

ASSESSMENT OF THE PHILIPPINE PLAN OF ACTION FOR NUTRITION (PPAN) LOCALIZATION IN SELECTED MUNICIPALITIES IN IFUGAO, BULACAN AND SIQUIJOR, PHILIPPINES

Ma Socorro E Ignacio and Ernani R Bullecer

¹Department of Nutrition, College of Public Health, University of the Philippines Manila, Manila, Philippines

Abstract. This study was undertaken to characterize the local level implementation of the Philippine Plan of Action for Nutrition (PPAN) in selected municipalities in Ifugao, Bulacan and Siquijor, Philippines. A qualitative study design was used to describe how nutrition programs are implemented in the selected barangays. Participatory approaches and appreciative inquiry processes were observed during data collection. Perspectives from the Municipal Nutrition Action Officer (MNAO) were explored. Qualitative techniques of data collection such as key informant interviews (KII) and focus group discussion (FGD) were used to collect information. Documents review was also done. The study revealed characteristics that contributed to the positive outcome of the local level of implementation of the PPAN. The following factors drive the smooth implementation of nutrition program base on the respondents viewpoint: strong political support, functional nutrition committees, MNAO's function purely dedicated to nutrition program, MNAO with other primary function but with strong support from a nutrition worker and Barangay Nutrition Scholars (BNSs) with high morale due to community's recognition of their credibility and who receive constant coaching and mentoring from MNAO or senior BNS colleagues. Based on respondents' perceptions, the following elements include, strong inter-agency collaboration among members of the nutrition committees, collective planning and formulation of the nutrition action plans and resourcefulness and innovativeness of the MNAOs, their commitment to deliver nutrition services in the community despite the limited resources to support their capacity building, contributed to better implementation of local nutrition program. As a way forward, there is a need to scale up this study to cover a more representative cross-section of provinces and municipalities to be able to generate recommendations for policy improvement and reduce gap in program implementation.

Keywords: Plan of Action of Nutrition, Municipal Nutrition Action Officer, Philippines

Correspondence: Ma Socorro E Ignacio, Department of Nutrition, College of Public Health, University of the Philippines Manila, 625 Pedro Gil St, Ermita 1000, Manila, Philippines.
Tel: +632 525 5858; Fax: +632 521 1394
E-mail: meignacio1@up.edu.ph

INTRODUCTION

The Philippine Plan of Action for Nutrition (PPAN) is the country's directional framework for nutrition improvement. It is a systematic integration of efforts of

Table 1
Trends in malnutrition prevalence among children 0-60 months based on WHO-CGS:
Philippines, 1990-2011.

| Year | Underweight | Underheight | Wasting | Overweight for height |
|------|-------------|-------------|---------|-----------------------|
| 1990 | 27.4 | 44.7 | 6.2 | 1 |
| 1993 | 26.6 | 38.9 | 7.7 | 1.5 |
| 1996 | 23.6 | 39.9 | 6.2 | 1.6 |
| 1998 | 25.5 | 38.9 | 6.8 | 1.4 |
| 2001 | 23 | 35.9 | 6.8 | 2 |
| 2003 | 20.7 | 33.8 | 6 | 2.4 |
| 2005 | 20.2 | 33.1 | 5.8 | 2.5 |
| 2008 | 20.7 | 32.4 | 6.9 | 3.3 |
| 2011 | 20.2 | 33.6 | 7.3 | 4.3 |

Source: FNRI. Philippine facts and figures 2011 (FNRI, 2012).

government and private agencies and institutions to address and prevent malnutrition through direct nutrition interventions and development measures (NNC, 2013). PPAN is part of the Philippine Development Plan under the Human Development Chapter. The National Nutrition Council (NNC), an intersectoral national policy-making and coordinating body on nutrition, provides overall leadership in formulating, monitoring and coordinating the implementation of the PPAN.

The PPAN is periodically updated to be more responsive to current socio-political and economic developments. To date, NNC has formulated eight national plans since 1974 yet the nutritional situation of the country has not improved significantly. As shown in Table 1, although the prevalence of underweight among 0-60 months decreased from 27.4% in 1990 to 20.2% in 2011, the annual average reduction of 0.34 percentage points for the past 21 years is not fast enough to achieve one of the targets of the Millennium Development Goal 1 which is to halve the proportion of underweight children (from 27.4% in 1990 to 13.7% by 2015). (NEDA,

2010; FNRI, 2012).

Hunger incidence in the country remains a serious concern. Official government statistics and data from hunger surveys show an increasing trend in hunger incidence among Filipino households. The National Statistical Coordination Board (NSCB) reported that the percentage of subsistence poor in the country increased to 14.6% in 2006 from 13.5% in 2003. The Social Weather Stations (SWS) quarterly surveys on hunger incidence also show an increasing trend in the percentage of families that experienced hunger (Mapa *et al*, 2013).

PPAN 2011-2016 is the country's 8th National plan for nutrition. Like the earlier national nutrition plans, it aims to reduce the prevalence of malnutrition in the country. The goal of PPAN 2011-2016 is to contribute to improving the quality of the human resource base of the country and to reducing child and maternal mortality. It is also envisioned to contribute to the achievement of the UN Millennium Development Goals as well as poverty reduction. The key strategies and priorities for action of PPAN 2011-2016 are a "mix of services

that are specific to the form of malnutrition and those that would impact on all forms of undernutrition" (NNC, 2013).

The plan also includes strategies related to governance such as those pertaining to policy, plan and program formulation and coordination, monitoring and evaluation as well as research and policy advocacy. Local government units (LGUs) play a crucial role in implementing PPAN 2011-2016. Local nutrition committees replicate the inter-agency composition of the NNC to serve as the coordinating structure for nutrition action at the local level. Local chief executives provide leadership in nutrition planning, implementation, monitoring and evaluation of nutrition programs at the local level. In order to strengthen the implementation of PPAN at the local level, the Department of Interior and Local Government as one of the stakeholders of PPAN issued a Memorandum Circular No. 2012-89 mandating all LGUs to: translate the priorities for action of PPAN 2011-2016 into specific programs and projects; organize, re-organize, and strengthen functional local nutrition committees; designate nutrition action officer with adequate office and staff support and provisions for continuous capacity building; sustain, recruit and deploy Barangay (village-level) Nutrition Scholars (BNS); formulate, implement, monitor and evaluate local nutrition action plans; and implement programs and projects to achieve nutrition targets.

It is in this context that the National Anti-Poverty Commission (NAPC) with funding support from the United Nations Development Programme, saw the need to assess the implementation of nutrition programs at the local level. The output of this project can help the various stakeholders, especially the LGUs that are being considered as the frontline institutions

that can address the problem of poverty and inequity in their respective areas. Harnessing support and providing technical assistance and guidance to the LGU is envisioned to be very useful in as much as they spearhead the process of collaborating with national government agencies (NGAs), civil society and private sector, to fight against poverty and hunger.

MATERIALS AND METHODS

Study design

A qualitative study design was used to describe how nutrition programs are implemented in the selected municipalities. Participatory approaches and appreciative inquiry processes were observed during data collection. Perspectives from the Municipal Nutrition Action Officer (MNAO) were explored to come up with a more inclusive and comprehensive assessment. Qualitative methods of data collection were used in describing program implementation, studying process, studying participation, getting program participants' views or opinions about program impact, and identifying program strengths and weaknesses. In order for the assessment to be organizationally anchored, consultation meetings with the technical staff of the National Nutrition Council Secretariat were also conducted.

Data collection

Qualitative techniques of data collection such as key informant interviews (KII) and focus group discussion (FGD) were used to collect information. MNAO participated in the assessment. Documents review was also done. The Municipal Nutrition Action Plan (MNAP), Accomplishment Reports, Minutes of Meetings, Budgetary Allocation and Operation Timbang or OPT (Annual of weighing of preschool children) results of

Table 2
Prevalence of underweight (0-60 months) in the selected provinces.

| Province | Prevalence ^a | Classification ^b |
|-----------------------------|-------------------------|-----------------------------|
| Ifugao | 7.2 | Low |
| Bulacan | 13.3 | Medium |
| Siquijor | 46.0 | Very high |
| National prevalence average | | 20.2 |
| Prevalence range | | 7.2-46 |

^aBased on 2011 updating survey of FNRI (FNRI, 2012).

^bBased on WHO Classification (WHO, 2010).

the selected provinces, and municipalities were collected and analyzed.

Selection of study sites and participants

The study was done in three provinces selected on the basis of the severity and magnitude of underweight among 0-60 months using the results of the 2011 FNRI Updating Survey (FNRI, 2012) following the classification of the worldwide prevalence ranges of WHO in 1995 (WHO, 2010). Prevalence is considered low if the rate is <10; medium (10-19); high (20-29) and very high (≥ 30).

From each province, two municipalities with the lowest and highest prevalence of underweight among 0-71 months old based on the municipal OPT results for 2012 were selected. Classification of high and low prevalence municipality is relative to the provincial and municipal ranking of the OPT results. In certain cases when it is not recommended to go to the municipality with the highest and lowest ranking because of distance or security concerns, the next highest or lowest municipality was selected. The Provincial Nutrition Action Officer were consulted in the selection of municipalities.

Data processing and analysis

Collected data were consolidated, summarized and analysed. Themes arising

from the interviews and focused group discussions were grouped and cross-checked with field notes and observations. Comparison and contrasts of the variables of the assessment framework (input-process-outcome) between and among provinces, and municipalities using the prevalence of underweight as the unit of analysis.

RESULTS

Profile of study sites

The study was conducted in three provinces – Ifugao, Bulacan and Siquijor. The prevalence of underweight children (0-60 months) in Ifugao was estimated to be 7.2% in the year 2011, which was the lowest among the Philippine provinces while Siquijor had the highest prevalence of 46.0% (FNRI, 2012). Prevalence rate of Bulacan for the same year is 13.3% (Table 2). In addition, Ifugao was selected to represent a community with indigenous people (IP).

From 2009 to 2011, Bulacan has been awarded the Consistent Regional Outstanding Winner (CROWN) as judged by the National Nutrition Council's Monitoring & Evaluation for Local Level Planning and Implementation (MELLPI) (NNC, 2012). The CROWN award is given to a municipality, city or province that

Table 3
MELLPI standing of the selected provinces.

| Year | Ifugao | Bulacan | Siquijor |
|------|---|---------------------------------|----------|
| 2009 | None | CROWN Year 1 | None |
| 2010 | CROWN Year 1 | CROWN First Year Maintenance | None |
| 2011 | CROWN First Year Maintenance | CROWN Second Year Maintenance | None |
| 2012 | Vying for CROWN Second Year Maintenance | Vying for Nutrition Honor Award | None |

Source: NNC Nutrition Surveillance Report (unpublished).

Table 4
Prevalence of underweight children (0-71 months) in the selected municipalities.

| Municipality classification ^a | IFUGAO ^b | BULACAN ^c | SIQUIJOR ^d |
|--|---------------------|----------------------|-----------------------|
| Low | Lagawe (2.96) | Sta. Maria (1.40) | E. Villanueva (2.13) |
| High | Kiangan (3.65) | DRT(8.63) | San Juan (8.46) |
| Average prevalence | 3.76 | 2.52 | 6.26 |
| Prevalence range | 2.04-6.32 | 0.06-8.63 | 2.13-8.46 |

Figures in parenthesis is the prevalence rate.

^aBased on OPT results (relative to other municipalities in the same province).

^bNSCB-Lagawe, 2013; ^cNSCB-Bulacan, 2013; ^dNSCB-Central Visayas, 2013.

has been adjudged by the interagency regional evaluation team as outstanding in the region in the implementation of its nutrition action plan for three consecutive years (NNC, 2006). For 2012, Bulacan vied for the Nutrition Honor Award (NHA). The NHA is given to CROWN awardees that have consistently shown outstanding performance in efforts for nutrition improvement for three consecutive years. They have been monitored by regional nutrition evaluation team for three years and by the national evaluation team. Ifugao on the other hand received its first CROWN award in 2010, was able to maintain it in 2011 and for 2012, vied for its 2nd year maintenance CROWN award. Siquijor on the other hand never won any award (NNC, 2012) (Table 3).

The prevalence of underweight children (0-60 months) of the municipalities selected for the study is shown in Table 4.

Characterization of the implementation of PPAN

Organizational set-up of the Nutrition Office. There are variations in the organizational set-up of the Nutrition Office and appointment of MNAO in the different municipalities surveyed (Tables 5 and 6). For most of the municipalities, the Nutrition Office is usually under the line agency where the incumbent MNAO is primarily connected. For example, if the MNAO is concurrently the Municipal Health Officer, Nurse or Midwife, then the Nutrition Office is under the Municipal Health Office. If the MNAO is a social worker, then the

Table 5
Variations in nutrition office set-up in the study sites.

| Nutrition office set-up | Where observed | Municipality classification |
|---|---|--|
| Nutrition office exists with separate budget for day-to-day operations | Sta. Maria, Bulacan | Low prevalence |
| Nutrition office exists but no separate budget for day-to-day operations | Kiangan, Ifugao | High prevalence |
| No nutrition office but nutrition program has budget for office supplies and with clerical staff to help MNAO | Lagawe, Ifugao | Low prevalence |
| Nutrition office non-existent (nutrition program files kept in the MNAO designate primary office) | DRT, Bulacan E. Villanueva, Siquijor San Juan, Siquijor | High prevalence Low prevalence High prevalence (Note: Siquijor is a high prevalence province) |

Table 6
Typology of MNAO positions in the study sites.

| MNAO position | Where observed | Municipality classification |
|---|---|--|
| MNAO designate but relieved of other duties of her primary item (Community Affairs Officer - CAO); no staff support | Sta. Maria, Bulacan | Low prevalence |
| MNAO designate concurrently functioning as Budget Officer; with staff support | Lagawe, Ifugao | Low prevalence |
| MNAO item as Job Order; no staff support | Kiangan, Ifugao | High prevalence |
| MNAO designate only; concurrently functioning as MHO/Midwife/MSWDO | E. Villanueva, Siquijor DRT, Bulacan San Juan, Siquijor | Low prevalence High prevalence High prevalence |

Table 7
Perceived functionality of the Municipal Nutrition Committee.

| Perception | Area | Classification |
|----------------|-------------------------|-----------------|
| Functional | Sta. Maria, Bulacan | Low prevalence |
| | Lagawe, Ifugao | Low prevalence |
| | DRT, Bulacan | High prevalence |
| | Kiangnan, Ifugao | High prevalence |
| Not functional | San Juan, Siquijor | High prevalence |
| | E. Villanueva, Siquijor | Low prevalence |

Nutrition Office is under the Municipal Social Work and Development Office (MSWDO). All the MNAOs in this type of set-up are all "MNAO designate " which means they simultaneously discharge their primary function and at the same time also expected to discharge the functions of the MNAO without additional compensation or staff complement. The "Nutrition Office" in reality is non-existent but just a corner or a cabinet in the primary office of the MNAO-designate where the files are kept.

Two municipalities (both low prevalence municipalities) have a different set-up. In one municipality (Sta. Maria, Bulacan), there is a separate Nutrition Office with a staff complement while in the other municipality (Lagawe, Ifugao), there is no separate Nutrition Office but there is a support staff (Nutrition Worker) to take care of the clerical work of the nutrition program and to assist the MNAO with the paperwork.

Municipal Nutrition Committee. Most of the municipalities reported having a Municipal Nutrition Committee (MNC) with members varying from 11 to 22 agencies and organizations. As conceptualized, the composition of the MNC mirrors the composition of the National Nutrition Council. The Chairperson is the Mayor. While the composition of the MNC varies among the municipalities surveyed, com-

mon among them is the constant membership of the following: the MNAO and the personnel of the frontline agencies such as the Municipal Agriculture Office (MAO), Municipal Social Works and Development Office (MSWDO), Municipal Planning and Development Office (MPDO), Municipal Budget Office (MBO), Municipal Local Government Office (MLGOO), Department of Education (DepEd).

Most municipalities reported the existence of MNC but there were variations in the MNAO's perception on the functionality of the MNC. Functionality here is defined as having an active MNC evidenced by holding quarterly meetings, collectively formulating the Municipal Nutrition Action Plans, implementing and monitoring the agreed upon plans with adequate funding support. The low prevalence municipalities (Sta. Maria, Bulacan and Lagawe, Ifugao) perceive their MNC as functional while the high prevalence municipalities (San Juan, Siquijor and Kiangnan, Ifugao) perceive their MNCs as inactive. Only one high prevalence municipality (DRT, Bulacan) perceive their MNC as active because they hold quarterly meetings (Table 7). In the high prevalence province (Siquijor) even its low prevalence municipality (E. Villanueva), the MNAO categorically said that they do not have a MNC. Since she assumed office in 2009, no single

Table 8
MNAOs satisfaction of MNC performance.

| Satisfaction level | Area | Classification |
|------------------------------------|-------------------------|-----------------|
| Satisfied/Happy | Sta. Maria, Bulacan | Low prevalence |
| | Lagawe, Ifugao | Low prevalence |
| | DRT, Bulacan | High prevalence |
| Neutral | Kiangnan, Ifugao | High prevalence |
| Not applicable (no MNC) | E. Villanueva, Siquijor | Low prevalence |
| No response (MNAO not interviewed) | San Juan, Siquijor | High prevalence |

meeting of the MNC was called so she is not sure if their MNC is just inactive or actually non-existing. She added that maybe in their province, the situation of not having a MNC is the same for most municipalities. The presence or absence of an MNC in the selected high prevalence municipality in Siquijor (San Juan) could not be confirmed because the MNAO just retired and the OIC-MNAO is not knowledgeable of the status of their MNC. According to her, she was never involved in the nutrition program prior to her appointment a month before the interview date. However, during the interview with the PNAO of Siquijor, she revealed that most municipalities in Siquijor do not have functional MNC.

" I can attest that the MNCs are not functional since they don't meet. It is not enough for the MNAO to say "we have the meeting" without the minutes. So whenever the MELLPI team monitor, I can't give them anything from the municipalities. For the MELLPI, the data that I can provide is only from the DOH program or activity. The rest, zero."

MNAO satisfaction on the performance of the MNC. Using the "happy emoticon" as a graphical representation of level of satisfaction, the MNAOs were asked how

they rate their MNCs (Table 8). For the MNAOs from low prevalence municipalities who consider their MNC as functional (Sta. Maria, Bulacan and Lagawe, Ifugao), they are "somewhat" satisfied with the performance of their MNCs. This sense of satisfaction emanates from the perceived support given by the MNC members. The support is manifested by their active participation in the quarterly meetings, willingness to implement and monitor the nutrition related activities of their respective agencies, submission of required reports and most of all their willingness to allocate funds for the nutrition related activities of their respective agencies.

One MNAO from a high prevalence municipality also verbalized that she is also somewhat satisfied with the performance of their MNC but added that even if she is satisfied, she can not say that their MNC is perfect. She said that she finds it hard to organize and call meetings of the MNC, some members do not even attend meetings. She further added that the NGO members of the MNC are more active than the municipal line agencies.

Formulation of Municipal Action Plan. The process followed by the MNAOs and the MNC in formulating the Municipal Action Plan (MNAP) vary for each municipality. In two low prevalence municipalities (Sta.

Maria, Bulacan and Lagawe, Ifugao), the MNC collectively plan the interventions and targets. This is done around the last quarter of the year. However, these two municipalities differ in their approach. Lagawe uses the “bottom-up planning” where she would first meet the Barangay Nutrition Scholar (BNS) and discusses their respective Barangay Nutrition Action Plan (BNAP). The situation of every barangay based on the BNAP is presented to the MNC. She also supplements the information by providing municipal level data and these information become the basis for selecting priority areas and interventions at the municipal level. At this point, the MNC members will now give suggestions on what their respective agency can commit to address the nutrition problems presented. For example, Agriculture will commit to increased food production through seed distribution, MHO will take care of micronutrient supplementation, MSWD will implement the feeding program, etc. The commitment expressed by each agency will now be consolidated in the MNAP. Other interventions not usually within the mandate of the agencies are also discussed and suggestions on who will implement and where to get funds are proposed.

Collective planning in the Sta. Maria is also different. Here, the role of the MNAO is to provide the information on the nutrition situation of the municipality based on the latest Operation Timbang (OPT). Accomplishment of targets and the reasons for meeting or not meeting the targets set for the various interventions planned and implemented are also discussed. The OPT results and accomplishments of targets become the basis for formulating the MNAP.

For both municipalities, while there is a pro-forma PPAN form with the seven impact programs prescribed in the Philip-

pine Plan of Action for Nutrition (PPAN) that they have to incorporate in the plans, local initiatives not in the PPAN are also given priority during the MNAP formulation. Collective planning usually takes several meetings and when the MNC members are satisfied with the planned interventions, budgetary allocation is discussed and approved by the respective MNC member agency. The MNAO then accomplishes the MNAP forms based on the collective decisions of the MNC, submits it to the Mayor and a resolution is passed for its adoption.

In contrast, two high prevalence municipalities (DRT, Bulacan and Kiangan, Ifugao), there is no collective formulation of MNAP but an individual activity of the MNAO. The MNAO approaches the various agencies, reviews their respective plans, selects the nutrition related plans of the agency, consolidates it so the seven impact programs in the pro-forma forms provided by the Provincial Nutrition Office have entries, prepares the other information needed in the MNAP form which vary little over the years *eg*, Municipal profile, MNC members. The “packaged” MNAP is presented to the MNC for approval and a resolution is passed for its adoption. It is to be noted though that in Siquijor, there is no MNAP formulation.

Regardless of the process of formulating the MNAP, the usual bottleneck is the budgetary allocation. This is where negotiations among MNC members take place. It is important that the key persons of the line agencies be present during planning. Planning is delayed when representatives are sent yet cannot make decisions in term of fund commitment of the frontline agencies who are MNC members. More often than not, activities and targets will have to be modified depending on the resources available.

For most of the MNAOs, planning is very easy but sourcing funds is the most difficult. Many are discouraged by the lack of funds to fully implement their plans. There are also many instances where the plans remain plans and not fully implemented. Nevertheless, they still go through the planning exercise every year because it is a required document in the Philippine Nutrition Program. They wished that they should be given more time to prepare the plan. Since she deals with many agencies, it takes time to “make the rounds” to gather the information needed. There were sentiments that the forms were complicated especially the forms required from the BNS to submit. A simplified BNAP forms is suggested.

The MNAOs who mentioned several problems in formulating the MNAP come from high prevalence municipalities and they seem to be resigned to the reality of constant lack of funds without trying to be innovative in overcoming the resource constraints. On the other hand, For the low prevalence municipalities, the MNAOs see the value of preparing MNAP as a useful tool in the effective implementation of the nutrition program. Insufficient funds to fully implement their projects are recognized problem but through dialogue and proper coordination with the implementing agency, they are able to get their commitment to allocate funds for the activities. On some instances, the MNAOs in these municipalities advocate for supplemental budget from the Office of the Mayor. Oftentimes, the supplemental budget is released if she is able to justify the need for more funds.

When asked their perceived ideal set-up in formulating the Municipal Nutrition Action Plan, all the MNAOs expressed the need for collective planning, more time and more meetings to discuss the plans

and complete attendance of all members of the MNC.

Use of the PPAN in local level planning. All the MNAOs who are aware of the presence of the PPAN (regardless of the year) acknowledged its usefulness in formulating their MNAP. They use the suggested activities under each impact programs as guide in planning. They consider it as an “activity shopping list”. They also orient their MNCs about the PPAN or sometimes they invite the PNAO to meet their MNC and discuss the PPAN. Two MNAOs from the low prevalence municipalities however qualified that with or without the PPAN, they will still come up with similar interventions suggested in the PPAN. For them, their MNAP is a product of analysis of their local situation and not based on national data. While the forms that are brought down from the Provincial Nutrition Office which they need to accomplish and submit quarterly facilitate targeting and monitoring, they should not be expected to accomplish all the suggested activities under each impact program. The local initiatives which are not part of the PPAN should be given more weight in the annual program evaluation.

Their level of satisfaction on the usefulness of the PPAN in local level planning range from “very happy” to “neutral”- (neither happy nor sad). Those who are “very happy/happy” (DRT, Bulacan; Lagawe and Kiangyan in Ifugao) reasoned out that the PPAN serves as a guide, makes it easier to explain to the MNC the suggested interventions and it facilitates monitoring. The MNAO who is neither happy nor sad explained that she finds it a burden to accomplish the PPAN forms on a quarterly basis (Sta. Maria, Bulacan).

Political support. Since implementation of the Philippine Plan of Action for Nutrition has been devolved to the local

Table 9
Variations in allocating budget for nutrition.

| Budgetary system | Area | Municipality classification |
|--|-------------------------|-----------------------------|
| With separate budget | Sta. Maria, Bulacan | Low prevalence |
| Incorporated in line agency budgetary allocation | DRT, Bulacan | High prevalence |
| Municipal wide budgeting | Kiangan, Ifugao | High prevalence |
| No budget (as reported by MNAO) | Lagawe, Ifugao | Low prevalence |
| No response (MNAO not interviewed) | E. Villanueva, Siquijor | Low prevalence |
| | San Juan, Siquijor | High prevalence |

government units, political support is a key element in effective implementation. Political support takes many forms – adequate budget, passing of laws and ordinances related to nutrition and overall staff support.

Budget. As shown in Table 9 there are variations in the system of allocating budget for nutrition activities in the study municipalities.

Municipal resolutions and ordinances in support of nutrition program

The passage of municipal resolutions and ordinances in support of nutrition programs is another indicator of political will to address the nutrition problems of the municipality. For the municipalities with active MNC (Bulacan and Ifugao), many nutrition related resolutions and ordinances have been promulgated by their respective Sangguniang Bayan. An example of resolutions passed annually is the approval of the MNAP. For them, the resolution is important so the nutrition component of the programs of the line agencies can be assured of funding. Other examples include ensuring that all retailers sell only iodized salt, adoption of the Infant and Young Child Feeding (IYCF), supplementary feeding, increase in the honorarium of the BNS and celebration of Nutrition Month. The role of the MNAO is to bring to the attention her nutrition related con-

cerns to the Committee on Health and the head committee will propose the specific resolution or ordinance. If the needed resolution/ordinance is related to budget, then the Budget Officer is approached. Sometimes concerns are brought directly to the Mayor who in turn will discuss with the people concerned so that it is elevated to the Sangguniang Bayan.

Staff support

As described earlier, all of the MNAOs are “MNAO-designate” – meaning the person occupying the post is appointed by the Mayor but selected from among the members of the Municipal Nutrition Committee. As MNAO-designate, their main responsibility is the expected tasks of their primary position. There is no fixed term of office. It all depends on the wishes of the incumbent Mayor. Most of the MNAOs have served for a period of 3-5 years. Others have served as MNAO for more than 10 years. All of them expressed the need to create a permanent MNAO position in the plantilla to give the MNAO a commensurate compensation for the work involved. Furthermore, they added that a plantilla position will ensure that the person to be hired as MNAO has the educational preparation and qualification for the position. This in turn may result to better implementation and continuity of program initiatives.

Table 10
Perceived forms of inter-agency collaboration in the study sites.

| Perceived form of collaboration | Area | Municipality qualification |
|---|-------------------------|----------------------------|
| Nutrition activities integrated in the programs of other agencies | Lagawe, Ifugao | Low prevalence |
| Agencies not fully committed to integrate nutrition in their programs | Sta. Maria, Bulacan | Low prevalence |
| No integration | DRT, Bulacan | High prevalence |
| No response (MNAO not interviewed) | Kiangan, Ifugao | High prevalence |
| | E. Villanueva, Siquijor | Low prevalence |
| | San Juan, Siquijor | High prevalence |

Preparation as MNAO

All the MNAOs feel inadequate in performing their functions as MNAO. The need for formal training upon designation was expressed by all MNAOs. Regardless of the prevalence classification or type of set-up, the MNAOs have a common experience – they were not adequately prepared for the job. Since it is not a permanent position and sometimes it also depends on the incumbent LCE, although the PNAOs can be approached if they have questions regarding their functions, a training program to include the function of the MNAO. Although the National Nutrition Council has an on-going training course for MNAOs which was started in 2012, the MNAOs in the study municipalities have not yet undergone the said training program. The training program of NNC has been designed to address the concerns articulated by the MNAOs in the study municipalities.

Inter-agency collaboration

Considering that the causes of malnutrition are multifactorial requiring multi-sectoral actions, the collaboration of the different front line agencies (*eg*, health, agriculture, social welfare, population, etc) is crucial in implementing the nutrition program. Based on the composition of the MNC of most of the municipalities

surveyed, almost all frontline agencies are members of the MNC. However, the nature and level of participation in the various nutrition activities vary. The various forms of collaboration as perceived by the MNAOs are shown in Table 10.

In the two low prevalence municipalities with active MNC, there is integration of programs – from setting targets to monitoring and evaluating the program. This means that in the various front line agencies nutrition concerns are carried in the programs of the front line agencies. For example, agriculture will target families of undernourished children in their seed distribution and other food production programs; health will ensure that the identified undernourished children receive the micronutrient supplements, they are fully immunized, their mothers given adequate prenatal care if pregnant, etc. There is a deliberate and conscious effort to integrate programs. They also share resources if needed. Ways to collaborate, problems encountered and suggested solutions are discussed during MNC meetings. The MNAOs in these municipalities are satisfied with the cooperation of the various agencies despite some problems of delays in their submission of quarterly report needed by the MNAO to accomplish the PPAN monitoring form. For them, delay in reporting can be easily solved by going

personally to the agency staff and get the information needed. For the MNAOs of these two low prevalence municipalities, they think they have a good working relationship with the personnel of the front line agencies.

On the other hand, the other low prevalence municipality whose MNC is perceived to be inactive or non-existent by the MNAO, categorically said:

"I am not aware of any inter-agency collaboration here. No working together at all. If you interview the BNS, they will probably tell you the same thing. That is why I really want to re-activate the MNC if it existed before I became MNAO."

On the other hand, the two high prevalence municipalities with MNC think that the different front line agencies are not fully involved in the implementation of their nutrition program even if these agencies are members of the MNC. One MNAO said:

"Not all of them are 100% committed in their efforts. They still have to be reminded whenever we have meetings. Even the Mayor observes that they are only enthusiastic in the beginning but lose steam along the way. They have to be pushed and needs follow-up They have no initiative."

Support of non-government organizations and other private groups

Addressing malnutrition is not the sole responsibility of the government but a concern of all sectors of the society. In all the municipalities, support of other sectors are tapped by inviting them to be members of the MNC, approaching them for specific support or accepting whatever the organizations can offer. All the MNAOs actively seek the support of

the private sector in their municipality by writing to them, attending their meetings and presenting the needs of the program, inviting them to sponsor certain activities. However, assistance is not long term and not sustained. Examples of projects sponsored by various private organizations include one day feeding program for the undernourished children in one barangay, donation of IEC materials, malunggay planting, livelihood training for families of undernourished children and gift giving during Christmas.

When asked of their happiness level using the smiley emoticons to express their feeling of satisfaction with the involvement of the private sector, their responses ranged from "very happy" to "sad" face implying various degree of satisfaction. No pattern can be concluded between the low and high prevalence municipalities because the selection of sad and happy faces come from MNAOs of both low and high prevalence municipalities.

DISCUSSION

Variations in the local implementation of the Philippine Plan of Action for Nutrition in all stages of the program management cycle were observed in this study. While program elements that distinguish the low and high prevalence municipalities were observed unique program elements which may explain the program impact in terms of nutritional status of the preschool children cannot be isolated. The inputs and processes considered critical in program management are similarly found in both low and high prevalence provinces and municipalities.

An input considered crucial in the effective implementation of PPAN is political support. All national directives related to the PPAN are addressed to the

local chief executive with the expectation that these directives are carried out well. One directive is the appointment of a Municipal Nutrition Action Officer (MNAO) and the organization of a Municipal Nutrition Committee (MNC). The leadership and support of the local government can be seen in the organizational set-up and structure of the nutrition office of the MNAO and the functionality of the MNC. In this study, one cannot conclude that organizational set-up made a difference because in general, both low and high prevalence municipalities share certain common characteristics such as having only MNAO-designate, no separate nutrition office and no separate budget. However, a distinct difference between the high prevalence and low prevalence municipalities is the workload of the MNAO. The low prevalence municipalities have an MNAO designate relieved of other functions or has a staff support to oversee the day-to-day activities of the nutrition program.

Budget allocation is another indicator of political support. All municipalities expressed that the nutrition program has inadequate budget. Since most municipalities do not have a separate Nutrition Office with a separate budget, funding support for the various intervention programs in the MNAP is limited to the available budget of the various line agencies expected to implement the specific intervention. Thus, other requirements of the nutrition program such as training of BNS, purchase of IEC materials, honorarium of the BNS will be sourced from various sources. The MNAO usually requests for supplemental budget from the Office of the Mayor – which renders some degree of uncertainty in terms of program sustainability. Funding support will depend on the political climate and priorities of

the incumbent LCE. While the MNAOs are appreciative of the cooperation of the different agencies, the priority of the agencies will still be their priority projects. Again, funding of nutrition related activities may not be sustained given this system. In this study, the low prevalence municipalities seem to be enjoying more financial support from their respective LGUs compared with the high prevalence municipalities because they have an allocation for the day-to-day operations of the nutrition program even if the bulk of the needed financial resources for the nutrition program remain with the various line agencies.

Another distinct characteristic found in two low prevalence municipalities is the perceived functionality of their MNC and their process of formulating their MNAP. Both MNAOs from Lagawe, Ifugao and Sta. Maria, Bulacan perceive their respective MNCs as active and their MNAP is collectively formulated. The inter-agency collaboration and convergence of programs in these municipalities may have contributed to the effective implementation of the PPAN. Collective planning enables the members to “own” the program. The sense of ownership will compel them to work harder to achieve their targets. However, the opposite can be said of another low prevalence municipality (E. Villanueva, Siquijor) where the MNC is not organized; they do not have an MNAP but the dynamism and dedication of the MNAO who is also concurrently the Municipal Health Officer is very apparent.

The need for capacity building surfaced in this study. All the MNAOs share the perception that they were not prepared to perform the tasks expected of an MNAO. They do not have formal orientation upon assumption of office. Many of them learned program management skills as

they performed their functions. Most of the training that they received as MNAO is all program/intervention specific. MNAOs are program managers and there are competencies expected from an efficient and effective program manager. If MNAOs do not acquire the competencies needed to be effective, the implementation of the PPAN may be affected. What differentiates the MNAOs from the low and high prevalence municipalities is the length of time they have been with the nutrition program. The MNAO from Sta. Maria Bulacan has been MNAO-designate for more than 10 years and before her designation as MNAO she served as assistant to the previous MNAO. In Lagawe, Ifugao, the MNAO-designate is the budget officer and has been a member of the MNC for a long time. On the other hand, the MNAOs from the high prevalence municipalities from Lagawe and Bulacan are relatively new to the job. Although this study was not able to explore the working relationship and functions of the higher level nutrition offices such as the Provincial Nutrition Office and Regional Nutrition Office, the crucial role of the Provincial Nutrition Officer (PNAO) and the Regional Nutrition Program Coordinator (RNPC) is recognized in terms of empowering the MNAOs through capability building activities. The nature, degree and frequency of ensuring that MNAOs acquire the competencies needed in the performance of their jobs is very important. This need is now being addressed by the National Nutrition Office because they have an on-going intensive training on Nutrition Program Management for MNAOs.

Despite the concept of devolution, the MNAOs perceive the need for national directives to give them legal basis for their actions. They consider the DILG memorandum circular very helpful. They

also wish for more visits from the PNAO and RNPC. For them, a strong provincial, regional and national presence of the nutrition program at the local level may strengthen their nutrition program. This hierarchical dependence for support from higher authorities may be both positive and negative for the nutrition program. Positive because it gives them negotiating tools with the local government to support the nutrition program but it may also discourage local initiatives. Although local nutrition initiatives are recognized in the Monitoring and Evaluation of Local Level Program Implementation (MELLPI) at the provincial, regional and national level, the impact programs that emanated from the top are given more points. Having a uniform PPAN form for writing local accomplishment needs rethinking because implementers at the local level seem "boxed" (with less flexibility) in addressing their nutritional problems. Most of the local initiatives that they shared are just creative ways of implementing the impact programs prescribed in the PPAN. Real creativity and innovativeness of local implementers in addressing the nutrition problems within the context of their local situation need to be encouraged and supported. This way, their sense of ownership for the local nutrition program and empowerment of the local implementers is further enhanced.

ACKNOWLEDGEMENTS

Appreciation and recognition are extended to the following individuals whose assistance, valuable comments and unselfish sharing of needed documents facilitated the completion of this descriptive study; namely: the National Nutrition Council Secretariat and the Regional Nutrition Program Coordinators of CAR, Regions III and VII who provided guidance in the

selection of study areas and for providing valuable reference materials, the Provincial and Municipal Nutrition Action Officers of Ifugao, Bulacan and Siquijor who facilitated the coordination and data collection in the selected municipalities, the NAPC-UNDP Coordination Office, Ms Teresita R Lalap and Ms Fe Turingan who provided the technical and administrative support and facilitated timely collection of secondary and primary data, the Deputy Director General of NEDA Rolando G Tumpalan and Director Erlinda Capones for their technical support, Dr Milagros Querubin, whose unselfish sharing of expertise, ensured efficiency in all aspects of the project particularly during the conceptualization of the study, data collection, processing and write-up, Deputy Director General of NAPC and National Program Director Florencia Casanova Dorotan for her technical guidance and directions, UNDP through its Country Director, Mr Toshiro Tanaka and technical staff, Ms Corazon Urquico and Mr Fernando Antolin for providing the funds and logistical support that facilitated the timely completion of the study.

REFERENCES

- Food and Nutrition Research Institute (FNRI), Department of Science and Technology. Philippine nutrition facts and figures 2011. Paper presented at Nutrition Summit on the Nutritional Status of Filipino Children and Selected Population Groups: 2011, Makati: FNRI, April 13, 2012.
- Mapa D, Han FC, Estrada CO. Hunger incidence in the Philippines: facts, determinants and challenges. Manila: National Nutrition Council, 2013. [Cited 2013 May 20]. Available from: http://www.nnc.gov.ph/information-materials/technical-papers/doc_details/76-hunger-incidence-in-the-philippines-facts-determinants-and-challenges
- National Economic and Development Authority (NEDA). Status report on the millenium development goals using CBMS data. Manila: NEDA, 2010. [Cited 2016 May 15]. Available from: http://www.neda.gov.ph/econreports_dbs/MDGs/4thProgress2010/PROVINCIAL_Reports/SIQUIJOR.pdf
- National Nutrition Council (NNC). Guidelines on the monitoring and evaluation of implementation of the Philippine Plan of Action for Nutrition at provincial, city and municipalities. Manila: NNC Secretariat, 2006.
- National Nutrition Council (NNC). Awarding ceremony program. Manila: Philippine International Convention Center, November 9, 2012.
- National Nutrition Council (NNC). Philippine Plan of Action for Nutrition, abridged version. Manila: NNC Secretariat, April 13, 2013.
- National Statistical Coordination Board (NSCB). Province: Bulacan. Manila: NSCB, 2013. [Cited 2016 May 15]. Available from: <http://www.nscb.gov.ph/activestats/psgc/province.asp?provcode=031400000>
- National Statistical Coordination Board (NSCB). Region: Region VII (Central Visayas). Manila: NSCB, 2013. <http://www.nscb.gov.ph/activestats/psgc/regview.asp?region=07>
- National Statistical Coordination Board (NSCB). Municipality/City: Lagawe. Manila: NSCB, 2013. [Cited 2016 May 15]. Available from: <http://www.nscb.gov.ph/activestats/psgc/municipality.asp?muncode=142704000®code=14&provcode=27>
- World Health Organization (WHO). Nutrition Landscape Information System (NLIS) country profile indicators: interpretation guide. Geneva: WHO, 2010.