females		15.2
● obese, males		1.7
● obese, females		3.4

2. There have been considerable improvements in the nutritional status of school-age(7-10 years) children. Only 7.0% of school-age children were found to be underweight ; stunting was found in only 5.6% ; meanwhile, wasting was found in 7.7% of school-age children.

3. Among adults, 11.5 and 16.1% of males and females are underweight, respectively ; 12.7 and 15.2% of males and females are overweight, respectively ; and 1.7 percent and 3.4 percent of males and females are obese, respectively. Having more overweight and obese adults than underweight adults suggest that overnutrition may be an emerging problem.

C. Micronutrient Deficiencies

1. *Endemic Goiter.* A highly significant increase of goiter prevalence, indicative of iodine deficiency disorders, from 3.5 percent in 1987 to almost double(6.9 percent) in 1993 was noted(Table 4). The problem therefore, may not only be endemic but becoming serious in the country as a whole. Goiter prevalence was noted to be higher among females, specially those either pregnant or lactating. Urban subjects showed higher goiter prevalence.

2. *Nutritional Anemia.* Iron deficiency anemia is perhaps the most prevalent nutritional deficiency in the country. Although the alarming rate of 37.2 percent in 1987 decreased to 28.9 percent in 1993 this is still translated to 19 million Filipinos affected. Found most afflicted with this condition were infants aged 6 months to less than 1 year, elderly, pregnant women, and lactating women. Anemia prevalence is higher in rural areas than in urban areas. Compared to the 1987 survey results, anemia prevalence decreased significantly as a whole and among all the age groups except for the elderly and pregnant women where the decrease was not significant. Iron deficiency anemia is due largely to dietary inadequacy ; 90 percent of the iron in the diet comes from vegetable sources where the iron is inefficiently absorbed. Another contributory factor to the high prevalence of anemia in the population is the high prevalence of intestinal parasitism among the populace, causing significant intestinal blood loss.

3. *Vitamin A Deficiency.* Clinical signs of Vitamin A deficiency indicate a low(compared to WHO standard) national prevalence and an improvement over 1987 levels(Table 5). While the national prevalence of xerophthalmia and the results of biochemical survey seem to indicate that vitamin A deficiency is not a major public health problem in the country as a whole, the

Table 4. Prevalence of mineral deficiencies, Philippines, 1987 and 1993

Indicator	Prevalence (Percent)		Increase/ (Decrease)
	1987	1993	
Goiter among those 7 years old and above[1)]	3.5	6.9	3.4[3)]
Anemia[2]	37.2	28.9	(8.3)[3]

1) Based on clinical assessment
2) Based on biochemical assessment
3) Highly significant at $\alpha=0.01$

problem is found endemic in circumscribed poverty areas such as urban slums or remote rural areas. The average vitamin A content of the Filipino diet found in the 1987 survey was 389.7 mcg RE which is only about 76% of RDA(Table 2). Added to the low intake of vitamin A is the low intake of fat which is essential for the vitamin's absorption.

4. *Vitamin C Deficiency*. Clinical signs of Vitamin C deficiency(spongy bleeding gums) was noted to the present among 7.2 percent of the population. Lactating women, the adult population, and pregnant women seem to be the most affected.

5. *Thiamin and Riboflavin Deficiency*. The presence of thiamin and riboflavin deficiency in the country has also been recognized based on biochemical surveys. 34.4 percent and 11.9 percent of the infants, preschoolers, pregnant women, lactating women, and the elderly were found to have thiamin and riboflavin, respectively. The prevalence of both deficiencies is higher in rural areas than in urban areas.

Table 5. Prevalence of vitamin deficiencies, Philppines, 1987 and 1993

Indicator	Prevalence (Percent)	
	1987	1993
Vitamin A deficiency[1](among children (6 mos. old-6 years, 7-14 years, and 15-19 years), pregnant women, lactating women)		
● Nightblindness	0.8	0.8
● Bitot's spots	0.3	0.1
● Corneal ulceration	n	n
● Corneal scars	0.1	0.1
Vitamin C deficiency[1)]		
● presence of spongy bleeding gums		7.2
Thiamin(vitamin B1) deficiency[2)](among children 6 mos(6 years, 7-14 years, 15-19 years), pregnant women, lactating women, and the elderly)		34.4
Riboflavin deficiency(vitamin B2)[2](among children(6 mos. old-6 years, 7-14 years, and 15-19 years), pregnant women, lactating women, and the elderly)		11.9

[1)] Based on clinical assessment
[2)] Based on biochemical assessment

The four nutrition surveys conducted over 15 years, 1978-1993, revealed that among geographic regions of the Philippines, four regions, namely Bicol, Eastern, Western and Central Visayas, consistently appear as the most nutritionally affected based on various nutrition indicators(Table 6). Not surprisingly, these regions have also the highest incidence of poverty and to a certain extent, insurgency. These regions are also situated within the typhoon belt of the country making them less economically productive.

The nutrition situation in the rural areas has been seen to be generally inferior with rural households exhibiting lower energy adequacy levels, higher prevalences of PEM, anemia, clinical signs of vitamin A deficiency, goiter and thiamin deficiency. Malnutrition was found prevalent among households in the first and second expenditure quartile(representing the lowest expenditure levels). This was found true for all regions, with the larger proportion of undernourished preschool, as well as school children, belonging to households with low food expenditure levels (Florentino, 1990).

D. Diet-Related Noncommunicable Diseases

While undernutrition is still very much around as mentioned in the previous discussions, the prolem of overnutrition(obesity) is starting to manifest itself in the older population. The 4th national nutrition survey of 1993 revealed obesity figures among 20 years and above to be higher among females(3.4%) than among males(1.7%)(Table 3).

This is also evidenced by the rise in the incidence of diet-related non-communicable diseases such as hypertension, diseases of the heart, coronary heart diseases, and diet-related cancers(liver, oral, pancreatic, stomach, colonic and rectal). Changing lifestyles particularly in the urban areas has brought about increasing stress among the populace and with it the oc-

currence of hypertension. Diseases of the heart have also been on the rise throught the years. In 1988, diseases of the heart ranked as the number 8 cause of morbidity.

Factors Affecting Nutritional Status of The Population

Nutritional status in the Philippines is influenced by a host of interrelated and complex factors. A number of these are influenced by Government action which influence food security and health conditions at the national, community and the household level.

Government actions to reduce malnutrition and increase food production are considerably affected by policies on exchange rate, trade, interest rates, public investments, just to cite a few. Insuring food security or adequate food supply through the development of the agriculture sector has been a concern in the country. Problems in food security, however, do not necessarily result from inadequate food supplies, but from the inability of households to meet its food needs or the lack of purchasing power. Thus, insuring economic growth is an imperative to providing sufficient demand or purchasing power to guarantee adequate access to food.

At the community level, public policies affect food security and, ultimately, nutritional status, through

Table 6. Regions with high prevalence of malnutrition[1], Philippines, 1993

Region	W/A	H/A	W/H	Vit. A (Night-blindness)	Vit. A (Bitot's-Spots)	Vit. C	Goiter
I Ilocos	*(5)			*(4)			
II Cagayan Valley							*(7)
III Central Luzon		*(5)		*(1)		*(7)	
IV Southern Tagalog	*(7)		*(6)	*(2)	*(2)		*(6)
V Bicol	*(2)	*(6)	*(4)			*(2)	*(1)
VI Western Visayas	*(4)	*(2)	*(3)				
VII Central Visayas			*(5)			*(5)	
VIII Eastern Visayas	*(1)	*(3)	*(2)	*(3)	*(1)	*(3)	*(2)
IX Western Mindanao							
X Northern Mindanao	*(6)	*(4)					
XI Southern Mindanao		*(6)		*(5)		*(1)	
XII Central Mindanao						*(4)	*(5)
CAR(Cordillera Administrative Region)							*(4)
ARMM(Autonomous Re- of Muslim Mindanao)	*(3)	*(1)	*(1)			*(6)	
Metro Manila							*(3)
National Prevalence Rate	8.4	5.6	6.2	0.8	0.1	7.2	6.9

[1]A region is considered as having a high prevalence if its prevalence rate is higher than the national prevalence rate ; excep for vitamin A deficiency where the WHO cut-off point of 1.0 percent for nightblindness and 0.5 percent for Bitot's spots was used. Numbers in parenthesis indicate the rank of the region, with a number 1 representing the region with the highest prevalence rate

changes in the level of household incomes and of the prices which households pay for food and other basic necessities. Public investment policies on health, education, and social services also have an important influence on nutritional status, both directly and indirectly. At the household level too, nutritional status is affected by such factors as household acquisition behavior, intra-household distribution behavior, education, and other socio-cultural factors. At the individual level, physiological utilization of food is influenced by health status.

The Philippine experience showed that overall nutrition situation improved or deteriorated together with the economy. The prevalence of underweight preschoolers declined from 19.9 percent in 1978 to 17.2 percent in 1982, a period during which per capita GNP recorded an average annual growth rate of 1. 6 percent. On the other hand, the prevalence of underweight preschoolers increased from its 1982 level to 17.7 percent in 1987, which coincided with a negative growth rate in per capita GNP. Similarly, the prevalence of underweight preschoolers dipped from 1987 to 14.0 percent in 1989-90, a period during which the annual growth rate in per capita GNP was observed to be 3.9 percent. While these are very rough indications, they may very well speak of the far-reaching effects of economic developments on the nutrition situation in the Philippines.

Compared with food allowances, the per capita food net supply in 1989 was adequate(100% of the food allowance) for most of the food groups, except for starchy roots and tubers, fruits and vegetables, fats and oils, milk and eggs. Total calorie and protein supply were found to be adequate, reaching the 100 percent level of adequacy in 1975, and before 1973, respectively. While the adequacy of calorie and protein supply fluctuated during the period, 1973-89, they were always above the 100 percent level of sufficiency. However, protein was primarily supplied by foods of vegetable origin(about 34 percent) such as cereals rather than foods of animal origin.

It is to be emphasized that while national food sufficiency may exist at the country as a whole, this does not guarantee sub-national food security, much more, food security at the household level. This may be due to inefficiencies in the marketing and distribution systems which are, in turn , affected by public policies on prices and other regulations and inadequate public investment policies on rural infrastructure.

Moreover, the results of the nutrition surveys conducted by the FNRI, DOST show that the Filipino diet is composed mainly of rice and fish with some vegetables. Fruit is an occasional table fare. Boiling or broiling is a common method of food preparation. Thus, boiled rice and fish stew with some vegetables is commonly served and eaten(Villavieja, 1990). Between 1982 and 1987, the per capita consumption of all food groups declined significantly except for animal products, mainly meats and products. Cereal consumption continued to decline especially for corn and products. Similarly, consumption of starchy roots and tubers drastically dropped by 47.6% in 1987. Fish and marine products consumption, while forming the bulk of animal products, likewise declined ; while consumption of eggs posted a slight but insignificant increase(11%). The consumption of added fats, which is essentially cooking oil, remained unchanged over the survey periods.

The observed levels of food consumption may have contributed to the identified nutritional problems of the country. Since foods of vegetable origin accounted for most of the food and consequently nutrient intake, the population was generally deprived of richer and more bio-available sources of nutrients particularly iron and vitamin A. The low intake of fats, a calorie-dense food item, may account for the deficiency in calorie intake, and partly of vitamin A deficiency since fats are important for the absorption of th vitamin in the body. The decreasing consumption of fruits and vegetables deprives the body of good sources of vitamins and minerals, particularly vitamins A, C, and iron. Of particular interest is Vitamin C considering that it can enhance the bioavailability of iron, especially those derived from vegetable or plant origin.

The diet of the very poor is composed largely of cereals, supplementaed by root crops and tubers. Those in the higher income levels, consumed a wider variety of foods, including highly refined and processed food which may have inimical effects to health if taken in excess. In 1988, still half(51.7%) of the family income was spent for food. The type of foods bought differed across income levels, with those in the lower income bracket using more of their food money on cereal preparations.

Despite some improvements in the real average incomes of the population and decline in poverty incidence over the last decade, poverty in the Philippines remains pervasive. The rural poor accounted for about 70% of the total poor with an average income shortfall of about 40% of the poverty line (Balisacan, 1991). Food intake among the rural poor is relatively less varied with a high proportion of intake of cereal and other food items of vegetable origin, making them more prone to malnutrition.

Meanwhile, the main concentration of urban poor is in Metro Manila where it is estimated that 1.5 million families have incomes below the poverty line. Unlike their rural counterparts, the urban poor has to maintain a certain level of cash liquidity to have access to almost all the basic needs, including food. This makes employment or a means of generating cash income very important. More than half of the urban poor in Metro Manila are employed in the informal sector, with high participation of women and children. This is evident in the number of children hawking newspapers, flower garlands, candies and cigarettes in most city streets of Metro Manila.

Street foods are becoming an increasingly source of nutrition amon urban poor households where all adults and older children are involved in income-earning activities and have little time to prepare their meals. These are also popular as poor households are able to buy small portions with their limited cash. When these are prepared and/or marketed under unsanitary conditions, they pose health risks.

Likewise, around 30% of Philippine households did not have sanitary waste disposal in 1988. Almost the same proportion of households did not have safe water supply. While the need for safe water supply and sanitary waste disposal systems is important across the country, the need seems to be more acute among the urban poor.

The growing migration to urban centers also points to certain needs since low income urban families live in precarious housing and congested conditions, lack facilities such as water, toilets and electricity and have large families(Solon, 1988). The increasing population stresses the need to increase efforts to ensure more equitable distributing food become more important. Furthermore, the increasing population creates additional demands for employment opportunities, health, education and other social services.

The importance of education to nutrition is borne by the findings that parents who have a higher level of education were found to have less undernourished children. Compared to other countries of a similar level of economic development, the Philippines has attained a high educational level. In 1980, 83.3% of the population 15 years old and above was literate. However, while school attendance was high(96% for elementary education, and 54% for the secondary level in 1988-89), cohort survival for the same period was still low at 66.1% and 76.1% respectively. Continued efforts to improve attendance rate, cohort survival rate, and transition rate, as well as to improve the quality of education can have positive effects on the nutrition situation.

Addressing Malnutrition Through The Philippine Plan of Action for Nutrition(PPAN), 1993-1998

The PPAN is the country's blueprint for achieving nutritional adquacy for all. It is a component of the Medium-Term Philippine Development Plan(MTPDP) for 1993-1998, and, as made explicit by Presidential Proclamation No. 311, "an important element for international competitiveness, people empowerment, and

human development." Consistent with global goals committed by government during recent international conferences such as the World Summit for Children, Conference on Ending Hidden Hunger, and the International Conference on Nutrition, the PPAN aims to improve the nutritional status of Filipinos by reducing the prevalence of protain-energy malnutrition, and preventing, controlling and eliminating micronutrient deficiencies. Specifically, PPAN shall contribute to the attainment of the following objectives :

1. Reduce the prevalence of preschoolers with weights less than 75 percent of standard weight-for-age from 11.9 percent(1.4 million) to 8.4 percent(1.0 million) ;

2. Reduce the prevalence of school children aged 7 to 10 years with weights less than 75 percent of standard weight-for-age from 11.9 percent(0.8 million) to 8.4 percent(.6 million) ;

3. Reduce the prevalence of iron deficiency anemia among infants, pregnant and lactating women, preschoolers and school children by 10 percent(from 24.3 million to 21.9 million) ;

4. Virtually eliminate iodine deficiency disorders ;

5. Virtually eliminate clinical vitamin A deficiency among preschoolers ; and

6. Increase the daily average per capita energy intake from 1,872 kcal to 1997 kcal.

These objectives will be achieved through a two-pronged strategy : insuring household food security, and prevention, control and elimination of micronutrient deficiencies which mixes short and long-term measures. These strategies are put into action through the PPAN's five major impact programs namely : Home and Community Food Production ; Micronutrient Supplementation and Food Fortification ; Credit Assistance for Livelihood ; Nutrition Education ; and Food Assistance.

A. The Impact Programs

1. HOME AND COMMUNITY FOOD PRODUCTION involves the establishment of home and school gardens using the bio-intensive gardening(BIG) technology and other regenerative agricultural methods. The program also includes small animal raising and aquaculture. Through this program, household supply and consumption of calories, protein, vitamin, and minerals like vitamins A and C, and iron are envisioned to increase as a more sustainable, longer-term solution to hunger and micronutrient malnutrition. Produce in excess of the household's food needs may likewise be a souce of additional income.

2. MICRONUTRIENT SUPPLEMENTATION AND FOOD FORTIFICATION which aims to cure and prevent deficiencies in vitamin A, iodine, and iron.

Supplementation will entail the administration of vitamin A, iodine and iron supplements to maintain body stores when micronutrient-rich foods are not consumed sufficiently by high-risk groups. Vitamin A capsules(200,000 IU) shall be provided to all preschoolers, 6 months to 5 years ; iron tablets and syrup to pregnant and lactating women and infants, respectively ; while oil iodine capsules will be provided to women 15-40 years and school entrants.

The Food Fortification program, where selected food items like rice, margarine, and flour will be fortified with vitamin A and iron ; While salt will be iodized shall be mainly private sector-led. Collaboration with food manufacturers and distributors, salt producers, and rice millers for the production and distribution of fortified food items will be strengthened. Furthermore, tax incentives for food manufacturers and tax-free importation of fortificants and equipment will be negotiated to increase competitiveness of fortified foods over non fortified foods.

3. CREDIT ASSISTANCE FOR LIVELIHOOD which will give households with malnourished children access to credit to enable them to cope with acute food shortages and to address malnutrition in the long term. Credit assistance will be provided for livelihood or income-generating projects to augment the incomes of nutritionally-at-risk households in the most nutritionally depressed areas. Families with moderately and mildly underweight preschool children shall be prioritized because these families are ex-

pected to be in a better position to repay the credit or loan. Repayments may then be used to assist other beneficiaries in th barangay. Beneficiaries, preferably composed of women or out-or-school youth, will the organized into small groups to operate as quasi-cooperatives. While food-based projects will be encouraged, other nonfood but equally promising endeavors particularly those with good market potential will also be promoted.

Skills training will be an important component of the program to ensure the beneficiaries' capability to manage and sustain their projects. They will also be trained on entrepreneurship and values formation to inculcate credit worthiness and the value of income-saving.

4. NUTRITION EDUCATION which will promote the adoption of desirable food and feeding practices to insure nutritional well-being. Specific behaviors to be promoted include : a) consumption of calorie, vitamin A, iron, and iodine-rich foods, including fortified foods ; b) exclusive breastfeeding for the first six months ; d) monthly monitoring of child growth ; e) personal hygiene and other practices related to food quality and food safety ; f) establishment of home and community gardens ; and g) appropriate use and participation in nutrition and related services, projects and activities. Furthermore, healthy lifestyles will be promoted to address emerging problems of overnutrition and diet-related degenerative disease like diabets, hypertension, diseases of the heart, and diet-related cancers. Nutrition education will also include a massive nationwide campaign on integrating population conerns e.g. benefits of small family size and the effects of a large population on nutrition and development.

Growth monitoring and promotion will be a major nutrition education activity. In this regard, growth monitoring shall be viewed as an educational activity which will enable the mother to visualize the growth of her child and to explore practical ways in which she, her family and the community can act to ensure the health and regular growth of her child. GMP will involve the regular weighing of preschoolers. Infants, 0-12 months old, will be weighed monthly in health stations. Children 13-59 months old, will be weighed quarterly in established community weighing posts. The following approaches will likewise be used : a) individual and group quality nutrition counseling ; b) multimedia campaigns ; c) community-based information campaigns using indigenous forms of media ; d) integration of nutrition concepts in the school curriculum at all levels.

5. FOOD ASSISTANCE which is envisioned to be a social safety net for nutritionally vulnerable groups and at-risk households during periods of displacement. Severely and moderately underweight preschoolers, schoolchildren and pregnant women shall be prioritized. The program consists of regular supplementary feeding schemes, a rice and cooking oil food discount scheme targeting poor and malnourished households during lean months, and weaning food production and distribution.

B. Enabling Mechanisms

These impact programs are complemented by a number of enabling mechanisms which are as follows :

1. MANPOWER DEVELOPMENT which will focus on training implementors including community based volunteers on nutrition program management and specific skills as may be needed by each impact program, e.g., detection, control and prevention of micronutrient maluntrition, application of the BIG technology, management of credit assistance program, etc. ;

2. NUTRITION ADVOCACY will help ensure that development policies, plans, programs and projects are designed, funded and implemented with a nutrition perspective to complement the PPAN impact programs. Nutrition advocacy will aim to catalyze processes achieve goals and objectives. Its primary targets will be national and local policy makers, local chief executives, and other influentials especially those who control.

3. RESOURCE GENERATION to reach out to

the business sector, nongovernment organizations (NGOs), and the international community to raise and mobilize resources for the effective implementation of the PPAN. Local government units will also be encouraged to allocate funds for the local nutrition plans from the local government budget.

4. RESEARCH, Both basic and operations research, to provide the scientific basis for policy and program formulation and management ; and,

5. OVERALL PLANNING, MANAGEMENT, COORDINATION AND SURVEILLANCE. Systematic collaboration among national government agencies(NGAs), local government agencies(NGAs), local government units(LGUs), NGOs, the business sector, and the international community shall be pursued to achieve the goals of PPAN. A policy environment across development sectors that will ensure nutrition improvement and the integration of nutrition considerations in multilevel and sectoral development plans and programs shall likewise be promoted. Labor, trade and industry, media, the international community, and other nontraditional sectors in nutrition shall be mobilized to participate more actvely in efforts for nutrition improvement.

The National Nutrition Council(NNC), with its multisectoral composition, shall provide overall policy direction and coordination in planning, implementing, managing, monitoring and evaluating the PPAN.

Local government units(LGUs) through the local nutrition committees shall be the plan's prime movers being responsible for its operationalization at the local level. Communities will be mobilized to participate actively in plan implementation and, in the process, become empowered toward self-reliance. National government agencies(NGAs) shall provide technical and, if possible, financial and logistics support to LGUs consistent with their respective mandates. Nongovernment organizations(NGOs) will be tapped to complement government efforts for nutrition improvement ; while the business sector will be mobilized to lead in food fortification and in creating and increasing the demand for good nutrition among the population. The international community shall be tapped to provide technical advice and financial assistance for the PPAN's impact programs and enabling mechanisms.

Organization Requirements for Nutrition Policy and Planning in the Philippines

The complex task of nutrition policy formulation and program planning in the Philippines requires three (3) functional groups : (1) a decision-making group ; (2) a multi-disciplinary technical group knowledgeable about the technical aspects of food and nutrition problems and situation ; and (3) a food and nutrition planning unit. It is a crew of competent and dedicated persons who will develop the most efficient and effective systems to solve the problem taking into consideration the country's resources and other needs.

The need for a multi-disciplinary, inter-ministerial unit to formulate the food and nutrition policy was recognized as early as the '60s. It was in July 1960 that the National Coordinating Council on Food and Nutrition(NCCFN) was organized by the Food and Nutrition Institute marking the first attempt at coordination. Organization of nutrition councils at the provincial/city, municipal/district and barangay levels was carried out by a private agency, the Nutrition Foundation of the Philippines.

Despite this early start, it was only in 1971 functional coordination commenced with the issuance of Executive Order 285 that gave the National Food and Agricultural Council the responsibility of coordinating nutrition in addition to food programs. By virtue of this order, NFAC undertook the formulation and coordinated the implementation of the first 4-year(1971-1974) Philippine Food and Nutrition Program. The program was implemented on a gradual expansion schedule using an inter-disciplinary "team" approach to deliver nutrition and related services to targeted families through established nutrition councils

and various teams of workers. Until 1974, there was no clearly defined policy on nutrition supported from the highest levels of national leadership. An organized system of overseeing program implementation was still lacking.

In June 1974, an important event took place that would bring nutrition in the Philippines to primary importance in the political arena. Presidential Decree No. 491, known as the Nutrition Act of the Philippines was issued by then President Ferdinand E. Marcos which proclaimed that "henceforth, nutrition would become a priority of government action, to be implemented by all agencies concerned, in an integrated fashion." In pursuit of this mandate, the President created the National Nutrition Council(NNC)as the central policy-making and coordinating body on nutrition. The NNC was tasked to : (1) formulate the food and nutrition program ; (2) supervise, coordinate and evaluate its implementation ; (3) integrate the policies and programs of all agencies involved in nutrition-related programs and projects ; and (4) coordinate all requests for loans and grants by government agencies involved in the nutrition program.

The decree also underscored the problem of malnutrition as affecting a large proportion of the Filipino people and likewise stressed the close interlinking relationship between food, health, education and nutrition ; and of the nutrition program being more concerned with human resource development, as a vital and integral part of social reform and economic development.

As an articulation and reaffirmation of this mandate, the 1987 Philippine Constitution states that "The state shall defend the right of the children to assistance including proper care and nutrition".

With the issuance of Executive Order 234 of the "Reorganization Act of the National Nutrition Council", the need for an intersectoral national policy and coordinating body on nutrition was further reaffirmed. The NNC Governing Board was consequently modified to include the National Economic and Development Authority, the Departments of Labor and Employment, Trade and Industry, and Budget and Management, in addition to the original Council members namely : Departments of Agriculture ; Health ; Social Welfare and Development ; Education, Culture and Sports ; Interior and Local Government, and Science and Technology. Three (3) representatives from the private sector remain members of the Board.

Thus, linkages between nutrition and other sectors involved in national development particularly those whose programs strongly impinge on nutrition conditions of the country, were strengthened.

The decision-making group of the NNC is its Governing Board Composed of ministers of government agencies and heads of private organizations concerned with nutrition. It has a Secretariat(food and nutrition planning unit) which serves as its executive arm to ensure the successful implementation of its policies and decisions, and a Technical Committee composed of heads of nutrition and related units/bureaus of its member agencies and additional members(e.g. academe). The Technial Committee provides technical assistance to the Secretariat and ensured effective intra-agency communication and inter-agency coordination (Fig.)

Recognizing that there is already a nutrition program well in place, and that this program has made significant contributions to improving the nutritional status of the population, the reorganized NNC Governing Board issued a nutrition policy statement which underscores the importance of nutrition in achieving an economically productive and socially active citizenry. The nutrition policy statement emphasizes that the permanent solution to the problem of malnutrition requires not only direct interventions that alleviate the condition of the malnourished, but also long-term development approaches aimed at solving the root causes of the malnutrition problem.

Nutrition Policy Statement

The ultimate goal of nutrition policy is the im-

provement of the nutritional status of the Filipino population. More specifically, the 1987 Philippine Constitution provides that "The State shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, rising standard of living and an improved quality of life for all."(Sec. 9, Article II). Furthermore, it provides that, "The State shall depend the right of children to assistance, including proper care and nutrition."(Sec. 3. Articel XV).

Nutrition is a basic human need, is central to survival and is a critical factor in an individual's growth and capacity to function in society. It is essential for the improvement of the quality of life of the Filipinos. Good nutrition and health produce an economically productive and socially active citizenry.

Malnutrition continues to affect large proportions of the Filipino population. It is manifested by protein-energy malnutrition and deficiencies in specific nutrients such as iodine, vitamin A and iron. It is largely caused by the interplay of several factors closely associated with poverty. Immediate food supply, poor health status, cultural practices and others.

The achievement of the nutritional goal requires reconition that nutrition is a multisectoral, developmental concern. At the core of the malnutrition problem is poverty and all the dimensions and factors attendant to it. The problem is at once immediate and long-term requiring direct intervention to alleviat the condition of the malnourished. And, at the same time long-term developmental approaches to solve the problem at its root causes, and prevent the onset of malnutrition among the at-risk groups.

Nutrition Policy Formulation and Program Planning at National and Sub-National Levels

Nutrition policy formulation and program planning in the Philippines has been used as a means to enable Government to address malnutrition explicitly in the context of national development. It seeks an immediate, focused response to the problem of malnutrition without waiting for development benefits to "trickle down" and bring about nutritional improvements. Although relatively beset with operational difficulties, it has nonetheless resulted in certain developments beneficial to the overall nutrition program.

Greater awareness of the importance of good nutrition to overall economic development was realized. More and more officials, national and local ; political, executive and legislative, are giving due importance to nutrition. It has also helped minimize overlapping and duplication of nutrition activities and coverage to a considerable extent. Data generation and analysis have gained more sophistication. More importantly, nutrition planning has been given its rightful appreciation and attention particularly at the local levels.

A. National Level

The formulation of the national nutrition policy started with the collation of basic information in order of the population. Inputs from the technical groups, composed of experts in agriculture, nutrition, health and education was obtained to enable the identification of the characteristics, effects and causes of these problems, the existing resources and programs, and the size and characteristics of the affected populations, including the groups that are most nutritionally at-risk. The main purpose of analyzing the existing nutrition situation across several sectoral areas of national socioeconomic development, was to identify the nutritional implications of existing policies and sectoral programs related to food and nutrition. This is turn, allowed the identification of problem areas or gaps that require specific and deliverate action such as modification of existing programs or development/formulation of new ones.

Based on the nutrition policy issued by the NNC Governing Board in 1988, the NNC Secretariat developed a framework plan to guide strategic planning tna programming activities for the program. A series

of inter-agency planning and consultative workshops at the national level was then conducted to discuss the framework plan and arrive at decisions on priorities, objectives, target groups and areas, among others. Based on these decisions, specific nutrition programs and projects were develped for approval of their respective ministers and incorporation into the different sectoral plans. The NNC Secretariat integrated these sectoral programs into the annual and medium-term Philippine Food and Nutrition Plan for adoption of the Governing Board.

Perhpas, among all the sectoral plans, those of agriculture have the most significant effects on nutrition as agriculture plans determine the national food supply and food security. Nutrition considerations have in a way also been inherent to the food and agriculture planning system in the country. For instance, food supply production targets are guided by the Philippine RDA to provide the amount of food which should be available, together with trends in food consumption to provide the element of effective demand for food. These factors are considered side-by-side with those on soil, climate, comparative advantage and other variables. Parameters of success in food and agriculture planning and implementation also have a nutrition perspective. Thus, total food supply, as indicatd in the food balance sheet is always assessed vis-a-vis equivalent calorie and protein supply and adequacy to meet the requirements of the age and sex structure of the Philippine population. This analysis, together with those on food needs and food demand are used in setting production targets.

The mechanism for integration of nutrition considerations and components into the national development plan is through the existing planning and coordinating network of the National Economic and Development Authority(NEDA), the country's central planning body. The Philippine development planning system has been operating on a five-year cycle since 1978. NNC, as member of the NEDA Coordinating Committee on the Update and Review of the Medium-Term Philippine Development Plan(MTPDP) ; and as co-chair of the Sub-Committee on Health, Nutrition and Family Planning ; enables the explicit integration and incorporation of nutrition considerations into the national development plans and programs. Thus, there have been medium-term nutrition plans for 1978-1982 ; 1983-1987 ; 1988-1892 ; and 1993-1998. The latest medium-term nutrition plan(1993-1998), which is also the Philippine Plan of Action for Nutrition(PPAN), is under the Human Development Chapter of the MTPDP.

Annex 1 describes the processes which were followed in formulating the PPAN.

B. Sub-National Levels

At sub-national levels, the national nutrition policy is operationalized by the nutrition committees which were created in the mid-'70s, and composed of representatives from the government and private sectors involved in the program. The important role of local chief executives in nutrition programs is manifested by the fact that these highest elective officials serve as chairmen of nutrition committees at provincial, city, municipal and village levels. These committees are responsible for planning, monitoring, and evaluation of local nutrition action programs with national government agencies providing technical support.

It has been recognized that the Philippine nutrition experience represents perhaps one of the best examples of the application of the community approach to nutrition planning. Skills building on community nutrition planning commenced in 1977 with the organization of a national level inter-agency planning team which, with technical assistance from the Food and Agriculture Organization of the United Nations, developed tools and procedures to be used for local nutrition planning activities nationwide.

In each region, the provincial action officer for nutrition and other members of the nutrition committee were gathered into a workshop on nutrition planning facilitated by the national planning team. The participants were taught the concepts and rudiments of the planning process such as nutrition assessment/

problem identification and description ; objectives setting ; selection of appropriate interventions ; identification and management of resources ; and social preparation and community mobilization. Equipped with these planning capacity and skills, the participants, in turn acting as facilitators, conducted planning workshops at the municipal level. Out of the process were evolved the municipal nutrition action plans which were there after submitted to the local legislative bodies for adoption and integration into the local development plans, and, approval of the requisite budgetary outlay.

The development of nutrition planning capacities at the provincial and municipal level proved to be successful in generating nutrition awareness and motivating local implementors to be action-oriented. With these initial gains, development of planning capacities at the village level was deemed timely and in 1979, technical assistance for planning was extended to selected villages to strengthen community support and involvement in containing the malnutrition problem.

By the mid-eighties, there were efforts to contextualize nutrition planning within the framework of development planning. Thus, participants of nutrition planning workshops were expanded to include the local planning and development coordinator, and sometimes the budget officer and treasurer. The intention then was not only to ensure funding support for nutrition projects and activities, but also to ensure that other development efforts(infrastructure, commercial agriculture, etc.) complement those of the nutrition community. This would hopefully result to more sustained improvements in the nutrition situation.

These planning workshops continue to be organized by the NNC in collaboration with local nutrition committees. Thus, resource persons and facilitators represented various sectors. Workshop participants, resource persons, and facilitators were armed with a suggested syllabus, program of activities, reading materials, and even suggested workshop guidelines. Simplified planning manuals were also developed ; and the conduct of these workshops were documented using a prescribed format. This system allowed not only some uniformity in the conduct of the planning workshops, but also the pooling of technical expertise.

An integral component of the planning activity is the regular assessment and updating of the planning methodologies and tools to make these more responsive to the social, economic and political realities as well as recent policy and program development.

Program Monitoring and Evaluation

The Philippine Food and Nutrition Surveillance System(PFNSS) generates data that : (1) describe the overall nutrition situation ; (2) identify the nutritionally worst-off areas and populations ; (3) define nutrition problems for necessary short-term or long-term solutions ; and (4) characterize differences in trends overtime.

The ultimate goal of the PFNSS is to correct and/or prevent the occurrence of malnutrition by allowing more informed decisions at the national and local levels. The PFNSS links with agencies which have existing data collection systems and consolidates, analyzes and feeds back information to end users. Indicators measured by the PFNSS are : (1) weight-for-age and height/weight which serve as basis for setting national nutrition objectives and targets ; and (2) data on nutrition program performance such as outreach, inputs and support services which are used for measuring progress and agency commitments for delivery of services to intended beneficiaries.

Nutrition data on food consumption and anthropometric measurements are collected on a nationwide basis. Taken at one reference period on a five-year cycle, the survey determines changes in food and nutrient intake of the population and nutritional status of children and adults. Data from these surveys are used for estimating national targets in the 5-year plans and for policy and decision-making.

An integral par of the national nutrition plan is an

efficient monitoring system to regularly check on the implementation of the program at the different organizational levels. This is made possible by the submission of quarterly reports to the NNC by member and cooperating agencies, and from the field through the regional offices and the conduct of field visits to regions, provinces, cities and municipalities to assess status and progress of program implementation.

Another integral component of the national plan implementation is the conduct of mid-year and year-end reviews at the national and regional levels to ascertain effectiveness of program implementation. It is also a forum to determine issues and problems and identify appropriate strategies for improved program implementation and management.

Evaluation of the overall food and nutrition policy is a continuous process, requiring periodic assessment of the implementation of programs, projects and activities, the operational problems encountered and the changes or results obtained. This periodic evaluation allows program adjustments to be made, policies to be formulated, and plans made for the next planning period.

Conclusion

Development is a dream of every nation in the world. However, it requires a complex web of solutions which cut across concerns along macroeconomics, fiscal policy, agriculture, trade and industry, infrastructure development, social services, among others. However, central and at the core of development is the person, the human being. Thus, meaningful development would have to emanate from the philosophy of total human development.

Nutrition plays an important role in this regard. Good nutrition or the lack of it spells the difference between a person who has achieved his or her full potentials for physical and mental growth and development and one who has not. Thus, nutrition, malnutrition, efforts to address nutritional problems should be a direct component in the planning and implementation of development plans, programs and projects. In the same way, planning and implementation of development plans, programs and projects which are not directly related to nutrition should endeavor to have a conscious nutrition bias and perspective.

The Philippine Plan of Action for Nutrition has gone a long way in this regard. It has evolved from a purely nutritional intervention-oriented plan to one which is development-oriented At the same time, it has espoused nutrition-oriented development planning. The national nutrition plan has been encouraged by many global and domestic developments. The global push for nutrition concerns as enunciated in the World Summits for Children, the Conference on Ending Hidden Hunger, and the International Conference on Nutrition has resulted to global commitments to which the country has to abide.

Furthermore, the emergence of a national and local leadership which gives premium to human development, people's participation, and government and private sector partnership, is a development which promises to hasten the achievement of nutrition goals. The implementation of the Philippine Local Government Code of 1991 facilitates more directed nutrition action according to the needs of a locality within the framework of local development efforts.

Various initiatives and efforts have been in place to integrate nutrition concerns in national, local and sectoral policies, programs and projects. These have to be followed through to ensure adoption and implementation in such a way that maximum positive impact on nutrition is effected. Thus, advocacy and never-ending consultations will always be main concerns.

In a way, this burdens the Philippine nutrition community. As it tries to address the immediate problems of undernutrition and the emerging problems of overnutrition ; it also has to be vigilant that nutrition concerns remain in the mainstream of development. But, burdens can also be viewed as challenges ; a view which the Philippine nutrition community has always held. Thus, it will pursue more intensively the goal of nutritional improvement through direct nutrition in-

terventions and development efforts which will address the more basic causes of malnutrition. It will continue trying to bill a pool of workers who are skilled in nutrition-oriented development planning and development-oriented nutrition planning.

Because it believes that the quest for a better life can only be a reality with empowered people who are able to decide and design their own destinies.

Scenario

The Philippine development planning system has been operating on a five-year cycle since 1978. Nutrition concerns are explicit in the Medium-Term Philippine Development Plan(MTPDP) by way of a chapter on "Health, Nutrition and Family planning." Thus, these have been medium-term nutrition plans for 1978-82, 1983-87, 1988-92, and 1993-98. The latest medium-term nutrition plan(1993-98), which is also the Philippine Plan of Action for Nutrition (PPAN), is under the Human Development chapter of the MTPDP.

While the country has an overall development plan, there are other plans which, conceptually, are companion plans that give more details on the specific sector or group's plans. Examples of such plans are the Philippine Development Plan for Women and the Philippine Plan of Action for Children, both of which have very clear nutritional objectives and components which were consciously made consistent with each other and with the PPAN.

When the International Conference on Nutrition (ICN) was held, the MTPDP, 1993-98 had been finalized and approved by the President of the Republic. However, many of the directions of the ICN were considered in plan formulation as inspired by discussions during pre-ICN regional consultations and based on the assessment of the Philippine nutrition situation as presented in the country paper.

The following discussion focuses on the processes which were followed in formulating the PPAN. It likewise includes a portion on plans to insure the PPAN's operationalization.

Setting the stage, 1991 to 1992

In-country preparations for the ICN could be considered the starting point of formulating the PPAN. Consensus on the country's nutritional problems and directions for action evolved through a participative and consultative process not only in the proparation of the country paper, but also in reviewing the draft World Declaration and Global Plan of Action for Nutrition(WD/POA/N). Participation in this process was not limited to the member agencies of the National Nutrition Council(NNC). Rather, there were purposive efforts to seek the opinion of the academe, an nongovernment organizations(NGOs). Furthermore, the highlights of the country paper and the draft WD/POA/N were presented to the President of the Republic during the ceremonial program of World Food Day in 16 October 1991.

One week after the ICN, a national forum was held during which members of the Philippine Delegation led by Agriculture Secretary and NNC Chairman Roberto S. Sebastian shared the ICN's highlights. Participants(representing national government agencies (NGAs), local government units(LGUs), academic institutions, international organizations, business corporations, and NGOs) signed a pledge of commitment to operationalize the WD/POA/N.

The national forum was complemented by continuing briefings and consultations at the local level. Through the efforts of the NNC Secretariat's Nutrition Program Coordinators, the WD/POA/N was presented to Regional Nutrition Committees, Regional Development Councils, and to LGUs. Each presentation was a call to action, to revise and align policies, programs, projects, and activities along the concerns of the WD/POA/N which were consistent with the locality's nutrition situation.

Getting ready, January to March 1993

Even the formulation of plans should be planned. Thus, the NNC Technical Committee(TechCom) approved a set of processes identified by the NNC secretariat. Furthermore, the Secretariat met with the Office of the President and the National Economic and

Development Authority to verify and validate the identified processes and important government structures which had to be consulted to insure that the PPAN becomes truly a country plan for nutrition.

The NNC Secretariat did much of the initial groundwork, mobilizing its 22-technical staff complement. Through a series of in-house workshops, the NNC technical staff reviewed existing national plans, programs, and laws relative to the provisions of the WD/POA/N. This initial assessment showed that there are enough policies and plans which utilize both long- and short-erm measures to address the country's nutritional problems. Translating these policies into specific programs, projects and activities with adequate funding support to reach the nutritionally needy and at-risk was noted to be a major difficulty. Specific areas of concern which seem to be inadequately addressed were those on home food production and insuring food safety.

The results of this initial assessment were presented to the NNC TechCom, which concurred with the analysis. The NNC TechCom also instructed the Secretariat to draft the PPAN framework.

Formulating the PPAN framework : a three-month marathon, April to June 1993

Another series of in-house workshops and writeshops was held by the NNC Secretariat from 1-23 April, the output of which was a draft document which specified the goals and objectives of the PPAN, its strategies, impact programs, enabling mechanisms, and estimated budgetary requirements.

Discussions during the first presentation of the draft PPAN framework to the NNC TechCom focused on the feasibility of attaining the goals and objectives given not so much available money and material resources but the nature of the intervention. During this meeting too, the perspective of formulating a need and goal-driven PPAN(as opposed to a resource-driven one) was agreed upon.

Meeting discussions were followed by one-on-one dialogues with member agencies of the NNC (Departments of Agriculture, Health, Education Culture and Sports, Social Welfare and Development, Trade and Industry, Labor and Employment, Science and Technology, Budget and Management, Nutrition Center of the Philippines) , Department of Agrarian Reform, some NGOs(Helen Keller International, Catholic Relief Services), USAID and UNICEF. There were conscious efforts to seek audience not only with technical staff but also with key policy makers in these organizations.

These consultations sought to answer questions along the soundness of the PPAN, i.e., would the goals and objectives be achieved with the impact programs, enabling mechanisms, and the proposed level of resources. These consultations also served to sound off the agencies to start thinking of aligning or realigning their plans and programs along the directions of the PPAN.

The PPAN was then revised and presented to the NNC TechCom on 7 June 1993 during which the committee approved the draft for presentation to the NNC Governing Board.

On to the Finish line, June 1993

The draft was also presented to a select group of experts in nutrition, economics, agriculture, public health, public policy, social development, and local governance, among others ; the NEDA-Social Development Dommittee Technical Board ; the NNC Governing Board ; Cabinet Cluster A (agro-industrial sector) ; President Fidel V. Ramos ; and th Cabinet ; all of which approved the PPAN.

The comments of experts along doing consistency checks in the data and figures used in the plan and on the importance of other sectors in the development spectrum to achieve nutritional goals helped firm up the directions and orientation of the PPAN.

Members of Cabinet Cluster A emphasized the need to : give a more detailed budgetary breakdown, prioritize impact programs, and include absolute figures or numbers in the goals and objective statements.

The NNC Governing Board called for the immediate implementation of the Plan.

The presidential touch

The PPAN was formally launched by President Fidel V. Ramos on 8 July in simple ceremonies held at the presidential palace. Witnessed by almost a thousand key personalities in nutrition, the launching included the issuance of several presidential directives calling on NGAs and LGUs to intergrate PPAN concerns in their respective plans and programs. The Philippine Information Agency was likewise instructed to assist the NNC in disseminating information Agency was likwise instructed to assist the NNC in disseminating information on the PPAN to the public.

Proclamation No. 311 was also promulgated by President Ramos formally adopting the PPAN as the "country's blueprint for achieving nutritional adequacy for all as an important element of international competitiveness, people empowerment and human development." The Proclamation likewise deputized the NNC and its network of operations to oversee and coordinate the implementation of the Plan in collaboration with LGUs, NGOs, the business sector, international organization, and the community.

Getting into action

The approval of the PPAN by the national leadership, in a way, ended the Plan's preparatory phase. The next more important phase was getting the Plan implemented. With the devolution of powers, responsibilities, and resources to local governments as provided for by the 1991 Local Government Code, insuring Plan implementation presented a major challenge. How can the national leadership convince 78 governors, 60 city mayors, 1,500 municipal mayors, and 42,000 barangay captains to translate the PPAN into area-specific programs, projects, and activities backed up by budgetary allocations ?

A first step toward this direction was the conduct of individual and group consultations with governors and mayors at the regional or provincial levels. During these consultations, the PPAN framework was presented with a call for LGUs to formulate operational plans starting 1994.

This task may not seem to be as difficult and formidable as it may seem because since the late 70s' the NNC has instituted a system for nutrition planning at the local level. Through this system, nutrition action plans are formulated annually by each province, city, municipality and barangay. Thus, this system will still be used along the PPAN framework and within the context of local development planning. At present, the local nutrition planning system is being revised to be consistent not only with the PPAN but also with devolution.

To hasten the process, intergency nutrition teams composed of representatives from the national, regional, and provincial levels will be organized to assist selected municipalities in formulating their respective operational plans of action for nutrition. Focus will be on the country's 25 priority provinces for poverty alleviation and countryside development.

At the national level, NGAs have formulated their operational plans. However, since most of the resources have been reallocated to LGUs, NGAs can implement the PPAN impact programs to a very limited extent. Nevertheless, NGAs will focus on the implementation of the PPAN's enabling mechanisms of advocacy ; manpower development ; research ; resource generation ; overall planning, management, coordination and surveillance to empower LGUs to address the locality's nutritional problems and needs more effectively.

At the national level, efforts to control and prevent micronutrient malnutrition(vitamin A deficiency, iron deficiency anemia and iodine deficiency disorders) are being stepped up. Even as the PPAN was being formulated, a national advocacy meeting on ending hidden hunger(or micronutrient malnutrition) was held involving the President of th Republic. Through this advocacy meeting, NGA, NGOs, LGUs, and the business sector were enjoined to implement programs, projects, and activities to reduce or eliminate these nutritional disorders.

The Department of Health has embarked on a massive vitamin A and iodine supplementation program

through which preschoolers and pregnant women are given prophylactic doses of vitamin A and iodine, respectively.

Dialogues with food manufacturers have been pursued to encourage them to fortify their products with vitamin A and iron. A major accomplishment in this regard was the increase in the vitamin A content of a locally-produced margarine. A soft drink manufacturer has fortified one of its bottled drinks with beta-carotene. A bill on incentives for food manufacturers which fortify their products has been filed by Representative Leonardo Montemayor(a Philippine delegate to the ICN) .

The commercial marketing of iron-fortified rice was proven to be effective in a market test. At present, administrative and policy issues are being settled to insure the eventual availability of iron-fortified rice in markets nationwide.

Furthermore, the agriculture sector is gearing for a massive program to increase the production and consumption of fruits and vegetables as a more permanent response to micronutrient deficiencies.

Iodizea salt produced locally is being marketed more aggressively. Provinces in the Cordillera Administrative Region have been given salt iodization machines since iodine deficiency is highly endemic in the region. Private salt producers and several provided salt iodization machines an2-year supply of fortificant on a soft loan basis.

A massive communication and education campaign on micronutrient deficiencies is now in place.

A concrete strategy on household food security is now being developed. While the Department of Agriculture focuses on food security at the macrolevel, the nutrition community should find ways and means to insure that macrolevel food security translates to the availability of nutritious and safe foods to all Filipinos throughout the year.

Side by side with these efforts will be a continuing advocacy for multisectoral action to implement the PPAN. Resources will be generated and mobilized more vigorously ; tapping nontraditional funding sources like foundations of private corporations, to achieve the goals of the PPAN.

Facing the challenge

The formulation of the PPAN was indeed a milestone, having been done through a truly multisectoral and participative mechanism. Now the country has a master plan which should guide all actions for nutrition improvement. The challenge of enlivening the ideals and concepts of the PPAN remains. It is a challenge which the nutrition community has pledged to face decisively as its contribution to the vision of Philippines 2000 - a Nutritionally Improved Country.